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Empowering the Disempowered: Exploring How Advocates Perceive Resources and Services Available for Deaf Victims of Domestic Violence and Sexual Assault

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EMPOWERING THE DISEMPOWERED:
EXPLORING HOW ADVOCATES PERCEIVE
RESOURCES AND SERVICES AVAILABLE FOR
DEAF VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT

A Thesis

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Master of Arts

Darla Jo Barie

Indiana University of Pennsylvania

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This qualitative research project examined both hearing and Deaf advocates who serve victims of domestic violence and sexual assault. Respondents were surveyed regarding the current levels of resources and what additional resources are necessary to support Deaf victims of DV/SA.

Respondents stated that the most prominent need was for funding, which influenced the three other common themes: the need to eliminate the communication barrier, training regarding the needs of Deaf victims and the need for support and collaboration in the local community.

Theoretical factors recognized the disempowerment of advocates as they operate within an able-bodied, patriarchal society. Women, Deaf people and victims of DV/SA all belong to marginalized populations. Advocates who support them are also disempowered due to the stigmatized issues of DV/SA.

Once the funding shortages are eliminated and other resources are satisfied, DV/SA advocates can better serve the Deaf community and help campaign for social change.

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Buck and Sandy Spangler: Thank you for the gift of your love and prayers.
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CHAPTER 1

INTRODUCTION

In this study, I sought to understand how the staff members at domestic violence and sexual assault agencies perceive current agency resources and the additional resources necessary to effectively serve victims who are Deaf,¹ Hard of Hearing or Deaf Blind. For members of the Deaf² community, seeking services in the hearing world can be an everyday challenge. Currently, as the country faces an economic recession, financial resources in social service agencies are very limited and the rates of domestic violence and sexual assault continue to increase (National Network to End Domestic Violence, 2010). As a result, traditional “hearing”³ agencies may or may not have the resources to support Deaf clients. In addition, there are few agencies across the U.S. administrated by and have been established to serve the Deaf community.

The purpose of this study was to learn what staff perceives as necessary resources for agencies to effectively serve the Deaf population either in agencies supported by Deaf advocates or those administrated by persons who can hear. The topic was chosen to identify the current favorable resources and the barriers---such as the need for funding, the reduction of the communication barrier, training, and support and collaboration,

¹ Respectfully referred to in the remainder of this research project as Deaf. This also includes the Deaf-Blind and Hard of Hearing who culturally identify with the Deaf community.

² The reason why Deaf is capitalized in this project is to differentiate those who identify with the Deaf community, Deaf culture and the use of ASL. The term deaf denotes those with a medically diagnosed hearing loss.

³ Hearing, referring to traditional agencies, which are administrated by those who can hear or the hearing population in general. This term is meant as a descriptive distinction from Deaf administrated agencies throughout this project.

which may hinder the agencies' abilities to address the needs of this population.

The ultimate goal of this research is to lay a foundation to establish services for the Deaf community in Pennsylvania.

The Emergence of the Deaf Anti-Violence Movement

Twenty-five years ago, Deaf advocate and sexual assault survivor Marilyn Smith established the Abused Deaf Women's Advocacy Services (ADWAS) agency in her basement after a Deaf woman had been turned away by staff at a hearing domestic violence shelter due to the inability to communicate. After returning home, the victim was later brutally murdered by her husband (Bartley, 2005). The Deaf community in Seattle, Washington had known what was going on with the woman, but no one wanted to get involved, believing it was a private matter between the couple (Bartley, 2005). As a result of this horrific incident, the Seattle-based ADWAS was established. Today, ADWAS has an annual operating budget of \$1.9 million, supporting Deaf survivors of domestic violence and sexual assault and training others from all across the U.S. to replicate their model (ADWAS, 2010).

There are 14 agencies that are specifically administrated by Deaf advocates and accommodate Deaf, Hard of Hearing or Deaf-Blind survivors of domestic violence and/or sexual assault (DV/SA) in the U.S., none of which are located in the Commonwealth of Pennsylvania. Through this research and from Deaf advocates in the area, I learned that culturally appropriate services were initially established in Philadelphia and Pittsburgh, but both ended up being eliminated, leaving limited services for the Deaf community anywhere within the Commonwealth. The closest locations for Pennsylvania Deaf

survivors to go for Deaf-specific services provided by Deaf DV/SA advocates are in Washington DC, Rochester NY and Worthington, OH.

There are 71 agencies in Pennsylvania that support survivors of domestic violence, sexual assault or both (PCAR, PCADV, 2012). There is at least one agency in each county. I chose to focus this research study on the Pennsylvania agencies as a convenience sample, because there are currently no services specific to the Deaf community in the state. Deaf advocates were also surveyed to illuminate the specific resources they need as they support Deaf victims in their communities.

I hypothesized in this research that the traditional hearing DV/SA agencies in the Commonwealth are willing to support Deaf survivors, but their efforts may be limited, largely due to the difficulty communicating with and funding services for the Deaf community. This research was driven by a concern that if a Deaf person lives in Pennsylvania, he or she may need to travel hours to seek culturally-appropriate services, seek support at a hearing agency, or possibly go without.

In this study, I examined the perceptions of staff regarding current levels and the additional resources necessary by DV/SA agencies in the U.S. to serve the Deaf population. I asked staff who worked in agencies run by Deaf advocates, and staff in Pennsylvania which are run by the hearing. I sought to gain a better understanding of the resources and needs of these agencies and how they might be better able to provide culturally-appropriate services to the Deaf population.

Purpose of this Study

As previously stated, in this study I sought to understand how the staff members at domestic violence and sexual assault agencies perceive the levels of current agency resources and the additional resources necessary to effectively serve victims who are Deaf, Hard of Hearing or Deaf Blind. There are so few Deaf-administrated DV/SA agencies across the U.S. who specifically supports this population; I wanted to know what they believe works in serving the Deaf community, and what resources are still needed in order to move forward. The long-term goal of this work is to improve services for Deaf victims.

This project reports the findings of a qualitative study, based upon the survey responses of five Deaf Executive Directors of Deaf DV/SA agencies, three Deaf staff members of other agencies and 12 telephone interviews with administrators of hearing DV/SA agencies. While both groups of respondents are trained to serve victims of DV/SA, I wanted to know and understand each group's unique perspective of their own resources and needs in serving Deaf victims.

Two theories provide the lens and framework for this project. The first, feminist theory supports the empowerment of disempowered groups, including women, people of color, and victims of DV/SA, the Deaf and people with disabilities. Symbolic interactionist theory seeks to identify the perceptions and meaning that people apply to certain social circumstances and how those perceptions may influence one's reactions to or interactions with others in a particular situation. The combination of these two theories shed light upon the real and perceived obstacles faced by Deaf and hearing advocates of DV/SA as they seek to serve all who approach them for help and support.

Research Question

This research study was designed to answer the question: How do the staff members at domestic violence and sexual assault agencies perceive current agency resources and what additional resources are necessary to effectively serve victims who are Deaf, Hard of Hearing or Deaf Blind?

Summary

In this chapter, I provided a brief explanation of my research project and an introduction of the Deaf anti-violence movement. I explained the short-term goal of identifying the perceptions of resources by agencies that accommodate the Deaf community, and the long term goal of Deaf victims receiving appropriate services in Pennsylvania. I explained that both Deaf and hearing-administrated agencies were surveyed, and their perceptions on current resources and what they might need to support this population in the future were discussed. In the next chapter, I will review the literature for this topic, addressing the historical and social oppression of both women and members of the Deaf community.

CHAPTER 2

REVIEW OF THE LITERATURE

Chapter Introduction

In this study, I sought to understand how the staff members at domestic violence and sexual assault agencies perceive the levels of current agency resources and the additional resources necessary to effectively serve victims who are Deaf, Hard of Hearing or Deaf Blind. A small sample of Deaf advocates from across the country and hearing advocates in Pennsylvania were interviewed. In this chapter, I review relevant literature. The discussion begins with the broad topic of American women and their battle for equal rights, primarily focusing on the 20th century. Next, the social and historical oppression of the Deaf community is discussed, including a description of eugenics and the denial of the right of Deaf people to exist. I use feminist theory as a lens in understanding the social and cultural oppression experienced by members of the Deaf community. Moreover, I discussed the emergence of the civil rights and women's rights movements in the 1960s and 1970s, which also brought forth laws protecting women and children from their abusers. As a result of these massive social changes, I discuss how the Deaf community and those with disabilities, began to have their rights acknowledged and laws were passed, requiring some of their needs be accommodated.

It is important to note that there may be reasons why Deaf victims of DV/SA do not access services in the first place, which may contribute to the inability of the agency to justify the expense of training, assistive technology, or request additional funding. These reasons may include communication barriers and lack of support from the Deaf community, both of which are also discussed. Finally, this chapter employs the

theoretical approach of feminism, which seeks to empower disempowered groups, including women, the abused, members of the Deaf community, people of color and DV/SA advocates and symbolic interactionism which focuses on the meaning that advocates make of their efforts in working with Deaf clients.

Conceptual Factors

The Foundation for Women's Rights

The American suffragist movement is considered to be the 'first wave' of activism for women's rights in American history. During this time, women fought for their right to vote, temperance, and the elimination of a man's legal right to abuse his wife. Suffragists also fought for social change as a result of men who arrived home broke, drunk and violent after spending their paychecks at local saloons (Gray-Reneberg, Beal, & Ford, 1996).

By 1920, not long after suffragist advocates fought for these changes all 48 states⁴ enacted "wife beating" laws that protected women from being abused by their husbands or intimate partners in the United States. Previously, stranger violence was more socially unacceptable and provided harsher punishments than for men who violated women in their own homes (Hanna, 2002). Husbands were viewed as both protectors and disciplinarians with full legal authority over their wives and homes, while women were treated as property. In colonial America, the home and its residents (including servants and slaves) were viewed as a unified whole, but only the adult male head was granted full legal status (Dictionary of American History, 2003).

⁴ Alaska and Hawaii were not U.S. States until 1959

The next wave of significant social change to protect women came in the 1960s, with Civil Rights and the modern feminist movement. In 1964, the Civil Rights Act was established to protect citizens against discrimination due to race, gender, or education. Domestic violence advocates sought to add victim's rights under the newly established umbrella of protection and move this private family matter onto a more public stage.

As a result of these changes, the first shelter for battered women and their children was founded in 1974 and in that same year, the Child Abuse Prevention Treatment Act was created, criminalizing child abuse (National Center for Victims of Crime, 2011). It was not until ten years later that the U.S. Attorney General William French Smith recommended that arrest be the standard police response to domestic violence, which resulted from a study that such responses deterred subsequent violence. Until that point, an officer could not charge a perpetrator for assault or battery unless the event occurred in his or her presence (Hanna, 2002).

In the early 1990s, feminists argued that, "...because the majority of abuse victims are women, domestic violence constitutes not solely a private wrong, but a form of gender discrimination," (Dictionary of American History, 2003). As a result, gender bias task force commissions were established across the U.S. The commissions in 21 of the 50 states reported that crimes disproportionately affecting women were not taken as seriously by the criminal justice system as comparable crimes against men (Dictionary of American History, 2003). As a result, the Violence Against Women Act (VAWA) of 1994, sponsored by Senator Joe Biden, was enacted by Congress and was the first piece of federal legislation to protect women against domestic violence (Dictionary of American History, 2003). In addition, the Act provided funding for domestic violence

shelters, enacted mandates where Protection from Abuse orders (PFAs) were valid across state lines, and amended the Federal Rules of Evidence to increase protection for rape victims (Dictionary of American History, 2003).

Rights were being expanded for American women and children over the last century, but equality for the Deaf and those with disabilities have not made as much progress. Deaf women and children also have the legal right to be protected from violence, but their options both in the hearing world and in the Deaf community continue to be limited.

The Deaf Community: The Fight for Existence and Equality

The Deaf community is a closed, collective society where members do not view themselves as disabled, but rather as a cultural minority whose primary method of communication is the use of American Sign Language (Obinna, Krueger, Osterbaan, Sadusky & DeVore, 2005). Deaf people rely heavily upon one other for support, friendship and information and generally view hearing outsiders with caution. Perhaps the reluctance to trust the hearing is a result of long range of historical oppression, including forced sterilization, eugenics, institutionalization, discrimination and derogatory references such as “dumb” because they were believed to be incapable of learning, simply because they could not hear as “normal” people (Vernon & Miller, 2002).

During the years of the Nazi regime, an estimated 375,000 people with disabilities, including 17,000 Deaf adults and children were forcibly sterilized. These procedures were often performed without anesthesia in order to eliminate supposed hereditary conditions. Twenty-eight percent of victims were under age 18 and nine

percent were women who were already pregnant (Lexington Center and School for the Deaf and the Jewish Heritage Project, 2003). The first 70,000 victims of the Holocaust were disabled. The Nazi regime began their horrific “mercy killings” with starvation and lethal injection and fine-tuned their procedures on Deaf people and people with disabilities, until they decided to almost exclusively use gas chambers for the remainder of World War II (LCSD & JHP, 2003).

After the war, great social change began to emerge in the U.S., when civil rights for Deaf people and those with disabilities slowly began to emerge as an indirect result of the Civil Rights Act of 1964. These laws helped the Deaf community and people with disabilities to have more rights and access than ever before. In 1968, the Architectural Barriers Act required all federal buildings and those financed by the federal government to be accessible to all persons with mobility impairments (U.S. Department of Housing and Urban Development, 2007). Moreover, the Rehabilitation Act of 1973 was enacted by Congress to prohibit discrimination in federal and federally assisted programs, (including the educational system) against people with disabilities, minorities, and those with limited English proficiency (Cross & Islas, 2002, National Association of the Deaf, 2000). These actions served as the foundation to the Americans with Disabilities Act (ADA) of 1990, which expands upon these rights to ensure that all Americans have full privileges and access to participate in every area of society (Encyclopedia of Small Business, 2007). The ADA requires removal of communication barriers in many significant places, including employment, public transportation, public accommodations and telecommunications (NAD, 2000).

While these laws were designed to help Deaf people have equal access in public and private agencies, actually receiving access can be a great challenge. The National Association of the Deaf (2000) notes several instances where the rights of Deaf people were denied, and therefore documented violations of federal law. For example, the NAD cites how staff at a doctor's office refused to hire an interpreter in order to accommodate a Deaf patient and a federally-funded agency discouraged Deaf people from accessing their agency by providing unacceptable services. The NAD (2000) also gives an example of a third business that refused to use a relay service to communicate on the phone with a Deaf client.

It can be very difficult for a Deaf person to communicate in the hearing world for everyday information, such as making a doctor's appointment or visiting a hearing child's teacher. Deaf women have double minority status, meaning they are in the minority because they are women but they also carry the additional stigma and challenge of being Deaf. If domestic violence is factored in, female victims could be hindered at even greater levels.

History of Domestic Violence and Sexual Assault Services Available to the General Population

Domestic Violence continues to be an important issue in today's society; it is the leading cause of injury to women in the United States; more than car accidents, muggings and rape combined (U.S. Department of Health and Human Services, 2007). According to the Bureau of Justice Statistics, one-third of female murder victims are killed by an intimate partner (U.S. Department of Justice, 2007). Victimization is widespread; it exists in every racial, social, class, sexual orientation and religious background and it affects

both genders (National Coalition Against Domestic Violence, 2007). One in four women will experience domestic violence in her lifetime, and women ages 16-24 are at highest risk (NCADV, 2007).

Currently there are 1,920 domestic violence shelters spread throughout the U.S., serving victims, their children, friends and families (National Network to End Domestic Violence, 2010). The National Census of Domestic Violence Services conducts an annual survey of all services provided by domestic violence shelters in a particular 24-hour period. With 91% reporting, the 2010 results show that of the 70,648 victims served in this one day, 37,519 domestic violence victims sought refuge in emergency shelters and 33,129 adults and children received non-residential services, including counseling, legal advocacy and children's support programs (NNEDV, 2010). Twenty-four hour hotlines were answered at a rate of 16 per minute, totaling 23,522 during that 24-hour period. An additional 30,134 people were provided prevention education and training.

In the nearly 40 years since the first domestic violence shelter was opened, a greater number of women seek services but in today's economy, the financial struggle places a heavier burden upon staff to satisfy the increasing needs (NCADV, 2010). As a full-time DV agency employee myself, I experience the increasing client need, along with greater financial cutbacks, which disempowers the staff and limits our effectiveness. In 2010, there was a nationwide total of 9,541 unmet requests for services: 60% of which were requests for emergency shelter or transitional housing, 21% included insufficient amounts of specialized services and 10% were for limited funding for interpreters, bilingual staff or accessible equipment. A total of 2,007 jobs were lost across in DV/SA agencies in the U.S. and while funding has decreased, 82% of agencies also reported a

greater need for services (NCADV, 2010). This lack of funding could make servicing Deaf victims of domestic violence even more difficult, as agencies struggle to pay for interpreters, assistive technological devices and attend appropriate trainings.

The Prevalence of Domestic Violence and Sexual Assault in the Deaf Community

Very little research exists regarding the victimization in the Deaf community (Mason, 2010). However, studies which show DV/SA to be a significant problem (Johnston-McCabe, Levi-Minzi, Van Hasselt & Vanderbeek, 2011). In the Johnston-McCabe (2011) study conducted among female Deaf victims of domestic violence, nearly three-quarters (71%) of the participants reported psychological or emotional abuse in at least one relationship. In addition, more than half (56.5%) of the respondents reported physical abuse from an intimate partner and more than one-quarter (26.1%) were sexually victimized (Johnston-McCabe, et al, 2011). Moreover, ADWAS, as quoted in Anderson (2011), suggested that the battering of Deaf people is probably one of the most underreported crimes in America. These statistics outweigh the numbers for the general population, where one in four women experience domestic violence (PCADV, 2010).

Despite limited research, two studies conducted among college students at the Rochester Institute of Technology (RIT) provide insight as to the rates of abuse among the Deaf population. Research conducted by McQuiller Williams & Porter (2004/2006) shows that Deaf college students are 1.5 times more likely to be victims of sexual harassment, sexual assault, psychological and physical abuse than their hearing counterparts. Williams and White (2001), as cited in Barrow (2008), conducted research where both Deaf and hearing college students were surveyed regarding their experiences with sexual assault: the results showed that ten percent of Deaf males and seven percent

of Deaf college females reported having sexual intercourse (rape) against their will. These data illustrate that DV/SA produce great consequences for members of the Deaf community.

A survey of 413 rape crisis centers was conducted by Block (1999), a graduate student from Gallaudet University. The results showed that for the most part, service providers were willing and interested in having their agencies become more accessible to Deaf victims, but admitted their lack of knowledge regarding Deaf culture (Sheridan, 1999). With only 14 Deaf-run agencies in the U.S., it is assumed that few Deaf victims receive culturally-appropriate services to accommodate their needs.

Barriers to services

In this study, I sought to understand how the staff members at domestic violence and sexual assault agencies perceive the levels of current agency resources and what additional resources are needed to effectively serve victims who are Deaf, Hard of Hearing or Deaf Blind. I believe it is relevant to recognize the barriers both in the culture and community which may discourage Deaf survivors from accessing agencies in the first place. If victims do not seek services, the agencies may be unable to justify the funds for assistive technology, interpreter services, sending staff to trainings or may be unable to apply for grant funding without the ability to express a need.

Some reasons why Deaf victims of DV/SA might not access services include the communication barriers (except in the agencies run by Deaf advocates), pressure from inside the culture to remain “silent” and the lack of understanding and education regarding DV/SA.

Communication and Collective Culture

Many people who can hear probably take their hearing and ability to communicate for granted. To a Deaf person, communication in the hearing world is an everyday challenge and access to even the most basic of services--such as speaking to a bank teller or asking for directions---can be great obstacles. Ninety percent of Deaf children are born to hearing, non-signing parents; therefore a Deaf child may struggle with communication and language beginning in infancy, which may continue throughout their lifetime (Ridgeway, 1993). Barrow (2008, p. 62) found that after a Deaf woman escaped her abusive husband and stayed in a hearing shelter, she felt lonely and could not relate to the hearing women:

I could see the camaraderie, the friendship, and the closeness between the other women...they could speak, but I felt alone. I couldn't communicate. Groups of women would get together, talk for hours, knit blankets and make things and talk talk talk, but I couldn't be close.

When a Deaf victim appears at a traditional hearing shelter, the struggle to communicate may outweigh any assistance the victim might receive or may feel isolated if receiving services.

Deaf victims may also be hesitant to access services due to the social pressure to hide the "taboo" issues of domestic violence and sexual assault. Within this collective society, it is difficult to estimate the rates of DV/SA because the Deaf community places high value in group harmony and "face-saving", where unity is strongly encouraged and confrontation avoided (Mindess, 1999). Martha Sheridan (1999) mentioned the difficulty faced by Deaf victims of DV/SA: "When Deaf women are physically or sexually

assaulted by Deaf men, the cohesiveness of the Deaf community contributes to a fear of ostracism that often prevents Deaf women from reporting the assault and obtaining needed support,” (p. 384). Unfortunately, the tendency is to go to great lengths to protect the cultural identity, including hiding or denying instances of DV/SA, especially if the abuser is Deaf (Mertens, 1996; Waech, 2009). These tendencies further isolate the victim.

Fortunately, groundbreaking social change to provide greater support for victims within the Deaf community has begun. At a 2012 conference entitled, “Deaf Community Accountability,” Deaf DV/SA Executive Director Erin Esposito and Aimee Whyte (2012), discussed the need for the Deaf community to provide a better and more supportive environment for DV/SA victims and promote greater levels of accountability for abusers. They hypothesized that if abusers were held at higher levels of social and criminal accountability and victims were better provided for, then the levels of DV/SA might decrease (ASADV, 2012). Esposito and Whyte’s efforts can be seen through a feminist empowerment and Community Accountability lenses which seek to proactively address the issues of DV/SA and create a better environment for members of the Deaf community.

Theoretical Factors

The theoretical foundations of this project are driven by feminism and symbolic interactionism. Feminist theory addresses issues resulting from the larger-scale patriarchal society, from which women have long fought to have their rights recognized. Feminist theory draws its tenets from conflict theory, which derived from the work of Karl Marx and Max Weber, and focused mainly upon the interests that divide members of society and the dominance of certain groups over others (Hughes, Kroehler & Vander

Zanden, 2002). Historically, the male point of view was the sole focus of research and institutions by omitting women from studies and laws designed for their protection; therefore the needs and opinions of women were largely ignored. As a result, the feminist movement has sought to raise social awareness and publically recognize the rights of women, including among many factors, the freedom to vote and the opportunity to be protected from domestic violence and sexual assault victimization (Schaefer, 2011).

Many advocates who work in DV/SA agencies understand this historical disenfranchisement and seek to inspire their oppressed clients through the services they provide. Acting in alignment with feminist principles, many advocates seek to support their clients who are members of disenfranchised groups, which include---but are not limited to---gender, race, sexual identity, age, and ability. There are many intersections of oppression addressed by feminist theorists; ways in which some groups are disenfranchised for more than one reason. For example, early feminist advocate Ida Wells-Barnett researched what it meant to be a Black person in the U.S., a woman in the U.S., and a Black woman in the U.S. (Schaefer, 2011). The combination of multiple levels of oppression and how they intersect with each other is emphasized by many contemporary feminists (Hughes, et al, 2002).

Advocates in DV/SA agencies may utilize feminist empowerment principles to support and assist clients in making their own decisions but the advocates and the agency itself may be disenfranchised. The governmental system that provides some financial support of DV/SA agencies has historically been largely patriarchal and sexist, which traditionally does not recognize the need to support or fund DV/SA services. The

challenge is great for staff who advocate for change in a sexist and able-bodied structure but may be limited if clients require resources beyond the agency's ability to provide.

Traditionally, domestic violence and sexual assault have been deemed private issues, and not until recently has public support for these causes become more socially accepted. Unfortunately it still does not seem to be as widely supported as other issues that affect women, such as heart disease and breast cancer awareness and research. It is possible that in today's patriarchal society, the cause is less culturally supported because most DV/SA is perpetrated by males, which results in the disempowerment of both advocates and clients. Understanding DV/SA services as occurring in a patriarchal system, I treat DV/SA as a stigmatized issue, where DV/SA agencies may have less financial and social support than other social causes. Agencies and staff within agencies are often disempowered in serving clients, for example, in their ability to offer competitive wages for high quality staff, additional services to current clients and expansion to other disempowered groups, such as members of the Deaf community.

While the feminist movement addresses larger scale oppression and disempowerment, symbolic interactionists address the interaction between smaller groups of people and the meaning that each participant attaches to these interactions. Sociologists such as Charles Horton Cooley, George Herbert Mead and Herbert Blumer focused their attention on how individuals make meaning and define situations and contexts in which they find themselves (Hughes, et al, 2002). In this study, I sought to understand the meaning that advocates make in terms of their perceptions of current agency resources available to support Deaf survivors of DV/SA.

Symbolic interactionists study the face-to-face relations among various people in different contexts, and how they make sense of certain situations. Symbolic interactionism informed this research by investigating the same and yet differing perspectives of the Deaf and hearing DV/SA advocates. While their overall goals may be similar, such as social change advocacy and the support of anyone who walks into the agency, how each one faces challenges when working with Deaf clients may be largely different.

Personal agency is a concept of symbolic interactionism, which recognizes that people have the ability to exercise choice and transform those choices into desired outcomes, despite coming from disadvantaged places. I utilized the symbolic interactionist framework to learn if both Deaf and hearing advocates feel disempowered by the limited resources in the field or if they are advocating to change the system in which they work on behalf of their clients and eventually increase levels of support for the Deaf community.

I also utilized symbolic interactionism to help me understand the challenges that advocates face while advocating for a disempowered Deaf population in a hearing world. They too might face financial struggles, similar to that of the hearing advocates, but I also wanted to know what challenges were specific to them. Do members of the Deaf community socially and financially support their efforts? How would they further support their population if resources were unlimited? It was my hope that I could shed light upon the needed resources of both populations of advocates, so that ultimately more members of the Deaf community could be supported.

In this project, I sought to understand whether or not the hearing advocates had served any Deaf clients, their perception of agency resources currently available to them, and what additional resources are necessary for them to better serve Deaf victims. Interview and survey questions asked were designed to determine how much respondents knew of the needs of Deaf people, reflect on past experiences with any Deaf clients, and make determinations of the success of those interactions. They were also given the opportunity to discuss ideas for future changes to support the Deaf population.

Summary

The struggle for the rights of minority groups including women, victims of domestic violence and sexual assault, women of color and Deaf people have continued over the last century. As a result of the feminist and civil rights movements, our culture has made significant progress toward equality and respect for these groups, but more work needs done.

This chapter also illustrates how the cultural patriarchal attitudes which encourage the oppression of disempowered groups have been challenged by feminist theorists. Feminist activism has inspired Deaf advocates to unveil the hidden cultural issues and brought them out in the open and work for social change. The advocates in DV/SA agencies also work within a sexist, male-dominated and hearing culture, and may either feel disempowered and/or exercise agency to effectively work with DV/SA victims.

Symbolic interactionism was also used as a lens to help shed light upon the needs of the DV/SA agencies and to understand the advocate's perspective. Their experiences with Deaf people and their perceptions of what is needed to service this population is the goal of this project. In the next chapter, the methodology of this research is discussed.

CHAPTER 3

METHODOLOGY

Chapter Introduction

This chapter explains the methods utilized in the conduct of this research project, beginning with a short history as to why this subject is so important to me personally. In addition, the reasons why a qualitative study was chosen over a quantitative method are discussed. The study design is then laid out, explaining why this particular group was selected and the extensive work applied in order to gain some level of trust within the Deaf community. Insider/outsider status among the hearing population is also addressed. Moreover, the methods of analysis are discussed below, as well as reasoning behind the particular methods chosen.

An additional sample was required for this study, which was a change from the original strategy. The sample included the hearing DV/SA staff members in Pennsylvania agencies. This additional sample added a broader perspective on how Deaf victims are serviced in hearing agencies, in addition to those which are run by members of the Deaf community.

Limitations to this project are addressed, including the unavoidable issues of validity, which was a threat to the effectiveness of this effort. Ethical issues are noted, primarily discussing if the Deaf population should or should not be considered a vulnerable population.

History of the Project

The foundation of this research project began in the fall, 2006 semester in my first American Sign Language (ASL) class at the Community College of Allegheny County in Pittsburgh. On the first day of class, I realized my great interest and respect for this beautiful language and could not learn it fast enough. During the next and last semester at the community college level, I enrolled in three classes: two in ASL and one in Deaf culture. One night in the Deaf culture class, my Deaf professor, Mj Shahen, explained the struggles experienced by Deaf victims of DV/SA, and I was horrified. Communicating in ASL, Mj described how abusers of Deaf victims break their hearing aids, cell phones and videophones in order to isolate from friends and family. In addition, she explained that if a Deaf victim's nose is broken and their eyes are swollen shut, temporary blindness could occur. Moreover, if a Deaf person's fingers are broken or damaged, their ability to communicate is severely hindered.

At this point, I was five years out of my abusive marriage. As a survivor of domestic violence, I understood how difficult it was to escape an abusive situation and start over, but without the limitation of a communication barrier. I simply could not fathom the additional struggles faced by Deaf survivors as they tried to rebuild their lives. Mj also explained the lack of culturally-appropriate services anywhere in the Commonwealth of Pennsylvania for a Deaf victim to go for help. The concept was quite overwhelming.

Weeks later, I met with Mj and explained how I had been strongly impacted by that particular lecture. She encouraged me to learn about and network with ADWAS--- the agency in Seattle who started the Deaf anti-violence movement and challenged me to

advocate for the establishment of services for the Deaf community in Pennsylvania. From that day forward, I set a goal to do just that.

In October, 2010 I attended the Justice for Deaf Victims National Coalition (JDVNC) national conference in Salt Lake City, UT. This served two purposes: to establish the groundwork necessary to begin this research and learn more about accommodating this distinct population. Meeting Deaf people face-to-face (rather than over the internet, email or videophone) to establish relationships was absolutely crucial. When hearing people meet, we traditionally ask about work experience, family, and similar experiences or interests to begin the conversation. When a Deaf person meets a hearing person who signs (like myself), the Deaf person will generally ask some direct questions regarding how, when and where they learned ASL and their relationships with other Deaf people in order to determine a trust level. As Mindess (1999, p. 104) illustrates:

Hearing people who are involved with the Deaf community should become accustomed to the fact that the names of the Deaf people with whom they have had connections serve as an invisible “set of references” that helps the newly introduced Deaf people know how to place hearing people in context. In Deaf culture, name dropping serves the important function of validating one’s place in the community.

Without anyone at the conference to introduce me to the Deaf attendees, I introduced myself, discussed the project, answered questions and began to establish relationships. I interacted with attendees at meals and sessions, and together we toured and shopped in nearby Park City. I believe these foundational actions provided a greater likelihood of a

response later when the Executive Directors received my invitation to participate in this research, rather than wondering who I was and why I was interested in their work.

Rationale for Qualitative Study

Once the groundwork was laid by attending the conference, I finalized the idea of a qualitative project primarily because I wanted to understand how the advocates make meaning of their experiences in their work. Qualitative research focuses more upon the meanings that people attach to events and circumstances, rather than the measurements or amounts which are the focus of quantitative methods (Thomas, 2003). Qualitative research also examines the way people interact with one another; therefore I preferred this method to help understand how well hearing advocates feel they are prepared to serve Deaf clients and how well the Deaf administrated agencies are accepted within their own communities (Thomas, 2003). Broad, open-ended questions were selected to provide the respondents the opportunity to elaborate freely, sharing stories, illustrations and/or experiences while answering questions. These methods also afforded me the opportunity to ask additional, clarifying questions during the telephone surveys (for the hearing population), that I might gather more data or have a clearer understanding of their experience.

The research proposal began to take shape as I finalized the research question: How do DV/SA agency staff perceive the adequacy of current agency resources and the additional resources necessary to effectively serve Deaf victims? I began organizing and reading the many journal articles, books and other sources for the literature review, which I had been accumulating over the past few years.

Study Design

This research consists of a qualitative study where I distributed web-based surveys to five Executive Directors of Deaf DV/SA agencies and three staff members at other Deaf agencies across the U.S. I also conducted 12 in-depth telephone interviews with administrators of traditional hearing DV/SA agencies across Pennsylvania. I studied the factors regarding both groups, asking very similar questions regarding their experiences at their agencies, with the overall goal of supporting Deaf victims of DV/SA.

Prior to designing the study, I sought the expert advice of two individuals who I thought could inform the survey/interview questions as well as my interactional approach with participants. Not long after I returned from the JDVNC conference in Utah, I contacted Dr. Deirdre Schlehofer, Ed.D. Dr. Schlehofer is a long-time Deaf advocate, an assistant professor in the Department of American Sign Language and Interpreting Education at the National Technical Institute for the Deaf in Rochester, NY and an experienced researcher who had presented at the conference.⁵ While in Utah, I had approached her, introduced myself, explained the project, and asked if she would be willing to serve as a consultant to this research. She graciously agreed and later not only read through my proposal and made suggestions for verbiage, but she also recommended additional available resources and provided her professional opinions. Her insight was extremely valuable and I was grateful for her involvement.

⁵ The title was: The Significance of Collaboration between Service Providers & Researchers in our Endeavors to Obtain Funding

An additional contribution to this project was my participation in the Domestic Violence sub-committee of the Behavioral Health Task Force for the Deaf and Hard of Hearing in Pittsburgh. This group collaborates to lay the groundwork for a future establishment of services for Deaf survivors in the Western Pennsylvania area. I consulted Devin Rosentreter, one of the Deaf leaders and asked what questions he would like to have answered by these Executive Directors. Devin provided 6 questions which were directly included in the survey.⁶ It was my assumption that because he already works as a Deaf advocate in the Pittsburgh area, but has limited understanding of domestic violence, his insight would be extremely valuable.

Sample

Deaf Executive Directors were selected to participate in the research because the agencies are very small (five or less employees) and I believed they would provide a more consistent level of experience than varying staff members with assorted responsibilities. Because they too are Deaf, the respondents have first-hand understanding of Deaf culture, experience of working with Deaf victims and a unique ability to assess whether or not their resources are adequate and what is needed to increase levels of service. While English is not always the primary language among Deaf people, the Executive Directors are educated and high functioning professionals who are fluent and/or bilingual in English and ASL, therefore I was confident in their ability to respond to an online survey (Schlehofer, 2011). I was able to identify the names of the 14 DV/SA

⁶ Questions 1-6 listed on Appendix C

agencies run by Deaf advocates, from the back page of the JDVNC, October 2010 conference program.

There are several excellent benefits of utilizing the internet for distribution of a research survey, including reduction of coercion due to the lack of face-to-face interaction, higher likelihood of participation and a greater freedom to withdrawal (Nosek, Banaji & Greenwald, 2002). The mailing of paper surveys is certainly a viable option, but online surveys were preferred because they do not incur postage costs and the researcher has immediate access to the data upon completion. Telephone surveys cannot be used because the respondents are Deaf, and while videophone surveys might also be an option, my ASL skills are inadequate and interpreters were required to ensure quality understanding, which is expensive (approximately \$60/hour).

In order to maintain a professional network with those I met at the conference, I joined the JDVNC Google group. This group currently has 85 members, including anyone who is a part of the Deaf anti-violence movement, and is not limited to those who serve at exclusive DV/SA agencies. The Google group is aimed at promoting better collaboration with other Deaf DV/SA agencies and networking at the national level. This online group and message board was utilized to advertise and encourage the Executive Directors of the exclusive DV/SA agencies to respond to this research.

Once the welcome letter, questions and informed consent documents were finalized and approved by the Institutional Review Board for Human Subjects (IRB), the survey questions were entered into Qualtrics, an online survey program. The next step was to post a note on the JDVNC message board, which automatically emails the message to all members. I asked that the Executive Directors of the 14 agencies provide

their direct email addresses if they were interested in participating in the survey. Seven of the fourteen did so, and five of the seven completed the surveys.

As an unexpected result, I also received emails from four advocates who did not identify as the Executive Director of one of the fourteen agencies, but who worked with Deaf victims of DV/SA and offered to participate. After consultation with my committee chairperson and the IRB, an exact duplicate survey was designed in the Qualtrics program for participants who were not Executive Directors. This additional survey was titled “Non-Executive Directors” and sent separately in order that their responses would be distinct from those of the Executive Directors. Concern was raised by my committee that the non-director’s answers might provide outlying data which would not be conducive to the main research question. It was important to include their insight that could be pertinent and while at the same time encouraging anyone fairly and equally to participate in the survey.

After a week had passed and I had received eleven email addresses, (seven Executive Directors and four non-Executive Directors) I sent out the links to each survey with a welcome letter, thanking the respondents for their participation and explaining why this research was important to me personally. This was my opportunity to “name drop” in order to gain the trust of the respondents and also identify myself as a survivor of domestic violence and child sexual assault. In the hearing culture, this might seem to be inappropriate and “too much information”, but I did so based upon the suggestion of Dr. Schlehofer.

The respondents were afforded 10 days to respond to the survey. To encourage greater participation, the survey was designed to allow the respondents to return as many

times as needed in order to have ample time for completion. The survey consisted of fourteen open-ended questions regarding their desires for the agency if resources were unlimited, what type of credentials they sought in staff members and how they received support from the Deaf community and two demographic questions (refer to Appendix C).

Upon the deadline, five of the Executive Directors completed their surveys, which were a 35% participation rate. The other two who initially responded to the invitation posting on the Google group page did not complete the survey. Three of the four non-Executive Directors also completed the surveys. All of the surveys to the Deaf population were distributed via email and data gathered using Qualtrics, a web-based survey program.

Additional Sampling

The Deaf respondent's answers were very brief and did not produce enough data to complete the project. Therefore it was decided by the committee that I extend the research by interviewing administrators from hearing DV/SA agencies across Pennsylvania. The goal was to understand how DV/SA agency staff members perceived the adequacy of current agency resources and what additional resources are needed to effectively serve Deaf victims. Together, my research committee and I reviewed the original questions given to the Deaf administrators. We kept a few of those questions as they were written, because they were applicable to both samples. Those questions asked if [the agency] had unlimited resources, how would those resources be used to support the Deaf population, and what advice they would give to those who wish to establish services.

Other questions from the Deaf sample were reworded as appropriate for a hearing agency, including how many Deaf victims they had served (if any), their assessment of those services and what resources they need to support that population (see Appendix G). Most of the information from the invitation to participate, the welcome letter and the informed consent documents were retained to create new forms, which were sent as an addendum to the IRB. The original forms remained unchanged because they applied to the original sample (see Appendices A-G).

After receiving another IRB approval, I emailed a peer employed with the Pennsylvania Coalition Against Domestic Violence (PCADV) main office in Harrisburg, Pennsylvania and received a master list of all the state's domestic violence agencies, along with the contact emails of the Executive Directors. Some of these domestic violence agencies also accommodate victims of sexual assault. In order to locate the agencies who service sexual assault victims exclusively, I went to the website of the Pennsylvania Coalition Against Rape (PCAR) for their agency list and cross-referenced it with the PCADV list. The invitation letters were emailed out to 71 agencies total and 12 people agreed to the thirty-minute phone interview, which was a 17% rate of response. Telephone interviews were preferred over internet surveys because it was easier to ask more probing questions in order to gather more data, such as, "What do you mean by that?" or "Why not?" etc. All but one of the interviews was tape-recorded with the respondent's permission and each informed consent document was signed and faxed back to me.

There were two small problems which affected the data gathering process. The respondent for interview #3 did not provide consent for recording and I took as many

notes as possible during the interview, which unfortunately provided significantly less data than the remaining interviews. Rather than listen intently upon the respondent and try to ask questions to gather more information, I was more focused upon listening and typing the answers into the computer. After interview #4, I realized the recording was nothing but a terrible buzz, but the respondent very generously agreed to a duplicate second interview which ended up being interview #8 instead.

For confidentiality reasons, each respondent's name, agency and any other identifying information were not included in any of the recordings or transcriptions. After the recordings were transcribed into document form, the tapes were destroyed and the documents printed out. A spreadsheet was also created with the respondent's name, agency, contact information and the assigned interview number, but stored in a separate drawer of a locked file cabinet. The data was organized and later analyzed using NVivo, a qualitative data software program.

As the questions were being answered by the first few respondents, I noted patterns which became questions for later interviews. For example, during interviews 1-3, the respondents emphasized the need for the state coalitions (PCADV and PCAR) to become more involved with this population, therefore I added the question, "How can the coalitions help you support the Deaf population?" to the interviews 4-12. I also noted two additional unexpected findings which also became questions: some of the agencies were closely associated with their local college or university and looked to them as a resource regarding the Deaf community. In addition, staff or volunteers with the agency who either knew ASL, were Deaf or Hard of Hearing (D/HH) themselves or had a Deaf friend

or family member had made a significant difference on the agency's understanding of Deaf needs because of that particular person's direct influence.

All 12 interviews were completed within a two-week time period.

Researcher Positionality

This project provided ample opportunity for reflection upon my position as both an insider and outsider to the respondents, and the power dynamic which is a common thread among the two. Contemplation upon this issue is important when conducting research, because being one or the other could either become a benefit or challenge to the process (Merriam, Johnson-Bailey, Lee, Kee, Ntseane and Muhamad, 2001). Being an outsider in the Deaf community was most definitely a challenge, requiring much more time, preparation and effort to establish trust and respect in preparation for this project. On the contrary, my insider status as a hearing person, a woman and a fellow advocate made it much easier (and less work) to schedule and conduct interviews with the administrators of the hearing agencies.

My first real understanding of insider/outsider status came in my first ASL class in fall, 2006. My first Deaf ASL teacher illustrated this by drawing a multi-layered target, with a small circle surrounded by additional circles, becoming larger toward the outside. In the center of the target were the Deaf: those who were born Deaf, identify with the Deaf community, attended Deaf schools and use ASL exclusively. Those who are born Deaf to hearing parents and learn ASL later in life are further out, and those who are hearing Children of Deaf Adults (normally referred to in the culture as CODAs) are almost outsiders. Hearing people with no connection with the Deaf community are not on the target. This is the case for me; I know and respect it.

It was because of this outsider status with the Deaf community that I went to such great lengths as to drive down to Washington D.C. and meet the staff at a DV/SA agency: DAWN, the Deaf Abused Women's Network, where I first learned about the conference in Utah. These steps were a necessary foundation, knowing full well had I not done so, the probability of responses to this research would be less likely and the project might fail.

However, I believe some small levels of trust and insider status were achieved (while still not on the target) because I can communicate using ASL, I am respectful of the Deaf and I identified myself as a survivor of abuse. Many of those who spoke at the conference (both male and female) disclosed similar information about themselves, and I believe it created a feeling of unity and empowerment in the room. The conference was filled with DV/SA advocates, and I believe I was also able to gain some respect because of my understanding and training in the field. These small efforts further progressed into this research, as the respondents to the invitation most likely remembered me from the conference.

Another way I was able to have somewhat of an insider status was the partnership and support of Dr. Deirdre Schlehofer and one of the Deaf Executive Directors (whom I will call Chris) who participated in the survey. Deirdre's willingness to ensure this project was culturally and linguistically appropriate supported my desire to not offend anyone in the Deaf community, which would not be difficult, considering my outsider status. Chris had graciously offered to encourage the other Executive Directors to respond to the survey, knowing how important research is within the Deaf community.

Their endorsement of my work, patience and willingness to teach this naïve hearing person was a tremendous gift.

At the same time, the understanding that I was an outsider was painfully evident. While the Deaf at the conference were very friendly toward me, only a few actually took the time to join me at a meal or get to know me. I was a little discouraged but not offended; I understood the time and effort required to build such cross-cultural relationships, especially with my being an outsider. When I had asked a Deaf advocate for advice on how I might encourage the Deaf in my community to get involved in this field, she gently said, “No offense, but maybe they don’t want to work with you because you’re hearing.” There was no doubt that the Deaf were in a position of power over me, and I had to humbly do whatever I could in order to earn their respect (Merriam, et.al. 2001).

It is important to note that just because I am an outsider to the Deaf community, I was in no way treated in a disrespectful manner by anyone at the conference or while conducting this research. My Deaf friends and fellow advocates are some of the most wonderful people I have the privilege of knowing. Even as an outsider, I am comfortable with that position and do not pretend to be Deaf or try to blend in to their culture.

The assumptions I had before beginning this research project, regarding the needs of Deaf victims contributed to a bias which affected my objectivity. After my professor initially discussed how difficult it was for Deaf victims to receive appropriate services, and reading statistics on how high some of the abuse levels are (especially for Deaf children), I became even more passionate and wanted to make a difference. This drive became a hindrance because I failed to recognize that favoritism had tarnished the

perspective given by the hearing respondents who were probably doing the best they could with very limited resources. Once the bias was brought to my attention, I deleted the entire theoretical analysis and a large part of the discussion section and started over. I reviewed the data again and explained it with a more balanced perspective.

At the same time, the education I had received both inside and outside of the classroom assisted me in understanding some of the needs of Deaf victims. My assumptions that they require more social support and research were accurate, and additional education within the hearing community regarding their distinct needs was also correct. Once I was able to step back and become more objective in my biases, I believe this project became more balanced and as a result, I will be better equipped to mediate between the hearing DV/SA advocates and the members of the Deaf community.

It was difficult to miss the great contrast when I reached out to and interviewed the administrators from the hearing agencies. The respondents were not in a position of power over me; I believe I may have been viewed as slightly lower than a peer because I am not in a supervisory position, but I also felt respected because my level of understanding of DV/SA in the Deaf community was probably higher than theirs. In comparison to the Deaf advocates, my understanding is very little and I am an outsider, therefore not in a position of power. On the contrary, when speaking to the hearing community, my knowledge seemed to be greater and they asked me for information, which placed me in a respectable position.

Very little work was necessary to connect with this group. In the emailed invitation, I had identified myself as a victim advocate with the local DV/SA agency, which may have provided some level of trust and insider status because the Executive

Director of the agency where I worked at that time is well-known and respected in the field. One respondent noted in her initial email to schedule an appointment to “Tell [your boss] I said hello!” I had only met one of the respondents prior to the interviews, yet each person was delightful and seemed comfortable discussing their experiences. As an interviewer, my knowledge of the DV/SA verbiage made it easier to understand the respondent’s perspective, because of my experiences in a sister agency. I also had opportunities to very briefly educate the respondents about the Deaf community, and send out training information, if appropriate. When I asked one woman, “If you had unlimited resources, how would you use them to support this population?” she said: “I would hire you to come out and train us.” Not only did I have insider status with this group, some seemed to view me as a knowledgeable and valuable resource.

Status of Deaf Participants

While working on the required protocol for the IRB, I had contemplated whether or not the Deaf respondents would be considered a vulnerable population. One section of the IRB protocol asked if the sample was such, but did not list those with physical limitations, but rather mental disabilities, pregnant women, incarcerated persons, children, the elderly, etc. Victims of DV/SA might be considered a vulnerable population but in this case, the research interaction involved advocates, rather than victims. Even though my population had a physical limitation, I did not address them as such, but as professionals who work in their field. I consulted with the IRB chairman and made a case that I did not believe this group should be considered vulnerable. The IRB concurred with my position.

At the same time, the ethical and responsible conduct of research is highly relevant among vulnerable populations. Even though my population was not considered vulnerable, the main focus of this research is the ultimate service and support Deaf victims of DV/SA through their local agencies. Susan Jane Alexander (2010, p.173), in her work regarding research among vulnerable populations, suggests,

It is in fact unethical not to research vulnerable populations because by excluding potential participants from research endeavors, they are being deprived of the benefits to be gained from research. Albeit well meaning, people in vulnerable populations are also being subjected to the paternalistic attitudes of those who believe they know what is in the best interests of others.

Members of all populations whether considered vulnerable or not, have something to offer research and should be given every opportunity to participate.

Measures were taken to ensure confidentiality and anonymity of all participants. Confidentiality is a huge issue in the DV/SA field: I have been sufficiently trained regarding this issue and therefore realize the dire consequences of compliance failure. The Qualtrics software program used for the Deaf population was specifically designed to provide confidential data to the researcher. Once the email addresses of the respondents were inserted into the database, the survey was generated and distributed. Upon survey completion, a screen filled with each question provided the list of respondent's answers, which were not attached to any identifying information. I have no way of knowing who responded to the survey and who chose to withdrawal. The only way to differentiate a person's answers was if they provided identifying information in their responses. In this event, said information was deleted from the data before it was printed out in Word

format. Pseudonyms were used for the respondents who were mentioned anywhere in this project, especially in chapter four. The only other identifying information provided for the hearing population was their position in the agency and whether or not their agency is considered rural or urban. This information was not provided for the deaf sample because those two demographic questions were not part of the survey.

Each respondent in both samples was provided a copy of the Informed Consent document (see Appendix A for the Deaf respondents and Appendix F for the hearing respondents). It was suggested by the chairman of the IRB that the wording of the document for the deaf sample state that, “If you are willing to participate in this study, consent is assumed when you begin the process and submit your answers upon completion.” Therefore, I did not request that the documents be signed and returned to me before participation in the survey. The respondent was able to print out the document from the online program for their reference, if desired.

On the other hand, it was suggested by my committee to request that the administrators of the hearing agencies sign the Informed Consent document and return it to me prior to their interview. Slight changes were made to the first Informed Consent document, it was resaved and labeled for the hearing population and reviewed by the IRB prior to distribution.

At the beginning of each interview, each respondent’s permission was requested to record the session, even though it was explained in the Informed Consent document. All but one respondent consented to the recording. At the beginning of each interview, I simply stated, “This is interview number __,” for identification purposes only. Great lengths were taken to avoid saying the respondent’s name or agency during the interview,

and if one of us made a mistake, that piece of data was deleted during transcription. The same was done for location identifiers and the few instances where a client's first name was used. Even if the advocate had changed the client's name before speaking to me, I changed it again to avoid any risk. Notes were also created in the transcription that the person's name was a pseudonym. After the interviews were completed, I transposed each one into Word documents, printed them out and destroyed the recordings. Each written interview was labeled across the top as, "Interview #__." The recordings were either in my possession or locked in my desk at all times.

Methods of Analysis

The data was analyzed using both categorizing and contextualizing strategies in order to see both the small details and the larger context. Categorizing strategies seek to generalize abstract ideas from the raw data, which includes finding parallels and patterns within the respondent's answers, such as "communication barriers" or "collaboration with and support from other agencies" etc., (Monette, Sullivan & DeJong, 2008). I began to color-code the responses to begin locating patterns. Because of my experience working in a DV/SA agency, I believed that the hearing advocates would express the need for funding, training and communication support in order to accommodate the Deaf community so these were coding categories with which I deductively searched the data. Other patterns were completely inducted from the data alone, such as the prevalence of a local University and the presence of a staff member or volunteer who was affiliated in some way with the Deaf community, both of which were excellent resources to hearing agencies. The remaining data were analyzed and explanations devised solely based upon the respondent's answers.

Contextualization was also important; it recognizes the coherent whole and seeks to see the bigger picture with these data (Monette, et al, 2008). Context is imperative; I also assumed that the agencies that accommodate the Deaf would have a better understanding of how to support a Deaf client than a hearing agency. The large scale, social perspective was of great relevance to this research, especially regarding funding shortages as a result of the current struggling economy and the patriarchal oppression of women and people with disabilities. Caution should be taken when assuming that hearing agencies are stringent in paying for interpreters for Deaf clients, but the issue may be the lack of resources and funding than their unwillingness to successfully serve the client.

The NVivo web-based software for qualitative research was downloaded off the internet and used to categorize and code all of the responses. All eight surveys from the Deaf population and the 12 interviews from the hearing population were uploaded into the program. Twenty-six codes were pulled from the data and organized using the NVivo software. Each interview and survey was reviewed several times and some responses were placed in more than one category. For example, collaborating with other agencies in order to utilize better use of funding was applied in both the “funding” and “advice: collaboration” codes. Six resource category themes were originally planned: communication, funding, training, other resources, community support, and collaboration. After the data was gleaned from the interviews and surveys, an outline was created with the six themes and the interview/survey questions were inserted under each theme. As the writing of chapter four progressed, the overlap of so many codes made it difficult to separate into six categories, therefore “funding and resources” and “support and collaboration” were condensed for a total of four category themes.

Validity Issue

One of the most significant instruments in qualitative research is the researcher herself. Unfortunately with that comes one of the most noteworthy threats to internal validity: researcher bias. Ronald Chenail (2011) identifies bias management as a “major challenge” in qualitative research (p. 255). I believe that if researchers were not passionate regarding certain subjects, then they might not be interested in conducting research at all. My passion for this work, the design of the questions and interaction with the respondents certainly affected the outcome of this project, despite great lengths to remain objective. The researcher serves as somewhat of a filter, as the instrument from which the information flows from the respondent to the finished project (Chenail, 2011). Great effort must be made to place my respondents at ease, regardless of personal feelings regarding their answers. This was most definitely found to be a challenge.

Because of my ASL/Deaf culture classes and interaction among the Deaf community, I had a greater understanding of that particular group than most of the hearing respondents. I have great respect for the Deaf community and many friendships with Deaf people that I hold dear. This knowledge contributed to the biases I did not realize I held. My found my frustration level had increased when I learned of a hearing advocate who did not support a Deaf victim like I believe they should have been supported. I made many assumptions regarding the hearing respondents’ motives or actions, but should have realized that they did not attach the same meaning to experiences that I would have.

Unfortunately, those personal biases to benefit the Deaf community became evident in earlier versions of this project. For example, when a hearing respondent

described how they tried to support a particular Deaf client and I believed it to be wrong, I found myself assuming that they were trying to make decisions for the client and had a disempowering attitude. Instead of giving the benefit of the doubt and realizing that they probably tried to do the best they could, I move to assess too quickly. As a result, I had written the theoretical analysis and a long section of the changes that I perceived needed to be made in the hearing agencies, without realizing that the greatest change that needed to happen was in my own attitude. Fortunately, my research committee was of great help to balance my biases and encouraged me to take a more objective position. Once they reviewed the earlier drafts and brought the issues to my attention, I completely agreed with their comments, deleted two entire sections and started over. I reviewed the whole document again to ensure the tone was respectful and balanced toward all respondents. As a student new to research, this was a much needed lesson learned.

Summary

In this chapter, the methodology of this qualitative research project was described. The process included the selection process of both samples: the Executive Directors of the Deaf DV/SA agencies and three additional staff members who serve Deaf victims of DV/SA across the U.S., and the administrators of 12 DV/SA agencies in Pennsylvania. I also discussed at length the challenges faced when working with the Deaf population as a hearing person, and with the hearing population as a hearing person. The contrast between the two samples was great. As a result, the foundational work required and the approach of each group to build trust was also quite dissimilar. The issue of researcher bias was also discussed. It is vital that researchers take great care in limiting biases and report findings on a neutral level.

In addition, an explanation was provided regarding my personal history with ASL, the Deaf community and as a survivor of domestic violence. This information was important to address, for a variety of people have asked why I—as a hearing person—have chosen to work with this population.

Ethical factors exist in all research, and one of mine regarded the conduct of research among a Deaf population which may or may not be considered vulnerable. This subject became a topic of discussion among my committee and with consultants to this project, because some people might view anyone with any form of disability to be vulnerable. In this particular case, the IRB agreed that this research was not conducted among a vulnerable population because the Deaf respondents answered questions within the realm of their professional duties.

The process of collecting data and the ethical, validity and legal procedures required to do so correctly was discussed at length in this chapter. In the next chapter, I explain the findings from the Deaf Executive Directors and other staff members who completed online surveys, and the interviews from the hearing administrators of DV/SA agencies.

CHAPTER 4

PRESENTATION OF FINDINGS

Chapter Introduction

This chapter discusses findings from the interviews with both the Deaf and hearing domestic violence and/or sexual assault advocates. Demographics are briefly mentioned to explain a little more regarding these samples. Four themes were expounded from the data and examined at length: the great need for *funding and resources*, the *communication* barriers, the need for additional *training*, and lastly: *support and collaboration*. These themes were derived by sorting through all of the interview questions and answers, placing each under the specific applicable category.

Demographics

This project consisted primarily of two groups: the Deaf and the hearing staff members who work at agencies supporting victims of domestic violence and/or sexual assault (DV/SA). Five respondents were Deaf Executive Directors of DV/SA agencies; three were staff members of other social service agencies who support the Deaf population, which were not exclusively domestic violence agencies. In addition, 12 respondents were various supervisory staff from DV/SA agencies across Pennsylvania who primarily accommodated the hearing population.

The Deaf Executive Directors all reported having a staff of five or fewer members, who had served a wide range from 30 to 300 Deaf clients in the past year. The three additional Deaf respondents were not asked to provide their position in the agency. One worked at an agency with 6-10 staff members, and two said their agency employed

16 or more people. The agencies represented by this second population served a range of 65 to 100 clients in 2010. Nineteen of the 20 respondents are female and the other is male.

Among the 12 respondents from the hearing population, four were Executive Directors, eight were supervisors or directors of various areas and one was a domestic violence counselor, who had experience serving diverse populations. Tenure at the agency ranged from one to 22 years. Two-thirds had served in other positions at the same location before moving to their current title. One respondent served as the Executive Director at another rape crisis center in a different county prior to her current position. Forty-two percent of the agencies are in the larger urban areas of Pennsylvania; the remaining 58% are spread throughout the state.

Data Themes

Four common themes were identified in the data which help explain how the staff members at domestic violence and sexual assault agencies perceive the levels of current agency resources and the additional resources necessary to effectively serve victims who are Deaf, Hard of Hearing or Deaf Blind. The most salient theme interwoven through the data from both the Deaf and the hearing populations was by far, the need for additional *funding and resources*, including emergency shelter and assistive technology to support this population. While there are variations of this obstacle among the samples, it seemed to be the most prevalent issue. Another common theme in the data was the *communication barrier*. The third theme was the need for *training*, both for agency staff and for local police, medical personnel, and other social service providers. A fourth and

yet equally prevalent theme mentioned among all three groups was the need for *support and collaboration* from within the agencies and the local communities. The hearing population provided answers to some questions nearly unanimously, one of which was the opinion that collaboration in providing services alongside the Deaf community might be preferable over Deaf advocates establishing their own exclusive agency.

All four categories help illuminate staff member's perceptions of why their current resources are valuable and what additional resources are needed to effectively serve Deaf clients. While the actual experiences of the staff within the Deaf and hearing agencies may vary, the foundational issues are similar. In order for staff to effectively support clients in either type of agency, increased *funding and resources* are needed. Simply stated, once the funds are made available, the *communication* barrier might be reduced, *training* can be better accessed and *support and collaboration* can be better established between the hearing and the Deaf communities.

The challenge of coding these four categories was that numerous aspects overlap one another. For example, when the Deaf advocates *train* the local police and medical professionals on how to *support and collaborate* with the Deaf community, they may also reduce the *communication* barrier. In addition, the ability for them to *train* requires *funding and resources* to be able to do so. I have done my best to categorize appropriately and limit overlap, so to speak, to avoid sounding repetitive and redundant.

For confidentiality reasons, each of the participant's names was replaced with pseudonyms. They are identified as "Deaf" or "hearing", the hearing agencies are mentioned to be "rural" or "urban", and the hearing respondents are also identified by their position with their agency.

Funding

With the struggles of today's economy come higher rates of DV/SA and less available funding to victim service agencies (NNEDV 2010, PCCD, 2010). The need for funding is the thread weaved through many of the perceived needs to support victims of DV/SA. Without it, agencies have difficulty training staff or hiring consultants to provide in-house education. This barrier may force DV/SA staff to make difficult decisions regarding services. Paula, a hearing advocate, described the struggle she faced,

When I get off the phone I have to write a column for the newspapers to try and fight for money and let folks know they need to call their legislators because we're facing this major funding cut. Which in turn, who will it hurt? It will hurt our victims.

The respondents expressed how limited funding impedes an agency from serving Deaf clients. For example, the hearing sample certainly expressed the desire to hire interpreters for any Deaf clients to reduce the communication barrier, but the high cost (approx. \$110 for two-hour minimum) may place strain on other areas of the budget.

Advocates feel financial pressures and these struggles may make it more difficult for current advocates to continue their work for extended periods. Sadly, Stacy described the gradual loss of passion she has seen among her staff and peers and attributes this loss to poor compensation:

When advocates start this work, they think they can make a difference, then a bit later they hope they can make a difference, and later they are not sure what it all means anymore and eventually they realize they cannot make a difference...and move on. I knew a wonderful Executive Director who experienced this; she left

the field with no retirement and no benefits after years of doing this work. I thought to myself: ‘that will be me in 20 years.’

With little hope for lengthy and valuable careers in the DV/SA field, it may be challenging for hearing advocates to expand services to additional populations.

Executive Directors find it difficult to keep agencies open and support their struggling staff. For the most part, neither sample believed they had acceptable amount of resources to care for Deaf clients. The Deaf advocates were asked if the current services were adequate to meet the needs of the Deaf community. All but one said no; and 63% cited a desire for fully-accessible emergency shelter and/or transitional housing.⁷ Thirty-seven percent expressed a need for more Deaf staff, and 75% mentioned the desire to provide additional services. The hearing advocates were asked whether or not they have adequate resources to support the Deaf population. Ninety-one percent said no. Some proceeded to laugh in response to the question, which I believe was *not* meant to be disrespectful to Deaf people. Twenty-five percent of the hearing respondents made it clear that there are not enough resources to maintain day-to-day operations; that they were struggling just to keep the utility bills paid.

When asked what specific resources they would need, 67% of the hearing population cited training, including understanding of where and how to contact interpreters, and 33% mentioned funding to pay for interpreters. Fifty percent mentioned adaptive equipment and assistive technology, including lighted alarms and special phones

⁷ All but one of the Deaf DV/SA agencies are offices; they are not equipped with emergency shelter like most of the agencies in Pennsylvania

for the Hard of Hearing. Another expressed need was appropriate advertising. Sixteen percent of respondents stated they advertise on the radio and wished for television advertising opportunities, which could reach most populations, including the Deaf community. Patricia pointed out the desire to advertise, but the downfall of paying for interpreters:

There are not adequate resources for *any* population. I don't know if it's because we haven't seen Deaf people because we haven't marketed our services properly, or we haven't marketed our services appropriately because we are afraid we will have to spend a lot of money on interpreter services; I hate to answer that everything is money, but it seems so few and far between, it's hard to put a whole lot of additional money in one direction.

An additional challenge faced by the hearing agencies may be justification of money spent for a very small number of clients, especially during a financial crisis. Karen discussed this at length:

We had looked at the possibility to have some handicapped accessible items for the Deaf community, like vibrating alarm clocks, etc. It's hard to justify. We've never had a Deaf person in shelter, so how do you justify spending money on a specific client population that maybe ten people in twenty years use when you have to think of all the other people that we do serve and what our needs are? It's difficult to make those decisions.

Sarah made a similar comment; "It's like a chicken-and-the-egg thing. Do we purchase the technology and train staff to support this population so they might utilize our services, or do we wait until they utilize our services....?"

Earlier in this chapter, collaboration between hearing and Deaf DV/SA agencies was discussed extensively. When the hearing population was asked, “What advice would you give the members of a Deaf community who wish to establish an exclusive DV/SA agency or services in collaboration with a hearing agency?” the two most prominent answers were to collaborate in order to provide better services and to pool financial resources. Fifty percent of hearing respondents suggested collaboration with Deaf advocates in order to obtain the limited available funding. Carly, the Deputy Director of a rural agency explained why this was so important:

...because of how PCADV, their funding structure is. You’re not going to get PCADV funding if you’re providing services in the same county as an established program, so my first advice is----don’t go out on your own, get involved with an established program and become a separate outreach of that program and have a say on how it’s designed, and what it does and what it looks like.

Connie concurred regarding the need to work together:

I think that it is important to develop partnerships, when there is super limited finding for DV and every single year it gets chipped away more and more and now there are a lot of agencies who do victim services work.

The hearing respondents believed that by collaborating and pooling funds which are gradually disappearing, they could better serve the Deaf and hearing communities.

The hearing respondents also expressed the desire for the coalitions to help them obtain additional funding. Sixty-seven percent of the hearing sample said that the PCAR and PCADV need to go after some larger-scale funding, provide funding for training and accessible equipment. Diann explained, “PCAR should make it a priority to help us, or

write a grant or tell us about funds that would be available, that would be accessible to us to widen our services to more people in our community.”

Communication

Helen Keller once noted that if she had to do it all over again, she would devote her time to working with the Deaf, because, “blindness cuts you off from things, while Deafness cuts you off from people,” (Schreiber, 1970, p. 33)

The most obvious barrier between the Deaf community and the hearing world is communication. The communication barrier is experienced differently in the Deaf agencies than hearing agencies, yet it is a prevalent issue in both. When a DV/SA advocate is unable to communicate with any Deaf client who approaches their agency for support, the situation for the victim can be further exacerbated. According to Paula Johnston-McCabe et al, (2011), in an article regarding domestic violence and social support among the Deaf and Hard of Hearing, “. . .the able-bodiedness of an individual may impact their access to life-saving information and emergency services, capacity for self-protection and sense of vulnerability and isolation,” (p. 63). The advocate’s experience may also be frustrating if they do not have the funds for certified interpreter services or the knowledge of where to locate such services, especially in remote areas.

The ease of communication between a Deaf client and the Deaf staff is equal to a hearing client interacting with a hearing staff; both are utilizing their most commonly used or native language. In an agency run by Deaf advocates, the barrier might not exist until the client attempts to access services outside the agency. Regarding this struggle her clients experienced, Deaf respondent, Debbie explained,

I think they are grateful for the services that we offer, but are frustrated with the very limited community services resources (outside of the realm of DV/SA) that would help support and sustain their self-worth, self-sufficiency and independence.

Such resources that are limited include medical care, the criminal justice system, other social service agencies such as housing, Children and Youth and hearing DV/SA agencies if the client is in need of emergency shelter. The services are available to the general public but those resources may be limited for Deaf clients as a result of the communication barrier.

There are 14 DV/SA agencies administrated by Deaf advocates across the U.S., but only ADWAS in Seattle, WA is equipped with an emergency shelter and transitional housing units. Therefore, if a Deaf client needs emergency safe housing in other cities, the Deaf staff at the DV/SA agency may collaborate with advocates at a local hearing DV/SA agency. Unfortunately, this collaboration does not mean the communication barrier is eliminated. Even if the client is made welcome by the hearing staff, he or she might still feel isolated without other Deaf with whom to interact. Deaf Executive Director, Judith explained,

I believe our services do meet most of the needs. The main thing missing is having a Deaf shelter. It is still difficult for a Deaf victim to be the only Deaf person in the [hearing] shelter. Very isolating, leading the Deaf person to leave before they are ready. Some may go back to their abuser because of this.

Judith suggested the communication barrier may hinder the process of a victim successfully escaping an abusive situation. Sarah, the Executive Director at a rural

hearing agency, made a similar statement: “I don’t think the services are as readily available to [Deaf victims], so they may stay in the situations longer because of the lack of a place for them to go.”

Without the financial resources to provide for interpreters, training and assistive technology, advocates are limited as to how they are able to overcome the communication barrier between them and their clients. Deaf advocates may be limited as to how they communicate externally with those in the hearing world, and hearing advocates may struggle internally with any Deaf people who approach their agency.

When the 12 hearing respondents were asked, “Do you think members of the Deaf community access services in regular agencies?” their answers were unanimous: “No/I don’t know/I’d be surprised.” A total of 83% of the hearing respondents said the communication barrier was at least part of the issue. Karen, a rural agency Program Director believed that even though her agency was able to provide services to a Deaf client, the communication barrier hindered the opportunity for further support. She commented regarding a past Deaf client,

We did the best we could to meet their most immediate need; we were able to help them get through court and get a Protection from Abuse order (PFA), but I think maybe they would have asked for more [help] if it weren’t such a hassle trying to communicate.

Michelle, who works in an urban area agency that housed Deaf clients in its shelter, also expressed the frustration of simple day-to-day interaction with a client. She explained,

Some of the struggles we have in shelter when we’re housing [the Deaf] are communicating with them on a daily basis: not like in a sit down meeting, when

we would get an interpreter but like, “So how are you doing today? Wow, you sure look nice!” “You have a sad face, what’s wrong?” It’s that kind of stuff that makes a difference to someone who is in the shelter.

When a Deaf person accesses federally funded social service or public service agencies, clients are ensured reasonable communication accommodations through the Americans with Disabilities Act of 1990 (ADA, 2010). Moreover, in the Commonwealth of Pennsylvania, interpreters for the Deaf must be certified. It is the sole responsibility and right of the Deaf client to determine their preferred communication method and if necessary, request and receive certified interpreter services at no cost to them (Vernon & Miller, 2005). When the respondents were asked about their understanding of the ADA as it pertains to Deaf clients, 25% replied that their understanding was little, if at all. Fifty percent believed they needed to provide some form of accommodation and certainly “would not deny services to anyone.” Only two respondents (16%) specifically mentioned the need to hire certified interpreters, if requested.

Perceiving and understanding the ADA was one piece of the puzzle in communication with a Deaf client. Actually knowing how to locate a certified interpreter may be another problem, especially in a rural area. Karen, a hearing advocate, explained in interview #1 that she had no idea how to locate an interpreter, primarily due to the extreme isolation of her community. A total of 50% of hearing respondents said they did not know how to locate an ASL certified interpreter in their area.

Members of the Deaf community also utilize videophones, or “VPs” and Video Relay Services to communicate with each other and those in the hearing world. Understanding of this tool is important to anyone who interacts with the Deaf; therefore I

asked if the hearing respondents understood the concept of a video relay service. Twenty-five percent said yes without hesitation, an additional 25% said no, and the remaining 50% thought that I meant a TTY (teletypewriter).

Another question posed to the hearing sample was, “What is your perception of the needs of Deaf victims of DV/SA?” In response, the group expressed a unanimous willingness to at least try and to help Deaf victims but stated their agencies were ill-equipped to serve this population well. In some form, each made reference to the communication barrier and recognized the need to somehow overcome it. The varied, individual responses under the broader category of the communication barrier were interesting. Two individuals (16%) made direct reference to the barrier that Deaf clients experience with law enforcement and the court system, in addition to those faced within a hearing DV/SA agency. Michelle, a hearing advocate, also expressed her frustration for her inability to adequately provide her staff the needed communication tools to support Deaf clients. Emily, the Executive Director from an urban agency mentioned a concern for... “staff that didn’t appear flustered because of trying to communicate with them in a different way.” Jordan, a counselor in an urban hearing agency, twice mentioned the need for Deaf clients to be able to trust a hearing agency, which is obtained through good training. This is an excellent point, which will be discussed further in the next category.

Training

The need for training is a relevant issue faced by both Deaf and hearing DV/SA advocates. Training in the areas of DV/SA victimization, trauma and advocacy is quite similar among both samples, but other training on how to overcome the communication

barrier and basic interaction with Deaf people is an additional needed resource. As discussed by hearing respondents, the hearing community needs education and support on how to access and work with interpreters, utilize relay services, gain some understanding regarding Deaf culture and the distinct needs of Deaf victims. One respondent said that she wished there were more Deaf people trained in domestic violence to meet the demand. Seventy-five percent of the Deaf respondents also said they were the founders of their agencies.

Deaf advocates also perform training for other victim service responders. Sixty-two percent of the Deaf respondents trained local police and medical service providers, court employees and staff from other social service agencies, whether Deaf or hearing. One Deaf advocate expressed the importance of training the police department staff to facilitate better working relationships between police and Deaf advocates. Beth explained, “Many Deaf people in our area have trust issues with the police and we have worked very hard to educate the four police departments on how to best work with the Deaf community.”

The education of the Deaf community about DV/SA is also important, as Judith explained, “Often [members of] the Deaf community do not understand what domestic violence, dating violence and sexual abuse are. We do a lot of community education and with that, we explain our services.” This lack of understanding of DV/SA could also contribute to the victim’s lack of trust and hesitation to seek services, as mentioned in the previous section of this chapter.

The Deaf advocates were asked, “What type of on-going training is available to you and your staff?” Each respondent provided a detailed list, including topics of mental

health, sex trafficking, reporting laws, effective service delivery, vicarious trauma and court related issues. Many workshops and trainings are accessible in-house and at local, state and national conferences. Of course, these types of trainings are also available to their hearing counterparts, but the additional training required by the hearing advocates is how to accommodate the Deaf community. Diann---the Director of Counseling Services at a rural sexual assault agency who hosted a recent training with Kathy, a Deaf woman from the local Deaf services agency---found the training to be very helpful for her staff to support the Deaf community:

It was a three-hour training about the Deaf culture and issues that need to be more specific to their communities and their cultures and things she thought we should know about before we begin working with Deaf clients who have SA history. It was fantastic. She was signing and she had two interpreters for the rest of us who were hearing. The information she gave to us was invaluable. Kathy truly believes we need to familiarize ourselves and know more about the Deaf community and the Deaf culture before we even think about offering our services, and I completely understand that.

When the hearing advocates were asked about training for Deaf victims, 75% said no, they were not familiar with any available training on the Deaf community, Deaf culture, Deaf accommodations, etc. Twenty-five percent of hearing respondents said yes, that they had asked the local Deaf services agency to come in and do trainings; Kathy's recent presentation and two others were in the past.

The hearing advocates also expressed the unanimous belief that the state coalitions: the Pennsylvania Coalition Against Domestic Violence (PCADV) and the

Pennsylvania Coalition Against Rape (PCAR), should not only provide trainings but also the funding to attend those trainings. Melodee stated, “An all-day training would be fabulous. Anything is better than watching an old DVD.” Hearing respondents also cited the need for coalition staff to educate themselves regarding the Deaf community, so they are available to provide technical assistance to the centers that have need. Ninety percent of hearing respondents expressed a desire to be apprised of available training regarding the Deaf population, specifically without having to go looking for it themselves. Karen, a hearing advocate, expressed a wish for more webinars, due to the extreme isolation of her community and agency. She explained that because of her small staff, it was difficult to send anyone to a training event because no one remained behind to satisfy the needs of the tiny agency. Additional resources were also suggested by the hearing advocates, including having a fund to reimburse interpreter fees and also guidance and direction on how and where to locate culturally appropriate resources.

Sixteen percent of the hearing population also mentioned the need for high-quality training that would not be redundant and repetitive. Paula, a hearing advocate discussed the challenge of being in the field for a long time, and the frustration of spending valuable time in useless trainings:

We already know what to do, but we need some extra tools, some role playing and different things like that. We need to work on the meat and potatoes of it. We go to a training and--don't get me wrong but most of our staff---we will look at each other and say, “we could get up and do the same thing; we could do this training, right off the top of our heads.”

Jordan, a hearing advocate agreed, “There are certain nuances that you learn and you do not want to sit there and hear things you already know, we want to ask questions and learn new ways to help the client.”

A portion of the prerequisites for working with victims of DV/SA are the same among the Deaf and hearing advocates, while others vary widely. The most common for both samples are those established by the state coalitions, which vary from state to state. In Pennsylvania, the requirement is 45 hours of certified training for domestic violence and 40 hours for sexual assault. For some Deaf advocates, ASL fluency, knowledge of Deaf culture and passion for the work are the only additional requirements. Thirty-seven percent of agencies in the Deaf community require a Bachelor’s degree or higher for advocacy or counseling positions, along with state certification.

When inquiring of the hearing respondents what qualities they would seek in staff who wish to work with the Deaf population, 67% said basically the same qualities they look for when serving the hearing population: “patience,” “sensitivity,” “flexibility,” “empathy,” “personal emotional health,” “coaching skills,” etc. Additional traits pertaining to the Deaf community were also mentioned, such as “taking initiative to learn ASL,” “the ability to educate other staff,” “an excellent understanding of the culture,” and “training with adaptive equipment.”

Stacy, the Executive Director of an urban hearing agency, made an insightful point regarding the training of her staff and how her agency is disempowered by her local community. The agency itself receives no financial support at the county level, but many of her staff left the agency for positions with the same county. This is disempowering to the agency because her staff is trained with agency funds and the county benefits from

the qualified new employee. Because the county is able to offer nicer salaries and comprehensive benefit packages, it is difficult for advocates to turn down outside opportunities. The agency is then forced to pay additional funds to hire and train new staff members. This brings up the next resource for advocates in their efforts to serve all of their clients: the need for the support and collaboration of the local communities.

Support and Collaboration

Respondents had various perceptions of the necessary resources to effectively accommodate Deaf victims of DV/SA in both Deaf and hearing agencies. The ability to advertise to this population is a challenge and collaboration with other social service and public service agencies can be a struggle. Gaining the trust of prospective Deaf clients may be a very slow process for both groups. The proximity of a local college or university with Deaf education or ASL classes, or the presence of a Deaf services agency are excellent resources for hearing agencies to access the Deaf population. This section was difficult to write and organize because so many perceptions regarding various resources of these agencies overlap.

Local outreach can be a difficult task for any DV/SA agency. One hearing respondent said that her center was established more than 30 years ago, and she would be very interested to know how many in her community actually knew about their services. Advertising to additional populations might be improbable. Earning the trust and reaching out to the Deaf community so that they might seek support is a challenge to both Deaf and hearing advocates. Fifty percent of the Deaf respondents said that “word of mouth” or to use the more appropriate verbiage, the “signing of hands” is the best form of

advertising for Deaf agencies and their services. When trust is established among the Deaf, word is spread and the service agent is traditionally respected by the new client, based upon the reference of the fellow Deaf person (Mindess, 1999). Deaf respondent, Beth noted how this worked in her area, “The Deaf community has been very receptive. Our greatest referral source is word of mouth, from clients who have been helped by our program.” Even with the Deaf advocates having insider status as members of the Deaf community, it has taken time for the idea of DV/SA services to be accepted by the Deaf community. Judith mentioned the important topic of confidentiality, which in basic premise of Deaf culture is considered rude (Mindess, 1999):

We are often asked about confidentiality - that seems to be the biggest fear or issue within the Deaf Community when seeking or learning about our services.

Once they understand about abuse and that we are very confidential, they are very receptive and accepting of our services.

Information is a valuable asset within this community and to withhold it from a fellow Deaf person is traditionally unacceptable. This barrier needed addressed before she and her agency could be trusted by Deaf DV/SA clients to withhold all confidential information from others, even if it was considered rude.

When asked how the Deaf advocates reached out to their prospective clients, they unanimously mentioned websites and community involvement, utilizing booths and public events, ASL expos and forums. The Deaf advocates did not have the same communication barriers as the hearing advocates, so they were more freely able to share information and educate the Deaf community concerning the issues of DV/SA.

Collaboration with sister agencies is another perceived need, not only to advertise but also to work together to provide services. Fifty percent of Deaf advocates noted some form of collaboration in their answers. Luene, a Deaf advocate discussed the importance of receiving referrals from Children and Family Services, the local drug and alcohol agency who serves the Deaf community and the local agency on Deafness. In addition, Mary works at a Deaf-administrated agency and lauds their extensive community collaboration:

Our agency is stronger than ever due to our partnerships with other programs.

Partnering with shelter services, police and the court system has helped our clients have a strong support network. Those partnerships allow us to spend our money on our programs and allow the other experts in the community to do their part.

Case management includes housing, food, medical referral...any issue the client is facing in their effort to protect themselves and their children; we will help them achieve their goals. Without that long term support, many victims do not follow through and often return to the abuser. Working as a team is very effective.

Mary also mentioned how she and her staff collaborate with and inform hearing agencies: “We routinely visit hearing service providers to make sure they know where to refer Deaf clients who are seeking services.”

The Deaf advocates expressed the need to collaborate with other Deaf-friendly agencies, and several hearing DV/SA advocates mentioned a connection with their local Deaf agencies (not DV/SA specific). Such agencies include Deaf and Hard of Hearing Services in Lancaster County, Deaf Services Center in Montgomery County and Hearing and Deaf Services in Allegheny County. Undoubtedly more Deaf agencies exist across

the Commonwealth, but these three were specifically mentioned among 25% of the respondents in Pennsylvania. Another 16% of the Pennsylvania hearing respondents said they collaborate with local agencies that support people with a wide variety of disabilities, such as The ARC or LIFT: Life and Independence for Today. It is relevant to note that The ARC and LIFT were accessed by the hearing agencies in rural areas, where the Deaf-specific agencies were inaccessible. The hearing respondents were familiar with the services provided by these other agencies and were able to utilize them as a resource as needed.

Collaboration between Deaf and hearing DV/SA advocates to support Deaf victims was encouraged by 71% of the Deaf respondents and unanimously among the hearing respondents. While both groups agreed with this idea, their reasons were quite different. The hearing respondents expressed two major goals for collaboration with Deaf DV/SA advocates, (rather than encouraging the Deaf community to have an exclusive agency). Fifty percent raised concerns regarding the inability to obtain funding for a smaller, lesser known project by the state coalitions. The other concern expressed by the hearing population was that exclusivity may reduce or eliminate the opportunity for the hearing population to learn from the Deaf, for which the hearing population had conveyed a great need. Melodee, a Supervisor of Direct Services in a rural hearing agency, explained,

If they're collaborating with us, then we are so much better able to understand what they're going through, the challenges they have and the ideas they have for overcoming those challenges. We get the benefit of their direct perspective and their guidance: they get to teach us.

Paula, the Executive Director of a rural hearing agency concurred, concisely stating:

“You tell us what you want from us; you’re the professionals.” Sarah agreed and added the need for collaboration as a foundation for future efforts:

The beginning of it has to be a collaborative learning experience between centers and the community, and then growing from there to be able to provide the service. I always favor collaboration over other things because you expand your circle of support that way, rather than starting from scratch. If they [the Deaf advocates] collaborate with another [hearing] center, they would have access to contacts and information that they might not have themselves at the very beginning. Could the ultimate result be a completely separate organization? Yes, but I think that that would be a long process and that they would need to rely upon each other to make that happen.

Patricia, the Director of Client Services at an urban hearing agency, elaborated a little more when she explained the importance of credibility:

I would say.....what do you feel is missing for you?...and let’s work with the different agencies; the local Deaf centers, the other agencies, and figure out some funding but don’t do it on your own because you won’t have credibility by the DA’s office, the police departments, the hospitals, etc. I think you’d do a disservice to members of your community by not tapping into the current level areas of expertise. The police are going to be like, “...who are you?”

It is evident throughout the answers provided by both samples that the ultimate goal for everyone involved is the support of Deaf clients. At the same time, the journey toward that goal may vary, depending upon perspective. One need expressed by the Deaf

advocates was to ensure the majority of the staff and Board of Directors are Deaf.

Twenty-eight percent of the Deaf respondents also mentioned the importance of support from the Deaf community and the vital teamwork of the staff. Twenty-eight percent of Deaf respondents suggested that both hearing and Deaf staff be well trained regarding challenges faced by Deaf survivors. An additional 42% of the Deaf respondents emphasized a good reputation for the agency in the community. Shamrock, a Deaf Executive Director explained the need for community-based services:

In order for the DV agency to be effective with the Deaf community, it is crucial to make sure the services are survivor based. This means the Deaf survivors are involved with the process and give feedback about the services. The more community based the agency is, the more trust you get from the Deaf community.

Let it be Deaf community driven.

Shamrock's last comment emphasizes the trust issue---mentioned earlier in this section---that gaining the trust of the Deaf community is of great influence on whether or not survivors access services.

In addition to collaboration and establishing the need for trust, actually reaching out and advertising to the Deaf community was an additional hurdle mentioned. This obstacle seemed to be much greater for the hearing agencies than the Deaf. Without a direct connection between the hearing agencies and prospective Deaf clients, it may be difficult to know when and where Deaf community events take place. Two hearing respondents mentioned that they advertise their services through radio public service announcements, which is meaningless to a person with limited or no hearing capabilities.

The presence of a local college or university is an added resource utilized by hearing respondents who might reach out to the Deaf community. Twenty-five percent noted a nearby college or university that had classes in ASL, Deaf education or had a Deaf/ASL club on campus. The hearing advocates stated they might use the school as an informational resource to help Deaf clients or may utilize the connection to advertise services to the Deaf community, if needed.

A surprising resource for hearing advocates was found as the interviews with the hearing population began to unfold. Each respondent in interviews 2-4, mentioned they had staff members who were Hard of Hearing themselves, had a daughter who was hard of hearing and another who had intermediate/advanced ASL skills, respectively. As a result of this information, the question was added to the remaining interviews: Have you ever had a staff member or volunteer who knew ASL, was Deaf/Hard of Hearing or had a family member who was Deaf/Hard of Hearing? Fifty percent of hearing respondents either currently have a person who fits this category or had in the past. An additional 16% of the hearing sample stated they had learned some tools on accommodating the Deaf community based on what they learned from past Deaf DV/SA clients. The advocates with some connection to the Deaf community said that the influence of that person had definitely made an impact upon the increased understanding of the Deaf population by staff.

When advocates establish trust between them and any Deaf clients, either with the help of a staff member or the referral of another Deaf person, agencies may see an increased rate of services to other Deaf clients. Connie manages a women's wellness department in an urban domestic violence agency. She mentioned that in the past, the

agency had successfully supported a Deaf victim, who had then referred her friends.

Connie explained,

There was one survivor who lived in a community of Deaf that she would talk about, that there was DV present in that community. It was really marginalized and not really communicated and there weren't many services. We started with that one client and I think based upon that success, these other four clients over probably the next six months really reached out for services.

Connie went on to say that the group of five survivors teamed up with the agency and wrote a grant to support a full-time advocate for Deaf services. Unfortunately, their efforts were unsuccessful. Connie continued, "It felt frustrating because they had seen this opportunity to enhance services and in the end it wasn't really possible funding-wise." In this particular instance, trust had been established, the communication barriers were being broken but it was the funding obstacle that remained.

While the presence of additional resources, such as a person with ASL and/or Deaf community exposure in a hearing agency that may help increase rates of services provided, this may not always be the case. Patricia discussed at length a hearing advocate on her staff that had connections with the local school for the Deaf. She explained,

We had a person who worked in our education and training department. She had worked at the local Deaf school for many years. She did a lot of outreach to the school system to try to really implement some policy change, did a lot of programming at the school, she knew the community fairly well and did a lot of outreach but none of it yielded much in the way of new intakes. Again, she wasn't

an insider but certainly used ASL well. It may be a credibility issue; until we have a member of the Deaf community they just may not come.

Collaboration and community support are foundational resources necessary when reaching out to the Deaf community. Extensive efforts are required for both Deaf and hearing advocates to earn trust of prospective clients, have healthy working relationships with other agencies and utilize a wide variety of available resources in preparation to serve this community.

Summary

This chapter addressed the findings of the web-based surveys completed by Deaf DV/SA Executive Directors and advocates across the U.S., and interviews conducted among hearing supervisors of DV/SA agencies in Pennsylvania. The four most common themes extracted from these data applied to both samples in some form, including the desperate need for *funding*, the need to reduce or eliminate the *communication barrier*, the need for appropriate *training*, and the *support and collaboration* with other agencies and the local community. These four themes interacted with one another extensively. For example, funding is needed to purchase assistive technology, to hire more qualified staff and train those staff members in order to eliminate the communication barrier and provide higher levels of service to the Deaf. Once the agencies are adequately equipped, trust must be established with members of the Deaf community, which may be improved through collaboration with Deaf service agencies.

CHAPTER 5

DISCUSSION AND IMPLICATIONS

My purpose with this research was to shed light upon the challenges faced by Deaf and hearing advocates who work with Deaf victims of domestic violence and sexual assault. My hope is that the discussion and findings will educate my peers, fellow survivors, professional advocates, and contribute to the nominal level of scholarly research regarding the Deaf community. Historically, members of the Deaf community have experienced unfathomable oppression in an able-bodied society, including institutionalization, stigmatization and even euthanasia. Women have fought tirelessly for equality in a male-dominated culture that once viewed women and children as property, without laws to protect them from violence and abuse. Both the civil rights and women's movements of the 1960s and 1970s created great social change regarding the rights of the Deaf, women, people with disabilities and various other marginalized groups. Specifically, I sought to learn from Deaf and hearing domestic violence and sexual assault advocates, in order to better understand what additional resources are needed to ultimately support Deaf victims of these crimes.

Review of Research Question with Themes

Research question: How do the staff members at domestic violence and sexual assault agencies perceive the levels of current agency resources and the additional resources necessary to effectively serve victims who are Deaf, Hard of Hearing or Deaf Blind?

All DV/SA agencies require resources, which could be encapsulated to include *funding*, when interacting with the Deaf community: access to *communication, training* and the *support and collaboration* of the local community. The need for additional funding is a persistent theme among respondents. The Executive Directors in Pennsylvania struggle to meet the growing needs of their clients with continually shrinking budgets and meticulous demands from funders. When asked what resources she would need to support the Deaf population, Patricia had mentioned that there “were not enough resources to support *any* population” [emphasis hers]. Responses from the Deaf community stated their need for emergency shelter and/or transitional housing, and the desire to expand their services. This project also revealed that the lack of funding impedes many other opportunities for growth and support of DV/SA clients, such as training, hiring more qualified staff, advertising, providing for interpreters and accommodations for people with disabilities.

With the continual funding cuts for DV/SA agencies by the state budget and worsening economy, the advocates at DV/SA agencies may be unable to provide for interpreters and abide by state and Federal laws. In addition, without additional funding, they may be unable to attend trainings to learn about the ADA, how to utilize relay services, find interpreters and discover the most recent technology designed to eliminate the communication barrier between themselves and members of the Deaf community who seek their services. This inability to learn more of how to serve this population might place them in the position of having to improvise to try to help a client in crisis, which I suggest may place advocates in a marginalized situation.

Communication was a common issue addressed in this study by the hearing population. If advocates are uninformed regarding the requirements of the ADA to provide communication accommodation, and do not know how to locate or work with an interpreter, the opportunity to provide high levels of client services may be severely restricted. Communication barriers also exist for Deaf advocates, but are more likely to be experienced outside of their agency, such as interacting with local police, the court system, hospital staff and other social service agencies. Training was also a greatly needed resource mentioned by both the Deaf and hearing respondents, though in some ways, the reasons varied. Seventy-five percent of the hearing population interviewed said they had no idea how to locate any appropriate training regarding working with Deaf victims of DV/SA. The remaining 25% had utilized the previously mentioned local Deaf agencies for training and support. Deaf advocates said that they had some local training in DV/SA, but needed to travel outside of their states for training specific to the Deaf community. Both samples participated in the initial requirements by the state coalitions and have access to additional DV/SA-related trainings, such as grant writing, sex trafficking, mental health, court-related services and vicarious trauma. One of the differences between the two samples is that the 62% of the Deaf advocates surveyed said they provide trainings to local police and other social service agencies on how to appropriately accommodate the Deaf community.

The support and collaboration of other agencies and the local community was also noted as a very important resource to both Deaf and hearing advocates. One Deaf respondent stated her appreciation for the Deaf community in her area, because they were the agency's greatest source of funding. When clients approach an agency for assistance,

their needs quite often extend beyond the walls of the agency. For example, in a DV and/or SA situation, the client may require permanent housing, medical attention and the perpetrator may be criminally prosecuted. As a result, collaborative relationships between the agency and the housing authority, the hospital and local police are very important for the overall support of clients and their children, if applicable.

The local community can also be a tremendous asset for hearing agencies with little or no understanding regarding the Deaf. Several respondents to this study cited their local Deaf (non-DV/SA) agency for support, advice and even training. Another means for connection to the Deaf community was the presence of an ASL-using staff member or volunteer who had also helped the agency better understand Deaf people.

Limitations of the Study

Looking back upon the data collection process, I regret not asking the Deaf advocates for the opportunity to interview them via video relay. I am unsure as to why I did not consider utilizing relay for telephone/videophone interviews but chose to use a web-based survey instead. I could have spoken to the Deaf respondent via the interpreter (at no cost to me) and recorded the entire conversation through a speakerphone. A fear of rejection (because I am hearing) may have been a factor. This is a clear illustration of my lack of research experience. Had I chosen this option, I believe I would have gathered a greater level of rich data from the Deaf advocates which would have provided more balance to this project. Because the amount of data gathered from the hearing population was so much greater than from the deaf sample, the imbalance was evident.

It was certainly my hope to avoid suggesting the dominance of the hearing world or an imbalance of power over the Deaf people in this research. Both samples may face struggles and barriers in attempt to support this population. While the hearing advocates could have an advantage in communication with those outside of their agencies (such as with the police and courts), the Deaf might have an easier time supporting Deaf clients from inside the organization.

Lastly, a limitation to this study is simply the fact that I am neither Deaf nor fluent in ASL, and I have not earned the respect and trust of the Deaf community across the country. A small group of Deaf advocates in Pittsburgh know me and have asked for my support for Deaf victims in the area. Those from whom I collected data do not know me well (if at all) and may have been hesitant to respond. An assumption could be made that had I been a Deaf person, I may have had a higher rate of response from the Deaf community.

Theoretical Analysis

I sought to understand DV/SA staff members' perceptions of current agency resources and the additional resources necessary to serve members of the Deaf community, through the lenses of feminist theory and symbolic interactionism. I believe these two theories informed this research by discussing large-scale patriarchy and oppression, which are addressed by feminist theorists, and smaller-scale exchanges that are the focus of symbolic interactionists. I wanted to research the meaning that both samples make regarding their situations, the challenges each one faces and their perspective on how to better serve victims in the Deaf community. I also sought to

understand the different ways that DV/SA advocates might experience oppression and disempowerment in their professional experiences.

Feminist theory addresses oppressive issues resulting from the macro level patriarchal society, from which women have long fought to have their rights recognized. Ninety three percent of staff at victim service agencies are women, which suggests that not only are they disenfranchised as females, but also support disempowered populations, including victims of DV/SA and members of the Deaf community (PCCD, 2007). One Executive Director speculated that victim services as a whole are also a disenfranchised group; in that they might not generate as much money and public support as other non-profits such as the American Red Cross, the American Cancer Society or the Susan G. Komen foundation.

DV/SA advocates who work within the system that is patriarchal, sexist and able-bodied can experience great challenges on a daily basis, especially when the funds to support their work are controlled by a male-dominated government. The lack of funding disempowers the advocates in many ways, including low wages, high grant reporting demands, the inability to attend trainings and the difficulty of additional outreach. Executive Directors uniformly stated that they would be happy to provide services to many different specialized populations, but they cannot even provide services for the clients they currently have. Compared to the prior year, PCCD (2010) found that 45% of Pennsylvania victim service agencies surveyed, which include but are not limited to DV/SA, stated that their overall revenue had decreased. As a result, 28% had reduced services and 13.7% eliminated an entire service or program (PCCD, 2010). Executive Directors may be forced to prioritize how they utilize very limited resources. Stacy

emphasized, “I don’t think there is an Executive Director in Pennsylvania that would say that they have all of the resources they need to do the work the way it should be done.”

One way that advocates might experience disempowerment is through the mandates issued by private and government financiers, by not providing the support needed to satisfy those requirements. Agencies in Pennsylvania which receive public funds are required to satisfy the ADA and state requirements for certified interpreters for Deaf people and other non-English speakers. Unfortunately, the authorities that mandate such compliance might not provide the funding to satisfy those same standards, but without funding, providing services to additional populations could be impossible. One Executive director stated that grants had been submitted to update her facility to accommodate those in wheelchairs, but were declined; the funders would not support such efforts. As a result, the agency was non-compliant with federal accessibility standards.

The response of the funders and their opinions to resolve the situation can be understood by examining the agency/staff definition of the situation. The funders suggested that she move the agency elsewhere to a more appropriate facility, but doing so could have increased the rental rates for this particular agency more than 20 times than what they were currently paying. In an agency that was already short of funds and still required to meet federal standards, funders suggested they move to a much more expensive building to satisfy one criterion, but doing so could have caused increased financial stress. It is possible that the respondent felt trapped between the lack of funding to comply with the federal standard, and the impossibility of paying additional rent for another facility. Moreover, if her staff desired to reach out to the Deaf community, they

may risk being in a similar situation with the inability to fund interpreters and noncompliance with the ADA.

In addition, PCADV is a primary funder of the domestic violence centers in PA. Their program standards mandate that agencies “develop written procedures to enable program personnel to meet the needs of non-English speaking, hearing impaired and cognitively impaired service recipients,” (PCADV, 2010). According to Stacy, PCADV requires that these standards be met, but does not provide the financial resources for the advocates to satisfy that requirement, should the need for those services (i.e., certified interpreters) arise. This is an example of how Executive Directors and agency staff are themselves disempowered when trying to provide services in their local community.

Another factor that obstructs the efforts of DV/SA advocates, are the extensive reports and strategic plans required by funders to explain how services were provided and how the resources were utilized. Because these requirements are so meticulous, two of the agencies that I have been affiliated with had at least two full time, non-direct service employees (not including the Executive Directors) to satisfy fiscal demands and seek additional funding. Therefore, fewer dollars may be spent on client services or additional outreach. In addition, if a Pennsylvania agency services victims of DV and SA (some are exclusively one or the other), then the requirements for each funder are different, creating even more paperwork and financial strain for the agency. Another respondent explained that on some occasions, well-meaning donors have specified that their funds go directly to one specific area of client services, but might not realize the funds needed for the staff person to take on that specific project or the rental of the space required to house the advocate’s office. She had felt the need to turn away a donation because it would cost the

agency more to satisfy the requirements of the donor than the amount the donor was actually providing.

Agency funders, including PCAR, PCADV and PCCD also require that the agency staff attend certain amounts of annual training (PCCD, 2007). Fifty percent of respondents to a victim services survey in Pennsylvania stated their requirement was at least 26 hours annually (PCCD, 2007). To reiterate, this obligation may further marginalize the agency by adding additional expenses to those that may already be struggling. Some DV/SA agencies in Pennsylvania are so remote, that the travel expenses would be even greater but the training standards are the same, and yet if not met, the agency could be cited for non-compliance. One Deaf Executive Director explained that she and her staff needed to travel out of state for any Deaf specific training, which could be very expensive but necessary to assist the agency in working with the specific needs of that population.

Executive Directors may also feel disempowered and discouraged when trying to care for the needs of Deaf clients. Hearing respondents Emily and Michelle each expressed frustration from the inability to train their staff on how to work with the Deaf community and the desire to not have staff appear flustered in attempt to communicate. Most of the Deaf advocates shared a desire to have transitional housing and/or emergency shelter, which they felt would solve most of their access problems. It is possible that both groups felt empowered by having their doors open and having clients to serve, but frustration due to the inability to satisfy some of their immediate needs.

Executive Directors of victim service agencies may also be disempowered by the inability to compensate current, high quality team leaders and encourage retention.

Diann, a hearing advocate, expressed the need for additional funding to increase levels of skilled employees. She explained,

I think I would make the salaries for those who work with survivors of sexual assault more competitive. Then I think we would attract more qualified candidates to provide our services. I wish there were more money. [Qualified candidates] will most often overlook a non-profit position because it doesn't offer enough money.

In Pennsylvania, 67% of victim service agencies reported that the average salary range for direct service staff is \$21,000-32,000 (PCCD 2010). In addition, it may be difficult to attract new qualified and educated staff because they might be unable to compete with the advantages of working in the private and public sectors.

Opportunities to empower staff through formal education while employed at a victim service agency may also be limited. PCCD (2007) reported that of the staff who completed their degree during their term with the agency, only 6.8% said that their employer provided financial assistance to do so. An additional 65.7% of victim service agency respondents also stated that their employer did not provide any incentive for staff to acquire additional education (PCCD, 2007).

Accordingly, when turnover rates are high, training costs increase. Earlier in this chapter, I mentioned an urban agency whose staff members were lured to jobs in the county courthouse. On one occasion, three well trained legal advocates made it to the final round of a single hiring process, which suggests the excellence of the agency's training program. To this particular Executive Director, having spent the time and energy to train staff well meant that she risked losing them to the county government who could

entice its best talent away having already been trained with non-profit funds. Because this happened on several occasions, she conceptualized that she was to make a viable contribution to the community by developing future leaders, but was to expect no financial contribution in exchange. An experience such as this might not only hinder the agency financially but also rob it of its ability to benefit long term from its own training efforts.

Interactionists also understand that members of society perceive one another using symbols. In one particular community, being the Executive Director of a domestic violence agency meant that she had to go around the area and "...beg for money." This respondent felt disempowered and labeled by members of her own community. She stated that she could not count how many times people made such statements regarding her position. Conversely, she sees herself as a social change activist and wishes to create a community where everyone takes ownership in the issue of domestic violence. In her opinion, communities are responsible for the non-profits in their areas. If they do not invest in their local agencies and encourage others to seek their services or sit on their Board of Directors, then they truly should not expect that the agency be there.

A symbolic interactionist also understands that people occupy different social locations in the world. While Executive Directors of hearing agencies may respect and appreciate the need to reach out to Deaf victims, they might not necessarily view outreach to the Deaf community as a high priority, especially when they have many other issues to handle on a daily basis and communities of diverse people to whom they must respond. It is not to suggest that they do not care, but may be forced to identify and focus their attention upon the greatest needs of the agency.

It is important to note that a local community---hearing or Deaf---might genuinely care about the issue of DV/SA among the Deaf population. A community is established by various individuals who contribute their skills, education and training to satisfy the needs of others in some way. If someone other than the Executive Director understands the need for DV/SA services for Deaf people and decides to take action, they might be successful by generating greater levels of community support and collaboration. Once the need is made known to the general population, community members may rally around it, be willing to contribute their skills and talents, and therefore find new and creative ways to satisfy this need.

Domestic violence and sexual assault advocates might not feel that their work is valued or affirmed on community or fiscal levels, because many do not accrue retirement benefits or cannot earn more competitive incomes. The Pennsylvania Commission on Crime and Delinquency (2007) noted that 31% of victim service providers have been with their agency for 0-3 years. Only 25% were employed for 10 or more years with the same agency, and another 80% had served 0-3 years at another victim service agency (PCCD, 2007). When agency staff may be overwhelmed with fiscal requirements and struggle with the inability to hire additional support to alleviate some of the workload, they are—as one respondent put it: “...underfunded, overworked, and undervalued.” Advocates might not believe that they can do this work until ready to retire.

Even though DV/SA advocates might not have the funds or training needed to adequately support other disempowered groups such as members of the Deaf community, they utilize as many options as possible to help victims who approach them for services. Every hearing respondent who said they had served a Deaf client had done what they

could to try and help, despite their limited means. Deaf advocates experience intersections of oppression, yet 75% of respondents stated they had founded their current agency, suggesting that they were able to overcome some of the barriers which stood between them and their clients.

Recommendations and Training

Based upon the responses from the hearing advocates, I believe the place to begin to establish services for the Deaf in the state of Pennsylvania are with the coalitions: PCAR and PCADV. In chapter four, it was mentioned by the hearing respondents that the coalition staff need to be informed and properly educated concerning the issue of DV/SA in the Deaf community, so that the information can be filtered down to the centers. It is my recommendation that the coalitions connect with ADWAS in Seattle and/or the Executive Directors at other Deaf DV/SA agencies across the U.S. and learn the best ways for organizations to serve this population.

The issue of the funding shortage was a sizeable discussion and common theme among hearing respondents. With the financial reduction over the past few years in PA (PCCD, 2010) and undoubtedly other states, and centers having to meet stringent reporting requirements, outreach to additional cultural groups may be very difficult. Centers may be less likely able to hire interpreters, send staff to trainings, produce materials, or recruit fluent ASL or Deaf staff. It is my suggestion that some large-scale funding be obtained, so if a Deaf person approaches an agency for support, an interpreter can be immediately hired and those funds reimbursed. Then, concerns of non-compliance with the ADA and state mandates would not be a major issue. Centers should also be able

to apply for reimbursement for assistive technology for shelters, such as flashing door “bells”, vibrating alarm clocks, videophones and lighted fire alarms.

The respondents to this project also suggested that hearing and Deaf advocates collaborate in the establishment of services to the Deaf community. A Deaf professor of mine once said that the Deaf communities in PA are smaller than in other states. As a result, it may be a wiser to collaborate—at least initially-- rather than attempt to establish an exclusive agency for the Deaf community. Several centers were identified in this project, had connections with Deaf people and either had services at one time or wish to establish new ones. Those particular centers should be recognized, financially supported and encouraged to hire Deaf advocates. Part of the job description for the Deaf advocate(s) might be to provide trainings, produce webinars and training DVDs, and free consultations for other agencies across the state.

An important beginning for the hearing population to work with the Deaf community would be an excellent training regarding Deaf culture. Cross-cultural interactions are sometimes difficult to navigate; it can be a challenge to know what actions are appropriate. Stereotypes can be addressed; specific obstacles in working with that particular population should also be identified. Most DV/SA agencies utilize the empowerment model, which encourages staff members to help clients understand their choices and allow them to make their own decisions (PCADV, 2005). Appropriate training could help advocates utilize the model inside the framework of working with this population.

Basic understanding of the Deaf community and ASL should also be addressed. Many hearing people have little exposure or understanding of how to interact with Deaf

people, and are forced to scramble when a Deaf client approaches their agency for support. Some good starting points for training would include that ASL and English are two completely distinct languages, each with its own syntax and grammar, and not all Deaf people can communicate utilizing written forms of English (NAD, 2000, Vernon & Miller, 2005). Lipreading is a skill that takes years to master and may not be a good option for communication unless suggested by the Deaf person. Another common assumption is that when the Deaf person is smiling and nodding, then they understand what a hearing person is saying (Mindess, 1999). Quite often, the opposite is a more accurate assumption. A basic understanding of how to use Video Relay Services (VRS) is also needed, because many Deaf people utilize VPs instead of TTYs which are more outdated. In addition, the term “hearing impaired”⁸ is generally not preferred among the Deaf community; the term may suggest the socially dominant group of the hearing population (Barber, 2010). It is also important for hearing advocates to have a basic understanding of how to work with interpreters. For example, it is always appropriate when utilizing an interpreter to speak and look at the Deaf person only. Lastly, speaking normally to a Deaf person, rather than over-pronouncing or shouting words may better assist in reducing the communication barrier. An accurate understanding of these basic tenets of Deaf culture is important and could be very helpful “in a pinch” to assist both the hearing advocate and the Deaf client to feel more comfortable, even while waiting for an interpreter to arrive.

⁸ In other words, it would be similar to referring to African-Americans, Latin-Americans or Asian-Americans as “non-white”

Other training questions to be addressed might include, “Is it best to host trainings for hearing DV/SA advocates before or after equipping the agencies with assistive technology?” “Is it possible for us to create DVDs or webinars to help train the centers?” “How could we empower the Deaf population in our state to volunteer at their local agencies?” My suggestion would be to work long-term with Deaf advocates, establish a plan of action to proactively work toward establishing exclusive agencies and services in Pennsylvania, should members of the Deaf community express that specific need and get involved.

There is also a need for a safe place for the hearing population to ask questions. Michelle made an excellent point in her interview, in that she realized she may have made some mistakes and would prefer to have a safe environment in which to learn. She explained,

We would do some very pointed and selected outreach in a place where we would feel safe to ask some probably very stupid questions. And sometimes it’s hard to find that, and not even specifically about the Deaf, but it’s very hard to find a safe place to ask questions which might be construed as stupid, or discriminatory or any of those things, without being judged. It’s hard to do that safely in this world without fear of retaliation or cutting of funding, or being sued, so it does make that work very tricky.

It is very difficult for advocates with limited understanding of some populations to find the needed resources and appropriate training. When funding is better provided, then advocates can get their questions answered and be empowered to help those in marginalized populations.

When the coalitions provide funding to assist with outreach to the Deaf community in Pennsylvania, it would be important that they not limit the funding to a few years. Trust among cross-cultural relationships takes time, and it would be unfortunate to have funding reduced or eliminated after the foundational efforts have been established and change begins to occur. Deaf advocates at DV/SA agencies across the U.S. might be a great resource in establishing proper time determinations and other organizational goals.

Earning the trust of the Deaf community might not only be a challenge for hearing advocates, but the Deaf respondents to this project also identified a similar barrier. Therefore, I suggest that the hiring of Deaf staff members with connections to their local and extended communities would be a great asset in building trust between hearing agencies and potential Deaf clients. It also might be feasible to recruit Deaf DV/SA interns from Rochester Institute of Technology/National Technical Institute for the Deaf and Gallaudet University, to work with the local Deaf community.

This project illustrated an instance where hearing DV/SA advocates had partnered with members of the Deaf community to establish services, but those efforts failed due to lack of funding. Another respondent stated that if she had unlimited funds, she would have me come in and serve as a consultant for her agency. In response, I suggest a consulting team be established from the talent currently working in Pennsylvania agencies, including DV/SA advocates who know ASL, Deaf advocates such as Kathy who had provided the training mentioned earlier in this project, Deaf college interns, and the PA Office of the Deaf and Hard of Hearing (ODHH). This group should be identified, hired and grant funded through PCADV to support agencies all around the

state, in their support of Deaf victims of domestic violence. In my opinion, this proposal might be a more cost-effective option than hiring of interpreters to assist with the 45 hour volunteer training or providing Deaf culture education for the many hearing agencies in PA. Once the team is established and able to travel, the mandatory 45-hour training to Deaf volunteers at host centers around the state could be provided in ASL. If PCAR co-sponsors this endeavor, then sexual assault volunteers could also be recruited and trained. In addition, the WRTI (Western Regional Training Initiative) videos could be interpreted to allow Deaf volunteers to utilize the training at their own pace and reduce the 45-hour in-person instruction in half. Moreover, this team could provide consultations and trainings to hearing DV/SA advocates, with some basic information on how to work with members of the Deaf community. This would alleviate the local centers from having to pay to send their staff to trainings, and yet help fulfill the annual PCADV/PCAR/PCCD mandatory training requirements. Furthermore, if and when a Deaf victim approaches any center in PA, team members could be on-call for advice, support and crisis intervention through live chat or videophone until an interpreter arrives at the center. The grant funding should also include the attendance of all team members to the JDVNC biannual conferences and other Deaf-specific trainings across the country to not only learn more about this work, but make important networking connections with peers in the field.

The project might not require long-term objectives, but long enough to recruit members of the Deaf community across the state to attend the volunteer training and become involved in the cause of DV/SA. If Deaf professionals at the non-DV/SA agencies across the state attend the volunteer training and connect with their local DV/SA agencies, they could be on-call for any Deaf victim who needs help and support.

Interpreters might still be needed between any hearing advocates and Deaf advocates or victims, but at least a Deaf victim might not experience a communication barrier with their advocate, especially in a time of crisis. A few successful instances between Deaf advocates, trained hearing advocates and Deaf victims might blossom in to more Deaf victims seeking services and the eventual establishment of a Deaf-exclusive agency.

Training Other Agencies

Once the staff and other local advocates have an appropriate understanding of Deaf culture, this knowledge can be transferred to police departments and others who receive DV/SA education from the agency to prevent subsequent situations. It is my experience that most social service agencies have tremendous collaboration and referral opportunities with each other and the public sector, including Child Protective Services, the court system and police departments. As a result, an agency with an accurate understanding of Deaf needs may have great influence upon others who serve Deaf clients.

Several respondents to this research discussed the need for police to be properly trained on how to support Deaf victims of DV/SA. Unfortunately, tension between the Deaf community and the local police is not a new problem. In many DV/SA circumstances, the police are notified and required to interact with those involved in the situation. In their research regarding obstacles faced by the Deaf in the criminal justice system, Vernon and Miller (2005) stated,

For a Deaf person, injustices can occur at every step of the legal process....these injustices result primarily from a lack of understanding of Deaf people on the part

of the professionals working in the legal system. Indifference and hostility toward Deaf people can also influence the process. However, it is the failure of criminal justice professionals to understand the linguistic, educational and cultural characteristics of the Deaf population that plays a greater role in perpetuating injustices (p. 283).

Without an accurate understanding of how to respond to Deaf people, a wrong decision made by a naïve officer could unintentionally exacerbate an already tense situation.

Moreover, police departments require training on proper response in DV/SA situations specifically involving Deaf victims. Not only should they have a basic understanding of Deaf culture, but how that specifically applies in domestic violence situations is very important. For example, police will traditionally separate and interview each party involved, typically the victim and the abuser. In a situation regarding Deaf parties, it is extremely important that the parties be separated visually, because ASL can be seen and understood from long distances. When parties can see each other, the abuser might be able to ‘eavesdrop’ upon the victim’s statement, therefore allowing him to respond to the victim’s story and benefit himself (Barber, 2010). Sometimes an officer or other public servant might allow a hearing abuser or the victim’s child to interpret for a Deaf victim (NAD, 2000), because it may be faster, cheaper, or easier than waiting for an interpreter. Without proper understanding and training for police officers, they may feel they have limited options in situations when working with Deaf people.

Societal Benefit of this Research

When the perceived needs of staff members at DV/SA agencies are identified, and if those needs are met by the coalitions, advocates and those from outside agencies, then hopefully more Deaf victims of DV/SA will receive the help they deserve. This is the long-term goal of this research. When this happens, the societal benefit could be immeasurable and the workload for the current Deaf agencies may be lighter. For example, the previous Executive Director of DAWN in Washington, D.C. explained during my visit that she had received many requests for help from Deaf victims in Pennsylvania, but her agency's ability to effectively support those clients is limited. I have received several emails from the new Executive Director, explaining that there were Deaf victims in Pennsylvania who needed someone nearby to help. Staff members at Deaf-run agencies like DAWN or ADWAS are able to provide hotline counseling (via videophone, email or live chat) and emotional support to Deaf outside of their immediate area, but are unable to accompany clients to local hospitals, courts and are most likely unfamiliar with Pennsylvania law. Once another agency or appropriate services are established in Pennsylvania, the team in Washington, DC may be relieved of the need to work with the Pennsylvania Deaf community.

Further Research

Deaf Victims of Domestic Violence and/or Sexual Assault

Suggestions for further research include surveying Deaf victims of domestic violence and sexual assault to identify the barriers, stigmas, and limitations which may hinder them from accessing services in Deaf and/or hearing agencies. Are cultural

stigmas a factor, or is it because traditional DV/SA shelters are ill equipped? Are they hesitant to work with hearing advocates and agencies, and if so---why? What may hinder them from accessing agencies managed by Deaf advocates? I believe once those barriers are successfully identified, work can begin to address and remove those barriers that lie between victims and the freedom and healing which is available.

Deaf Male and Youth Victimization

It is not only women in the Deaf community who are victimized, but also its most vulnerable population, the children. Mertens (1996) reported that when compared to available incidence data from the general population, (1 in 10 boys and 1 in 4 girls), sexual abuse occurred at some point prior to adulthood at double the rate for Deaf girls (50%) and five times the rate for Deaf boys (54%). If a Deaf child is sexually or physically victimized, he/she may not understand that what happened was wrong, they may not know how to explain it, they fear they might not be believed or may simply never tell anyone of their victimization (Vernon & Miller, 2002).

Moreover, Lauren Barrow (2008) suggests in her book that the sexual victimization of Deaf and Hard of Hearing men and boys is actually higher than that of Deaf and hard of hearing women and girls. It is difficult enough for hearing men to receive help for victimization because of stigmas against males in today's society, but research suggests Deaf men are stigmatized twice (Obinna, et. al, 2005). What barriers keep them from accessing services? Are agencies who service the Deaf prepared to adequately accommodate men, considering the rates of sexual assault for Deaf men are higher than Deaf women? Gabe Wright (2012), a hard of hearing sexual assault

advocate, founder of “The Guy’s Project,” and adult survivor of gang rape, described the disempowerment he experiences not only as a survivor, but also an advocate:

I want to gain power and influence that in a way will not only help other men become better guys but at the same time, continue to allow me to keep supporting the awesome work being done. I think additionally is that being a male survivor is difficult too when society has still not fully caught on that men are victims too.

Adult male survivors of sexual abuse and the champions who support them need to be better sustained by today’s society. It is not until these stigmas are better identified and acknowledged, that victims might feel more comfortable seeking services.

Additional research could be done on these male victims and adult children of child sexual assault to learn whether or not they sought services in Deaf or hearing agencies and if not, why? I suggest that the more this issue is brought to light, the more socially acceptable it will be for males to receive the help they deserve.

Conclusion

This study was designed to identify the resources needed among Deaf and hearing administrated agencies that support victims of domestic violence and sexual assault. The ultimate goal was to identify those needs of advocates and agencies, and address them so that Deaf victims of DV/SA are able to receive any needed or desired services. There are 14 Deaf DV/SA agencies in the U.S., yet the rates for the Deaf population tend to be higher than that of the hearing population (Mertens, 1996). The pronounced need for funding, the elimination of the communication barriers, training, and community support for these advocates is great.

A theoretical foundation is crucial to obtain at the onset of any research. It should be the common ground through each chapter. A researcher should first identify the theories that correlate with the research question and utilize that foundation to locate appropriate sources for the conceptual framework. Theory not only assists in the selection of appropriate interview questions, but also provides a lens to appreciate the responses given. For example, utilizing a symbolic interactionist approach to understand how people make meaning of the world around them would direct a researcher to ask more specific questions in that regard. As a result, the findings would answer the research questions, inform the methodological approach, and determine how the data should be analyzed.

Lastly, the widening of services is a desire for both the Deaf and hearing advocates. If the funding concerns were satisfied, more qualified staff could be hired, benefits might be offered to encourage retention, and all staff could be sufficiently trained. Shelters and/or transitional housing could be provided exclusively for Deaf clients. The hearing agencies have the shelters and facilities, but lack the cultural education, communication ability and assistive technology to support this population. The decision whether to hire interpreters would not affect whether or not if a light bill would be paid. Videophones and other assistive technology would be in every agency, which could be noted in Deaf-friendly advertising. Additional services would be established, including children's programs, self-esteem classes and post-crisis (self-sufficiency) programs. Ultimately, when the funding concerns are met, Deaf victims of DV/SA may have greater opportunities to escape their abusers and move toward becoming survivors.

It is my hope that through this project, the responses provided will help all advocates---especially those in cities without culturally appropriate services for Deaf victims---to be better prepared to assist this distinct population.

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Appendix A - Informed Consent Form: Deaf Population

Factors contributing to the continuance of Deaf domestic violence and sexual assault agencies across the U.S.

You are invited to participate in this research study if you are D/deaf or Hard-of-Hearing (D/HH) and administrate an agency serving D/HH victims of domestic violence and/or sexual assault (DV/SA). The following information is provided in order to help you make an informed decision whether or not to participate. If you have questions, please do not hesitate to contact the researcher.

This is a one-time, online survey with fourteen open-ended questions and two demographic questions, which should take approximately 30 minutes of your time. The more detailed your response, the greater opportunity the researcher will have to understand your agency. Once you begin the survey, you will have the option of returning to it later, but only up until the deadline of Monday, March 28, 2011. If your survey is incomplete and the deadline has passed, the information you have provided up until that point will not be retained. The link you have been provided is exclusive to you alone and cannot be used by another person.

Your responses will remain confidential. The researcher will take all measures possible to maintain complete confidentiality. The Qualtrics software program does not attach your responses to your email address or identifying information, therefore your responses are “blind” to the researcher. All data will be retained for at least three years in compliance with federal regulations.

Your participation in this study is voluntary. You are free to decide whether or not to participate or to withdrawal at any time and for any reason without penalty, by closing your internet browser and deleting this email. If you are willing to participate in this study, consent is assumed when you begin the process and submit your answers upon completion. There is no known risk to you as a participant, other than a slight inconvenience to your day. Because the information sought is regarding your agency (rather than you as a person), the researcher does not foresee any emotional, physical or other distress to you personally.

For more information regarding this research thesis, please contact the researcher at d.j.barie@iup.edu or the committee chairperson at the address below.

Indiana University of Pennsylvania is the responsible institution for this research. Ms. Darla Barie, a Masters of Arts Degree candidate at the Indiana University of Pennsylvania is conducting this project with the support of faculty member:

Dr. Melissa Swauger,
Associate Professor, Department of Sociology
112H McElhaney Hall, Indiana, PA 15705
724.357.0158 (voice)

Appendix B - Welcome/Invitation letter: Deaf Population

Thank you for your willingness to support this research endeavor.

Currently, there are 14 established agencies across the U.S. that effectively accommodates this distinct clientele but after several attempts the Commonwealth of Pennsylvania has been unsuccessful in establishing an agency. The purpose of this qualitative study is to explore the establishment and on-going operation of agencies that specifically support the D/deaf and Hard of Hearing. I'd like to know what has been done to keep your agency afloat, in order that other advocates might be able to duplicate your efforts, if possible.

I'd like to share a little of my heart and why this is so important to me. I am a survivor of domestic violence and child sexual assault. Four years ago I learned from my Deaf culture teacher, Mj Shahan that there were no DV/SA services in Pennsylvania for the Deaf; I was horrified and literally sat at my desk and cried. It was hard enough for me to leave an abusive situation, and I had a job, no children and could hear: What does a Deaf victim do if she has no money, several children and very few options? Mj personally challenged me to make a difference. Since then, I designed my own undergraduate major and am now finishing my Master's Degree. My long-term goal is to work with Deaf advocates to establish services in the Pittsburgh area. I currently serve as a victim advocate with the Alice Paul House, a DV/SA agency in Indiana, PA. I am also a member of the Pittsburgh Behavioral Health Task Force for the Deaf, where Deaf advocates, hearing DV/SA advocates and myself are working together to establish services in the near future. The leader of this task force designed almost half of these questions.

I cannot express how grateful I would be for your support in completing this survey. If you choose to continue, I will provide a copy of the finished project so that you and your agency might also benefit from this research. The benefit to Deaf survivors in Pennsylvania and other states may be immeasurable. Please complete your survey before Monday, March 28, 2011 at 11:59pm EST.

If you have any questions, please feel free to contact me at d.j.barie@iup.edu, or my committee chairperson, Dr. Melissa Swauger at Melissa.swauger@iup.edu.

I hope to see you all again in Denver for the 2012 JDVNC conference!

Thank you very much.

Appendix C - Survey questions: Deaf Population

1. What type of on-going training is available for your staff?
2. How well does the Deaf community accept the idea of your services being provided?
3. How do you reach out to victims to let them know your agency is available?
4. What type of credentials do you seek in your staff/counselors who work with deaf population?
5. What are your funding sources?
6. What data do you gather (for grant requirements, etc.), and how do you go about it?
7. When you arrived at/established your agency, what services were offered to the Deaf community?
8. In your opinion, were those services adequate to meet the needs of your clients?
9. Have these services been expanded or reduced over the years? If so, how?
10. What services are offered today?
11. In your opinion, are the current services adequate to meet the needs of the Deaf community?
12. If you had unlimited resources, how would you change the way you support your clients?
13. What factors do you see as contributing to the continuing operation of your agency?
14. What advice would you give the members of a Deaf community who wish to establish an exclusive DV/SA agency or services in collaboration with a hearing agency?

Demographics: Please provide specific number, if possible

15. How many employees does your agency have?
16. How many clients have you served in the past year?

Appendix D - Post to the JDVNC Google Group Website

To the Executive Directors of the 14 DV/SA agencies:

Many of you may remember me from the Salt Lake JDVNC conference; I was the hearing/signing DV/SA advocate from Pittsburgh. Thank you all for your warm welcome! I'm posting this message to ask for **your response** in a **survey**.

Why? Historically, two agencies serving Deaf victims of DV/SA were established in Pennsylvania and both have since closed. The goal of this survey is to help advocates who wish to set up services, understand the challenges that you have faced and gain insight from your experience. I'm also conducting this research as part of my Master's program.

If you are the Executive Director of one of the 14 agencies (listed below) and are willing to participate, **please send me your direct email address** (for purposes of this survey only) at D.J.barie@iup.edu.

Strict confidentiality will be assured. More information will be provided with the survey. You have the option to withdrawal at any time.

Please consider participating in this research. Most of your answers should be relatively short.

In exchange for your participation, you will receive a copy of the final project so that you and your agency might also learn from this research. It is my hope that Deaf victims of DV/SA will be the ones who will truly benefit from this effort.

Feel free to contact me with any questions.
Thanks so much for your consideration.

Darla

The Indiana University of Pennsylvania is the responsible institution for this research.

Deaf Hope	DOVE	DWIAA	Chicago Hearing Society/DV Program
ASADV	DWAVE	DAWN	CSD of Minnesota/DV Program
SLCAD	DVAS	Safe Place	CSD/Tulsa
ADWAS	Deaf Unity		

Appendix E - Informed Consent Form #2: Hearing Population

FACTORS CONTRIBUTING TO THE CONTINUANCE OF DEAF DOMESTIC VIOLENCE AND SEXUAL ASSAULT AGENCIES ACROSS THE U.S.

You are invited to participate in this research study if you administrate an agency serving victims of domestic violence and/or sexual assault (DV/SA) in Pennsylvania. The following information is provided in order to help you make an informed decision whether or not to participate. If you have any questions, please do not hesitate to contact the researcher.

This is a one-time interview, which should take approximately 30 minutes of your time. Your responses will remain confidential. The researcher will take all measures possible to maintain complete confidentiality. If you provide consent, the interview will be tape-recorded and you will also be asked for consent at the beginning of the interview. Identifying information regarding you or your agency will not be audio recorded. Upon completion of the session, the data will be transposed into written form and the audio recordings will be erased. If you choose to participate but decline being recorded, please advise the researcher so she can be prepared to take notes. All data will be retained for at least three years in compliance with federal regulations.

Your participation in this study is voluntary; you are free to decide whether or not to participate. You may withdrawal at any time and for any reason without penalty, by simply informing the interviewer that you wish to withdrawal and all information gathered up to that point will be destroyed. There is no known risk to you as a participant, other than a slight inconvenience to your day. Because the information sought is regarding your agency (rather than you as a person), the researcher does not foresee any emotional, physical or other distress to you personally.

For more information regarding this research thesis, please contact the researcher at d.j.barie@iup.edu or the committee chairperson at the address below.

Indiana University of Pennsylvania is the responsible institution for this research. Ms. Darla Barie, a Masters of Arts Degree candidate at the Indiana University of Pennsylvania is conducting this project with the support of faculty member:

Dr. Melissa Swauger,
Associate Professor, Department of Sociology
112H McElhane Hall, Indiana, PA 15705
724.357.0158

I have read and understand the information on the form and I consent to participate in this interview. I understand that my responses are completely confidential and that I have the right to withdraw from the evaluation at any time. I have received an unsigned copy of this informed consent form to keep in my possession.

Name (please print): _____

Signature: _____ Date: _____

Phone number: _____

Appendix F - Letter of Invitation

To: Administrators of Domestic Violence and/or Sexual Assault agencies in PA

From: Darla Barie, Master's Degree candidate, Indiana University of PA

Date: May 1, 2011

I currently serve as a victim advocate for the Alice Paul House in Indiana, PA and have a passion for Deaf victims of DV/SA. Four years ago I was shocked to learn that there was not a Deaf-run agency in PA specifically serving this distinct population. As you know, it is difficult enough for a hearing victim to leave an abuser and start their life over; but being Deaf exacerbates these difficulties. The rates of DV/SA among the Deaf is much higher than in the 'hearing' world, yet the services provided for them is very limited. As part of my Master's program at the Indiana University of Pennsylvania, I am conducting a research study regarding agencies' roles in serving the Deaf and Hard of Hearing (D/HH) victims of DV/SA in Pennsylvania.

I'm writing to ask for your participation in a telephone interview, which should take no more than 30 minutes of your time. If you agree to participate, I will ask questions such as prior experiences serving Deaf clients (if applicable), your perceptions of the needs of Deaf victims of DV/SA, training available to your staff and your opinions regarding the adequacy of resources available. Even if you aren't sure of the answers to these issues, your input is still vital to this research. While I am unable to compensate you for your time, I will gladly provide a copy of the completed project to all participants. All responses will be held in strict confidentiality and no identifying information regarding you or your agency will be published.

If you are an administrator at one of the DV/SA agencies and are interested in participating, please contact me at d.j.barie@iup.edu. Please advise the best way to reach you, so I might set up an appointment for an interview which is most conducive to your schedule.

I would so appreciate your involvement. It is my hope to use this research to support Deaf victims and their children in any way possible.

Thank you very much.

Darla Barie

Appendix G - Interview Questions: Hearing Population

1. What is your current position with your agency?
2. How long have you served in that capacity?
3. Did you serve in a different capacity at the same agency before reaching this point?
4. Do you retain data on the types of clients you serve?
5. Any idea how many D/HH clients the agency has served since you have been there?
6. What is your perception of the needs of the Deaf victims of DV?
7. Do you think members of the Deaf community access services in “regular” agencies?
8. Any idea why they may/not show up?
9. Have you ever offered services at your agency to a Deaf person?
10. How successful do you think you were?
11. Do you think your staff/administration/board is interested in working with the Deaf community?
12. Is there any training available for your staff on how to work with the Deaf population?
13. Have you taken advantage of such opportunities?
14. What qualities would you seek in your staff/counselors who work with the Deaf population?
15. Do you feel you have adequate resources to support this population?
16. Do you think a Deaf person would feel comfortable in your agency?
17. Why or why not?
18. Any idea how to reach out to Deaf victims to let them know your agency is available?
19. If you had unlimited resources, would you use them to support the Deaf? How so?
20. What advice would you give the members of a Deaf community who wish to establish an exclusive DV/SA agency or services in collaboration with a hearing agency?

Additional questions:

- What do you know about the ADA? Is your agency rural or urban?
- Do you know how to use a relay service? How can the coalitions help you?
- Do you have a staff member/volunteer who is D/HH or knows ASL who has helped your agency better understand the needs of the Deaf?

Appendix H - List of Respondent Pseudonyms and Agency Classifications

Pseudonym	Rural / Urban	Deaf or Hearing	Position
1. Shamrock		Deaf	Executive Director
2. Shea		Deaf	Executive Director
3. Roxie		Deaf	Executive Director
4. Judith		Deaf	Executive Director
5. Debbie		Deaf	Executive Director
6. Beth		Deaf	Other staff member
7. Luene		Deaf	Other staff member
8. Mary		Deaf	Other staff member
9. Karen	Rural	Hearing	Other staff member
10. Carly	Rural	Hearing	Other staff member
11. Melodee	Rural	Hearing	Other staff member
12. Sarah	Rural	Hearing	Executive Director
13. Michelle	Urban	Hearing	Other staff member
14. Stacy	Urban	Hearing	Executive Director
15. Connie	Urban	Hearing	Other staff member
16. Jordan	Urban	Hearing	Other staff member
17. Emily	Urban	Hearing	Executive Director
18. Paula	Rural	Hearing	Executive Director
19. Diann	Rural	Hearing	Other staff member
20. Patricia	Urban	Hearing	Other staff member

Appendix I - List of Acronyms

ADA	The Americans with Disabilities Act of 1990
ADWAS	Abused Deaf Women's Advocacy Services (Located in Seattle, WA)
ASADV	Advocacy Services for Abused Deaf Victims (Located in Rochester, NY)
ASL	American Sign Language
DAWN	Deaf Abused Women's Network (Located in Washington, DC)
D/HH	Deaf and Hard of Hearing
DV	Domestic Violence
DV/SA	Domestic Violence and Sexual Assault
IUP	Indiana University of Pennsylvania
JDVNC	Justice for Deaf Victims National Coalition
LIFT	Life and Independence for Today (an agency supporting people with disabilities)
ODHH	Pennsylvania Office of Deaf and Hard of Hearing
PCADV	Pennsylvania Coalition Against Domestic Violence
PCAR	Pennsylvania Coalition Against Rape
PCCD	Pennsylvania Commission on Crime and Delinquency
SA	Sexual Assault
TTY	Tele-typewriter
VAWA	Violence Against Women Act of 1994
VP	Videophone