

December 2021

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Recommended Citation

Crowe, T. V. (2021). Intimate Partner Violence in the Deaf Community. *JADARA*, 46(3). Retrieved from <https://nsuworks.nova.edu/jadara/vol46/iss3/4>

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Intimate Partner Violence in the Deaf Community

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Abstract

Background: Recent indicators show that domestic violence is prevalent in the United States and in the world. Individuals with disabilities, including those who are deaf or hard of hearing are at a higher risk for physical, sexual, and psychological abuse.

Purpose: The purpose of the study was to a) investigate the prevalence of intimate partner violence in past and present relationships, b) identify predictors of abusive relationships, and c) categorize support systems for those needing help.

Method: A sample of 167 deaf and hard of hearing individuals completed an anonymous online survey about their current and past relationships.

Results: Results indicated that 7% of the sample reported domestic violence in their current relationships; 44% reported domestic violence in past relationships. A multiple regression identified tension in the relationship and the absence of disabilities in their partner as significant predictors of current abuse. A significant predictor of past abuse was tension in the relationship. Ease of communication, whether through a signing therapist or a qualified interpreter, was essential in seeking services.

Discussion: Given the prevalence of IPV in the deaf community, practitioners may want to explore outreach and intervention strategies. They may want to focus on understanding the interplay of dynamics that influence violence in relationships as well as the role of support systems for individuals seeking help.

Keywords: deaf, disability, intimate partner violence, domestic violence

Recent indicators show that domestic violence is a pervasive and insidious phenomenon in the United States and in the world. In the United States, the prevalence of domestic violence is between 25% and 31% among women (Tjaden & Thoennes, 2000; Smith, 2008). Worldwide, prevalence rates range from 15% in Ethiopia to 71% in Japan (Abramsky et al., 2011).

Domestic violence is defined by the U.S. Department of Justice (2012) as "...a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner" (p. 1). Domestic violence, also called intimate partner violence, can manifest in several ways, such as physical violence, sexual and emotional abuse, intimidation, economic deprivation, and threats of violence.

Physical abuse includes acts such as pushing, hitting, slapping, burning, and using weapons. Psychological acts involve emotional and psychological manipulation. Abusive psychological behaviors include acts such as isolating, blaming, withholding emotion, threatening suicide, stalking, and tracking activities. Economic exploitation involves acts that prohibit access to or unauthorized use of funds. Examples of these acts are withholding or stealing money, refusing to pay bills, and damaging credit. Sexual abuse involves threats or pressure to have sex, forcible sex, or manipulation of the victim using sexual coercion (de Benedictis, Jaffe, & Segal, 2012).

Between 1998 and 2002, 11% or 3.5 million people experienced violence; 49% of those experienced violence by their spouses (USDOJ, 2005). Nearly three-quarters of the victims were female. Though more than half of the women reported these crimes to the police, 40% did not. When women were abused by their male partners, the risk of injury increased (Tjaden & Thoennes, 2000). Only a third of women who experienced sexual and physical assault received medical treatment. Thus, domestic violence may be underreported and subsequently go untreated.

Domestic Violence of Persons with Disabilities

Domestic violence literature does not traditionally focus on individuals who have disabilities. Because people with disabilities often have additional psychosocial stressors, they may be more vulnerable to intimate partner violence (Brodwin & Siu, 2007; Copel, 2006; Curry et al., 2011). In one study of 276 women with disabilities who reported abuse, 68%, more than three times the national average, reported abuse within the past year (Curry et. al, 2011). In another study of 49,756 women with disabilities, women were 2.67 times more likely to be threatened by violence; 2.21 times more likely to be physically abused, and 8.79 times more likely to experience unwanted sex (Smith, 2008).

There are factors that may particularly impact people with disabilities. Some individuals with mobility impairments may depend on other for assistance with activities of daily living (Brodwin & Siu, 2007). They may feel socially isolated and lack support and resources in the community. Cognitive impairments may inhibit the recognition of abuse and further perpetuate the cycle of dominance and violence. Cognitive and communication limitations may pose barriers to seeking and obtaining help in an abusive situation.

Financial difficulties exacerbated by their disabilities may create additional stress on an already precarious situation (Copel, 2006). Complicated health problems and complex medical systems can also contribute to stress. This accumulation of stress can exceed one's ability to effectively cope with the abuse. For those whose disability arose after marriage, the first episodes of abuse may be also associated with the onset of the disability and the subsequent changes in roles and responsibilities (Copel, 2006).

In a study of 504 women with disabilities, Nosek, Foley, Hughes, and Howland (2001) found that sometimes perpetrators used their partners' disabilities as the reasons for emotional abandonment and rejection. They often enforced various types of confinement and restraint to control their partners. Disabled partners experienced unwanted sexual abuse in the form of fondling or forced sexual activity in return for the perpetrator's assistance with daily needs.

Intimate Partner Abuse in the Deaf Community

Literature about people who are deaf or hard of hearing is very limited and generally outdated. Nonetheless, some studies suggest that deaf or hard of hearing children may be at higher risk of sexual abuse than non-deaf children with disabilities (Embry & Grossman, 2006/2007; Jones et al., 2012; Sullivan & Knutson, 1998; Teichroeb, 2003; Vernon & Miller, 2002). Similarly, Sullivan and Knutson's (1998) study of 312 deaf and hard of hearing children suggested that the most prevalent types of maltreatment were neglect, physical abuse, sexual abuse, and emotional abuse. They found that children who are deaf and hard of hearing were 1.4 times more likely to be neglected and two times more likely to be physically abused.

Consistent with previous studies, recent research findings suggest that intimate partner violence continues to permeate the deaf community. In a study of 339 deaf adults, 27.5% reported they were emotionally abused during their lifetime (Barnett, Klein, Pollard, Ramar, & Schlehofer, 2011). Twenty-one percent reported they were physically abused; 20.8% were forced to engage in unwanted sex.

In another study of 46 women receiving mental health services, 71.7% reported they had experienced psychologically abusive behavior (Johnston-McCabe, Levi-Minzi, Van Hasselt, & Vanderbeek, 2011). Approximately

57% reported physical abuse; 30.4% reported life-threatening abuse; 26.1% reported sexual abuse.

Research findings consistently suggest that intimate partner violence is particularly prevalent among groups of individuals who have disabilities. However, the number of research studies investigating the phenomenon in the deaf community is few. Additional research is needed for comparison and replication in order to gain a clearer perspective of how intimate partner violence manifests itself among deaf and hard of hearing people. With that in mind, the following research questions guide this study:

1. How many deaf people have experienced abuse in their current or past intimate relationships?
2. How many of those people sought services to help deal with their relationship problems?
3. Were there any variables that would predict the past or current presence of domestic violence?
4. What were their experiences in receiving services?

Methodology

Participants

The sample size for this study totaled 167 deaf and hard of hearing individuals; however, not all of the participants answered all of the questions. Thus, some totals may be less than 167. The majority of the respondents were women (77.5%, $n = 124$). Men comprised 22.5% ($n = 36$) of the sample (7 respondents skipped the question). The majority of the respondents, 81.4%, reported being culturally deaf ($n = 130$); 15.6% ($n = 25$) reported being hard of hearing; 3.1% ($n = 5$) reported being hearing (See Table 1, for detailed demographics).

Measures

The questionnaire for this study was comprised of 27 items. In addition to demographic data, questions addressed whether the partner or the respondent had additional disabilities, types of relationships in the past, to whom they talked about their relationship problems, and whether help was sought in the past and from whom.

Table 1
Sample Demographics

Demographic	Categories	Percent of the sample (N)
Age (years)	18 – 29	47.8% (77)
	30 – 39	20.5% (33)
	40 – 49	16.8% (27)
	50 – 59	11.2% (18)
	60 – 69	1.9% (3)
	70+	1.9% (3)
Preferred communication	American Sign Language	77.7% (122)
	Pidgin Sign Language	10.8% (17)
	Signed English	3.2% (5)
	Spoken English	8.3% (13)
	Cued Speech	0%
Sexual orientation	Gay/Lesbian	17.0% (27)
	Straight	74.2% (118)
	Bisexual	8.8% (14)
	Transgendered	0%
Ethnicity/Race	African American	5.0% (8)
	Asian American	5.6% (9)
	Latino	8.1% (13)
	Native American	0.6% (1)
	Caucasian	75.2% (121)
	Middle Eastern	0%
	Biracial	3.7% (6)
	Other	1.9% (3)
Respondent have additional disabilities	Yes	8.2% (13)
	No	91.8% (146)
Partner have additional disabilities	Yes	8.8% (14)
	No	66.9% (107)
	Don't know	1.3% (2)
	Not in a relationship now	23.1% (37)
Household income	\$0 - \$10,000	30.8% (49)
	\$10,001 - \$25,000	8.2% (13)
	\$25,001 - \$45,000	17.6% (28)
	\$45,001 - \$75,000	19.5% (31)
	\$75,001 - \$150,000	18.2% (29)
	\$150,000+	5.7% (9)

Status of current relationship	Married	28.4% (40)
	Single	36.9% (52)
	Living together in committed relationship	35.5% (36)
	Engaged to be married	7.8% (11)
	Divorced	1.4% (2)
	Separated	0%

Woman Abuse Screening Tool (WAST) – Short version. The short version of the WAST is a two-item questionnaire designed to be a screening tool for use in a variety of practice settings (Brown, Lent, Brett, Sas, & Pederson, 1996). The original version of WAST is a seven items. The items assess the degree of relationship tension and the amount of difficulty a person and his/her partner have in resolving arguments. Each question is answered on a 3-point scale: 1 = no tension, 2 = some tension, and 3 = a lot of tension. Other studies report reliability estimates for the screening tool to be approximately .75 (Brown, Lent, Schmidt, & Sas, 2000; Rabin, Jennings, Campbell, & Bair-Merritt, 2009). Reliability estimates of this study indicate that the Cronbach alpha for the instrument was .95. There is no fixed positive scoring for this scale.

HITS Scale. This instrument is a brief five-item measure designed to assess the frequency with which abuse occurs in a relationship (Sherin, Sinacore, Xiao-Qiang, Zitter & Shakil, 1998). Each question is answered on a 5-point scale: 1 = never, 2 = rarely, 3 = sometimes, 4 = fairly often, and 5 = frequently. A score of greater than 10 is considered indicative of the presence of domestic violence. Reliability estimates for this study indicate that the Cronbach alpha for the instrument was .80, which is consistent with other findings (Sherin, Sinacore, Xiao-Qiang, Zitter, & Shakil, 1998).

Procedures

Following IRB approval, the survey instrument was created in SurveyMonkey with a secured server. The link was distributed throughout the community using social media outlets (Facebook), electronic mail, and other snowball sampling strategies. Participants were anonymous. The approximately time required to take the survey was 15 minutes.

Results

How Many Deaf People Have Experienced Abuse in Their Intimate Relationships

Results indicated that 7% ($n = 17$) of the sample reported a score on the HITS Screening Tool of a 10 or greater, indicating the presence of domestic violence in their current relationship. Approximately 44% ($n = 73$) of the sample scored a 10 or greater on the HITS, indicating the presence of domestic violence in past relationships.

Forty-one percent of the sample ($n = 66$) reported on the Woman Abuse Screening Tool (WAST) some or a lot of tension in their intimate relationships. Similarly 40.3% ($n = 65$) reported that they resolve problems with their partners with some or a lot of difficulty.

How Many People Sought Services to Help Deal with Their Relationship Problems

The majority of respondents, 65.6% ($n = 105$) of the sample, reported that when they are concerned or worried about a problem in their relationships they talk with someone either sometimes or often (See Table 2, for a list of support systems that the respondents use for help).

Table 2

Support System for Respondents

Who do you go to for help with problems in your relationship?	Percentage of the sample (N)
Deaf Friends	68.2% (107)
Girlfriend/Boyfriend	53.5% (84)
Family Member(s)	42/0% (66)
Hearing Friends	36/9% (58)
Spouse	29.9% (47)
Therapist/Counselor	29.3% (46)
Pastor/Clergy	6.4% (10)
Others ^a	3.8% (6)
Doctor	2.5% (4)
Agency Staff	1.9% (3)

Note. ^aCo-workers, best friend, roommate, partner.

Were There any Variables that Would Predict the Past or Current Presence of Domestic Violence

Current domestic violence. A multiple regression analysis was conducted. Using the enter method, a significant model emerged, $F(9, 124) = 23.664, p < .0001$. The adjusted R square was .605, indicating that the set of predictors accounted for 60.5% of the variance in the dependent variable (i.e., HITS current score) (See Table 3 for a list of significant predictor variables). Collinearity statistics, which evaluate whether individual variables are correlated with each other, revealed that two variables, tension in the relationship and partner having other disabilities, had tolerance statistics of .175 and .191 respectively, indicating potential multicollinearity (O'Brien, 2007). O'Brien's rule of thumb is variables with tolerance statistics of less than .20 or .10 may indicate multicollinearity. The other variables ranged from .267 to .916.

Table 3

Predictors of Domestic Violence in Current Relationship

Predictor Variable Item	Beta	Significance
Tension in relationship	.409	$p < .0001$
Hearing Status	-.123	$p = .036$
Partner with additional disabilities	-.693	$p < .0001$
Received help for relationship problems	-.126	$p = .046$

Note. Non-significant predictors: overall feeling about relationship, bad past relationships, how often talk with someone about relationship, how well you resolve problems with partner.

Past domestic violence. A multiple regression analysis was conducted. Using the enter method, a significant model emerged, $F(9, 124) = 5.784, p < .0001$. The adjusted R square was .245, indicating that the set of predictors accounted for 24.5% of the variance in the dependent variable (i.e., HITS past score) (See Table 4 for a list of significant predictor variables).

Collinearity statistics revealed that one variable, tension in the relationship, had tolerance statistics of .184, indicating potential multicollinearity (O'Brien, 2007). The other variables ranged from .247 to .905.

Table 4

Predictors of Domestic Violence in Past Relationship

Predictor Variable Item	Beta	Significance
Income	-.215	p = .014
Bad relationship in the past	-.517	p < .0001

Note. Non-significant predictors: overall feeling about relationship, how often talk with someone about relationship, tension in the relationship, how well you resolve problems with partner, age, hearing status, partner's additional disabilities, and receiving help dealing with problems.

What Were Their Experiences in Receiving Services

Many of those who sought help with problems in their relationships reported that having either a signing therapist (either deaf or hearing) or a competent interpreter contributed significantly to whether the counseling helped them. Ease of communication removed the burden of accessibility and helped to enhance the therapeutic experience. As three respondents reported:

My husband and I received services from a Deaf certified counselor/therapist. It was a positive experience for us – ability to communicate in a mutual (ASL) language was a plus.

I had a hearing therapist who signed fluently. It was very casual and comfortable therapy to help me feel at ease and to open up discussing concerns.

I've had a counselor who signs and speaks at the same time just like me, so we communicate easy.

Similarly, participants reported frustration with the lack of communication. This presented difficulties in the provision of therapy. Two respondents recalled:

Way back then, before deaf or hard of hearing therapists existed, I had to interpret for my ex-husband and it was terrible. Interpreters as a profession did not exist

at that time and trust of interpreter friends was shaky. So in today's world, it is much better for those who need it.

I went to a state-issued counselor with an interpreter. [We] would have different interpreters for every session. So I had to "re-teach" name signs. The interpreter would not fully comprehend enough to "interpret" based on previous conversations. So I quit going and decided to work things out myself.

Most of the respondents said that the ease of communication, not necessarily the communication modality, played a primary role in whether services were acceptable in terms of accessibility, friendliness, and quality.

Discussion

The findings in this study revealed that 43.9% of the respondents experienced intimate partner violence in their previous relationships, which almost doubles the national estimates (Tjaden & Thoennes, 2000; Smith, 2008). However, this estimate is consistent with some studies of IPV with deaf people and people with disabilities that found higher estimates (Curry, et. al, 2011; Johnston-McCable, Levi-Minzi, Van Hasselt, & Vanderbeek, 2011) and inconsistent with others that found estimates closer to the national average (Barnett, Klein, Pollard, Samar, & Schlehofer, 2011; Porter & Williams, 2011). Clearly, intimate partner violence poses a significant risk in the deaf community.

The finding that tension in the relationship was a significant predictor of abuse in a current relationship was not surprising and was consistent with previous studies. Similarly, a history of abusive relationships in the past was also a predictor for abuse. An interesting finding was that whether the partner had additional disabilities was a significant predictor of current abuse. While most literature examines abuse among people with disabilities, the topic of partner's disabilities is less often addressed. Findings suggested that the *absence* of an additional disability (other than being deaf) in the partner is associated with a lower frequency of abuse. Another interesting finding was that lower income was significantly related to more frequent abuse in past relationships. This makes sense because more psychosocial stress (e.g., financial hardship) can add stress and volatility to intimate

relationships. Finally, receiving help for relationship problems was also a significant predictor of abuse in the current relationship. This also makes sense because seeking help from others when experiencing problems in a relationship is not unusual. Thus, those who sought help were those who had a higher frequency of abuse. Finally, most respondents reported that communication accessibility, in particular the ability to communicate clearly either directly or through an interpreter, played an important role in receiving help for services.

This study had several limitations which should be considered when interpreting the findings. Participants of the study were queried using an online survey, which prevented random sampling. Though the researcher made efforts to make sure the language of the questionnaire allowed for ease of reading, certain subgroups of the deaf community, such as those with limited reading or English skills, may have been unintentionally excluded. As a strength, the sample included deaf participants from multiple ethnic and racial groups. The study designed allowed for a significant number of deaf individuals to participate.

Given that research findings of this and other studies suggest that intimate partner violence is a prevalent phenomenon in the deaf community, practitioners may want to explore outreach and intervention strategies. Researchers and practitioners may want to focus on understanding the interplay of dynamics that influence violence in relationships as well as the role of support systems for individuals seeking help.

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