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Understanding The Sexual Assault Disclosure Experiences Of Deaf Women

Cover Page Footnote

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Introduction

There is no one right way to disclose sexual assault or to respond to a survivor of sexual assault, as it is an extremely complex interaction. Rape or sexual assault is defined as “any completed or attempted unwanted vaginal (for women), oral, anal penetration through the use of physical force or threats to physically harm and includes times when the victim was drunk, high, drugged, or passed out and unable to consent” (Black et al., 2011, p. 17). According to this definition, rape is categorized into three types: completed forced penetration, attempted forced penetration, and completed alcohol or drug facilitated penetration. It is important to note that individual state laws define and penalize sex crimes differently (Cook, Gidycz, Koss, & Murphy, 2011; Kilpatrick, 2004; RAINN, 2016). Some legal definitions include force in addition to verbal coercion (Kilpatrick, 2004). The National Intimate Partner and Sexual Violence Survey (Black et al., 2011) reported that in the hearing community, approximately one in five women (Black, 22%; non-Hispanic White, 18.8%; and Hispanic, 14.6%) had been raped in their lifetime, and that an estimated 13% of these women also experienced sexual coercion at some point in their lives.

In comparison, very little is known regarding the assault experiences of Deaf women. Preliminary research indicates that Deaf women experience higher rates of lifetime sexual assault compared to their hearing counterparts (Anderson & Leigh, 2011; Barnett et al., 2011; Elliott Smith & Pick, 2015; Smith, 2008; Urquiza & Goodlin-Jones, 1994). Much of the research detailing sexual assault in the Deaf population has focused on intimate partner violence (IPV) and has found that Deaf women are two to four times more likely than hearing women to experience forced sex in their lifetime (Pollard, Sutter, & Cerulli, 2013). One study sought to identify health disparities between individuals under the age of 65 in local deaf and hearing communities in Rochester, NY (Barnett et al., 2011). In this American Sign Language (ASL)-accessible health survey, an estimated 20.8% of 308 deaf signers were “forced to have sex” in their lifetime versus 5.8% of their hearing counterparts. By comparison, in a college sample of Deaf women, Elliott Smith and Pick (2015) found that 69% percent experienced at least one type of sexual assault during her life.

Even with these statistics, it is impossible to know exactly how many hearing and Deaf women have been raped in the United States because those types of disclosures are rare. Additionally, little is known about Deaf women’s disclosure trends or how they cope subsequent to sharing their stories (Anderson & Leigh, 2011; Elliott Smith, 2015; Smith, 2008; Urquiza & Goodlin-Jones, 1994).

Sexual Assault Disclosure Among Hearing Women

The general hearing population recognizes that sexual assault may have devastating effects on survivors' mental and physical health (Ullman, 2010). Many, but not all, hearing survivors experience fear, depression, anxiety, post-traumatic stress, decreased self-esteem, sleep problems, suicidal and self-harm behaviors, trust issues, and fear of intimacy (Elliott, Mok, & Briere, 2004; Tjaden & Thoennes, 2006).

However, hearing survivors do not universally agree on descriptions of positive and negative reactions to one's disclosure of sexual assault (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Ullman, 2010). The impact of a social reaction varies according to the support provider and the expectations survivors have for them (Ullman, 1996a). Informal support (e.g., friends, family members) and formal support (e.g., advocates, mental health providers) give a variety of reactions to survivors following a disclosure. Yet the issue may not be whether or not a reaction itself is positive or negative, but rather, whether the survivor perceives the reaction as positive, helpful, and supportive, or as negative and hurtful.

Recovery is also dependent on how support is perceived by the survivor, not the type of support that is given. The literature indicates a common belief that positive perceived reactions are healing and negative reactions are detrimental to survivors' health. Some research suggests social support is related to better health outcomes in survivors' recovery process (Coker et al., 2002; Orbuch, Harvey, Davis, & Merbach, 1994; Ullman, 1996a). One study, however, showed perceived negative reactions as often extremely injurious, while positive reactions were negligible to a survivor's recovery and psychological symptoms (Campbell et al., 2001). Accordingly, the perception of negative reactions have a more powerful impact on women's recovery through exacerbating psychological symptoms than perceived positive reactions have on aiding women's recovery (Ullman, 2010).

It is easily understood, in a society that "perpetuates the phenomenon of violence against women" (Deming, Covan, Swan, & Billings, 2013, p. 466), the reasons why many individuals may not disclose sexual assault experiences or if they do disclose an experience, why their perceptions of others' reactions vary. We can begin to understand this phenomenon through the lens of cultural norms and beliefs, such as rape myths. Many survivors are blamed for their sexual assault, which has led researchers to turn towards investigating American society's attitudes and beliefs about rape (Buchwald, Fletcher, & Roth, 2005; Campbell, 1998; DuMont, Miller, & Myhr, 2003).

American society is fueled by *rape culture*, a term used in much of the United States to describe the condoning and holding women responsible for being raped (Suarez & Gadalla, 2010). Rape myths often excuse rapists and perpetuate the failure of society to sufficiently support survivors after their assault (Buchwald, Fletcher, & Roth, 2005). A recent meta-analysis of 37 published studies revealed that men typically display higher rape myth acceptance than women, which is strongly correlated with hostile attitudes and behaviors toward women (Suarez & Gadalla, 2010).

Society frequently condones rape through victim blaming, denying the legitimacy of survivors' experiences, silencing stories about rape in large organizations (such as within higher education, the government, and religious sects), and reserving the pursuit of criminal action for actual rape situations. For example, victim blaming may be overt or implicit. Overtly blaming the survivor implies or outright states, for example, "It's your fault," whereas implicit blaming often takes the form of questions about a person's behavior, such as drinking or wearing revealing clothing, and inherently labeling that as a cause of the sexual assault. Blaming reactions are commonly called *secondary victimization* (Campbell & Raja, 1999; Ullman, 2010). Secondary victimization by the criminal justice, medical, and mental health systems is a major barrier affecting the ability to help survivors (Ullman & Townsend, 2007).

It is also common for survivors to experience self-blame after a sexual assault, which is typically associated with other's reactions to their disclosure (Ullman & Najdowski, 2011). Survivors' self-blame is sometimes reinforced after perceiving a support provider's reaction as negative (Major, Zubek, Cooper, Cozzarelli, & Richards, 1997). Self-blame has been related to increased psychological suffering and greater risk of revictimization (Breitenbecher, 2006; Miller, Markman, & Handley, 2007).

Additionally, criminal conviction rates are often significant deterrents to reporting rape (Ullman, 2010). A national survey (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007) of the general population and college students regarding women's decisions not to disclose forcible rape and incapacitated/drug-facilitated rape found four explanations: not wanting family or other people to know about the assault, a lack of proof, fear of reprisal by the assailant or others, and fear of being treated poorly by police, lawyers, or the criminal justice system.

Lastly, if survivors do not label an assault as rape, they are significantly less likely to disclose (Littleton, Axsom, Breitkopf, & Berenson, 2006; Starzynski, Ullman, Filipas, & Townsend, 2005). In fact, many hearing survivors

do not label or acknowledge their experience as rape or victimization (Bondurant, 2001; Fisher, Daigle, Cullen, & Turner, 2003; Littleton, et al., 2006). It is estimated that between one-third and three-quarters of survivors who experienced an assault meeting the legal definition of rape did not define it as rape (Fisher et al., 2003). Instead, these individuals may perceive their experiences as miscommunication during sex, seduction, bad sex, or instances where they are unsure how to label this experience (Littleton et al., 2006; Littleton, Breitkopf, & Berenson, 2008). This suggests that women who do not acknowledge an assault are less likely to disclose the event.

Sexual Assault Disclosure Among Deaf Women

By comparison, little is known about the disclosure experiences among Deaf women. Elliott Smith (2012) examined disclosure among 70 Deaf female undergraduate sexual assault survivors, and 44% reported experiencing one kind of assault (e.g., coerced sex, sex while too inebriated to consent, and forced sex), while 37% reported experiencing two different kinds of assault. Overall, 60.7% of these assaults were disclosed to formal and informal support providers at some point.

Elliott Smith (2015) later surveyed 75 Deaf women across the U.S. about their sexual assault experiences and found that of 216 assaults, 104 were disclosed (48.14%). Support sources included informal (58.13%) and formal (41.87%) individuals and/or agencies. It is interesting to note that more participants disclosed to Deaf support sources (66%) than hearing (26%) or hard of hearing (8%) sources. For participants who did not disclose, they offered reasons such as “didn’t want anyone to know,” “afraid to tell,” and “did not matter enough to tell anyone” (Elliott Smith, 2015, p. 108). No participants selected, “I could not tell anyone because of communication issues.” (Elliott Smith, 2015, p.108).

Furthermore, Deaf women may be less likely than hearing women to label an incident of sexual assault in a romantic relationship as rape or abuse, potentially affecting the number of disclosures (Anderson & Kobek Pezzarossi, 2011). Anderson and Kobek Pezzarossi’s 2011 study found that 56.7% of Deaf female participants experienced sexual coercion within relationships, but most said it was not abuse (78.2%). Only 7.3% acknowledged that sexual coercion was abuse and 14.5% said it might have been abuse. In a college-aged sample, participants were asked to identify if they would label specific assault situations (e.g., “Do you think using force to make someone have sex is rape?”) as rape (Elliott Smith & Pick, 2015, p. 74). Seventy percent of the scenarios were not labeled by the participants as rape. Survivors were then asked if they considered

their own assaults as rape, and 43% of the assaults were labeled as rape, 43% as not rape, and 14% as maybe rape (Elliott Smith & Pick, 2015).

An additional factor is that Deaf survivors are often revictimized when seeking help, potentially impeding disclosure (Smith & Hope, 2015). For example, they may face language barriers, their credibility as Deaf individuals may be questioned, and services and systems responding to sexual violence in the general hearing community are typically not equipped to meet the unique needs of Deaf women or individuals communicating primarily via ASL (Elliott, 2015; Smith & Hope, 2015). Deaf sexual assault survivors typically experience extreme isolation and often lack accessible options in seeking help. They also may deal with issues given the small and intimate nature of the Deaf community (Elliott, 2015; Obinna, Krueger, Osterbaan, Sadusky, & DeVoire, 2006).

Rationale and Research Design

The authors of this study believe that sexual assault survivors in the Deaf community, especially in geographical areas where resources are lacking or where the Deaf population is sparse, may find it difficult, to access qualified professionals for disclosure and related support. It is necessary to better understand the experiences of sexual assault survivors in the Deaf community in order to develop relevant resources. This study examined the issues of sexual assault disclosure in the Deaf female population using a qualitative approach.

The study followed the transformative paradigm for qualitative research (Mertens, 2010). The researchers' core values prioritized promoting human rights and social justice, adopted for this study because it strove to define social reality from the participants' perspectives as opposed to only those of the researchers. Thus, the process and related findings sought to create a more equal playing field between the researchers' questions and the participants' experiences (Mertens, 2010).

The transformative paradigm adheres to the assumption that a critical review of each reality is necessary before accepting one's views of "real" (Mertens, 2010). Another aspect of this paradigm relates to the understanding of how knowledge is created by relating to and learning from people. It also values the creation of an interactive relationship in which culture is carefully considered. Positions of power may inevitably exist between researcher and participant, but being aware of these roles and learning how to mitigate these positions so that participants are treated with the respect they deserve is crucial and feasible.

Participants

Deaf women over the age of 18 years were recruited to participate in the study if they had experienced sexual assault as an adult and disclosed to at least two people. A convenience sample was employed due to the sensitive nature of the study. Fourteen women were screened using a brief questionnaire focusing on gender identification, hearing identity, and age. Questions also focused on their highest level of education, ethnicity, when they had experienced a sexual assault, and disclosure to another individual. Three met the study's inclusion criteria. Two women were graduate students in their 20s, and one was a former graduate student in her 30s. All three culturally Deaf survivors were Caucasian and grew up in the United States. Two survivors had Deaf families that communicated in ASL. The third survivor was the only Deaf member of her family and used spoken English to communicate with her family.

Procedures

With Gallaudet University Institutional Review Board approval, all survivors consented to having their interviews recorded on video to ensure data collection accuracy. Each semi-structured interview consisted of 24 questions focusing on the identity of support providers, number of disclosure experiences, helpfulness of disclosure, disclosure reactions, and modifications to disclosure based on support provider reactions. Interviews were held in a private room and lasted approximately one hour. At the end of the interview, each survivor was given a list of mental health professionals and sexual assault agencies working with deaf individuals if they wished to speak to someone directly as a result of participating in this study. All survivors were compensated \$15 per hour for their time.

Each videotaped interview was translated from ASL to English and transcribed by the primary researcher, a hearing fluent signer with 10 years of experience working with Deaf children and adults. The transcriptions were entered in hyperRESEARCH (Researchware, Inc., 2015). A Deaf female graduate student, a native ASL signer with training in psychological research, served as a peer debriefer. She reviewed each video recording and transcript to ensure proper language translation and analysis, although she was not familiar with any of the survivors.

Transcribed responses to interview questions were analyzed by assigning codes and using categorizing processes that focused on both inductive and deductive approaches (Miles, Huberman, & Saldaña, 2014). Codes were initially

created by organizing the participants' responses into themes that were then further reduced by the researcher and peer debriefer after carefully comparing and discussing differences.

Results

Results are presented in the themes derived from the interviews and assigned codes. The following themes are discussed: identity of support providers, survivors' reasons for disclosing, social reactions (i.e., revictimization responses, power dynamics, helpful/positive reactions, hurtful/negative reactions, expected reactions), resilience and growth, and Deaf community issues. Relevant quotes are used to illustrate each theme. Given the fact that the Deaf community is small and survivors might be identifiable based on the content of their language, the following quotes are not linked to specific individuals.

Identity of Support Providers

All three survivors first disclosed their experiences to friends as informal support providers. Following the initial disclosure, the survivors told a variety of other informal support providers including friends, romantic partners, family members, roommates, and a perpetrator's sister-in-law. Formal support providers were also recipients of disclosure following the initial report to friends and included therapists, police officers, advocates, ASL interpreters, and professors. Two survivors disclosed to only individuals in the Deaf community. Only one survivor shared her experience with both Deaf community members and someone outside of the Deaf community.

Survivors' Reasons for Disclosing

The survivors described various reasons for disclosing the sexual assault, with three primary reasons: to receive emotional support, to protect others, and to obtain tangible assistance. These reasons were categorized under *help-seeking behavior*. All three survivors disclosed as a means of seeking emotional support from others. For example, one survivor stated, "I needed someone to talk to. I needed someone to validate my feelings. She was the closest. She knew me in and out. She knew my good, my bad side, everything."

Two survivors disclosed to protect others from a sexual assault by the same assailant. One survivor's sister was raped by the same perpetrator who raped her, and the survivor informed her mother: "I disclosed to my mom because my

sister didn't tell my mom. [My sister and I] are [x] years apart in age so I felt like my mom could protect my sister.”

All survivors reported their sexual assault experiences in search of tangible assistance. Tangible aid is defined as requesting specific assistance, such as resources, during the healing process. All of the study participants engaged in therapy to cope with the sexual assaults. One survivor disclosed to her professors to receive extensions on assignments, and also disclosed to a Deaf advocate to receive help in finding legal and therapeutic resources. Another survivor reported the sexual assault to law enforcement and medical providers.

One survivor, as a result of communication barriers, worked with ASL interpreters while reporting to law enforcement and medical providers. Although the interpreters were present only for communication purposes, they were still considered recipients of disclosure by default.

Responses to Social Reactions

The survivors revealed a variety of social reactions to their sexual assault disclosures. The initial reactions they shared were coded according to perceived feelings from the three survivors' most salient disclosure experiences. As a whole, survivors received 14 reaction types to their disclosures:

- Belief
- Disbelief
- Blame
- Self-blame
- Unwanted questions about details of assault,
- Anger towards the perpetrator
- Survivor assisting the support provider
- Concern
- Blaming the perpetrator
- Mutual support
- Support providers telling the survivors' stories without permission
- Making light of the situation through humor
- Lack of understanding
- Educating the survivor

These reactions were then subgrouped into the following themes: revictimization, power dynamics (too much and/or lack of), helpful/positive reactions, hurtful/negative reactions, and expected reactions (met and unmet expectations).

Revictimization responses. All survivors felt that they were revictimized, as a result of support providers' responses to disclosures. One survivor stated that a support provider told others in the community that she had fabricated the assault: "[The support provider] felt like I was just making it up. She didn't believe me that [the assault] actually happened." She reported feeling "enraged" when she learned of this support provider's action. Another survivor felt revictimized when the perpetrator later raped her sister, and that this assault against her sister ruined their sibling relationship: "I saw my sister go through that trauma and she was only age [x]."

Two survivors reported that they "closed up" for long periods of time after feeling revictimized by support providers. One spoke about feeling revictimized when a family member implied that the sexual assault was her fault (e.g., "Were you drinking?"). This same survivor also described her experience at the hospital where she had to request different ASL interpreters because one after another incorrectly relayed her story to the police. After this happened several times, the survivor asked the interpreter to retell the story to her to ensure the information was being delivered correctly: "I had to watch my own story. It was hard...I was completely turned off. My emotions were off." As a result of this language barrier, the legal authorities became frustrated with the survivor, creating another revictimizing factor.

Power dynamics. All of the survivors were impacted by power inequities within both survivor/perpetrator dynamics and Deaf/hearing relationships during the disclosure process. One survivor reported that she was scared of men for years after her assault. She recognized that not all men were rapists, but that the perpetrator held power over her by instilling in her a fear of men. Another survivor reported that she had become involved in drugs and alcohol and was losing her passion for playing sports because she constantly thought about the assault:

I realized I wanted to stop [thinking about the assault and abusing drugs and alcohol]. I wanted to get my passion for [sports] back and I didn't want him to ruin that...it felt really good [to tell someone]. I could finally let go instead of holding it inside.

This individual reported feeling powerless because the assault was consuming her thoughts. Power dynamics were palpable for the survivor who experienced a communication barrier at the hospital and was rendered powerless as a result of incompetent ASL interpreters. Power was also “stolen” from the same survivor whose friend broke confidentiality and announced that the survivor had been raped by someone in the Deaf community. All survivors in this study emphasized the specific word “power” as a way to describe how their power was “stolen” or “lost” during or after a sexual assault: “I remember that whole night. I felt that [the rapist] took everything from me - my life, my power, my soul. He just took it.” This survivor further reported feeling overwhelmed by the amount of power returned to her not even three hours after the assault by an advocate, who continued to ask the survivor what she wanted to do in response to the sexual assault and told her repeatedly that “it is your decision.” In this situation, regaining power immediately after having it taken away from her was an overwhelming and negative experience for her:

I was really torn. All that power felt too much for me, I think. All of my power was taken from me [during the assault] then so much was given to me all at once. I was overwhelmed with all the power.

Another survivor deliberately chose not to disclose to her hearing parents because of power differences that she perceived between the hearing and Deaf cultures;

I already struggle with [my parents] not knowing sign... They have not understood me and I feel that it would just be something to add to the list of things they have not yet acted on. They are still encouraging me to have a [cochlear implant]. No, I don't want that right now and they have talked about it with me so much... They want to be able to connect with me. They can't become Deaf so [their attitude is] why don't I become hearing.

Helpful/positive reactions. Survivors experienced many support providers' reactions as helpful and positive after a sexual assault disclosure. Connecting with a support provider was seen as critical when determining whether or not the disclosure experience was positive or negative. A survivor explained that her support provider had a similar experience and empathy helped them connect with each other:

I felt she really understood, instead of expressing my experience to someone who would be like, “Oh, I'm sorry,” and then I would be

taken aback and think to myself, “No, you really don’t understand!” I [would be] thankful you don’t understand but at the same time I can’t connect with you the way I wanted to.

Some survivors expressed relief and surprise when support providers believed them after having others question their truth. Two survivors said being told, “It’s not your fault” and “I’m sorry” were positive reactions. Being listened to by a support provider during the disclosure also proved to be a positive experience for the survivors. Some support providers even encouraged the survivors to get help and guided them to resources:

[The therapist] listened all the way. She didn’t say anything. I was like, wow, because most people who I tell detail to, they interrupt you. She didn’t. She just listened. The counselor gave me different resources. She explained to me what rape was... consent... I finally understood the full picture after she explained it. I wanted to make sure my experience was actually rape and not question myself.

Hurtful/negative reactions. All survivors experienced hurtful reactions from others and received reactions of disbelief from at least one support provider. Two survivors had friends who breached their confidentiality and told others in the Deaf community. One survivor explained that her romantic partner at the time did not believe that she was raped prior to their relationship. Upon breaking up, this former romantic partner told their friends that she was lying about being raped. After seeking counseling, the survivor felt she had no connection with her therapist, an experience she labeled as negative: “It was one-sided.” As a result of these perceived negative experiences, the survivor blamed herself for the assault and started having negative thoughts:

I guess I felt like, in a way, [the rape] was a little bit of karma for me because I was never in love. I thought I was but I never was. I was trying to fit in with society. [Where I lived] is heavily Christian, heavily religious so my coming out as a lesbian.... I have already come out now [in college]... I could not [have come out where I grew up]. I would have been bullied. I would have been beat up...I just felt like dating him. He was my best friend, why not. So I did. I waited it out until I finished high school and planned to go to college and slowly let go. That was my plan. I didn’t really try to use him but in a way I felt like it was my karma

[to be raped]. You know, like that is what I deserved because I wasn't true to him.

This survivor's disclosure recipients expressed disbelief in her experiences, which led her to doubt herself and believe the rape was her fault.

Another survivor spoke about a family member she disclosed the assault to. This survivor prefaced the disclosure with a request that the family member not ask any questions. Not only did this family member ignore the survivor's request not to ask questions, the survivor shared that the relative had the "audacity" to ask if she had been drinking the night of the assault. This question implied to her that the family member believed it was her fault. This inappropriate and insensitive question caused the survivor to retreat and not want to talk about the sexual assault further, resulting in a rift in their once close relationship. She also felt that the family member's comments of "It's not your fault" and "I'm sorry" were extremely negative, implying fault on the survivor's part and conveying pity.

Expected reactions (met and unmet). All survivors admitted that they had certain hopes in how others would respond to their disclosures. The expectations that were met included feeling connected to and emotionally supported by the support provider, receiving logistical support, and being believed. When expectations were not met, the survivors reported feeling disconnected from and disappointed with the support provider. They also experienced a surprising lack of confidentiality. Another example of unmet expectations was one survivor's disappointment after disclosing to her mom: "I had to encourage my mom and help her calm down. It's not like my mom was looking at my emotions and asking me how I was. No, I had to ask mom [how she was] and take care of her."

Another survivor also reported feelings of disappointment after telling her childhood best friend. This survivor stated that she expected a lot of support from her best friend, but was not believed, "She doubted me, she questioned me."

When survivors were asked what they wished someone had said in response to their disclosures, being believed was a priority for them. The survivors shared various desired reactions: "I wished someone told me I was safe and not alone," "I'm here to listen to you without judgment," and "I wish [the support provider] hugged me, showed me affection, gave me resources, or checked in on me later." The aforementioned survivor who took care of her mom's needs elaborated on the experience:

My mom was lost. She didn't know what to do. I know, I understand that my mom is lost, but I wish my mom made an effort on her part to really empathize, talk through it, support [me], check in with [me]- 'Are you still feeling bad?'... [instead], she made it taboo to talk about it. It was a topic that was swept under the rug. I wanted [to talk about it], like how I felt and how I was doing going through it. But, nothing.

Resilience and Growth

All of the survivors spoke about personal growth as a result of their various disclosure experiences. They stated that enduring their negative disclosure experiences had changed the way they thought about reacting to others who disclose. Each expressed that feeling revictimized by others' reactions helped them carefully consider how to react to others who disclosed to them. Despite having received wounding reactions, the survivors reported that the disclosure experiences were still "worth it." They expressed that after their disclosure experiences, they felt more confident and competent in responding to other individuals who disclosed to them. They also mentioned being able to help other survivors feel safe and minimizing other survivors' amount of revictimization. One survivor believed that disclosing to others could help her connect to individuals:

I am [name], I love Deaf children, I love teaching, I enjoy biking, and I'm a survivor. It has become part of who I am. So, now, if I tell someone, it means I want to connect more and have people understand me better. Tell them I'm a survivor and people can see where I'm coming from. My thinking has changed, and my perspective on life is a little bit different than most people. I might be more sensitive maybe. I think for me, telling people I am a survivor allows me to better connect with more people. They can understand me better.

Another survivor believed that she has become emotionally stronger as a result of the sexual assault and subsequent disclosures, and could use this newfound strength to assist others:

I look at it like negative experiences make us stronger people. [The sexual assault] happened to me and my sister for a reason so I can use that to help other people. You know, like, [if] it

happens to [individual]...we have similar experiences so we can support each other. It can happen to anyone, so that's important.... I went through counseling. That's how I got that attitude.

Deaf Community Issues

Various issues were discussed during the interviews specifically related to the Deaf community. A survivor reported that she is more involved in the Deaf community because "they are more accepting of who people are [than the hearing community]." By contrast, another survivor spoke about her best friend's doubt:

She doubted me because that person who raped me was part of the Deaf community. He has a Deaf family. It is not exactly really well known, no, but his family is a good family and that's why she doubted me. I realized that at that point it made me shut down. I did not want to talk to anyone else about it.

Another survivor stated that the reason she reported the sexual assault to the authorities was because she did not want this man to rape again in the Deaf community, a community that is like "family" for her. This survivor also disclosed to her best friend, another member of the Deaf community. Her best friend later told a large group of Deaf individuals about the sexual assault in front of the survivor. Though initially this violation of trust made the survivor ashamed, she eventually began disclosing to others in the Deaf community: "This was a blessing in disguise, I think. Like, for the Deaf community to know, that this should protect the community now." Even after people in her community were aware of the sexual assault, a large number of people remained friends with the perpetrator.

Discussion

The purpose of this study was to gain a deeper understanding of the complex nature of disclosure patterns among Deaf female survivors of sexual assault. Implementing a phenomenological qualitative approach afforded the opportunity to capture survivors' unique perceptions of sexual assault disclosure. The themes obtained from these interviews covered the following areas: disclosure to informal versus formal support providers, support providers' identities, survivors' reasons for disclosing, social reactions (such as revictimization responses, power dynamics, helpful/positive reactions, hurtful/negative reactions, expectations, etc.), survivors' resilience and growth, and community issues specific to the Deaf culture.

The three survivors in this study initially disclosed to a friend, and then eventually disclosed to formal and informal support providers. Despite the fact that many formal support providers have been specifically trained to work with survivors, previous studies of hearing women have shown that survivors are less likely to disclose to these individuals (Filipas & Ullman, 2001; Golding, Seigel, Sorenson, Burnam, & Stein, 1989; Starzynski, Ullman, Filipas, & Townsend, 2005; Ullman, 1996a). Survivors in this study reported that they chose particular friends because they trusted their friends. Although two of the three friends were Deaf, their cultural identity was not a priority to the survivors when deciding on initial disclosure recipients. One survivor used spoken English to communicate the disclosure to a hearing non-signing friend. Results indicate that these women found it more important to disclose to a trusted source than considering one's cultural identity. It is possible, however, that one of the reasons the survivors trusted these individuals was because their ability to communicate with one another did not pose a threat to their relationships.

ASL interpreters were also recipients of disclosure, but this often occurred in an indirect fashion when attempting to share their experiences with non-signing formal support sources. As many ASL interpreters are rooted in the Deaf community, this creates a complexity in the disclosure process since it raises concerns regarding confidentiality and small community issues. If a survivor who desires confidentiality is already reluctant to disclose to the police or other formal sources, it is possible that the individual would not feel comfortable disclosing to a third party (interpreter) who shares their social network. Thus, Deaf survivors who use ASL as their primary language may be less likely to disclose to the authorities if they use an interpreter.

The experiences of the participants suggest that using an ASL interpreter can increase the possibility of a communication breakdown or unintentional revictimization when disclosing to formal sources. The revictimization that occurred during one survivor's disclosure further traumatized her. She was forced to report on her sexual assault several times through different interpreters because the information was not conveyed appropriately or accurately. It is possible that many survivors think twice before disclosing to hearing individuals through an interpreter, not only as a third party member, but also due to presumed issues of incompetency. Worrying about the competency of an interpreter during a time of trauma and disclosure is an unfortunate reality for some Deaf individuals who rely on interpreters. If more competent, culturally sensitive interpreters were trained for disclosure situations in mental health or legal settings, it is possible that more Deaf survivors would feel comfortable disclosing to the police or seeking medical assistance.

The findings from this study further revealed that support providers' reactions to disclosure by Deaf women varied among survivors. Survivors reacted differently to similar responses from support providers, suggesting that the reactions or responses themselves should not be categorized as positive or negative, but rather, differently assessed with each new situation. Challenges abound when considering how to best educate support providers to respond in a way that provides a sense of safety for survivors. Survivors perceive reactions from others differently depending on their previous life experiences (Substance Abuse and Mental Health Services Administration, 2014). It is important to emphasize that there is no one correct way to respond to a Deaf survivor. The survivor, who perceived the comment "It's not your fault" as hurtful and negative, clearly had a different experience of this reaction than the other two survivors. The other two survivors reported that this phrase felt comforting because many survivors anticipate that others will blame them given the rape culture in the United States (Buchwald, Fletcher, & Roth, 2005; Ullman, 2010). Furthermore, literature regarding social reactions to hearing survivors of sexual assault often describe communicating that the survivor was not to blame for the assault as a positive social reaction (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007).

Cultural issues were pervasive in all three survivors' disclosure experiences. One survivor struggled with her parents and their perceptions of Deaf individuals. As a result of her parents' perceived attitudes, this survivor did not feel comfortable disclosing to them. She feared that they would not understand her experience of sexual assault because their relationship was already strained by poor communication.

Some survivors expressed discomfort disclosing to informal sources (e.g. family members) based on long-standing attitudes regarding the survivor's choices and cultural identity. Although not explicitly stated by the survivors, this situation may be viewed as a microaggression (Sue, 2010) highlighting hearing and linguistic privilege. Microaggressions towards Deaf people are not blatant forms of oppression, and often go unnoticed by well-intentioned hearing individuals. As an example, one of the survivors had disagreements with her parents regarding cochlear implants and English, and felt that her parents had long attempted to convince her to become "hearing." This led her to feel that her relationship with them was such that she was incapable of disclosing something as serious and personal as a sexual assault.

All three survivors explained that they experienced the Deaf community as a close-knit family. This feeling can bring comfort to Deaf survivors who believe

that they can trust another Deaf individual with private information. On the other hand, within this close-knit community, confidentiality is often breached, and news often spread quickly. Hurtful or negative responses from others as a result of their disclosures can potentially have significant negative effects on hearing survivors' recovery (Campbell et al., 2001; Ullman, 1996b). Negative social reactions have also been suggested as a critical factor in the development of post-traumatic stress disorder symptoms among hearing people (Ullman, Townsend, Filipas, & Starzynski, 2007; Ullman & Townsend, 2007). To date, little is known about the role of these types of responses for Deaf individuals.

Implications

The results of this qualitative study imply that disclosure experiences of Deaf women are complicated and unique to each individual. The findings also suggest that there is no one correct way to discuss sexual assault with a Deaf survivor in the event of disclosure. It is, however, clear from the current data and the extant literature that educating informal support providers should focus on issues such as confidentiality, trust, listening, believing, being present with the survivor, and letting them know they are safe. It is imperative to allow survivors to express their disclosure experiences in their own words at their own pace. It is also crucial to teach support providers, both formal and informal, how to support and empower a survivor, which may be different for each unique instance of disclosure.

Survivors in Deaf communities face similar challenges as those of hearing communities. However, Deaf people have additional, unique hurdles they face when seeking help, such as language barriers and access to resources. For example, Deaf women experience sexual assault at higher rates than hearing women, but many resources for Deaf women are insufficiently detailed or are not accessible for these women. Disclosure resources in English or ASL are practically nonexistent on sexual assault advocacy websites tailored to Deaf individuals and are rarely mentioned on sexual assault resource websites for the general population (Opsahl & Pick, 2015).

When possible, it is important to discuss future disclosure experiences with Deaf survivors, whether or not they have already disclosed or plan to disclose for the first time to informal or other formal support providers. This discussion may allow survivors time to identify and prepare for potential reactions that could be hurtful for them as individuals. Discussing or role-playing potential negative responses could provide emotional protection for survivors should they be faced with these situations as a result of disclosing.

Conclusions

Research on sexual assault disclosure among Deaf women is in its infancy. The current study revealed that interviewing Deaf survivors provides a tremendous amount of information regarding the complex nature of their sexual assault disclosure experiences, and those factors that facilitate or impede the process. All survivors disclosed to both formal and informal support providers, with varying reasons behind their decisions to disclose. Each survivor perceived social reactions differently. The same reaction from different support providers elicited positive or negative results, depending on the survivors' reaction. Nonetheless, the survivors all agreed that a negative reaction was one that caused revictimization experiences. Results also emphasized inherent power dynamics between the Deaf and hearing communities, a major factor in the disclosure of sexual assault.

NOTES

Uppercase "D" is used throughout to signify Deaf culture versus lowercase "d," which is more frequently used to indicate deaf and hard of hearing individuals who do not identify with the Deaf community (Padden & Humphries, 1988).

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