



Council on Crime and Justice

Understanding Sexual Violence in the Deaf Community

A Preliminary Report on the Service Provider Perspective

Researching Sexual Violence Project (RSVP)

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Research has just begun to explore sexual violence in culturally diverse communities. Understanding the impact of sexual violence in culturally deaf communities is often overlooked and considered an undeveloped area of inquiry. Such research calls for exploratory approaches using qualitative methods and cultural competency conducting the research activities. Hearing culture tends to define deafness as a disability and as such research has focused on studying disability populations as a whole without acknowledging the unique character of cultural deafness. This paradigm may contribute to some of the isolation issues faced by the deaf community. This study examines the perceptions of deaf and hearing service providers in assisting deaf individuals with the aftermath of sexual victimization. Understanding these perceptions will help broaden our understanding of survivor needs as well as what course of action service providers recommend in providing assistance.

This study is an exploratory examination using key informant qualitative interviews with 15 deaf and hearing service providers in the metropolitan area surrounding Minneapolis, Minnesota. A secondary aim of this study is to determine how effective Participatory Action Research (PAR) is as a research approach. Interview transcripts were analyzed using cross-case data process techniques. Findings suggest that though service providers believe sexual violence to be a significant problem in the deaf community; programs that serve sexual abuse survivors do not see many deaf clients. However, other providers who work with deaf individuals often are in the position of hearing disclosure of recent and past sexual abuse.

Some service providers encourage individuals who are deaf to call the police upon disclosure, while others are more cautious. More specialized services, awareness of deaf culture and improved communication methods are cited as strategies to improve response to sexual violence. It is also important to recognize that disclosure to formal support services about abuse may be hindered by the intimacy that exists in the deaf community. Though the closeness within this community can be a barrier to help seeking, it is also seen as a strength that can be a source of great support.

Background

It is estimated that approximately 22 million individuals in United States experience hearing loss (Williams & Abeles, 2004). It has also been suggested that approximately 10% of the U.S. population is deaf or hard of hearing (Stimpson & Best, 1991). Three in every one thousand births in the United States are children with some degree of neonatal hearing loss, with one third having profound hearing loss or deafness (Samson-Fang, Simons-McCandless & Shelton, 2000). Though individuals with hearing loss and deafness sometimes share similar characteristics; those with the onset of profound hearing loss or deafness at birth or at a young age often share a common culture and language. It is estimated that between 200,000 and 500,000 individuals in the United States are culturally deaf (Williams & Abeles, 2004).

However, hearing culture tends to define deafness as a disability. As such it is estimated that eighty-three percent of women with disabilities will be sexually assaulted in their lifetime (Stimpson & Best, 1991). Moreover, there is evidence to suggest that women with disabilities are abused by a greater number of perpetrators and are abused

for longer periods of time than non-disabled women (Young, Nosek, Howland, Chapong, & Rintala, 1997). Unfortunately, little is known about the prevalence of sexual violence in the deaf community. One study suggests that deaf men and women may be more likely to have a history of childhood sexual abuse than their hearing counterparts (Sullivan, Vernon, & Scanlan, 1987).

Though deafness maybe be a vulnerable attribute in terms of sexual violence, as is gender and age, defining deafness as a disability and treating culturally deaf individuals the same as those who experience hearing loss has isolated persons who are deaf from help seeking in the hearing community and has prevented researchers from quantifying the prevalence of sexual violence.

Sadusky & Obinna (2002) found that deaf women do not necessarily see themselves as having a disability, but as having a culture and way of communicating that is denied by the dominant hearing culture. Deaf women do not necessarily share the same perceptions and opinions about what would be an appropriate response to domestic and sexual violence. At the same time there appears to be cultural distinctions between those who consider themselves “Big-D” Deaf (culturally Deaf), versus others who are referred to as “small-d” non-culturally deaf (Sadusky & Obinna, 2002).

Research is clear that rape and sexual abuse can and often does have a tremendous impact on victims and survivors, both psychologically and physically (Atkinson, Calhoun, Resick, & Ellis, 1982; Burgess & Holstrom, 1979; Ellis, 1983; Kilpatrick, Veronen, & Resick, 1979 & 1981). In examining the immediate consequences of rape, researchers conclude that responses during the first 3-4 months post-rape include intense

feelings of anxiety and fear (Burgess & Holstrom 1974 & 1979; Kilpatrick et al., 1979); physical and psychiatric symptoms (Atkinson et al., 1982; Kilpatrick et al., 1979); and difficulty with social adjustment (Atkinson et al., 1982; Burgess & Holstrom 1974 & 1979; Kilpatrick et al., 1979 & 1981). However, it is estimated that a small minority of survivors engage in help seeking using formal supports and services. Approximately 5% of adult rape victims report recent rape attacks to the police and 5% seek rape crisis center services (Koss, Gidycz, & Wisniewski, 1987; Fisher, Cullen & Turner, 2000).

Evidence suggests that deaf women experience profound isolation and lack of options in seeking help. Services are generally unavailable to this group in hearing agencies and deaf women say they cannot count on hearing service agencies to even know what to do with a TTY, though they have advertised its number. Reliance on interpreters also means giving up privacy and sharing intimate details of your life with a stranger. Deaf women also indicate they do not have confidence in interpreters to accurately represent their words and experience. At the same time deaf women state they cannot rely on the deaf community to be supportive in assisting them with abuse issues (Sadusky & Obinna, 2002).

Victims and survivors tend to turn to friends as the most common source for social support following an assault. Ullman (1996), studied whether the type of positive and negative social reactions by significant others had a significant effect on sexual assault victims' adjustment. He found that friends are the most common support source for sexual assault victims and that positive emotional support and neutral support from friends are associated with better recovery.

Given the isolation issues faced by the deaf community and the fact that the cultural nature of deafness tends to be overlooked by hearing services, sexual violence research in the deaf community will help inform public policy and practice in the area of violence against women. This study examines the perceptions of deaf and hearing service providers in assisting deaf individuals with the aftermath of sexual victimization. Understanding these perceptions will help enhance our understanding of survivor needs as well as what course of action service providers can take in providing assistance.

Methods and Analysis

This study is as an exploratory investigation into sexual victimization and the deaf community and primarily employs semi-structured key informant interviews with 15 deaf and hearing service providers in the metropolitan area surrounding Minneapolis, Minnesota. The key informant interview technique involves interaction with selected community leaders and agency representatives to estimate the needs of a particular community. Key informants were identified using purposive sampling techniques (Padgett, 1998) and includes deaf assault advocates and counselors, AODA providers, clergy, job coaches and independent living coordinators, SANE nurses and other medical personnel, interpreters, Victim/Witness specialists, deaf advocates, representatives from the State of Minnesota, school personnel, mental health professionals, law enforcement officers and social service providers. Information was gathered via interviews that were conducted in person or over the phone. The semi-structured nature of the interviews allowed the interview to have a conversational flow covering topics rather than focusing on specific questions.

A secondary aim of this study is to determine how effective Participatory Action Research PAR is in conducting this investigation. PAR is characterized by having 3 primary components: 1) an iterative process for conducting research that includes reflection and action; 2) having community members and stakeholders involved with the research process; and 3) using findings to promote positive community change (Hall, 1993; Rose, 2001). Researchers conducting studies involving adults with disabilities tend to employ participatory qualitative methods exclusively and sometimes have a combination of qualitative and quantitative approaches (Krogh & Lindsay, 1999). Many PAR researchers have documented their research processes and the issues encountered. Such researchers recognize that collaborative relationships with community members are difficult to establish, maintain, and develop (Brydon-Miller, 1993; Krogh & Lindsey, 1999).

An advisory group of community stakeholders was recruited to provide direction to the research process from a community perspective. Advisory group members, made up of law enforcement officials, hospital workers and human service providers, identified key informants as members of the community who are likely to be knowledgeable about the issues of abuse in the deaf community. The advisory group also provided guidance to the research team in developing interview protocols.

The advisory group and the research team met regularly to review progress and integrate knowledge gained into the research process, revisit parts of the research design, and begin thematic analysis. Advisory meetings discussed what progress had been made to date, decisions that need to occur right away and what steps were going to occur in the

near future. Team meetings synthesized key learnings so that the research design and lines of inquiry could be modified.

Data analysis for interviews consisted of the coding of themes in NVivo 2.0 using the cross-case data analysis method. NVivo is a popular software program developed by Qualitative Solutions and Research International (QSR). The advantage of using the software is that many different kinds of documents can be kept in one place, and themes, ideas and “data bites” can be linked together (Walsh, 2003). Berg, 2001 suggests a cross-case data process that begins with collecting the data and having it transformed into text. According to this approach codes were identified within the interview text and affixed to the textually represented data sources. The codes were translated into categorical themes and the materials were sorted using these categories. The materials were then examined to identify meaningful themes that are in the context of previous research and existing theories.

As themes emerged in advisory group meetings, discussions about future action occurred. One theme that was consistent is the lack of culturally specific deaf sexual assault programming in the Twin Cities. A local hospital had a state-funded program for a period of time, but that program was de-funded. Hearing service providers often state that they wish there were a deaf-specific program that they could refer clients to for assistance. Deaf community members think it is important to have a choice between help seeking in the deaf or the hearing community. Advisory group members hope that findings from this study can be used to influence public policy and to secure additional resources for both deaf and hearing service providers.

Findings

Service providers believe sexual assault is a significant problem in the deaf community. However, programs that serve sexual abuse survivors do not see many deaf clients, while other providers who work with deaf individuals often are in the position of hearing disclosure of recent and past sexual abuse. Many of these service providers encourage individuals who are deaf to call the police upon disclosure, while others are more cautious. It is suggested that with more specialized services, awareness of deaf culture and improved communication methods, interventions will be more effective. At the same time it is important to recognize that disclosure to formal support services about abuse may be hindered by the intimacy that exists in the deaf community. This may also be a strength that is helpful when help seeking in informal ways such as with friends and family.

Scope of the Problem

Service providers indicate sexual assault is a significant problem in the deaf community; however, studies examining prevalence to substantiate anecdotal accounts or conjecture is lacking. There is a perception that a great deal of sexual abuse occurs to youth while attending residential schools. One participant states,

“I know it happens and I know there are many reports of sexual abuse like in residential schools around the country and I still think it comes down to communication. I believe it is usually between people, like in the residential school, it's usually staff people that can't communicate well but they still work there. In the dorms, the over-night staff, that kind of thing and so it's a power kind of a thing with a person that can't communicate in the language of the people they are suppose to be working for. But numbers wise... I really couldn't measure it. I'm sure there's a lot that we are unaware of, a lot unspoken or unreported.”

It is even difficult to rely on the number of deaf individuals that present to agencies or programs. Some providers do not see many deaf clients and suggest that this is because services or programs that serve sexual assault victims have mostly hearing providers. However, some providers that work in the field of chemical dependency and addiction see many deaf people, most with histories of abuse. One provider indicates,

“I would say there is a large portion of deaf people who have experienced that [sexual abuse]. In our admission work we ask questions related to physical abuse, emotional and sexual abuse, including sexual assaults.... A big majority of our patients have experienced that and we also have had some people who have perpetrated as well.”

Deaf providers that work primarily with deaf individuals assisting with a range of concerns indicate that sexual assault is not often disclosed or a focus of their counseling or advocacy work.

Formal Services and Informal Supports

Service providers indicate there are some resources available to serve deaf clients as required by the Americans with Disability Act. Many referral agencies in the Minneapolis area can link hearing and deaf individuals with interpreters. However, there is a sense that more specialized services are needed, hearing services need to be more aware of deaf culture and other communication approaches including interpreter services need to be improved.

Service providers revealed what they knew about existing services and what services they would like to see available. Universities have interpreters on hand for staff and students, as do hospitals and treatment facilities for patients. There is also a hand-full of community-based agencies that provide services to persons who are deaf on a

multitude of topics. Many providers mentioned state agencies like Deaf and Hard of Hearing Services under the Department of Human Services that provides advocacy and training. A local hospital used to have a provider working with deaf victims of sexual assault, but the position was cut a few years ago. The State and community-based agencies conduct trainings for hearing individuals on a range of topics including deaf culture. Some agencies also provide training to deaf individuals on topics such as interacting with the police and demystifying the criminal justice system.

Many service providers state that they encourage individuals who are deaf to call the police upon disclosure, while others are more hesitant in their advice. Some service providers make the report to the police themselves. One provider indicated,

“Well, first I tell them that I am so glad that you shared this with me. I know that often people don't know who to tell [or] what to do. So, I'm really glad they came to me. And as a deaf person myself I'm sure they're more comfortable sharing with me, so I say, “oh thank you for telling me,” and then I tell them that I'm going to report this and ask them if they have any problems with that.”

Some providers have a more advocacy role and will do some fact finding for a person who is disclosing abuse. One provider indicates,

“If they were trying to find out how to report a crime, who to contact and what police agency, I would probably contact a police agency for them and find out what would be the best route for this person to take. [I would] kind of do that leg work for them, versus telling to do that. “

While some providers feel obliged to call the police, others choose a more empowerment approach. One provider states, “I would encourage them to call the police [and] I would hope that the police system has TTY for that person. I would want to empower them to

do that themselves.” Yet others approach reporting with some caution. Another provider states,

“If they’re not sure that they are going to report it and they tell me that, I will ask them: Do you want to know what happens if you make a report, because that’s usually the question they want... , and be able to assess if they want to go through it or not.... I explain the process between what realities are.... I might try to caution; basically I’m there to make sure they understand everything. I’m not there to tell them what to do; I’m not going to be the one saying, you need to report this, or this person’s gonna’ do it again.”

Though the Minneapolis metropolitan area is perceived to have many deaf resources when compared to other communities around the country, a desire to see more specialized services for sexual assault victims was expressed. One provider indicates, “I would like there to be a counseling agency that could support, have a support group for victim services, have interpreters all ready, and have just an on call list or a ready list of interpreters.” Other providers wish there were more therapists available to work with persons who are deaf in dealing with mental health issues.

The deaf community is characterized as being a small, “close knit” group. This level of intimacy is viewed as both a support system as well as a barrier to help seeking. The deaf community is perceived to be very supportive and one provider states,

“The subject could be opened up more and the people could be willing to be vulnerable and admit to what has gone on. I think the deaf community would come around and be very supportive with each other and I think that... there is a lot of strength there too.”

At the same time service providers indicate that there is some hesitancy with survivors disclosing that they have been victimized. One provider says,

“I’ve noticed that people really experience things and they keep it to themselves, once in a while they will tell someone. Maybe someone will

come to me and tell me something but it happened a long time ago, not recently like a couple of months ago or something.... Most of them will report later, they will come to me after the incident and...it's too late for the rape test.”

Some suggest that the desire for privacy comes from the concern about privacy. One provider said, “I think there is a perception among deaf people, and rightly so especially because they have to go through an interpreter, that I have no privacy. That may be a barrier to a person reporting sexual violence. They may want to keep their matters private.” It is also suggested that shame and secrecy are interconnected. One provider suggests,

“[It’s] not easy for anybody to say hey I’m an addict. It is just not real easy to say hey I’ve been raped or I’ve been abused all of my life, or you know, sexually abused... I think that the issue is that the deaf community is so much smaller so it might not be that they are so closed as much but that they are so connected and there is not a lot of anonymity.”

Communication

Most service providers are hearing and when a deaf client seeks assistance, usually the communication begins with writing. One hearing provider states, “I know we have [providers] here that did work with a deaf client and... I think she ended up communicating by email at least in the initial to try and set up the appointment... I think they did a lot of writing and used the Internet and that was about it.” Another provider states,

“Sometimes my [client] would show up here unexpectedly so I wouldn’t have an interpreter with me and we would write out her questions or she would write back to me. She emailed me; we emailed each other, and actually emailed each other probably for almost a year past her case ending.”

Some providers do not think that is a good practice. One indicates,

“Many service providers are mostly hearing, so usually the communication has been with writing so that doesn't always seem to be enough. That's not good enough so we really work with the consumers and the people providing and so we help them decide if they can access the places to make the communication accessible.”

Providers also discussed using TTY, relay services and interpreters. Differences in terminology and difficulties in translating between ASL and English contribute to communication difficulties. One provider states,

“What I didn't know was that signing is essentially a language of it's own, it's not English...it can't translate necessarily to perfect English speaking and that was difficult sometimes when you didn't know that how you would ask a question...You couldn't get the communication that you were necessarily were looking for and/or wasn't fair to them, either, and that is probably what I say the most in our interactions.”

Service providers also discuss the importance of assessing communication styles. Some persons who are deaf lip read and write English as a preferred method of communication. Some are more comfortable with ASL. Others do not know English or ASL and are described as having minimal language skills (MLS). In such cases the communication should be more visual, employ picture books or be more tactile. One provider tells the story about one client,

“Well, for example my client that I'm working with right now she's deaf blind. When she contacted the police, this was just last week, the rape actually happened a month ago, but she did the reporting last week. So, the police told her to come today to the police department and we will do an interview using a computer. Well, she's deaf and blind. So she thought, is that hardly even worth it?”

Having interpreters or others knowledgeable about communication to assess communication needs emerged as an important theme.

Sometimes community-based agencies do not have money in their budget for interpreters. That might be a reason why email or writing becomes a preferred choice for communication. Other entities, like hospitals, have interpreters available. However, there are different kinds of interpreters based on qualification and certification. There also appears to be some confusion as to who can interpret for what kind of legal proceedings. One provider indicates that any certified interpreter can interpret for police investigations and court proceedings. However, another provider who is an interpreter states, "I've not gone to court in a long time just because I have a different type of certification than what the courts require right now which is fine with me." This interpreter also implies that she does not want to go to court. Many interpreters do not want to interpret for legal proceedings because they do not want to be subpoenaed into court for interpreting a legal proceeding. One service provider states, "It would be inappropriate [to have a medical interpreter interpret] because we would need a legal interpreter. Hospital interpreters interpret for the hearing impaired, if they should present to the emergency room." However, other service providers indicate that it is not a propriety issue as much as it is preference.

Often there are issues with availability when an interpreter is needed. One provider indicates that when the police were called and a deaf person wants to make a report, the wait for an interpreter is 3 days. Another provider indicates,

"Courts often will request to have an interpreter and sometimes they do and sometimes they don't, [it] depends on the [court] schedule and the interpreters schedule.... Can we get them to match? Are they prepared

enough for court? Then we have to go back and get the interpreter and prepares again. It gets really frustrating.”

Deaf Culture and Education

The biggest barrier to help seeking identified by hearing and deaf service providers alike is the lack of awareness about deafness and deaf culture by the hearing community. If the hearing community would be more aware of how to communicate and appropriate approaches to communication, helping deaf victims of sexual violence could be improved.

Basic interaction with a person who is deaf was cited as a challenge for hearing providers. One provider states,

“[To] get the attention of a deaf person, they could just tap on they're shoulder or the lights or something. They're just so scared of the deaf person, you know? I know sometimes they get in the room and they are just frozen, so just some basic training on how to interact with the deaf.”

Terminology is also an important consideration. How to refer to a person who is deaf can determine how an interaction unfolds. One provider states,

“You know that word “hearing impaired?” To me if someone said that, it is very insulting--that is a hard word for me . That's offensive. That's a hard word to handle. Some people don't find it offensive they grew up hearing "hearing impaired, hearing impaired," so that's ok. Others prefer "hard of hearing," you know? I would say it is fair to ask the person, what do you prefer to be called, how should we identify you? “

Hearing providers are said to make many assumptions about individuals who are deaf. One deaf provider says that, “hearing people think that they need to talk louder but that's not true and it doesn't really matter about that.” It was suggested that hearing providers should know that some deaf individuals use ASL while others are MLS.

“Some deaf people prefer to use American Sign Language, some people are more oral,

some prefer English so there is a big gamut, there is a big array of languages, we can't say one deaf person is like the next deaf person.”

Another assumption that hearing providers make is “a lot of hearing people think that all deaf people lip read....That's not true at all.” It was suggested that hearing providers, like the police, should know some basic sign language. “Sign language, maybe not to replace the need for an interpreter but to at least allow the police officer to be able to communicate very basically with a deaf person, to at least say, we've called an interpreter and an interpreter will be coming, be patient and just wait.”

Using friends or family members as interpreters is also a mistake hearing providers make. One provider states,

“A lot of times the children intend to interpret for their mother, but we say, ‘No, no, the children are not the interpreters, they are the children,’ so we need to educate people and say ‘Hey, don't use them as the interpreter, they need to request a qualified interpreter and not have the children be that for them.’”

Conclusion

Additional research in this under explored area is key to broadening our understanding of sexual violence in the deaf community. In particular studies of prevalence are needed to further understand the scope of the problem. In addition child sexual abuse and the link to residential schools is an important area to explore further. With movements that are encouraging deaf youth to attend mainstream educational institutions, understanding the benefits and consequences of such an approach is warranted.

Many barriers to help seeking identified by service providers involve communication. Passing notes and emailing tends to be the initial form of communication when a person who is deaf makes contact with a hearing agency and the response to this practice appears controversial. Training on deaf culture and deaf awareness will help providers assess language needs, arrange for proper interpreters and expedite the intervention process. This idea also extends to the police in improving their ability to effectively identify persons who are deaf when encountered.

Having interpreters or others knowledgeable about communication to assess communication needs is important. However, it appears that interpreter access and availability is a barrier to creating linkages between hearing agencies and deaf individuals. Interpreters can decide for themselves what kind of assignments they assume and it appears that some (if not many) avoid legal proceedings. Making arrangements with qualified and agreeable interpreters takes time and delays the criminal justice response.

It is important to note that deaf culture lives in a community context. This community has a great deal of diversity within, but appears connected and vibrant. Recognizing and supporting the inherent the social support dimensions that exists in the deaf community is a solution to enhancing the community response to sexual violence.

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