



PRELIMINARY RESULTS OF A STUDY ON INTIMATE PARTNER VIOLENCE AFFECTING THE DEAF COMMUNITY

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Overview

- IPV (Intimate Partner Violence) Research at the DWC (Deaf Wellness Center) Rochester, NY
- IPV Research and the Deaf community
- Service delivery challenges
- What we know so far (research)
- DWC IPV research findings



Deaf Wellness Center Overview

- Est. 1990
- URMC Department of Psychiatry
- Outpatient clinical services
- Teaching
- Research





Meet the DWC Family





SERVICE DELIVERY CHALLENGES

**PRESENTED BY LORI DEWINDT, SEGO LILY CENTER FOR THE ABUSED DEAF,
SALT LAKE CITY, UTAH**



Challenges for Deaf Survivors

- Isolation
- Close knit, Deaf community, reluctance to report
- Lack of awareness about deafness and deaf culture among hearing people.
(medical perspective)





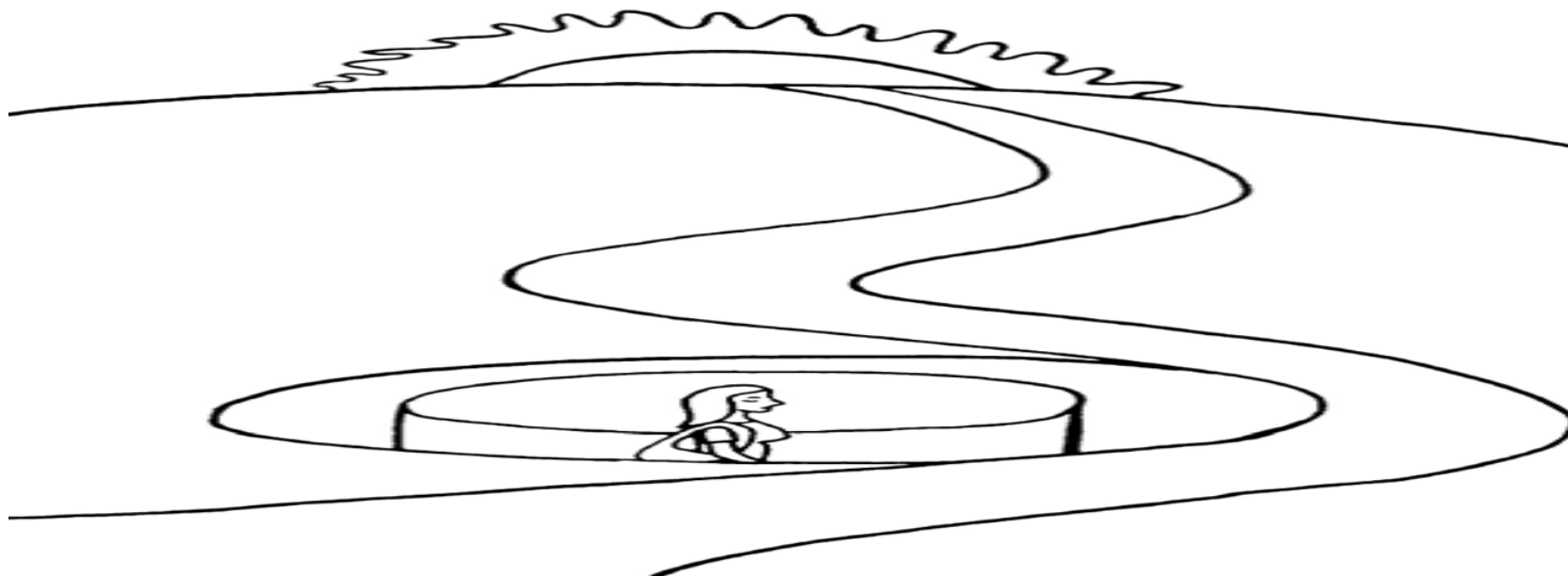
Challenges for Deaf Survivors Cont'd

- Inadequate resources/services/Interpreters/first respondents...
- **They may** not be familiar and does not have resources i.e. interpreters or 911 operators not able to use TTY or Video Interpreters and mislabeling the incident
- Reluctant to share details with strangers
- Some may not readily identify assault as a crime
- Limited access to support and services



LOST

Survivor loses trust in both herself and the system after abuse



“I am so exhausted from trying to teach the hearing system about my access rights that I cannot focus on taking care of myself. I feel like giving up” --Deaf survivor

Julie Rems-Smario, Deaf Hope



Specific issues in working with Deaf clients (survivors and perpetrators)

- The Deaf grapevine/community
- Abuse in educational settings
- Lack of accessible/culturally competent services
- Lack of support system
- Lack of accessibility of the judicial and medical systems




Fund of Information (FOI)

- FOI is the accumulated pool of facts one knows
 - Separate matter from intelligence
- Access to overheard conversation, radios and other auditory information sources, are usually inaccessible to most DHH individuals
- Many DHH individuals have FOI deficits in multiple areas

Robert Pollard, Ph.D. (2002)



Access to communication and information

- Little or no education about DV/SA within community.
 - Isolation from friends and/or family because of deafness
 - Minimal ability to understand or interpret information presented – example in court
 - Sometimes technology is not Deaf-friendly (closed-captioning, subtitles, English)
 - Inaccessibility of incidental learning situations
- 



Lack of support system

- Deaf community is spread out
- Loss of status in community... or even loss of community (survivors)
- Family may be unable to communicate – high percentage of Deaf have hearing families





Lack of Accessibility of the Judicial and Medical Systems



- Lack of clear and understood interpretation
- Lack of legal interpreters
- Lack of interpreters in a timely manner
- Refusal to follow the law



Challenges for Providers

Issues/Challenges:

- Hearing agencies are also often lacking in resources
- few responders have the language and cultural competence to respond effectively
- Interpreters are scarce and qualifications vary. When available, often are known to both victim and offender (especially in Rural area)



Barriers of Advocacy

- Issues that may prevent us from “true advocacy”
 - Language barrier
 - Education barrier
 - Service coordination barrier



How Hearing Programs Can Enhance Services for Deaf Survivors

- Knowledge of Deaf culture and ASL
 - Recognize ASL as a primary language for most Deaf people
 - Providing them with appropriate communication accessibility
 - Awareness of their resistance to using services
 - Have resources available (interpreting budget) and work to develop connections in the Deaf Community



Resources

- Eighteen (18)culturally accessible Domestic Violence/Sexual Assault and seven (7) BIP providers is listed.
- **Source of Information: National Domestic Violence Hotline**
- **Deaf hotline advocates are available from 9-5 (PST) M-F**
- **AIM: DeafHotline**
Email: Deafhelp@thehotline.org Videophone: 1-855-812-1001



WHAT WE KNOW SO FAR

PRESENTED BY AMANDA O'HEARN APRIL, 13




Deaf IPV Research

- Why there is so little
 - Lack of qualified researchers
 - Lack of access to IPV service research venues
 - Deaf often “lumped in” in disability IPV studies
 - Deaf, blind least likely to be served by IPV shelters
- Pockets of Deaf IPV research in USA
 - Melissa Anderson and Gallaudet University
 - NCDHR and Deaf Wellness Center at URMIC



Mason (2010) Gallaudet

- English Survey, ♀+♂
 - 27% reported past abusive relationships and 16% reported current abusive relationships
 - Physical abuse by current partners was reported by 11%
 - Conservative rates?
 - “at least sometimes” instead of “once”
- 




Anderson & Leigh (2011) Gallaudet

- English survey- Conflict Tactics Scales- 100 deaf ♀
- Twice as many deaf ♀ (52%) reported experience past-year IPV compared with hearing ♀
- Of these, they reported experiencing
 - 91% -psychological aggression
 - 61% -sexual coercion
 - 52% -physical assault
 - 22% reported physical injury as a result
- Yet many deaf college females failed to label overt IPV as abuse (thus under-reporting IPV incidence?)
- Near-equivalent rates of their own IPV *perpetration* reported
 - However, no data regarding motive or intent- some may be self-defense



Schild & Dalenberg (2012)

- 79 deaf adults
 - Sign fluent interviews on a number of trauma-related instruments
 - 20.6% of ♂ and 37.8% of ♀ reported experiencing sexual assault (presumably lifetime incidence)
 - 38.2% of ♂ and 42.2% of ♀ reported “other unwanted sexual experiences”
 - Accounting for overlap between these two categories, the authors report that 44.1% of ♂ and 53.3% of ♀ reported “some kind of sexual abuse”
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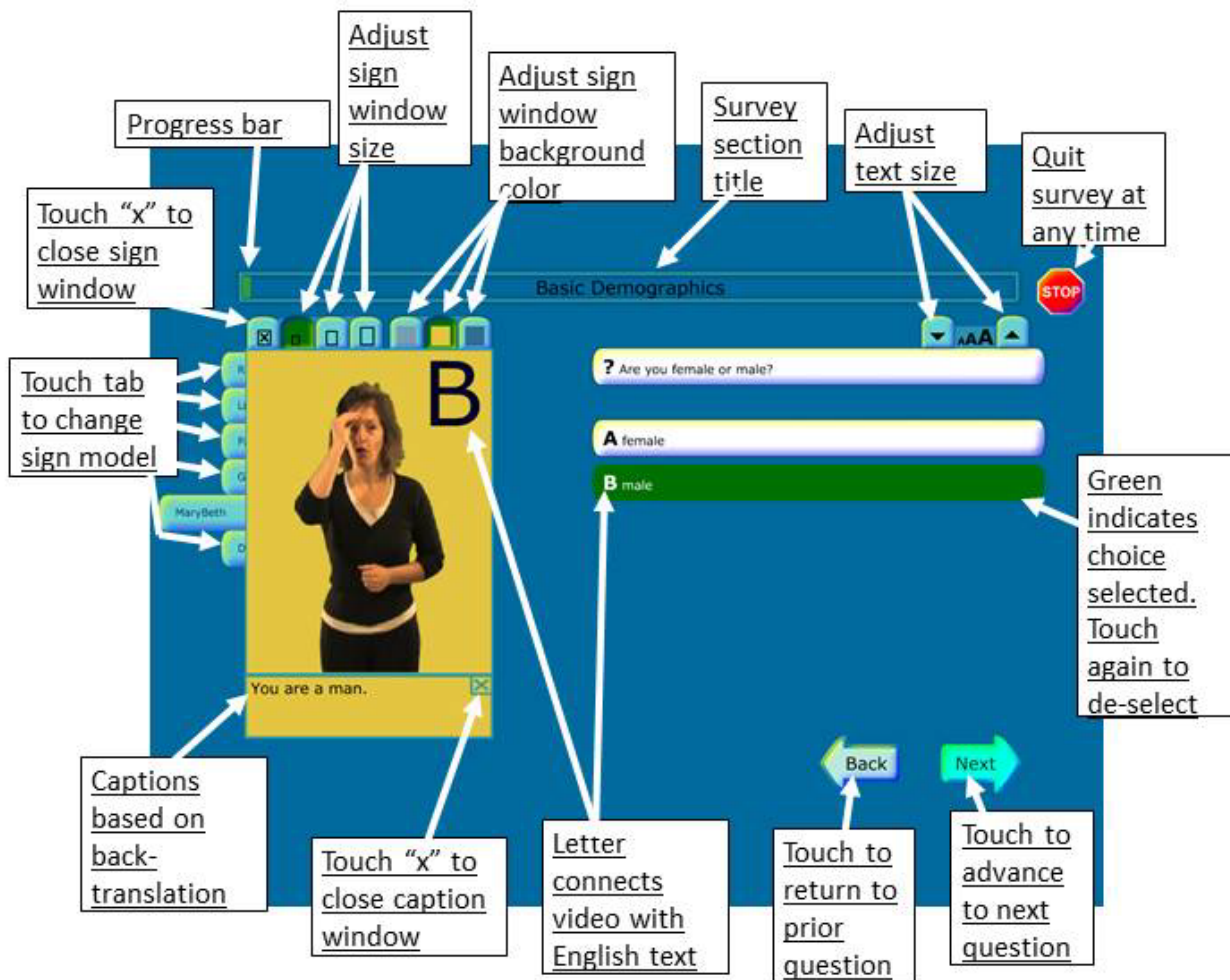


NCDHR Deaf Health Surveys (Two Samples)

1. Community Survey – Rochester area
NCDHR office location (49%)
Community locations
 - 2/29/08 - 9/5/08 (n=302 over 6 months)
2. National Reunion Survey – Over 700 people from across the US on the NTID campus
 - 6/26-28/2008 (n=215 over 3 days)




Deaf Health Survey Interface





IPV Survey Questions

- IPV questions (lifetime and past 12 mo.)
 - Physical abuse
 - Unwanted sex
 - Emotional abuse
 - Must “unpack” question content in light of ASL specificity and population FOI needs
- 



Deaf Health Survey: Partner Violence

Age < 65	Rochester MSA N=258	National Reunion N=214	Monroe Cnty BRFSS N=1,906
Emotional abuse: ever	24.8%	23.4%	- Not asked
Emotional abuse: ≤ 1yr	5.0%	7.0%	-
Physical abuse: ever	18.2%	20.1%	13.7%
Physical abuse: ≤ 1yr	2.3%	2.8%	2.7%
Forced sex: ever	20.9%	12.6%	5.7%
Forced sex: ≤ 1yr	3.9%	1.9%	0.7%



NCDHR IPV Data Summary Points

- Reported IPV rates **much higher** in both deaf samples than the hearing sample
- Past year abuse significant – IPV rates are not an artifact of childhood abuse
- Experiences of IPV in both deaf samples occurred at all levels of education and income and by both genders



INTIMATE PARTNER VIOLENCE RESEARCH AT THE URMC DEAF WELLNESS CENTER

PRESENTED BY ROBERT POLLARD APR'13




A Long History

- DWC staff active in Advocacy Services for Abused Deaf Victims (ASADV)
- Creation of an IPV training curriculum for “key helpers” in the Deaf community
- Research on IPV, collaborating with the National Center for Deaf Health Research (NCDHR)
- Many publications and presentations
- The 3-year CDC-funded IPV study



“Factors Influencing Partner Violence Perpetration Affecting Deaf Individuals”

- Three year research grant (ends 7/31/14)
 - Funding is from the National Center for Injury Prevention and Control, a branch of the Centers for Disease Control (CDC)
 - Multi-disciplinary research team including expertise in, Deaf research, IPV etc.
- 




Research Focus

- IPV “affecting” the Deaf community –
 - When Deaf people are IPV victims
 - When Deaf people are IPV “perpetrators”
- Could be deaf-deaf or deaf-hearing partners*
- Study’s focus is on IPV perpetrators
 - What are their personal characteristics, histories?
 - What methods do they use (e.g., communication control)?
- Goal: compare our results to extensive IPV research on hearing perpetrators. Are there differences? If so, why and what to do about it?

* Or a hard-of-hearing person, as long as one person in the pair is Deaf

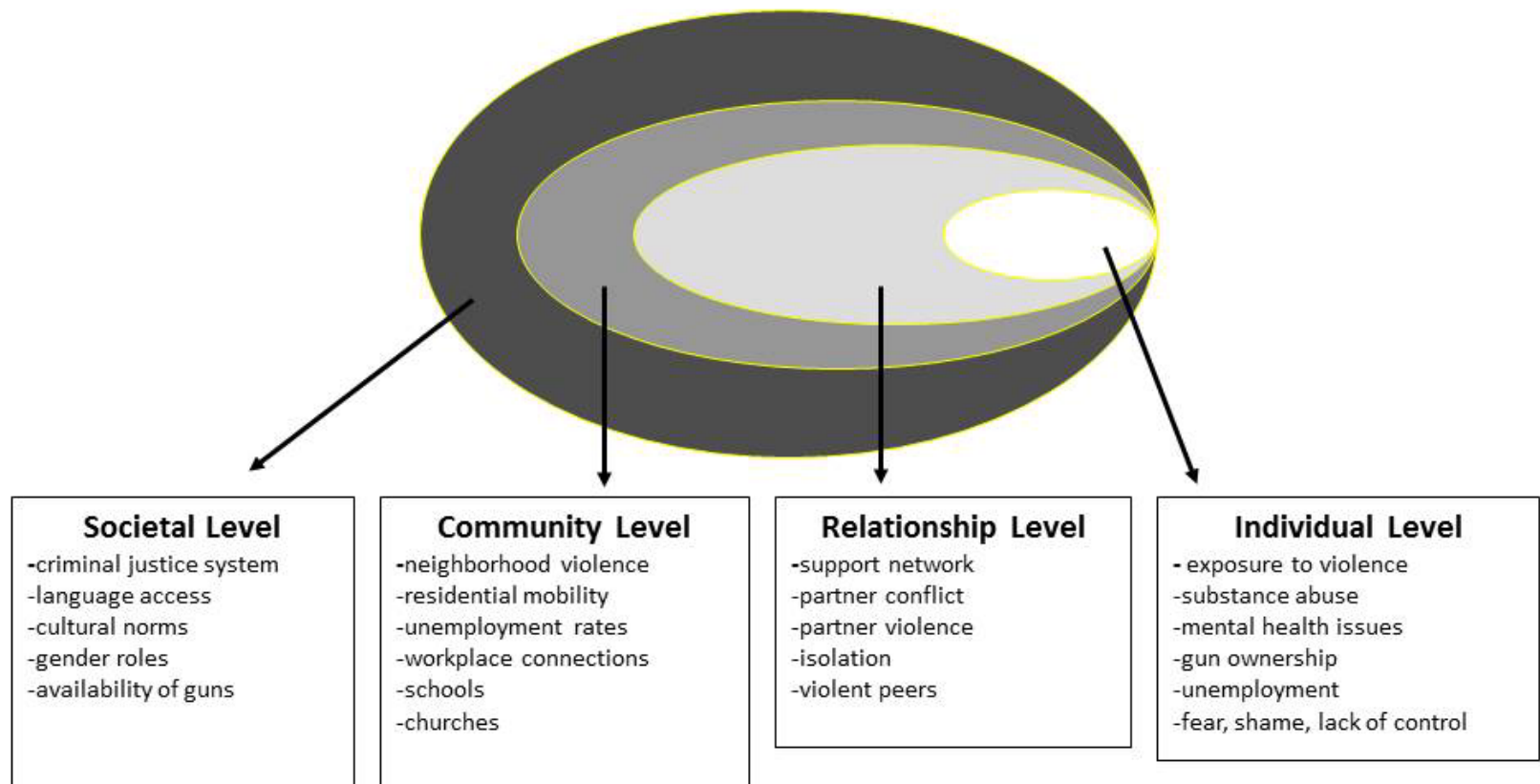


Why Do This Study?

- Very little is known about IPV affecting the Deaf community (amount of good research is limited)
 - Our multi-disciplinary research team has much experience with the many, complex issues involved, including IPV in, and outside of, the Deaf community
 - In 2008, Rochester's Deaf Health Community Committee named IPV research as a high priority
- 



Social Ecological IPV Model*




*Adapted from the PREVENT Program's IPV training module.



Main Steps of the Study


- “Cross-training” for research team. Why?
 - Some are less familiar with Deaf issues
 - Some are less familiar with IPV issues
- Interviews with Deaf IPV service providers
- Interviews with Deaf IPV victims
- Interviews with IPV perpetrators*
- Get feedback on results from focus groups:
 - Deaf IPV victims (1 group)
 - Deaf IPV perpetrators (2 groups)

* Could be deaf, hearing, or hard-of-hearing, as long as one person in the pair is Deaf





Cross-Training Topics

- Introduction to Deaf Issues
 - American Sign Language vs. English
 - The Deaf Community and Culture: National and Local Perspectives
 - Working Effectively with Sign Language Interpreters
 - Deaf-Hearing Social Interaction: Avoiding Misunderstandings and Conflicts
 - Deaf IPV Organizations: Local and National
 - IPV Scholarship: What We Know and Don't Know
 - IPV Research Fundamentals
 - Preparing for Qualitative Data Analysis
 - Ethical Issues and Practices in Research Involving Deaf People
- 



IPV Measures

- Three well-known IPV research measures are “folded into” the interview process:
 - *Danger Assessment*
 - *Conflict Tactics Scale Short*
 - *Women’s Experiences of Battering*
- ...allowing “exploratory” evaluation of whether these measures might be useful in understanding IPV affecting Deaf people



Project Partners

- Deaf Wellness Center (URMC Ψ Dept.)
- URMC Laboratory of Interpersonal Violence and Victimization (C. Cerulli, J. Mastrocinque, C. Raimondi)
- National Center for Deaf Health Research
- 16 partnering programs (mostly Deaf IPV services)
- Consultants
 - Cindi Cassady, PhD
 - Runs Deaf perpetrator treatment program in San Diego
 - Jackie Campbell, RN, PhD (*Danger Assessment* author)
 - Vince Samar, PhD (NTID statistician)



DEAF WELLNESS CENTER'S IPV RESEARCH PROJECT: SHARING OUR IPV PERPETRATION FINDINGS

DENISE THEW, MAY 2013



BACKGROUND INFORMATION

- In 2008, Rochester's Deaf Health Community Committee named IPV research as a high priority
 - Based on the Deaf Health Survey (DHS) results
- Our multi-disciplinary research team has much experience with the many complex issues involved:
 - IPV inside and outside of the Deaf community
 - Deaf Community/Culture
 - Research (qualitative and quantitative)
 - Deaf perspective





RESEARCH 101

Quantitative Research

- The aim is to classify features, count them, and construct statistical models in an attempt to explain what is observed.
- Data is in form of numbers and statistics
- Objective – seeks precise measurement and analysis of target concepts (e.g., surveys, questionnaires, etc)
- Researcher tends to remain objectively separated from the subject matter

Qualitative Research

- The aim is a complete, detailed description
- Data is in forms of words, pictures or object
- Subjective – individuals' interpretation of events is important (eg. in-depth interviews)
- Researcher tends to become subjectively immersed in the subject matter [qualitative data]

Neill, 2007




RESEARCH GOAL

- Compare our results to extensive IPV research on hearing perpetrators
 - Identify any similarities and dissimilarities
 - Identify and initiate dialogue regarding IPV service and research knowledge gaps and potential solutions



COMPLETED TASKS

- Cross-Training among research team members
 - Service Providers Interview Phase
 - Focus on IPV providers who serve Deaf persons
 - Completed recruiting, interviews, and data analysis
 - Reached “saturation” at N=11
 - Victims/Survivors
 - Completed interview and analysis
 - Achieved saturation (N=16)
- 

CURRENT AND FUTURE TASKS

- Perpetrators
 - Received Federal Certification of Confidentiality (COC)
 - Interviewed 14 perpetrators
 - goal $\sim N=25-30$
- Focus Group
 - Small groups (3) of Deaf Community members to discuss research results
 - Occur after completion of the perpetrators interview phase





RESULTS FROM THE SERVICE PROVIDER (SP) INTERVIEWS

- What did we learn from the interviews with IPV service providers who work with Deaf persons?
 - Several themes emerged
 - Many themes were similar to hearing individuals who experience IPV
 - Yet, some differences, too
 - Will focus on sharing some of the results that we feel are significant or unique to the deaf population who experiences IPV

Service Providers Interview

Results

DATA
REMOVED

- Most did not specialize in IPV issues
 - Most were “generalist” social or mental health service providers
 - This is very different than the “hearing” IPV field
- Many had multiple roles as advocates for Deaf individuals
 - i.e. help deaf individuals navigate the system
- Most do not provide Batters Intervention Programs to the perpetrators
 - Most served victims only
 - Many service providers work with deaf perpetrators on other issues (i.e. alcohol and drug treatment program)

DATA REMOVED



PRELIMINARY RESULTS FROM THE VICTIM/SURVIVOR INTERVIEWS

- What are we learning from the interviews with Deaf victims/survivors?
- Some themes that are commonly found among hearing IPV were identified in this research:
 - Infidelity (actual and suspected)
 - Secrecy (partner's background)
 - Substance abuse
 - Transient (both perpetrators and victim)
 - Perpetrators rarely or inconsistency employed




Victim/survivor preliminary results (2)

Unique or significant to Deaf IPV:

- Service providers very influential in teaching victims/survivors what IPV is
- Communication control occurs often, including when perpetrators have greater speech ability
- Deaf Communities were often unhelpful to victims/survivors (not because of shame)
 - Perpetrators were popular in some Deaf Communities
 - Victims/survivors' fear of not being believed
 - Did not know enough (about IPV issues) to share or help

DATA
REMOVED

DATA REMOVED



Victim/Survivor Preliminary Results (3)

- Link between IPV and poor communication **DATA REMOVED**
 - Sometimes at a “literal “ level (poor signing, close eyes)
 - Sometimes at an abstract level (poor conflict resolution skills)
 - Limited “fund of information” (FOI) common and significant in the IPV stories (e.g. not overhearing their hearing parents resolve differences/conflicts while growing up, being the only deaf person at hearing schools, etc) **DATA REMOVED**



Connecting the dots....

- The DWC IPV data confirms:
 - The importance of service provider programs
 - The importance of treatment programs
 - BIP treatment is not \neq to cure
 - The importance of advocacy from any providers that come in contact with deaf victims/survivors
 - The prevalence of FCI deficits among DHH victims/survivors and perpetrators

We need more services!



IPV Screening


- Service providers of all types should screen individuals for IPV risk.
 - This is now routine at primary care doctors' office
 - Recommended screening question includes the phrase “not feeling safe” at home or in your relationship.



THANK YOU!

The logo for the University of Rochester Medical Center (URMC) is located in the top left corner. It consists of a stylized orange and maroon graphic on the left, followed by the text "Contact Information:" in a bold, dark red font.

Contact Information:

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