

Consultation on a Strategic Framework to End Violence Against Women and Girls and Foundational Action Plan.

3 October 2023

The RCSLT NI welcome this important strategic framework and foundational action plan, commend the work undertaken and support its broad vision and aims. The RCSLT NI believe that consideration must be given to people with communication needs due to their elevated risks of being a victim, increased difficulty in disclosing violence and abuse and in accessing support.

Using the consultation questions as a guideline, we have made some suggested amendments to the content. We believe these amendments would help ensure that people with communication needs are included and considered. We have also outlined the evidence base to support our recommendations.

RCSLT NI believe the Strategic Framework to End Violence Against Women and Girls and Foundational Action Plan could be further strengthened by:

- Providing a clear acknowledgement of communication needs as both a risk for experiencing abuse and barrier to reporting and receiving support as a victim or survivor of violence or abuse.
- Including clear details of how they are going to identify and support communication needs in the Action Plan.
- Ensuring that good practice models and guidance must include awareness of, identification of and appropriate support for all forms of communication needs.
- Ensuring the definition of 'support' includes the provision of information and all communications relating to support being in accessible and inclusive formats.
- Including, where appropriate, speech and language therapists as part of the multidisciplinary teams designing and providing prevention and support initiatives to ensure they are inclusive and appropriate to all those with communication needs.

What do we mean by communication needs and why are they relevant to violence against women and girls?

Speech, language and communication needs (communication needs) is the term we use to describe one or more of the following:

- difficulties with understanding language.
- difficulties using language to express thoughts and feelings; and
- social communication skills (knowing the 'right' thing to say in the 'right' way, and at the 'right' time).

As communication needs may occur with a range of conditions, they may be invisible and not immediately apparent. Communication needs affect people in different ways; some people may find it hard to ask a question, name an object or simply ask for help, while others may have speech difficulties that make them difficult to understand.

The evidence base: communication needs and domestic and sexual abuse

Communication needs impact a significant proportion of Northern Ireland's population. Up to 90% of people with learning disabilities have communication difficulties, 33% of stroke survivors and more than 20% of people with brain injury will also experience some level of communication difficulties¹ They are a hidden disability and are often invisible; potentially impacting the life chances of people significantly while also placing them at increased risk of abuse.

- Communication needs are substantial and long-term and therefore fall within the definition of disability within the Disability Discrimination Act 1995 NI² and can be considered a protected characteristic under the same legislation.
- These needs are wide ranging and may occur with a range of other conditions including cerebral palsy, learning disabilities, down syndrome, autism, hearing impairment, stroke, brain injury, head and neck cancers, Parkinson's disease, multiple sclerosis, motor neurone disease, dementia and mental health conditions.
- Communication needs may also occur without the presence of another condition, such as a stammer (an example used in guidance for the definition of disability for the Equality Act 2010)³.
- Numerous pieces of research including findings by Public Health England have concluded that disabled people are twice as likely to experience domestic abuse, for longer periods of time as well as more severe and

¹ RCSLT Factsheet available at <https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/rcslt-communication-needs-factsheet.pdf>

² The Equality Commission (2007) Definition of a disability Guidance available here <https://www.equalityni.org/ECNI/media/ECNI/Publications/Employers%20and%20Service%20Providers/DefinitionofDisability07.pdf>

³ Equality Act 2010 Guidance - Guidance on matters to be taken into account in determining questions relating to the definition of disability. <https://bit.ly/3cNj7HY>

frequent abuse than non-disabled people in wider contexts and from significant others.^{4 5}

- Public Health England also states that people with disabilities that limit day to day activities, such as communication needs, are at a much higher risk of domestic abuse.⁶
- A literature review of global evidence undertaken at Manchester Metropolitan University reinforced these findings, while also reporting that people with communication needs are considered the 'perfect targets' for gender based sexual abuse (including long-term, multi-form abuse) as they are less able to tell others about their experiences.⁷

The provision of support through accessible information and inclusive communication formats will allow people with communication needs to engage and most importantly report instances of domestic abuse.

Prevention –

Outcome 3 – Women and girls are safe and feel safe everywhere.

The RCSLT agree that women and girls have the right to feel safe wherever they may be. However that this section would be strengthened by acknowledging that this will be more challenging for those who are vulnerable/ at risk, including those who have communication needs. As outlined in our evidence above, people with communication needs are more vulnerable to abuse and will often face difficulties communicating and disclosing this to others. We believe it would strengthen the framework if communication needs were specifically included as a risk factor.

RCSLT NI refer to the wording used in the [Domestic Abuse Statutory guidance for England \(2022\)](#) and suggest the following:

This strategic framework recognises that some groups of women and girls may face an increased risk of becoming a victim to violence or abuse. For example, people with speech, language and communication difficulties may be actively targeted by perpetrators or experience abuse for longer periods of time because of difficulties they face in explaining what has happened to them, asking for help, and accessing the support available. Delivery plans should consider what additional measures may be required to support access and inclusion of all groups across the six outcomes of this strategic framework.

⁴ Public Health England. (2015). Disability and domestic abuse: Risk, impacts and response. <https://bit.ly/3bQyoqd>

⁵ Hind, K. et al. (2013) Violence against people with disability in England and Wales: findings from a national cross-sectional survey. PloS one 8.2

⁶ Equality Act 2010 Guidance. op cit.

⁷ Marshall, J. E., & Barret, H. (2017).op cit

Protection & Provision –

Outcome 4 – Quality front line services, protection, and provision for victims and survivors of violence against women and girls.

The RCSLT NI welcome the recognition that some groups are more vulnerable to violence. We believe that this could be strengthened by the addition of those with communication difficulties. See addition in italics below.

Pg 34 – “Some groups facing additional inequalities, such as members of minority ethnic communities, LGBTQIA+ or deaf and disabled women and girls, ***including those with speech, language and communication difficulties*** among other groups, who suffer violence against women and girls may need to receive specialist services in a tailored way which addresses the needs of these groups and removes or mitigate the barriers to justice and support facing them.”

There is also a need to ensure staff have the confidence to identify and respond to concerns in a timely manner and to know where and how to access the right support at the right time. Front line staff require both opportunities and access to relevant safeguarding training and ongoing support to facilitate them in both recognising and responding to the needs of the most vulnerable.

Pg 34 - “When there is a risk of violence, general frontline services need to provide relevant support to women and girls and signpost to other relevant services; while specialist services are needed to protect and support victims and survivors and their families, ensuring that they have access to what they need, whilst taking account of the needs of groups facing additional inequalities and barriers.”

The RCSLT NI would welcome recognition of the role of allied health professionals (AHPs) as an important group in the delivery of outcome 4. Speech and language therapists (SLTs), like other AHPs, are often involved with families in services such as Sure Start, Community Clinics or Child Development Clinics. Our members report that the nature of their work can involve building up trusted relationships with families as they see children for prolonged periods of therapy interventions. Disclosures of violence and abuse can occur – for example this could come from a parent worried that a child’s language development delay may be linked to witnessing domestic abuse.

It is crucial that the actions and funding deployed to support outcome 4 include AHPs as frontline services. It is acknowledged that AHPs are well placed to support children, young people and their families, particularly from an early intervention perspective when emerging concerns are identified.

Outcomes 4.1 & 4.2 and Action Plan year 1, numbers 8 & 9

The RCSLT NI welcome the plan for a gap analysis that includes those with complex needs facing additional barriers, a focus on training staff and a commitment to ensure services are accessible. It is essential that communication needs are recognised as a significant barrier to both disclosure and to accessing supports. We would ask for a

further commitment to identify the needs of victims in recognition that some adjustments may be needed. This may include referral to speech and language therapy services to support accessibility, participation and recovery.

A member of RCSLT, with expertise in safeguarding and experience as a Registered Intermediary emphasised that, *"we need to ensure staff have the confidence to identify and respond to concerns in a timely manner and to know where and how to access the right support at the right time"*.

The Justice System –

Outcome 5 - A justice system which has the confidence of victims, survivors, and the public in its ability to address violence against women and girls.

Communication difficulties form a significant barrier to disclosure and should be recognised as such. We welcome **5.1** area of focus which includes 'tackling the barriers to support' and would further request the inclusion of the phrase in italics below.

Pg 36 - "Some women and girls are generally hesitant to report violence. This can be due to a variety of factors, including concerns about stigma, social pressure, fear of retribution from perpetrators or others, ***communication difficulties which make it harder to say what happened***, unwillingness to refer family members to the criminal justice system, concerns about the investigative process, the cross-examination process, length of time it takes for cases to conclude, and/or low conviction rates and sentencing."

We have included the following case study to demonstrate the impact of communication difficulties and how speech and language therapy can help.

Case Study- Joint working within Justice setting - SLT and Forensic Psychologist

Ms X is both a victim and a perpetrator of Domestic and Sexual abuse.

The work undertaken with Ms X was delivered collaboratively by the Psychology Department and the Speech and Language Therapist, Healthcare in Prison. The Speech and Language Therapist's role was to assist in the appropriate adaptation of materials and ensure reasonable adjustments were made to account for Ms X's communication difficulties associated with her diagnosed learning disability. This meant that she understood the information and therefore maximised her ability to engage effectively. It was hoped that this may also improve her ability to apply any learning from the work.

The differences between healthy and unhealthy relationships were explored, with particular attention focused on intimate relationships. The goal of this piece of work was to help Ms X recognise and maintain positive and healthy relationships on release that will support her, protect herself and others and help her progress in the community.

The second episode of intervention focused on different types of abuse- Physical, Financial, Sexual and Emotional. In each session Ms X was asked to generate examples of the different types of abuse. If she omitted any, these were added. Her understanding of the different examples was explored as was her own experience either as a victim or perpetrator of different types of abuse. Ms X was presented with different scenarios and had to identify if it was abuse and if so what type

of abuse. We then discussed ways she could keep herself and others safe from abuse, in the community.

Each session's content was adapted to include extensive use of visual aids. Techniques that have been developed specifically for individuals with cognitive or communication difficulties were used e.g., 'Talking Mats'. Key learning points were written in short bullet points on a flip chart and were revisited throughout the sessions to reinforce learning. Ms X would be asked to repeat back what we had said, in her own words, to ensure and to demonstrate she had understood. Sessions were shorter in length (approximately 45 minutes) to take cognizance of Ms X's limited cognitive abilities.

Ms X attended all sessions and participated fully in all activities. Initially she was hard to keep on topic and could be quite own agenda in terms of leading the conversation. However, the use of simple ground rules and visual aids to structure the session allowed for Ms X to be redirected to tasks. Ms X does not always finish her sentences and assumes knowledge on behalf of the listener. She also mispronounces words occasionally; especially words she has maybe heard frequently in different contexts during her time in custody but doesn't fully understand. The SLT was able to monitor these difficulties, intervene when necessary and provide advice and support to the Forensic Psychologist.

Some weeks Ms X had difficulties recalling the detail of the information covered the previous week but was able to do so when prompted by visual cues. She responded particularly well to the use of a 'Talking Mat' technique which helped focus her and helped her express her thoughts and opinions.

The adaptations and reasonable adjustments that were made to support her communication improved and enhanced her engagement.

Ref: SLT Lead, Healthcare in Prison Team, South Eastern Trust

How Speech and Language Therapy can help - a summary.

Our members in Northern Ireland report that they can encounter domestic and sexual violence and abuse across many different settings in which they currently work. SLTs work in a range of services that are relevant in the delivery the proposed. This includes in Sure Start, Community and Child Development Clinics, Special Education Needs, Adult Learning Disability services, Registered Intermediary Service, Children Looked After Services and Prison Health.

Given our expertise in speech, language and communication we believe we have an important role to play in helping deliver the vision outlined in the Strategic Framework. Speech and language therapy working as part of multi-disciplinary teams and as a specialist service can:

- help to ensure the accessibility of programmes to support women and girls affected by violence who have communication needs,
- contribute to the safeguarding of vulnerable individuals,
- support the identification and appropriate response to children's communication needs,
- support other professionals to recognise and make adjustments for communication needs, for example by advising on how therapeutic approaches, such as talking therapies which require comprehension and expressive language skills, can be adapted.

It is also important to note that individuals with communication needs who have been victims or witnesses to abuse in NI, may be accessing support services where there is currently no speech and language therapy service commissioned or communication support pathways, for example CAMHS and youth justice services. Unidentified communication needs can be a significant barrier to successfully accessing support services.

Our Approach to Delivery

The RCSLT NI recognise the thorough process that has been undertaken to get to this point with the framework and action plan. There is evidence that many stakeholders have been involved and the process seeks to codesign and coproduce across all the outcomes and plans. We would however, like to see the Lead Allied Health Professionals at the Department of Health included in all future implementation work. The Lead AHP Officers and the Chief AHP Officer (post currently vacant) can provide oversight of the role of AHPs in many of the outcome areas as mentioned above. AHPs are key professionals in ensuring services are accessible and effective for those who need them.

As outlined, people with communication needs are at higher risk of becoming victims to violence and abuse and face additional barriers to reporting and accessing support. The RCSLT NI believes that subsequent implementation plans must ensure that:

- Good practice models and guidance must include awareness of identification of and appropriate support for communication needs,
- The definition of 'support' includes the provision of information and all communications relating to support being in accessible and inclusive formats.

Given their expertise in speech, language and communication SLTs have an important role to play in helping deliver the outcomes of the framework and action plan.

We trust this information is helpful to the team's ongoing work and if you would like any further information please contact –

Ruth Sedgewick, Head of RCSLT NI ruth.sedgewick@rcslt.org or

Sue McBride, Policy Adviser, RCSLT NI sue.mcbride@rcslt.org

Thank you.

The **RCSLT's five good communication standards** were created in 2016 for those with learning disabilities and autism; however, they have been used much more widely. The standards are based on inclusivity, accessibility and person-centred care and as such, we believe they would add value to this strategic framework as a basis of supporting those women and girls with communication difficulties.

The five good communication standards:

Standard 1: There is a detailed description of how best to communicate with individuals.

Standard 2: Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.

Standard 3: Staff value and use competently the best approaches to communication with each individual they support.

Standard 4: Services create opportunities, relationships and environments that make individuals want to communicate.

Standard 5: Individuals are supported to understand and express their needs in relation to their health and wellbeing.