Deaf Survivors

Mental Health Implications

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The Audience

• Disciplines

• DV or SA

• Experience with Deaf survivors

• What you hope to learn
Trauma-Informed Care

- **Healing Neen** (available at http://youtu.be/QQfWE9TD_bA)
- Incorporating an understanding of the impact of trauma and the complex paths to healing and recovery. Avoids re-traumatizing of both survivors and staff, by implementing five core values of safety, trustworthiness, choice, collaboration, and empowerment.
Remember-

Don't ever take a fence down until you know why it was put up.

—Robert Frost
Behaviors as Adaptations

• Chemicals involved with
  – Flight, fight, or freeze reaction
  – Forgetfulness
  – Indecisiveness
  – Hypervigilance
  – Drug use/abuse
  – Self-harm
Posttraumatic Stress Disorder

• Exposure to actual or threatened death, serious injury or sexual violation
  – Directly experiencing the traumatic event(s)
  – Witnessing, in person, the event as it occurred to others
  – Learning that the trauma occurred to a close family member of close friend
  – Experiencing repeated or extreme exposure to aversive details of the traumatic event(s)
Diagnostic Clusters for PTSD

• Re-experiencing

• Avoidance

• Negative cognitions and mood

• Arousal
Complex Posttraumatic Stress

• Service providers gain an increase in:
  – Compassion
  – Empathy
  – Patience
  – Trauma-Informed care
Culturally Competent Therapy With Deaf Survivors

• Aware of their own beliefs, biases, values, and personal limitations as target and agent memberships

• Knowledgeable of Deaf culture, Deafhood, Audism and the cultural diversity within the Deaf community

• Interventions are appropriate and relevant to the Deaf population
  • Adapted from Sue and Sue, 1990
Cultural consultation
Aftermath of Abuse

Survivors in general
- Safety planning
- Reporting
- Legal process
- Shelter/housing
- Healthcare

Deaf Survivors
- Support Factors
- Communication Barriers
- Risk and Protective Factors
- Fear
- Culture
- Other factors
Support Factors

• Community

• Many barriers for shelter and service providers

• Level of strength – professional and natural

• Reaction of the Deaf community
Support Factors Cont’d

- Status of Survivor and/or the abuser in the community
- Lack of funding for quality support system
- Misdiagnosing
- Incorrect treatment
Communication Barriers

- Language mode
- Spectrum of language fluency
- Case presentation
Communication Barriers Cont’d

• Issues of interpreters related to health care

• Therapists’ and Advocates’ Signing levels

• Court/legal proceedings
Risk and Protective Factors

• Coping skills and self-concept

• Level of familiarity with the abuser

• Upbringing
Risk and Protective Factors Cont’d

• Use of threats or coercion

• Feeling responsible

• Other history of trauma &/or abuse
Fear

• Of not being believed

• Of police, CPS, social workers

• Threats or fear of retaliation

• Re: confidentiality
Culture

• Base trauma from miscommunications and vulnerabilities

• Lack of awareness of concept of trauma, symptomology, and/or resources

• Screening tools incompatibility
Cultural Factors Cont’d

• Belief in myths surrounding SA and DV
• Isolation
• Lack of trust in community
• Safety net
• Identity in Deaf culture
Other Factors

- Self blame, guilt, shame
- Fixed income, housing difficulties
- Learned dependence
- Lack of exposure to healthy relationships
Other Factors Cont’d

• Limited scope of life skills
• Therapist’s boundaries
• Resources
Oppression

- Societal bias
- System discrimination
- Power and control tactics
- Example of Deaf immigrant Survivors
Oppression (2)

- Code switching
- Interpreting
- Transference
- Counter-transference
Oppression (3)

Family Therapy: Deaf or Hearing Professional
(available at http://youtu.be/hZYn1iRRkfY)
www.ascdeaf.com
Specific Needs of Deaf Survivors

- Medical appointments
- Advocacy
- Therapy groups
NO “ONE SIZE FITS ALL”!
Sources

• DSM V

• National Association of the Deaf (available at http://nad.org)

• National Association of State Mental Health Program Directors; “Trauma in the Deaf Population: Definition, Experience, and Services”, July 2012

• Alternative Solutions Center (available at www.ascdeaf.com)
Sources (2)

• Healing Neen (available at www.healingneen.com)


• Harborview Medical Center Center for Sexual Assault and Traumatic Stress (available at http://depts.washington.edu/hcsats/resources.html)
Sources (3)

• “Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol; Community Connections; Washington, DC, Roger D Fallot, PhD and Maxine Harris, Phd, April, 2009.

Sources (4)

• “Cognitive Processing Therapy with a Prelingually Deaf Patient Suffering From Posttraumatic Stress Disorder; Clinical Case Studies 2013 12: 73; November 29, 2012; Julia Koenig; Sage Publications

• “Psychoform and Somatoform Dissociation and PTSD in Deaf Adults”; Journal of Trauma & Dissociation, 13:361-376, 2012. Schild, Sven, PhD and Dalenberg, Constance J. PhD