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## Access all areas—sign language interpreting, is it that special?

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**ABSTRACT**

This article addresses some of the uniqueness and many of the similarities between working as a sign language interpreter and working as a public service interpreter in the UK. It gives a brief introduction to the history of the British Deaf community and the genesis of modern day British Sign Language (BSL). It then introduces the ever expanding areas where interpreters work and gives some examples of the care needed when working in the medical domain. It gives examples of the types of intercultural sensitivity needed by sign language interpreters and the pragmatic relevance needed in their renderings into English and BSL. Finally, it demonstrates that working with the British Deaf community is much like working with any minority language/group in the UK.

**KEYWORDS**

Sign language, interpreting, disability, Deaf, legislation, community.

## 1. Deaf communities

Most people are familiar with people who cannot hear. It may be that a relative has lost his/her hearing and needs to start using a hearing aid and to start lip-reading conversations. People are less familiar with the sign language using Deaf community. This is changing with more people learning BSL and sign language interpreters appearing at a greater number of public events. Less stigma is attached to sign languages such that sign language using deaf people (Deaf people) feel confident to sign in public.

The current British Deaf community had its genesis within the residential schools for the Deaf established in the 19th century. As Ladd says, 'This traditional community ... consists of Deaf people who attended Deaf schools and met either in Deaf clubs or at other Deaf social activities' (2003: 44). The 90% endogamous marriage patterns within the Deaf community (Ladd 2003: 42) demonstrating the strength of 'Deaf' cultural identity felt within the traditional Deaf community.

Prior to the 19th century there may have been pockets of sign language use or at least 'manual' communication, but there does not appear to have been a large community with a local, regional and national social structure. The earliest record we have of signs being used are notes in a Leicestershire parish register in 1575 when Thomas Tilsye married Ursula Russel, "the sayde Thomas, for the expression of his minde instead of words, of his own accorde used these signs" (St. Martin's Parish register, 1575 cited in Cockayne 2003). Cockayne (2003) describes historic accounts of deaf people and documents sign communication over the last

500 years and it becomes apparent that whenever there is more than one deaf person there is interaction, social networking and the development of a complex communication system.

In fact, the oldest record of interpreter provision in the UK is in the Old Bailey Proceedings 1771 (Hitchcock and Shoemaker 2008), a periodical documenting the activities of London's central criminal court. Here a person whose name is not given, "with whom he [the defendant] had formerly lived as a servant was sworn interpreter." The transcript states this interpreter, "explained to him the nature of his indictment by signs." This is the first documented example of a person acting in the capacity of sign language interpreter in the UK, although there is little evidence to suggest British Sign Language (BSL) was used rather than a home sign system.

The first school for deaf children in Britain was only established in 1760 in Edinburgh by the Braidwood family (Lee 2004). There is little documented evidence to suggest there were communities of sign language users of which Tilsye or the defendant, Dumb O Jemmy, could be a part (Stone and Woll 2008). This is no longer true of the current day Deaf community who not only benefit from access to the mainstream, but have community based organisations and events specifically for Deaf people.

The traditional Deaf community can be viewed as a collective community. Deaf culture is traditionally a high context culture such that when meeting someone it is important to situate yourself and explain how you fit into the community. That is, Deaf people will want to know whether you are Deaf or hearing; if Deaf what school your attended and if you know the same people they know; if non-Deaf who taught you sign language and who you know in the community. Many of the younger generation no longer attend residential schools for the Deaf and may have a non-traditional entry into the Deaf community. They may be more used to working with interpreters, be literate and unfamiliar with traditional greetings and leave-takings.

Irrespective of the oral/unwritten traditions of the Deaf community it is also important to stress the visual experience of deaf people in the world (Bahan 2008). As a people whose primary experience of the world is via their eyes, frames of reference are often couched in terms of what something looks like and how one would experience a specific phenomena. For example, if thinking about using a vacuum cleaner, non-Deaf people think about the noise a vacuum cleaner makes and that it cleans, Deaf people think of things disappearing up the hose, the vibrations they feel handling it and that it cleans. A vacuum cleaner needs to be switched off to speak and can be left on to sign. A deaf person's experience of the world is influenced by these little differences everyday and influences the way they describe the world in BSL.

## 1.1 British Sign Language (BSL)

The language we know today as BSL, is a naturally occurring oral/unwritten language that developed because deaf children were sent to residential schools, sometimes from the age of two, from the 18th century onwards. The schools enabled a large group of deaf people to come together and for language to develop. Much of the traditional dialectal variation, which one sees today in BSL, stems from the language used in different residential schools (Sutton-Spence and Woll 1999). And even though core vocabulary is the same throughout BSL there is variation in signs for numbers, colours and local place names, amongst other things.

Of the deaf children sent to residential schools some may have come from Deaf families. Five percent of Deaf people born deaf have Deaf parents and a further 5% have one parent who is Deaf (Ladd 2003). These children acquire BSL as a natural first language and achieve the same language milestones as 'hearing' children do in their spoken language. They could also be considered as an 'ethnic' minority (Stone 2005) with Deaf being their ethnicity (Lane 2005). They would also have had an important role as a language role model for other deaf children.

As a naturally occurring language BSL has its own grammar and syntax, different from English (Sutton-Spence and Woll 1999); contrary to common belief it is not a manual version of spoken English. Signs are constructed by combining handshapes with locations and movements. The mouth is used to express adverbials and adjectives through specific mouth gestures or mouth shapes. As with any minority language found within a majority language context, BSL borrows from English (the dominant language of the UK, where BSL is found). This happens in a variety of ways including, the partial mouthing of nouns that co-occur with the manual element of a sign, or the coding of an English word using hand configurations commonly known as fingerspelling.

BSL is used in contact situations such as education where Deaf students are expected to read and write English, but interact in face-to-face communication in BSL via an interpreter. As such, for many Deaf people, they are used to being in a bilingual contact environment. The pragmatics of BSL and English work in very different ways and often it is at this level that second language learners of BSL struggle. As a minority language with no exclusive geographical homeland the language has developed highly sophisticated jargon in some areas where there are Deaf professionals working (psychology, mental health, linguistics). In other domains where there are currently no Deaf people working (medicine, law) the language is used with no specialised vocabulary and often a nominal concept will be explained within a phrase. BSL also displays many other features one might expect of an oral/unwritten language (see Ong 1982).

## 1.2 Limited bilingualism

The Deaf community could be regarded as being similar to first generation immigrants from non-English speaking countries. In the past settled communities would have had closed social networks. Much of the interpreting and translation work in the Deaf community would have occurred at a non-professional level by language brokers from the community who were either Deaf people highly fluent in BSL and English (Stone 2009) or the hearing children born to Deaf parents who grew up fluent in BSL as their home language as well as spoken English through environmental exposure and schooling.

Many members of the Deaf community had very poor English skills (Woll 2001: 71) because of poor education, i.e. when Deaf schools were not required to follow the national curriculum. Mainstreaming can also result in the educational environment failing some deaf children, with these children also suffering from a low reading age. There are, however, records of Deaf people being literate dating back to the 17<sup>th</sup> century (Carty et al 2009) and many Deaf people have high levels of literacy.

Educational practices in the UK are such that many deaf children are now mainstreamed and either begin to learn sign language at school via an educational interpreter or as a second language in their mid-teens. As such the language use within the Deaf community is highly varied, whether in written English, lip-reading or the use of speech. Most Deaf people are bilingual in BSL and written English, although the reading age of deaf children frequently plateaus at the eight year old level (Kyle 1981 cited in Kyle and Woll 1985: 236). Conrad (1977 cited in Kyle and Woll 1985: 63) found that a small number of deaf children may be able to lip-read and that their lip-reading after 12 years of training is not better than hearing children deprived of sound for the single experiment. Some deaf children may also use speech (although Conrad [1979 cited in Kyle and Woll 1985: 62] found that 60 per cent of profoundly deaf children have unintelligible speech).

## 1.3 Other settled sign language communities in the UK

The Deaf community is a transnational community in that, as documented since the Paris banquets in the 19<sup>th</sup> century (Mottez 1993), Deaf people have been travelling to different countries to socialise and engage politically at a continental and global level (see EUD and WFD). Many Deaf people who attend these transnational gatherings (Haualand 2007) learn a foreign sign language. Some may find their future spouses and raise children in bilingual homes with two sign languages.

In Northern Ireland we can see the use of both Irish Sign Language (ISL) and BSL depending on the schooling for the deaf child and this has been

true for some time. We now see several settled sign language communities in the UK. For some time there has been a settled ISL using Deaf community in London and in other places in Britain. There are also groups of Lithuanian, Polish and Czech Deaf people who are fluent users of Lithuanian, Polish and Czech sign languages respectively. Having settled in the UK these Deaf people also have varying degrees of fluency in BSL, depending on their social networks much like their non-Deaf compatriots English fluency.

These Deaf people come to the UK because of better employment opportunities much like their non-Deaf compatriots. They learn BSL as a foreign language and may also have written English as a foreign language with a varying degree of fluency. As second language users of BSL they are not like the traditional late learners of BSL found within the UK Deaf community. Most deaf late learners of BSL have English as a first language. So those second language learners with another sign language as their first language do not (initially) have English cultural references to draw upon. This has resulted in a newer group(s) of Deaf people working with BSL/English interpreters who have another national sign language as their first language, different cultural references and different foreign 'accents.'

## 2. Interpreting for Deaf Communities

Many members of Deaf communities consider themselves members of a minority community, society in the main labels deaf people (irrespective of whether they are sign language users or not) and hard of hearing people as disabled. As such there are many pieces of legislation that protect Deaf people's rights to access via an interpreter both as minority language users (articles 21 and 22 of the charter of fundamental rights of the EU, Article 5 of the European Convention on Human Rights, Code C Police and Criminal Evidence Act 1984, etc.) and as disabled people (see referred websites such as UNCRPD and the DDA) This double protection has enabled sign language interpreters to gain HE training in the UK since 1987 and negotiate good employment terms and conditions. The reason for this being that Deaf people can be seen as vulnerable, disabled national citizens who use a minority language.

It is a false assumption however to assume that all of the people who may be wanting access to a mainstream event would benefit from a) working with a sign language interpreter and b) working with a BSL/English interpreter. We sometimes find ourselves in situations where clearly a patient/defendant/customer/consumer/client/service user(s) needs support, but does not need a BSL/English interpreter at all. Within the UK we can also find ISL/English interpreters, American Sign Language (ASL)/English interpreters as well as interpreters (predominantly Deaf) who work between sign languages BSL/ISL, BSL/ASL, BSL/ French sign language (LSF), BSL/Lithuanian and some other sign language

combinations. This market is expanding. With greater educational attainment and better access to interpreters, Deaf people are more mobile.

Unlike the majority of public service interpreters, most working BSL/English interpreters are British nationals with English as a first language and are adult learners of BSL. Although it is not uncommon for public service interpreters to be British and work with other spoken languages, they often have grown up in that language speaking community (Alexander et al 2004) or have had the opportunity to live in the country and understand how services may differ and how different concepts underpinning different services may map onto each other.

For the sign language interpreter our resources for language development, and understanding how Deaf people conceptualise services, are via:

- websites that explain services in BSL,

- videos created by Deaf organisations,

- working alongside Deaf professionals,

- socialising within the Deaf community.

The BBC's magazine programme for the Deaf, *See Hear*, has been broadcast since 1981 and is also an important resource to understand how the Deaf community discusses issues, how BSL (like any language) changes and offers points of reference that may come up when interpreting.

Deaf people with non-traditional entry into the Deaf community may prefer having a surface rendering of English into BSL rather than a sense for sense interpretation. This may be even more prevalent in employment situations where literate Deaf people may well be used to 'dialogue' with colleagues via email and MSN in written English and then have an interpreter, who is unfamiliar with the work context, interpreting for them. In this situation the interpreter will not have the depth of context the colleagues share and a surface rendering may cause less confusion. This may be one reason clients will often book the same interpreter, so that richer and deeper understandings of the context can be rendered more completely, in a sense for sense manner.

Another difficulty for second language users of BSL is the use of appropriate register. BSL shows register quite differently to English and is often not achieved, by using different vocabulary. The prosody (rhythm, speed, etc. cf. Stone 2009) of a BSL manual sign is often accompanied by different mouthings and mouth shapes to achieve different registers in

BSL. Second language BSL users often misjudge the language they see (Stone 2001) and render it in a lower register of English. Until recently this may have been less problematic, but with the expansion of the domains of work this is becoming of greater concern for service users.

## 2.1   Domains of work

In the past, most of the people that worked professionally for the Deaf would have qualified via the Deaf Welfare Examination Board (DWEB). Established in 1928, welfare workers, or missioners as they were known, would have taken care of the spiritual and welfare needs of the Deaf as well as supported them in finding employment and interpreting for them in medical, legal and religious settings (Corfmat 1990). Most Deaf people would have been taught a trade during their schooling and would have worked as a seamstress, tailor, upholsterer, cobbler, carpenter or housemaid depending on their training. Later the typing pool was also somewhere Deaf women gained employment. Those who were able to work in jobs of a higher economic status would often communicate via written English and interpreters, language-brokers or welfare workers were not seen within the employment area unless there was a dispute.

With better access to education and the acknowledgement of sign languages being natural human languages with analogous phonological, morphological and syntactic rules, the domains of work for interpreters changed. The testing of interpreters as a separate profession started in Scotland in the 1970s, and then across the UK from 1982. From then on we started to see a wider use of interpreters in the mainstream. In the past interpreters had worked for social services, the police, the courts, within Deaf organisations, specialist services and on special 'Deaf' television. We now see interpreters working at union conferences, political conferences, in employment, in education, in medical appointments, in mental health, in the EU parliament and even at the UN. We have even seen an interpreter portrayed on British television in the BBC drama *Sound Proof*, although it is fair to say that the portrayal puts our professionalism to one side in the interests of a (rather implausible) plot (Bergson 2006).

The majority of sign language interpreters work in public services, interpreting interactions between professionals (sometimes Deaf, e.g. teachers, clinical psychologists, architects, mental health nurses) and service users, service providers and clients, colleagues, employers and employees, etc.. Most sign language interpreters follow a public service interpreter model, i.e. if the interpreter does not understand they seek clarification or repetition so they can accurately render BSL into spoken English and vice-versa. It is rare for sign language interpreters to work as conference interpreters do, in a booth or where we are unable to interact with the audience. Even when working at conferences sign language interpreters will often ask speakers to re-utter sentences, ask speakers to

slow down, and ask for slides to be left on display for Deaf members of the audience to have time to read before watching our interpretation of the spoken word.

## 2.2 Linguistic and cultural difference in language use

As noted above, Deaf people's experience, both individually and collectively (Smith 1996), creates the norms for describing events (as with any language community). Although there may be variation in different discourses (again as with any language community) the overriding factors appear to be:

1. the visual experience—what will it look like?

2. the situational experience—how will I experience this event?

It is also worth noting that BSL is an additive language rather than subordinating language (again as with many oral/unwritten languages) and this also influences how concepts are packaged. This can be seen quite readily, for example, in a medical appointment.

The way medicine is discussed and its terminology in BSL and English can be similar or different depending on one's knowledge of one's condition and the treatment one might expect. In English the superordinate noun categories often used to describe treatment include: medication, treatment, radiotherapy, chemotherapy. Within this same context in BSL, the superordinates include: treatment-singular, treatment-continuous, tablets, syrup, injections, drip, emanating-device.

When a doctor is talking about a treatment, the interpreter working into BSL needs to be aware of whether or not this will be a course of treatment or a single dose. And then could render the BSL sign for treatment with the single or continuous inflection. This pragmatically focuses on the time course of the treatment, but not what the treatment is. To focus on the treatment the interpreter would need to render which type of medication it is, e.g. tablet, syrup, injection, etc. Furthermore if rendering injection this can be rendered neutrally (against the palm of the hand) without any location specified, or can be interpreted to include the location. This in itself could be in a location where the sign for injection can be placed against the body with a locative inflection, or a location indicated and then the sign injection signed neutrally.

Not only can these signs be inflected for location, they can also be inflected to demonstrate temporal information (singular, plural, singular repeated, plural repeated). Once again these may cause different expectations to occur and, as with all languages, there are as many irregular as there are regular rules and it is important to know these grammatical rules so as not to confuse the patient. For example, it is not

uncommon for a bodily location to be depicted in sign languages by pointing to a part or parts of the body. This is undertaken with specific handshapes and movements and has specific meanings. By using several clauses or sentences in an additive way the information is accurately rendered into BSL.

By way of an example one Deaf woman told me one of her personal experiences to share in interpreter training. She had previously been diagnosed with cancer and was in remission, had attended the doctors after tests to see whether her cancer had returned. The doctor had bad news for the Deaf woman and wished to tell her she had been diagnosed with cancer in her arm and the interpreter interpreted this into BSL. Unfortunately the interpreter used a full hand instead of a point when interpreting. So the Deaf woman understood that she had cancer in most of her arm and knew from her previous experience of cancer that if it had spread so badly she may not have long to live. For her next appointment she returned with her family so that they would understand the prognosis. This time it became clear that instead of having cancer throughout her arm, she had a small cluster of cancerous cells in a small area near her elbow less than one centimetre in diameter.

Upon telling me her experience she also told me that she knew the interpreter and that the interpreter was a good interpreter. The Deaf woman trusted the interpreter and is also someone who has taught BSL for over fifteen years and trusted the interpreter. She is currently undertaking a master's level qualification. She has functional fluency in English. Despite this she understood the interpreter to be telling her that most of her arm had cancerous cells. Had the interpreter sought further information from the doctor to find out the size and the location of the cancerous growth, it could have been rendered into BSL that was pragmatically relevant to the patient. By not seeking further information and working consecutively the interpreter was unable to ensure a relevant and natural target language comprised of several clauses each giving more detailed information to achieve a faithful rendering.

Similarly, in BSL it would be common for the experience of the treatment to be disclosed via a superordinate noun (tablets, injection, emanating equipment—which could be an x-ray, radiotherapy, UV treatment) and then this sign to be used throughout. In English it is more common for the nature of the treatment to be disclosed via a superordinate and some time later for the specific type of medication to be disclosed. These differences often cause problems for the novice interpreter and when working with those clients new to working with interpreters.

When a Deaf person is asked about his/her condition, it is normal for a complete description to be given, if a non-specific request is made. In English, when a question is asked about how a condition is, e.g. after looking at ones medical notes the doctor asking, "You've come about your

leg, what is wrong with it?" The scope of the question is constrained to relevant new information that may not be contained in the medical notes. In BSL asking, "HERE THROUGH LEG, WRONG WHAT?" would be understood as expecting a full explanation and history of one's medical problems with one's leg. To constrain the scope, further temporal information would be needed, e.g. "HERE THROUGH LEG, RECENT PROBLEM WHAT?" Once the Deaf person has started the explanation of their history it is rude to interrupt. But the doctor, who has limited time per appointment, can be frustrated by this departure from English cultural norms.

Information regarding time is also described in a different way. The most effective way of interpreting, "One table three times a day" is to render it as "BREAKFAST ONE TABLET. LUNCH ONE TABLET. DINNER ONE TABLET." This can then have the additive information of before eating, after eating. Similarly, more specific times can be used to describe when the medication should be taken/administered. Once again this requires the interpreter to seek further information before rendering into BSL a sufficiently informative TL utterance.

Even inconsequential information can be difficult for the novice to render in a way that makes sense to a BSL user. A question from the doctor such as, 'How can I help you?' is potentially best rendered by the question, YOU HERE WHAT-FOR? (Why are you here?) The statement, "It's time to go to theatre now," is best rendered as "OPERATION NOW." As noted above there may be some non-traditional members of the Deaf community who would accept a rendering, "GO-TO OPERATION ROOM NOW" where it may even be acceptable to partially mouth 'theatre' during the production of the manual signs OPERATION ROOM. Some novices, however, maybe influenced by the mouthing of theatre to produce the manual sign THEATRE (as in playhouse) and this error type has been reported to me by a different Deaf patient with a different interpreter who had recently achieved his/her full professional status.

Often, in these triads (doctor–patient–interpreter), the power plays out in ways that do not ease communication, although fortunately there are excellent examples of good practice. The London Borough of Islington's interpreting service is partly funded by the council and partly funded by the primary care trust (PCT). This has enabled the senior interpreter to ensure double appointments are booked when communication will occur via an interpreter. This gives the interpreter some space to ensure effective communication takes place without having to battle against time pressures.

Other situations, such as in the legal domain, follow different cultural norms. The discourse of the police interviewing of witnesses lends itself to the oral culture of the traditional community in that it is a time for the witness to tell their story; narratives are a valued way of telling ones

experience in the Deaf community and Deaf 'folklore' is passed down in narratives (Carmel 1996). The discourse structure of police interviewing suspects does not conform to BSL norms in that the suspect may not be allowed to finish an utterance, questions are directed in a way that is atypical of BSL conversations and the footing of the participants is purposefully held as unequal.

By the time defendants arrive in court they will have had more time to become accustomed to legal discourse norms, whereas witnesses may be very unfamiliar with the discourse norms of cross-examination. In each situation where the Deaf community comes into contact with the mainstream, interpreters find themselves drawing upon their linguistic and cultural resources to accurately render, in an appropriate discourse style with appropriate pragmatic relevance, one language and culture to another. And like our spoken language colleagues, we often find that the accounts given need to rendered in a way that meets the expectations of the institution (Inghilleri 2003).

## 3. The difficulties we face

Most service users expect BSL/English interpreters to work simultaneously. My experience is that firstly this is because they can speak whilst we sign and vice-versa, whereas when spoken language interpreters are working in the community it may not be possible to have two spoken languages uttered at the same time. And secondly because of time constraints, service users often do not want interpreted appointments to take any longer, especially as the interpreted event has already cost them more money by having to book an interpreter. Little thought is given to the fact that there is an interpreting process. Service users need to be reminded that some members of the Deaf community have limited literacy and sparse access to the information literate members of mainstream British society will have (and this of course parallels the experience of first generation migrants). Giving a Deaf person a leaflet about the reasons to give up smoking may not give them access to that information and is less valued by the tradition Deaf community than being told firsthand by a healthcare worker.

BSL is a low incidence language and there are limited opportunities to socialise in the Deaf community. This impacts on the fluency of interpreters and there is often less appreciation of the very different norms of interaction and different ways of information giving within the Deaf community when compared with the mainstream. Even those who are fluent and grew up in the Deaf community can easily feel pressured into providing simultaneous interpreting that does not suit the needs of our non-English speaking clients. It is often important for interpreters to press to work consecutively so that they can ensure information is fully understood and interpreted in a relevant way. Even in the legal domain far greater levels of accuracy can be achieved by interpreting consecutively

rather than simultaneously (Russell 2002). The important thing for us to recognise is our fidelity to the message and our responsibility to our clients.

Perhaps most importantly, institutions need to realise that we are not working as 'signers' in the same way that spoken language interpreters are not working as 'speakers.' We are interpreters; working alone, in pairs and alongside our spoken language colleagues. There are factors to consider that are specific to the communities we work with, as there are things specific to any language group. But most of all we are interpreters first and foremost with ideas, insights, linguistic skills and cultural knowledge to share with our spoken language colleagues and from whom we also wish to learn.

**References**

- **Bahan, Ben** (2008). "Upon the Formation of a Visual Variety of the Human Race." H-Dirksen L. Bauman (ed.). *Open Your Eyes: Deaf Studies Talking*. Minnesota: University of Minnesota Press, 83–99.

- **Bergson, Mo** (2006). "Signs of the crimes." *ITI Bulletin*, Sept-Oct, 16-18.

- **Carmel, Simon** (1996). "Deaf folklore." Jan Harold Brunvand (ed.). *American folklore: an encyclopedia*. New York: Garland Publishing Inc., 197-200.

- **Carty, Breda, MacReady Susannah, and Sayers Edna Edith** (2009). "A grave and gracious woman: Deaf people and signed language in colonial New England." *Sign language studies* 9(3), 287-323.

- **Cockayne, Emily** (2003). "Experiences of Deaf in Early Modern England." *The Historical Journal* 46(3), 493–510.

- **Corfmat, Percy** (1990). *Please sign here: insights into the world of the Deaf* (Vol. 5). Worthing and Folkestone: Churchman Publishing.

- **Edwards, Rosalind, Alexander Claire & Temple Bogusia** (2004). *Access to services with interpreters' user views*. York: Joseph Rowntree Foundation.

- **Haualand, Hilde** (2007). "The two-week village: The significance of sacred occasions for the Deaf community." Benedicte Ingstad, Susan Reynolds Whyte (eds). *Disability in local and global worlds*. Los Angeles (CA): University of California Press, 33-55.

- **Hitchcock, Tim & Shoemaker Robert** (2008). *The Proceedings of the Old Bailey*. Online at http://www.oldbaileyonline.org, case reference t17710703-17 (accessed 30.01.2008).

- **Inghilleri, Moira** (2003). "Habitus, field and discourse: interpreting as socially situated activity." *Target* 15, 243 - 268.

- **Kyle, Jim & Woll Bencie** (1985). *Sign Language: the study of deaf people and their language*. Cambridge: Cambridge University Press.

- **Ladd, Paddy** (2003). *In Search of Deafhood*. Clevedon: Multilingual Matters.

- **Lane, Harlan** (2005). "Ethnicity, Ethics and the Deaf-World." *Journal of Deaf Studies and Deaf Education* 10(3), 291-310.

- **Lee, Raymond** (2004). *A Beginner's Introduction to Deaf History*. Feltham, UK: British Deaf History Society Publications.

- **Mottez, Bernard** (1993). "The deaf mute banquets and the birth of the Deaf movement." John Vickrey Van Cleve (ed.). *Deaf History Unveiled: interpretations from the new scholarship*. Washington D.C.: Gallaudet University Press.

- **Ong, Walter** (1982). *Orality and Literacy. Technologising the Word*. London: Routledge.

- **Russell, Debra** (2002), *Interpreting in legal contexts: consecutive and simultaneous interpretation*. Burstonsville, MD: Linstok Press.

- **Smith Theresa B.** (1996). *Deaf people in context*. University of Washington: PhD Dissertation.

- **Stone, Christopher** (2009). *Towards a Deaf translation norm*. Washington, D.C.: Gallaudet University Press.

- **Stone, Christopher, & Woll Bencie** (2008). "Dumb O Jemmy and Other: Deaf People, Interpreters and the London Course in the 18th and 19th Centuries". *Sign language studies* 8(3), 226–240.

- **Stone, Christopher** (2005). "Deaf translators on television: reconstructing the notion of interpreter". Nasar Meer, Simon Weaver, Jackie Friel & Kate Lister (eds). *Connections* 4, 65-79. Bristol: Bristol University

- **Sutton-Spence, Rachel, & Woll Bencie** (1999). *The Linguistics of British Sign Language an introduction.* Cambridge: Cambridge University Press.

**Websites**

- EUD (European Union of the Deaf). Online at www.eud.eu (accessed 06.05.2010).

- WFD (World federation of the Deaf). Online at www.wfdeaf.org (accessed 06.05.2010).

- "Charter of Fundamental Rights of the European Union." Online at http://www.europarl.europa.eu/charter/pdf/text_en.pdf (accessed 06.05.2010).

- "The European Convention on Human Rights And its Five Protocols." Online at http://www.hri.org/docs/ECHR50.html#Convention (consulted 06.05.2010).

- "Police and Criminal Evidence Act 1984 (PACE) and accompanying Codes of Practice." Online at http://police.homeoffice.gov.uk/operational-policing/powers-pace-codes/pace-code-intro/ (accessed 06.05.2010).

- UNCRPD (United Nations Convention on the Rights of Persons with Disabilities). Online at http://www.un.org/disabilities/default.asp?navid=13&pid=150 (accessed 06.05.2010).

- DDA (Disability Discrimination Act). Online at http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068 (consulted 06.05.2010).

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