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Domestic Violence Services for the Deaf Community

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Abstract

Domestic violence is a pervasive and destructive phenomenon that occurs frequently, especially among people of color and individuals with disabilities. This study surveyed 195 Deaf and hard of hearing college students about their knowledge of domestic violence services, their concerns for agency staff characteristics, and service delivery, and the impact of additional disabilities. Results indicate that 74.8% of the sample knew someone who had experienced violence within the past year. Most respondents knew where to go for help, yet none or few of the individuals who experienced violence sought help. Respondents ranked services they felt most comfortable asking and which aspects of service delivery they felt were most important. The results of this study validate the notion that domestic violence occurs frequently among Deaf and hard of hearing individuals. Service provision in terms of the type of service provided should be culturally relevant and the agency staff members culturally competent.

Keywords: domestic violence, deaf, hard of hearing, help-seeking, intimate partner violence services

Introduction

Domestic violence, sometimes called intimate partner violence,[1] is physical, sexual, and/or psychological harm by a current or former partner or spouse (Centers for Disease Control, 2014; World Heath Organization, 2013). This insidious phenomenon occurs frequently among both women and men in the United States. The lifetime prevalence of intimate partner violence is approximately 21.32% (World Health Organization, 2013). The sequelae of domestic violence include a host of social and psychological difficulties, including low self-esteem, alcohol use, substance abuse, suicidal ideation and attempts, physical problems, such as sexually transmitted diseases, gynecological problems, and pregnancy complications, and mental health problems, such as depression and anxiety (Black, Basille, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011; Curry, Renker, Robinson-Whelen,

[1] *The term 'domestic violence' is a broader term often used interchangeably with 'intimate partner violence'. 'Domestic violence' can include abuse of any member of the household, including children. 'Intimate partner violence' includes violence against a spouse, significant other, or partner. Because research studies in the literature use both terms, for purposes of this study, domestic violence and intimate partner violence are defined similarly, in that violence occurs between spouses, significant others, and/or partners.*

Hughes, & Swank, 2011; Douglas, Hines, & McCarthy, 2012; Falconier, McCollum, Austin, Wainbarg, Hasburn, & Mora, 2013; Nicolaidis, Wahab, Trimble, Mejia, Mitchell, Raymaker, & Waters, 2013; ten Have, de Graaf, van Weeghel, & van Dorsselaer, 2014). Severe abuse can also lead to death, disability, and hospitalization (Black et al., 2011).

Prevalence

Betweeen 2003 to 2012, domestic violence accounted for 21% of all violent crime in the United States (Morgan & Truman, 2014). Of those who experienced intimate partner violence, more than three-quarters were women. In the United States between 1994 and 2010, the rates of intimate partner violence decreased from 2.1 million victims to 907,000 (Catalano, 2012). Interviewees reported incidents of violence that occurred within the past six months. Women between the ages of 18 to 24 years old and between 25 years to 34 years old experienced the highest rate of violence (Catalano, 2012). Single women with children experienced intimate partner violence more than 10 times more than married women with children and six times higher than single women without children.

In the a survey of 16,507 adults in the United States, 35.6% of women and 28.5% of men experience rape, physical violence, and/or stalking by an intimate partner at some time during their lives (i.e., lifetime victimization) (Black et al., 2011). Nearly half of both men and women experience some form of psychological aggression by a partner during their lives. Nearly a quarter of women (24.3%) and 13.8% of men experience severe physical violence at the hands of their partners.

People with Disabilities

People with disabilities also experience higher rates of violence compared to those without disabilities (Harrell, 2014; Healy, Humphreys, & Howe, 2013). In 2012 1.3 million non-fatal crimes occurred against people with disabilities aged 12 and over (Harrell, 2014). Disabilities included in these statistics were: hearing, vision, ambulatory, cognitive, self-care, and independent living. Multiple disability types had two or more of the following disability types: hearing, vision, ambulatory, cognitive, and self-care. Individuals with disabilities were approximately three times more likely to be victims of violence than those without disabilities regardless of race or age. Among individuals with disabilities who experience violence, 52% had multiple

disabilities. Those with cognitive disabilities reported a high rate of violence, 46 individuals per 1000 (.046%) in 2009 increasing to 63.3 individuals per 1000 in 2012 (Harrell, 2014). Those with a "hearing" disability accounted for the lowest rates of all disability groups at 16.7 per 1000 individuals in 2009 and 20.2% in 2012. Though research includes population-based statistics for crime with people with disabilities, the literature on domestic violence, in particular with Deaf and hard-of-hearing individuals is sparse by comparison (Harrell, 2014).

One study of 305 individuals with disabilities, 90% of the respondents reported abuse either within the past year or in their lifetime. Sixty-eight respondents reported that they had experienced domestic violence in their lifetime; 208 stated that they had experienced it in the past year (Curry et al., 2011). Persons with disabilities are sometimes targeted by perpetrators because they can be vulnerable to high risk situations (Curry et al., 2011). The presence of a disability can also be associated with other psychological and social difficulties, such as low self-esteem, mental health issues, unemployment, barriers to living independently, problems maintaining personal health, difficulty with communication, poverty, and economic dependence (Curry et al., 2011; Healy, Humphreys, & Howe, 2013). Disabled individuals can face unique disability-specific abuse, such as a caregiver who refuses to attend to a personal hygiene need or a transportation driver who refuses to transport an individual to an appointment unless she performs a sexual act (Curry et al., 2011). A perpetrator may determine a Deaf adult or child is a prime target because of a perceived "handicap."

This is of particular importance because there are many Deaf and hard of hearing children and adults in the United States. Recent statistics estimate that approximately 17% or 36 million American adults report some degree of hearing loss (NIDCD, 2010). Two out of three children per thousand are born deaf or hard of hearing. Approximately 3 to 6% of all deaf children and another 3 to 6% of hard of hearing children are also born with Usher syndrome, a condition with include blindness or low vision (NIDCD, 2010).

A small subset of individuals identify themselves as culturally Deaf[2] and use American Sign Language (ASL) as their primary mode of communication. Deaf individuals, with and without additional disabilities, are a unique cultural group that has historically been medically underserved and often

[2] *Use of a capital D for Deaf denotes an individual who identifies him/herself as being culturally Deaf. The individual adheres to the mores and norms defined by Deaf culture. In contrast, use of a lowercase d for deaf indicates an individual who has a hearing loss and who may or may not identify as being a member of the culture.*

excluded from health and mental health surveillance and research (Barnett, 2011). Because many Deaf and hard of hearing individuals use ASL or other forms of sign language rather than spoken language, perpetrators of domestic violence may view some Deaf individuals as targets for abuse (Barnett, 2011).

Several studies indicated a higher prevalence rate of domestic violence among Deaf and hard of hearing individuals (Crowe, 2013; Crowe-Mason, 2010; Johnston-McCabe et al., 2011). Crowe (2013) surveyed 167 Deaf and hard of hearing college students about current and past physical, psychological, and sexual abuse. Approximately 7% of the sample reported that abuse was ongoing in their present relationship. A little less than half (44%) indicated the presence of domestic violence in past relationships. Similarly, a study by Johnston-McCabe, et al. (2011) found that 71.7% of their sample of 46 Deaf and hard of hearing women reported experiencing psychologically abusive behaviors and 56.5% having experienced physical violence from their partners. More than half, 56.5% reported being victims of physical abuse; 26.1% reported experiencing sexual abuse; 30.4% of the respondents reported experiencing life-threatening abuse. In a study by Crowe-Mason (2010) of 226 Deaf and hard of hearing students, results suggested that 16.2% of the sample reported being in a current abusive relationship. Approximately 27% reported being in an abusive relationship in the past.

There are some factors that may make a Deaf or hard of hearing individual specifically more vulnerable to being a target for abuse (Anderson & Leigh, 2010); Barnett, 2011; Johnston-McCabe, Levi-Minzi, Van Hassett, & Vanderbeek, 2011; Wilson & Schild, 2014). In a study by Crowe (2013), findings suggested that the absence of additional disabilities, other than being Deaf, was associated with a lower frequency of abuse. Difficulties with parental acceptance of or an inability to communicate with their Deaf child may result in weak family and social support networks (Crowe, 2013; Barnett, 2011; Johnston-McCabe et al., 2011). Lack of communication and attachment during the formative years can adversely impact social learning experiences. Individuals who become deaf later in life may feel lonely and isolated (Johnston-McCabe et al., 2011). Perpetrators may view their intended victim as having limited access to communication, thereby reducing the likelihood that the assault would be reported. Additionally, perpetrators may hone into an individual's lack of family support, social isolation, or lack of economic dependence and see this as an opportunity with low risk for consequences (Healy, Humphreys, & Howe, 2013).

Disclosing domestic violence is one of the key activities that an individual must do in order to begin the healing process. However, individuals from minority groups and subcultures in particular may have challenges with disclosing the abuse because of difficulty in recognizing it as abuse (Anderson & Leigh, 2010; Curry et al., 2011; Johnston-McCabe et al., 2011). Some factors that may make disclosure difficult are: self-doubting and denying that abuse is occurring, discounting or minimizing the extent or degree of the violence by either the survivor or the perpetrator, blaming the victim by the perpetrator, family, friends, or society, shaming or embarrassing the survivor, instilling fear about involving police or courts, losing children, exposing their family to embarrassment, losing independence, and believing that no one can help (Curry et al., 2011; Falconier et al., 2013; Garcia, 2014).

Survivors rarely seek help for domestic violence unless the abuse is severe (Falconier et al., 2013). Societal factors impact help-seeking because despite public awareness and education efforts, many people continue to believe that the victim is partially if not wholly at fault or that the abuse is not severe (Anderson & Leigh, 2010; Garcia, 2014; Wilson & Schild, 2014). Societal perceptions of who is responsible for the violence is very important because if the survivor is seen as the person primarily at fault, (s)he will be less likely to seek help.

Survivors may seek help when they see it as a last option, when a medical problem or injury occurs, if they are concerned for the well-being of their children, or if the physical violence escalates (Falconier et al., 2013; Mahapatra & DiNitto, 2013). When survivors do seek help, they usually find it in several ways, such as agencies that provide domestic violence services, crisis hotlines, Internet resources, mental health professionals, medical providers, police, lawyers, social workers, counselors, shelters, family members, friends, clergy or churches, and culturally-focused organizations (Curry et al., 2011; Douglas, Hines, & McCarthy, 2012; Mahapatra & DiNitto, 2013). However, professional literature about help-seeking behavior for minority populations, diverse groups, and people with disabilities is lacking. Research about the specific needs for domestic violence services for Deaf and hard of hearing individuals is even more scarce.

The purpose of this study is to investigate the knowledge about domestic violence services, the concerns for agency staff characteristics, service delivery, and the impact of additional disabilities among Deaf and hard of hearing college students.

Method

Participants

The researcher employed a stratified non-random quota sampling strategy to recruit 195 Deaf and hard of hearing college students, including 135 women (69.23%) and 60 men (30.77%). One hundred sixty-one participants reported being deaf (82.56%) ; 34 reported being hard-of-hearing (14.44%). One hundred sixty-seven participants were undergraduates (85.64%) and 28 were graduate students (14.36%). The mean age of the sample was 27.13 years (SD = .35). See table 1 for additional demographics of the sample.

Table 1
Sample Demographics

Demographic	N	Percent of the sample
Race		
Caucasian	105	53.85%
African-American	50	25.64%
Latino	18	9.23%
Other (e.g., biracial)	13	6.67%
Asian	6	3.08%
American Indian	1	.51%
Pacific Islander	1	.51%
Declined to answer	1	.51%
Sexual Orientation		
Straight	133	68.21%
Gay/Lesbian	40	20.51%
Bisexual	16	8.21%
Gender queer	6	3.08%
Marital Status		
Single	137	72.49%
Married	34	17.99%
Living together	18	9.52%
Number of children		
None	133	68.56%
1	31	15.98%
2	17	8.76%
3	11	5.67%
4	2	1.03%

Measure

Because of the unique target population and the narrow focus of the study, the survey was designed specifically for the Deaf community. The survey instrument consisted of 59 items grouped into general categories about domestic violence services for deaf individuals: 1) demographics, 2) knowledge of domestic violence, 3) staff characteristics needed to provide domestic services, 4) service delivery for individuals and families, and 5) presence of additional disabilities. The questionnaire required approximately 20 minutes to complete. Most questions related to services had Likert-scale response anchors that ranged from 0 (no concern or not important) to 4 (very big concern or very important). The Flesch-Kincaid readability level of the data collection instrument was 7.0-grade level.

Procedures

After IRB approval, members of the research team solicited participation from Deaf and hard of hearing students. They explained the procedures, including language accommodations, risks and benefits to the participant, confidentiality, and voluntary participation. Upon consent to participate, the researcher gave participants the questionnaire to complete. The researchers offered to sign any questions that respondents did not understand.

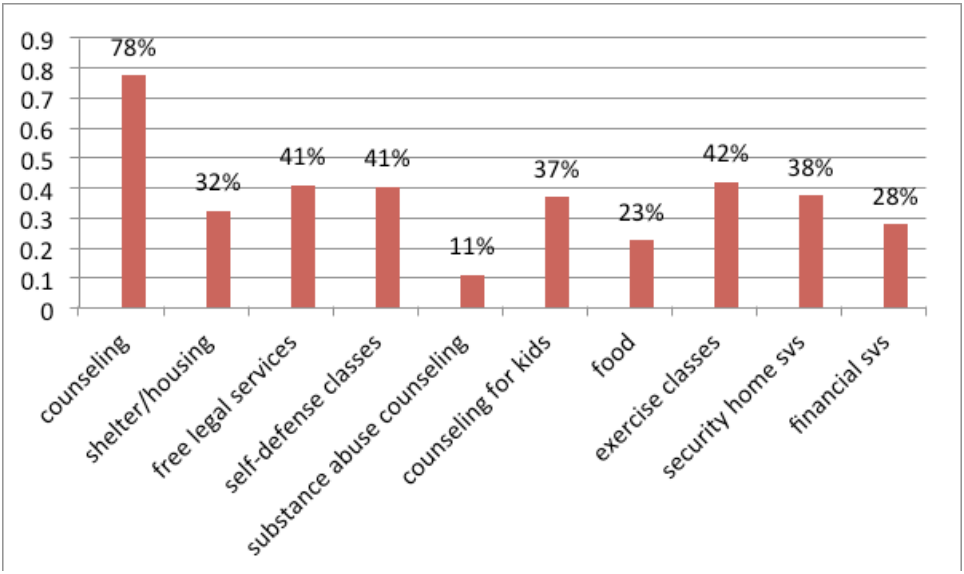
Results

Knowledge of Domestic Violence

Nearly three-quarters of the participants (74.8% of the sample, n = 146) reported that they knew of someone within the past year who experienced domestic violence. Of those individuals who knew someone who had experienced violence, 56.85% (n = 83) reported that they knew one or two people who had experienced domestic violence; 40.41% (n =59) reported that they knew more than three individuals. More than half of the sample, 60.51% (n = 118), reported that they knew where to go for help. Most of the respondents, 80.82% (n = 118), reported that none or few of those individuals had sought services to help them. See Figure 1 for the kinds of services respondents reported felt comfortable obtaining.

Figure 1

*Percentages of Deaf individuals who indicated they would feel most comfortable in asking for specific domestic violence services**



*Number indicates the percentage of the total sample (n = 195).

Agency Staff Characteristics

Participants were asked to rank the importance to which particular staff characteristics were important for those who provide services for survivors of domestic violence. See table 2 for participant ratings.

Table 2

Participant Ratings for Staff Characteristics at Agencies That Provide Domestic Violence Services for Deaf Individuals

	Not very important (%)*	Somewhat important (%)*	Very important (%)*
Staff are deaf/hoh and sign well	3 (1.54%)	16 (8.21%)	176 (90.26%)
Agency has family therapy	12 (6.28%)	16 (8.38%)	163 (85.34%)
Agency has a child care center	12 (6.28%)	16 (8.38%)	163 (85.34%)
Agency provides play therapy	8 (4.42%)	19 (10.50%)	154 (85.08%)
Staff are hearing and sign well	9 (4.62%)	36 (18.46%)	150 (76.92%)
Staff are the same gender as me	26 (13.40%)	41 (21.13%)	127 (65.46%)
Staff are the same sexual orientation	44 (25.14%)	48 (27.43%)	83 (47.43%)
Staff are hearing with interpreter	32 (20.65%)	45 (29.03%)	78 (50.32%)
Staff are in same racial group as me	49 (30.25%)	44 (27.16%)	69 (42.59%)

*Percentages were calculated as a proportion of those who answered the question, not of the total sample.

Service Delivery

Participants were asked what concerns they have about domestic violence services that serve Deaf individuals. See table 3 for their ratings.

Table 3

Ratings of Participant Concerns Regarding Domestic Violence Services for Deaf Individuals

	Not concerned (%)*	Somewhat concerned (%)*	Very Concerned (%)*
Confidentiality within the agency	20 (10.47%)	31 (16.23%)	140 (73.30%)
Concerns of personal safety	20 (10.58%)	31 (16.40%)	138 (73.02%)
Not enough money to pay for services	20 (10.70%)	31 (16.58%)	136 (72.73%)
I worry I will lose my children	20 (10.87%)	30 (16.30%)	134 (72.83%)
The agency is not established in the Deaf community	20 (10.87%)	30 (16.30%)	134 (72.83%)
Staff will not understand my problems	20 (10.81%)	31 (16.76%)	134 (72.43%)
Someone will find out I received services	20 (10.87%)	31 (16.85%)	133 (72.28%)
I feel too embarrassed to ask for services	20 (10.99%)	31 (17.03%)	131 (71.98%)
Problems in my relationship if my partner finds out	19 (10.50%)	31 (17.13%)	131 (72.38%)
I will not have help if I go to court	20 (10.99%)	31 (17.03%)	131 (71.98%)
Staff think I caused the violence	19 (10.56%)	31 (17.22%)	130 (72.22%)
Staff will not be a member of the same group as me (e.g., person of color, LGBT, gender)	20 (11.11%)	31 (17.22%)	129 (71.67%)

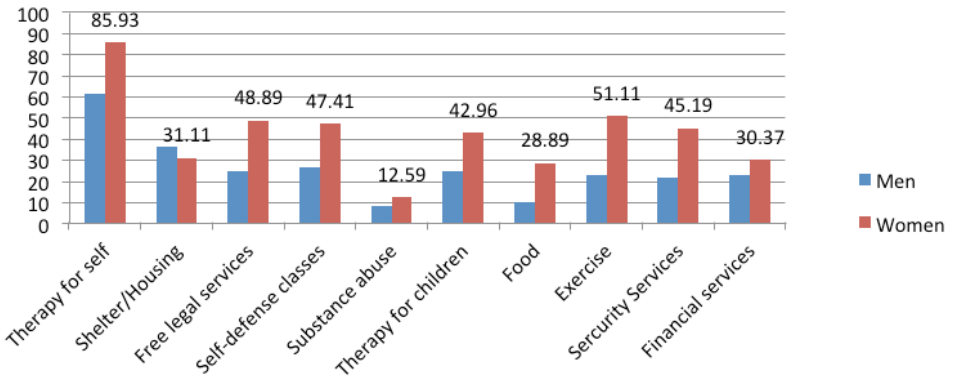
*Percentages were calculated as a proportion of those who answered the question, not of the total sample.

Additional Disabilities

A small proportion of participants, 14.36% (n = 28), reported that they had other disabilities in addition to being deaf. Of those, 25% (n = 7) reported that they use tactile or low vision interpreters; 14.29% (n = 4) reported that they used a technological accommodation for communication (e.g., storyboard); 14.29% (n = 4) reported that they used a wheelchair; 32.14% (n = 9) reported that they used specialized staff who worked with individuals with developmental disabilities, learning disabilities, mental illness, or autism. Seven respondents (25%) reported that they had been denied domestic violence services because of having multiple disabilities. Eight participants (28.57%) reported that they knew of existing domestic violence agencies that could meet the needs of deaf individuals with multiple disabilities. A Pearson Product correlation indicated a significant, positive, weak relationship between those who had additional disabilities and whether the participant knew of someone who had experienced domestic violence ($r = .131$, $p = .03$).

Figure 2

*Percentages of men and women who indicated they would feel most comfortable in asking for specific domestic violence services**



*Because the sample size of men and women differed, the responses indicating a likelihood that a participant would ask for this service are reported as percentage proportion of each gender group.

Discussion

Knowledge of Domestic Violence

The findings of this study are consistent with the literature in terms of how frequently domestic violence occurs especially among people with disabilities and how rarely survivors of violence seek help (Crowe, 2013; Crowe-Mason, 2010; Falconier et al., 2013; Harrell, 2014; Healy, Humphreys, & Howe, 2013; Mahapatra & DiNitto, 2013). This finding is supported by the findings of other studies (Anderson & Leigh, 2010; Crowe, 2013; Crowe-Mason, 2010; McCabe et al., 2011). Three-quarters of the sample knew someone who had experienced violence within the past year with more than 40% knowing three or more individuals. Over half the sample (60.51%) knew where to go for help, yet more than 80% of the participants reported that of the people they knew who experienced violence, none or few sought help. Previous studies indicate that failure to report abuse can be caused by several factors including a distrust of the police, communication differences, social influences, such as fear of incarceration and psychosocial stress, economic issues, such as low income, and cultural loyalty (Crowe, 2013; Crowe-Mason, 2010).

Most respondents ranked individual psychotherapy highest as a service for which they would feel most comfortable asking. This finding is supported by other research that found that receiving help for relationship problems is associated with the presence of abuse in a relationship (Crowe, 2013). Free legal services, exercise classes, self-defense classes ranked second highest followed by shelter/housing, counseling for children, and security home services. Lowest rankings occurred for food, and financial services. The last ranking, only 11% of the sample, felt comfortable asking for substance abuse counseling. The services ranked highest by the participants is consistent with the literature (Curry et al., 2011; Douglas, Hines, & McCarthy, 2012; Mahapatra & DiNitto, 2013). The lowest comfort level ranking for both men and women was asking for substance abuse counseling. Respondents may feel reticent to ask for these services because by indicating a substance abuse problem, the individual may feel (s)he will be perceived to be at least partially responsible for the abuse. Additionally, men indicated a discomfort in asking for food compared to women.

Agency Staff Characteristics

The vast majority of respondents (90.26%) ranked having staff members who are Deaf or hard of hearing and can sign well as most important. This is supported by findings of other studies in that communication accessibility is a vital component of seeking help (Crowe, 2013; Wilson & Schild, 2014). Respondents ranked having a hearing professional who could sign significantly lower than other categories. Participants may feel more comfortable with a Deaf or hard of hearing staff member because of a similar cultural worldview. Presumably, a Deaf or hard of hearing counselor would understand the nuances of the cultural and possess some level of cultural competence. Ranked second highest, participants felt that it is important for the agency to have services for children (i.e., family therapy, a child care center, play therapy). Participants also preferred to have an agency staff member who was the same gender; less important was whether the staff member had the same sexual orientation, was hearing and used an interpreter, or from the same racial group,

Service Delivery

Confidentiality ranked as the highest concern among the participants. This finding is not surprising because the Deaf community is small, insulated, and close-knit. Because of this, Deaf individuals often know each other or have mutual friendships with someone who knows them regardless of geographic location. This concern may also rank high because participants clearly indicated that they would prefer an agency staff member to be Deaf or hard of hearing. The comfort level in working with someone from their own cultural community also brings about the concern of confidentiality. Approximately three-quarters of the respondents had concerns regarding: inadequate personal safety, not having enough money to pay for services, losing children, believing that the staff will not understand the individual's problems, someone else discovering that the individual is receiving services, feeling embarrassed to ask for services, having problems in the relationship, not having help in court, staff believing the individual caused the violence and the staff member not being of the same group (e.g., gender) as the individual. The high concern for these issues may reflect the fact that limited resources exist for Deaf and hard of hearing survivors of domestic violence. If an individual does not have access to any of the services, (s)he may feel a great need for every service.

Additional Disabilities

The presence of additional disabilities other than being Deaf or hard of hearing was significantly related to whether the participant knew of someone who had experienced domestic violence. This finding is consistent with the literature in that violence occurs frequently among people with disabilities (Curry et al., 2011; Harrell, 2014; Healy, Humphreys, & Howe, 2013). Approximately a third of the sample reported that they required specialized staff to work with their learning disabilities, developmental disabilities, mental illness, or autism. A quarter of those with additional disabilities reported that they required a tactile or low-vision interpreter, presumably because the additional disability was blindness or low vision. Only eight participants reported that they knew where to seek help for domestic violence services.

Conclusion

In summary, the results of this study further validate the notion that domestic violence occurs frequently among Deaf and hard of hearing individuals. They can offer insights into the impact of domestic violence on the Deaf community and the types of service provision that can be helpful. Many of the respondents knew of one or more individuals who had experienced domestic violence within the past year. This finding suggests that efforts towards awareness of domestic violence are reaching the target audience. Many respondents knew intimate partner violence when presented with it. At the very least, cultural and linguistic competency among helping professionals is mandatory. Though respondents stated that they preferred to having a Deaf or hard of hearing professional presumably because of a feeling of connection and belonging with someone from their native culture. The importance the respondents' placed on services for children suggests that they understand the potential impact domestic violence has on their family members. Service delivery should be broad enough to cover a wide range of services, including case management, such as help with finding housing, financial resources, and legal assistance. Psychotherapy resources can be useful in helping the individual recover from the effects of abuse; child psychotherapy and services geared toward children may contribute to helping the family heal. Service provision in terms of the type of service provided should be culturally relevant and the agency staff members culturally competent. Participants indicated a number of services for which they would feel comfortable asking and characteristics of services they find

most important. Their preferences reflect a distinctive perspective given the unique needs of the Deaf community.

Strengths and Limitations

The study designed presented several strengths and limitations. The sample size was adequate for gaining an understanding of perceptions of domestic violence services for the Deaf community. A stratified quota sampling strategy ensured that the sample represented diversity in terms of race, sexual orientation, and multiple disabilities. Married and cohabitating individuals and families with children were included in the sampling frame. The response rate for the survey was 100% because each participant was approached individually to seek participation. An entire list of the Deaf population is impossible, thereby preventing random sampling. The impracticality of obtaining a list of all Deaf and hard of hearing college students also prevented random sampling. Thus, the results of this study cannot be generalized to all members of the Deaf community.

Implications for Future Research

The 59-item questionnaire allowed the researcher to investigate a relatively broad area of inquiry regarding domestic violence services. This type of methodology did not give insight into the specific reasons why particular issues were important or not important. More analyses should be conducted in order to understand: the importance of cultural aspects of service delivery, the impact of sexual orientation, race, and ethnicity on the presence of abuse in relationships and their impact on services, and the impact of abuse on individuals who are Deaf and have multiple disabilities.

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