



**UNIVERSITY of the  
WESTERN CAPE**



## **CHEC CCT Annual Research Programme Report 3**

|  |   |
|--|---|
| Researcher's name:                         | Dr Ronel Davids   |
| Department/Unit,<br>Faculty, University:   | Department of Social Work, Community<br>and Health Sciences (CHS), University<br>of the Western Cape                                  |
| Contact addresses and<br>phone numbers     | Robert Sobukwe Rd, Bellville, Cape<br>Town, 7535<br>021 9592277   |
| CCT partner's name and<br>contact details. | Organisational Effectiveness &<br>Innovation - Employment Equity Future<br>Planning & Resilience<br>021 4001042                       |
| Title of project.                          | Exploring women who are Deaf (who<br>uses South African Sign Language)<br>understanding of what constitutes<br>gender-based violence. |

## 1. ABSTRACT

**Background:** Whilst all women are at risk of gender-based violence (GBV), it is essential to acknowledge that women are not a homogenous group and that women who are Deaf may experience GBV differently. Deafness makes this group of women specifically vulnerable to GBV due to the impact of their deafness on their social well-being and quality of life. Unfortunately, there is relatively little research on the prevalence of GBV among women who are Deaf, making it challenging to identify the most impacted and where interventions are most needed.

**Method:** This report reports on a qualitative study with a community-based participatory action research design. Four workshops were conducted, each consisting of 20 women who are Deaf. These workshops explored the women's perceptions of GBV, their understanding of GBV terminology and recommendations to be considered. Data were analysed using thematic analysis.

**Results:** Thematic analysis has yielded four themes, namely 1) perception of what causes GBV 2) understanding of GBV terminology, 3) sharing of experiences (tell their stories to bring about understanding), 4) recommendations for GBV services for Deaf women.

**Conclusion:** Findings suggest that women who are Deaf are at a greater risk of GBV. Developing targeted services and support for Deaf women is essential, with dedicated training for healthcare workers in the field of GBV and deafness, which includes culturally sensitive services and training in South African sign language. It is envisioned that the study's results will guide the CoCT in creating effective strategies and solutions for dealing with GBV issues faced by Deaf women.

## 2. INTRODUCTION and AIM of the PROJECT

To address the pervasive issue of gender-based violence (GBV), The National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF) framework proposes a comprehensive approach that involves cooperation and coordination among various entities. This includes government departments, different levels of government, civil society organisations, youth and faith-based groups, traditional institutions, media outlets, development agencies, academic institutions like UWC, and all other stakeholders. The aim is to utilise their respective roles, resources, and commitment to combat GBV. (NSP-GBVF, 2020:8). The University of the Western Cape's Institutional Operating Plan 2021-2025 states that "we are committed to the pursuit of knowledge that is responsive to societal and disciplinary contexts. We encourage independent thought and critical engagement to help transform lives and work for a more equitable, inclusive and just society (IOP 2021-2025: 6).

Ensuring that inclusion is central to our work, through our research project, we have partnered with the City of Cape Town and the Deaf Community of Cape Town. The partnership aims to understand GBV among women who are Deaf. Due to their hearing loss, people who are Deaf adopt a visual form of communication, which could be through sign language or lip-reading. Women who are Deaf and who do not have accessible communicational environments can become victims of gender-based violence. Furthermore, they may face multiple barriers that impede communication, cause isolation, and hinder access to information, assistance, and justice services, enhancing exclusion and discrimination. GBV, therefore, becomes a direct consequence of not hearing. Moreover, women who are Deaf may not realise that they are or can become victims of GBV because they cannot hear or lack an understanding of what GBV is. Through our (UWC) partnership with the City of Cape Town (CCT) and the Deaf Community of Cape Town, we would like to prevent and lessen the impact of gender-based violence (GBV) on Deaf women. By collaborating with the City of Cape Town (CCT), this project provided valuable knowledge on the challenges these women face to help the CCT in implementing services such as emotional support, trauma care, and medical assistance at hospitals, Thuthuzela Care Centres, and police stations that deal with victims/survivors of GBV.

Therefore, the study aimed to explore and describe the understanding of GBV among Deaf women and design responses specific to their unique circumstances. The **project's objectives** were to explore and describe 1) perception of what causes GBV 2) understanding of GBV terminology, 3) sharing of experiences (tell their stories to bring about understanding), and 4) recommendations for GBV services for Deaf women.

This research project aligned its aim and objectives with the PSG foci area 1: Safe and cohesive communities - Cross-Cutting areas: Reducing Gender-Based Violence (No.5). The study outcome was to create a policy brief for the City of Cape Town (CCT) that provides practical recommendations to the government and stakeholders on how to address the unique needs of Deaf women who are particularly vulnerable to gender-based violence (GBV). The policy brief will cover Deaf women's perceptions of GBV, ways to communicate effectively with them regarding GBV terminology, and support strategies based on the study's findings that respond to the specific circumstances of Deaf women.

### **3. RESEARCH APPROACH AND METHODS**

A **qualitative approach** was followed to address the study's aim and objectives. Maruster (2013) applies qualitative research methods to accurately obtain knowledge on social phenomena and contexts. The **research design** implemented included a community-based participatory research design. According to Cockburn and Trentham, (2002) and Bergold and Thomas (2012), participatory research design is collaborative research addressing power inequities in marginalised communities from the perspective of the individuals concerned. The active involvement of Deaf women in these workshops was envisioned to provide a robust platform for engaging with the research topic, guaranteeing the development of tailored solutions for this demographic. The outcome of such participation is the identification of recommendations that cater to the unique needs of Deaf women, which is vital to the realisation of an all-inclusive society.

The study **population** comprised 60 Deaf women users of South African Sign Language and above 18 years old residing in the Cape Metropole area. Using purposive sampling, the participants were recruited by liaising with three community organisations in the different sites where the workshops were held, who will use their networks to recruit women for the study. These organisations included The Deaf Community of Cape Town (DCCT) in Heathfield, The Deaf Federation of South Africa (DeafSA), Newlands, Paarl, and eDeaf in Bellville. Four workshops were conducted for **data collection** purposes, which resulted in 60 women participating in the research study. The workshops were used for exploring and describing concepts highlighted through PowerPoint slides. The project undertook this method to facilitate in-depth discussions and unpacking concepts about gender and violence. These sessions were videotaped with the permission of the participants. A sign language interpreter, as well as a Deaf relay interpreter (a deaf lady), assisted with the interpretation during the workshops. Our **data analysis** yielded four (4) themes, namely 1) perception of what constitutes GBV,

2) understanding of GBV terminology, 3) sharing of experiences (telling their stories), and 4) recommendations for services rendered to Deaf survivors of GBV.

During the course of the research project, three Deaf women were enlisted as research assistants to aid in the data collection process. Before the project's commencement, the three women and the sign language interpreter underwent training in data collection procedures, including ethical considerations. The research assistants were instrumental in facilitating data collection, and their contributions were invaluable to the project's success. Furthermore, one of the assistants assisted with relay interpreting by helping those participants who may have additional communication needs. These communication needs could be due to limited language abilities, which affected their ability to effectively understand some of the GBV terminologies. As indicated, a sign language interpreter (SLI) was also part of the research team whose role was to interpret accurately and impartially.

#### **4. CONCLUSIONS AND RECOMMENDATIONS FOR FOLLOW-UP ACTION**

Firstly, findings from the study show that a significant amount of the women when asked about their understanding of GBV terms, did not understand the terminology associated with the different forms of abuse used in GBV. Narratives from women showed a lack of knowledge regarding terms such as “economic and physical abuse”, “marital rape”, and “intimate partner violence”, as well as the differences between “force”, “dominance” and “control”, “incest”, “sexual harassment” and “sexual assault”. Here, the focus is on Deaf women’s lack of understanding of GBV terminology, which may result in them struggling to express their experiences of gender-based violence (GBV) due to their unfamiliarity with the terminology associated with it. This lack of understanding can lead to difficulties in receiving and recovering from the abuse. Extensive research has shown that individuals who are Deaf or who use Sign Language as their primary language, face communication barriers when interacting with those who do not understand or use Sign Language. Without access to sign language, these women may struggle to comprehend spoken language and not be fully understood when communicating with others. More significantly, the lack of GBV signs in SASL makes it difficult for Deaf women to share. It creates a barrier for women who sign, especially when communicating with authorities or reporting incidents of abuse.

Secondly, by exploring the Deaf women's perceptions as to what causes GBV, a significant number of women expressed difficulty in understanding the term "gender". Notably, the participants' struggle with the term may indicate a lack of understanding of the and with the aid of the Deaf relay interpreter, the word “gender” was explained to the women. After the explanation of gender was done in sign language, several of the women's perceptions on the likely causes of GBV revealed that many of them

believed that their mothers-in-law acted as bystanders while perpetuating gender-based violence. Many women felt that mother-in-laws pressurised them into having sex with their husbands in the name of peace - "*You must have sex to keep the peace*", or they will say, "*It is your marital duty to your husband*" or "*in our religion, the wife must do as her husband say or as the family say*". Some women felt that because they were paid for "lobola", they had to perform their marital duty by having sex with their husbands. Some women felt that in-laws and husbands abused the culture of lobola. Participants felt that Deaf men and women need to understand the proper meaning of lobola as they are not familiar with such cultural expectations as Deaf people.

Thirdly, upon sharing their experiences of abuse, a few women believe they cannot get raped in their marriage. After explaining the term "marital rape", women then shared their personal experiences. Here, A few women shared their experiences of sexual abuse when giving in to sexual pressure from their husbands. If they refused these sexual pressures, there would be conflict in the home, or husbands would refuse to give their wives money, especially wives who were financially dependent on their husbands. Many of the participants shared that they were experiencing this type of abuse - but did not know it was called marital rape. One participant shared how she reported her husband to the police and laid a charge of marital rape, but nothing came of the case as the police did not understand her. She explains "*no sign language interpreter was available to me*" and "*they did not take me seriously*". Other women shared their experiences of not wanting to report their husbands as they referred to it as a personal matter between the husband and wife, and, more importantly, whether they should go for any services - "*who would understand me*-" was their question. As researchers, own observations indicate that there is limited access to psychological, medical, policing and judicial support for survivors who are Deaf of GBV, contributing to psychological trauma.

Fourthly, on the question of what makes it difficult for women experiencing GBV to access help - the following answers were provided by the women: no SASLI at police stations when reporting abuse, no accessible support services at clinics or hospitals, not understanding the words used by those providing support, deciding for themselves where to go for assistance and not to be referred to an organisation for the Deaf due to issues of confidentiality and they should be given the right to choose where to seek help. Often seeking help leads to secondary trauma, as the women explained that they are often laughed at when using SASL, frowned upon and made to feel stupid when not understanding certain words linked to GBV. Of particular concern is the little attention paid to attitudes and perceptions that society, and in particular, public/civil servants, has about people with disabilities in general - but in this case, women who are Deaf. These attitudes and perceptions convey to women their worth and value. Such beliefs may lead these women to believe that GBV towards them are

warranted. Furthermore, it causes barriers for these women in accessing assistance, which include medical and legal information and services that are designed to assist victims of abuse who are Deaf (Mastroninque, Thew, Cerulli, Raimandi, Pollard & Chin, 2017). Another example of the difficulties experienced by these women were issues related to their identity as a Deaf person. Many women felt that their needs or assistance was not catered towards a Deaf person. Most support services serving GBV victims are specialists in their fields but lack the skills to work with Deaf women who are victims of GBV (Cerulli et al., 2015). Few programmes (if any) offer health literacy programmes that cater for the specific needs of a Deaf victim. Rarely do they include information on abuse for example, directed to the hands of the victims (injuring of hands to prevent effective communication in SASL) or damaging of hearing aids that provide victims with sound/communication (Smith, 2015). When Deaf women cannot access information, many ignore that they are victims of GBV and that the violence inflicted upon them is a crime (Mancera, Leon Bani, Reuter & Rombola, n.d.). These authors state that when health services and support are not accessible to Deaf women who are victims of GBV, they experience double trauma by the same services and support intended to help them. It is therefore recommended that support service providers understand that communication strategies, should be tailored to the needs of Deaf women with the usage of plain language, visual aids, and sign language where appropriate to ensure that the victim's plight is fully understood and that adequate support is provided. Failure to address this issue may lead to further marginalisation of this vulnerable population. Further recommendations include culturally sensitive services that are practical and complemented by appropriate and accessible services and attitudes such as empathy and a commitment to advocating for victims and survivors in this community. By having these attributes, service providers such as healthcare, the SA police services, and the SA justice system can play an instrumental role in addressing gender-based faced by women who are Deaf.

Further recommendations by the women included research with men, exploring their perceptions and understanding of GBV. In addition, the women referred to the importance of more collaboration with them about their needs – *“this kind of research must be done with all relevant stakeholders and not just doing for us but with us”* was their comment. This comment underscores the value of community-based participatory research as a way of researching and learning with community members and stakeholders.

Of note, the research intends to give effect to the National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF) framework that proposes a comprehensive approach that involves government departments, different levels of government, civil society organisations, and academic

institutions like UWC to not only conduct accessible research but translating research findings into action and practice and fostering community, collaboration and inclusion in academic practices.

## **5. BUDGET**

Please find attached the actual spending against the budget included in the original proposal.

### ***Request***

We kindly request your consideration for the expenditure of R8735.46 at the beginning of 2024. The purpose of this request is to produce GBV posters and purchase a whiteboard for practical use during research with people who are deaf. The primary researcher covered all printing expenses for the workshop for free.

Report compiled by the Primary Researcher

Dr Ronel Davids



14<sup>th</sup> December 2023.



**UNIVERSITY of the  
WESTERN CAPE**





**UNIVERSITY of the  
WESTERN CAPE**





**UNIVERSITY of the  
WESTERN CAPE**





**UNIVERSITY of the  
WESTERN CAPE**

