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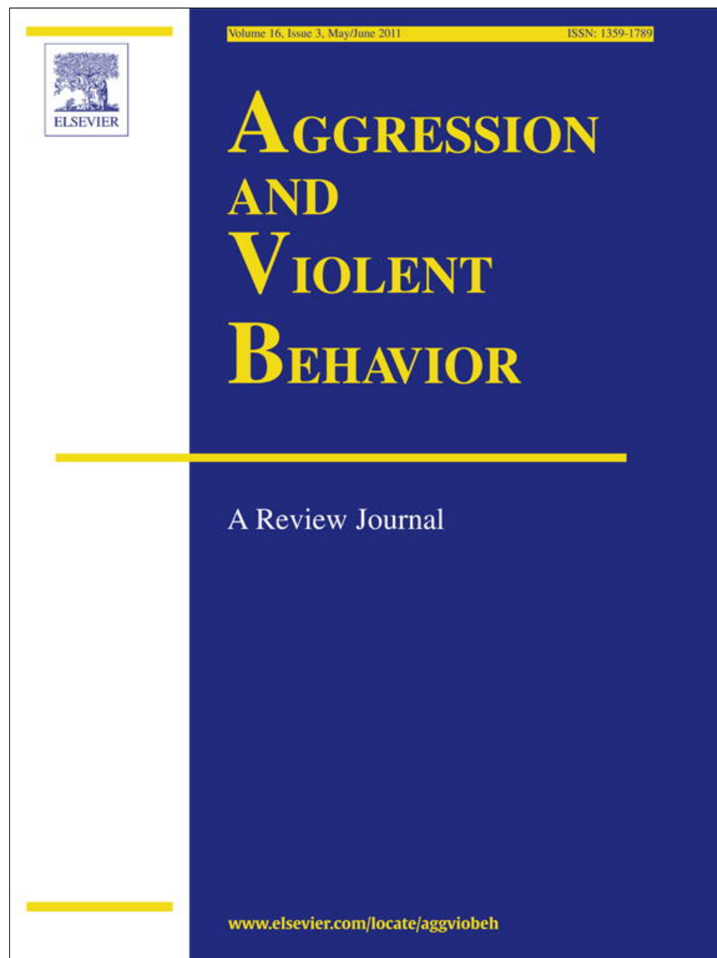

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Aggression and Violent Behavior 16 (2011) 200–206

Contents lists available at ScienceDirect

Aggression and Violent Behavior

Intimate partner violence against Deaf women: A review ☆

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ARTICLE INFO

Article history:
Received 5 November 2010
Received in revised form 17 February 2011
Accepted 18 February 2011
Available online 24 February 2011

Keywords:
Intimate partner violence
Domestic violence
Deaf

ABSTRACT

A common theme among writings on intimate partner violence against Deaf women is the concern that there is little empirical work conducted in this field in comparison to research conducted with hearing populations. However, it is important to acknowledge that an increased amount of research has been conducted in recent years and that a foundation of research has been established, on which future researchers can build and expand. The goal of the current review is to summarize and synthesize the recent work in this area, as well as identify remaining gaps and needs for future empirical work. While there are substantial issues and gaps in the current research base, the most critical issue is that of dissemination and networking—many of the studies in the current review remain unpublished, making this information difficult to obtain. As such, it is similarly difficult to locate other investigators in the field, hindering our ability to build on one another's work, as well as develop effective research collaborations. The foundation has been established. The researchers are out there. The next step is to work together to expand our knowledge of intimate partner violence against Deaf women.
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☆ We would like to acknowledge Drs. Deidre Schlehofer, Robert Pollard, and Teresa Mason for the encouragement and feedback provided for the current manuscript.
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doi:10.1016/j.avb.2011.02.006

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While a great deal of literature exists on domestic violence and intimate partner violence in the hearing community, the field of intimate partner violence in the Deaf community is in its infancy. In the United States, as many as 500,000 people are estimated to be members of the Deaf community—a culturally distinct group of people who share American Sign Language (ASL) as a primary language (Mitchell, Young, Bachleda, & Karchmer, 2006). For members of this community, to be Deaf is not considered a disability—rather, it is considered to be a cultural identity, and is indicated by the capitalization of the letter “d” in the term “Deaf.” In general, the “Deaf population is rarely a focus of research” (Pollard, Schlehofer, & Sutter, 2009), and this gap is particularly evident in the absence of empirical work on intimate partner violence against Deaf women disseminated before the year 2000.

Indeed, researchers who have recently disseminated work on intimate partner violence in the Deaf community all seem to come to the same conclusion—there is not nearly enough work in this field: “Deaf women's health disparities are poorly studied” (Schlehofer & Ross, 2010); “Domestic and sexual violence issues in the [Deaf] community are still largely overlooked or misunderstood” (Rems-Smario, 2007, p. 17); “The amount of research about sexuality in general in the Deaf and Hard of Hearing community is deficient, but the lack of research specific to sexual violence among Deaf and Hard of Hearing individuals is even more inadequate” (Francavillo, 2009, p. 4); “Research about intimate partner violence among people with disabilities is scant and is virtually absent with regard to people who are deaf and hard of hearing” (Mason, 2010, p. 75).

This absence of research wrongly implies that intimate partner violence is a non-issue in the Deaf community (Mason, 2010), an assumption that has been disproved by recent prevalence studies (Anderson, 2010; Anderson & Leigh, in press). Rather, the “Deaf population is an often over-looked limited English proficiency group at risk for health disparities associated with low health literacy” (Pollard, Dean, O'Hearn, & Haynes, 2009, p. 232). In addition to being overlooked by researchers, empirical work within the Deaf community requires additional consideration and unique skills of investigators, such as the development of cultural competency with this population, and the use of methodological principles that reflect the Deaf community's heterogeneity (e.g., mode of communication, language level, and perspectives on deafness) (Pollard, Schlehofer, et al., 2009; Sebald, 2008). While these factors have served as barriers to conducting research in the Deaf community, research on intimate partner violence against Deaf women has begun to accumulate over the past 10 years. The goal of the current review is to summarize and synthesize the recent research that has been conducted in this field, as well as identify remaining gaps and needs for future empirical work.

1. Subfields in their infancy

1.1. Psychometric studies

As mentioned above, conducting research in the Deaf community requires methodological considerations regarding mode of communication and language level, with “telephone and many written surveys inaccessible or inappropriate” (Pollard, Schlehofer, et al., 2009). One obstacle to establishing reliability and validity of a measure in samples of Deaf individuals is the language in which the measure is written. It is important to keep in mind that the primary language of the Deaf community is American Sign Language (ASL). Therefore, English skills can, and do, vary widely (Moores, 2001). Understandably, it is sometimes necessary to alter standard psychological instruments in order to address reading and ASL needs specific to the Deaf population, either through written English revisions or translations into ASL on DVDs. To date, several researchers have sought to establish reliability and validity of pre-existing measures, create revisions or translations of measures, or develop new measures to investigate trauma and violence within the Deaf community.

1.1.1. Trauma Symptom Inventory

In 2002, Dobosh conducted a study investigating the psychometric properties of the Trauma Symptom Inventory (TSI) with a sample f 81 Deaf and hard-of-hearing adults. This measure is frequently used for assessing trauma-related symptoms in hearing individuals, including reactions to interpersonal trauma such as physical and sexual assault. Dobosh found that the use of the TSI with Deaf adults showed adequate reliability and validity. However, Dobosh noted significant differences on the clinical scales between Deaf and hearing respondents, with Deaf respondents indicating higher levels of symptomatology. This finding suggests that TSI norms based on hearing respondents may be inappropriate for use with Deaf individuals (Dobosh, 2002).

1.1.2. Clinician-Administered PTSD Scale

Schild (2008) investigated the effectiveness of the TSI versus the Clinician-Administered PTSD Scale (CAPS) at identifying cases of PTSD within a sample of Deaf individuals. When each measure was used to determine the presence of PTSD, Schild concluded that the “CAPS is a more accurate measure of PTSD in deaf people than the TSI” (2008, p. 209). While the TSI identified only 2.5% of the sample as having PTSD, the CAPS identified 19.5% of the sample as meeting PTSD criteria (Schild, 2008).

1.1.3. Safer and Stronger Program

In addition to work on effectively identifying trauma symptoms with Deaf individuals, recent research has been conducted to create and validate measures to identify the occurrence of intimate partner violence. This work is significant, in that increasing safety and reducing risk related to intimate partner violence are contingent upon the “opportunity to identify whether or not abuse is happening….[and] awareness and knowledge of what constitutes abusive behaviors” (Oschwald et al., 2009, p. 1). In order to address this issue, Oschwald et al. (2009) developed and evaluated the Safer and Stronger Program, “which was created for women with disabilities and Deaf women for the purposes of increasing awareness of abuse, encouraging safety-planning behaviors, and providing information about community resources” (p. 1). For more information on the effectiveness of this program, see Oschwald et al. (2009).

1.1.4. Revised Conflict Tactics Scales

Anderson and Leigh (2010) examined the internal consistency reliability and the factor structure of the Revised Conflict Tactics Scales (CTS2) within a sample of Deaf female college students. The CTS2 is currently the most widely used measure for identifying cases of intimate partner violence within the hearing population (Straus, 2007). The CTS2 has been used successfully with individuals from various countries and cultural backgrounds (Straus, 2004). Psychometric analyses with a sample of Deaf female college students indicated that subscales measuring Victimization of Negotiation, Psychological Aggression, Physical Assault, and Injury proved both reliable and

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valid. Three subscales did not evidence reliability and the factor structure was not valid for Perpetration items. Although three subscales of the CTS2 did not evidence reliability and the factor structure was not validated for Perpetration items, it was concluded that the Victimization of Negotiation, Psychological Aggression, Physical Assault, and Injury subscales could still be used effectively within this population.

1.1.5. Deaf Health Survey

The CDC-funded Rochester Prevention Research Center, the National Center for Deaf Health Research (NCDHR), conducted a research project to create an adaptation of the CDC's Behavioral Risk Factor Surveillance System for use with Deaf adult ASL-users in order to collect baseline data on health and health risks (Barnett, McKee, Samar, & Thompson, 2008). To create a Deaf-accessible health survey, NCDHR "translated the English BRFSS items into sign language (and back-translated the items to ensure conceptual equivalence); adapted the English for captions; added Deaf-specific items; worked with community partners to prioritize topics; designed the computer-based survey interface; developed a dictionary to address fund-of-information deficits; and conducted in-depth individual interviews to evaluate the survey" (Barnett et al., 2008).

The Deaf Health Survey is administered on a touch-screen computer kiosk, designed to be accessible to a broad segment of the Deaf population (Barnett et al., 2008). During the survey, the participant is able to select one of six sign models, modifying the language in which the test is administered (ranging from written English to signed English to native ASL) as well as the age and gender of the model. Included in the Deaf Health Survey is an Interpersonal Violence Module, comprised of three questions related to psychological, physical, and sexual intimate partner violence victimization. Due to the linguistic accessibility of this measure for a broad range of Deaf community members, it can be considered one of the most reliable measures of intimate partner violence prevalence against Deaf individuals.

1.2. Prevalence studies

A handful of studies have been conducted to ascertain the prevalence of intimate partner violence in the Deaf community, as "understanding the prevalence of abuse is important to intervention and treatment" (Sebald, 2008 p. 379). However, the results of these studies suggest that prevalence rates vary greatly, a finding that is common in the hearing literature as well. This difficulty in pinpointing the exact prevalence in violence is often due to differences in definitions and criteria (e.g., one incident or recurrent incidents) used to identify occurrences of intimate partner violence. Regardless of the exact prevalence of violence, this collection of studies indicates that intimate partner violence is a significant issue within the Deaf community that needs to be addressed.

1.2.1. Intimate partner violence—general statistics

Mason (2010) examined knowledge and rates of intimate partner violence in a nonrandomized sample of 226 Deaf and hard-of-hearing undergraduate students. Students in the sample were highly knowledgeable about intimate partner violence, answering multiple-choice questions correctly 71–96% of the time. Additionally, it was reported that out of 185 respondents who answered the questions about current and past intimate relationships, "16.2% reported being in an abusive relationship and 26.78% reported being in an abusive relationship previously…those who had difficulty resolving conflicts were more likely to have experienced an abusive relationship" (Mason, 2010, p. 74). Mason concluded that the prevalence rates found in this investigation were "consistent with the prevalence rates of other studies with college students in the general population" (Mason, 2010, p. 85). However, it is possible that definitions of and criteria for intimate partner violence differed between this investigation and statistics used for hearing comparison. For example, Mason's study used the criterion of being assaulted "at least sometimes," while other studies may use a criterion of one incident to qualify as intimate partner violence. Additionally, many studies of intimate partner violence victimization focus on women only, or split their results by gender. As Mason's statistics include both men and women, it may be that the reported prevalence rates may change when split by gender.

However, recent data disseminated by McQuiller Williams and Porter (2010) reported statistics from 2004 and 2006 survey administrations with 1881 students from the Rochester Institute of Technology and the National Technical Institute for the Deaf. The researchers reported that both Deaf and hard-of-hearing *males* and *females* were 1.5 times more likely to be a victim of sexual harassment, sexual assault, psychological abuse, and physical abuse than their hearing counterparts. However, it is not clear if these abusive behaviors occurred solely within the context of a partnered relationship.

1.2.2. Physical abuse

In a recent study of male and female Deaf undergraduate students, 11.4% of respondents reported that their current partner physically hurts them at least sometimes (Mason, 2010). Additionally, 18 out of 185 (9.73%) of respondents indicated that a partner hurt them physically in the past.

However, a recent study of intimate partner violence victimization conducted at the same university using the Revised Conflict Tactics Scales found that 52 out of 100 female undergraduate students reported a physical assault by their partner in the past year (Anderson & Leigh, in press). The participants reported experiencing an average of 7.67 assaults, including being slapped, punched, kicked, burned, and choked. The frequency of physical assault by a partner ranged from 0 assaults to 202 assaults in the past year. While these statistics are shocking on their own, they gain more meaning when compared to results from hearing female undergraduates. A 2008 study conducted by Sabina and Straus using the Revised Conflict Tactics scales indicated that 28.1% of hearing female undergraduates reported at least one physical assault by a partner in the past year, indicating that the sample of Deaf females was roughly two times as likely to experience physical assault by their partner. This near-double prevalence of physical assault has also been replicated in a community sample of Deaf women using an adapted version of the Behavioral Risk Factor Surveillance System (Anderson, 2010).

1.2.3. Sexual coercion/sexual assault/unwanted sex

An investigation of the Trauma Symptom Inventory with Deaf adults indicated that 23 of the 81 (28.4%) participants in the sample reported adult rape and/or adult sexual assault experiences (Dobosh, 2002). However, this investigation did not specify whether participants were assaulted by their partner or another individual. Similarly, the Gallaudet University Core Survey that was conducted in 1997, 2004, and 2007 did not distinguish between partner and non-partner sexual assault in the following prevalence rates: "Of the Gallaudet University students who were surveyed, 7.7% (1997), 6.5% (2004), and 8.3% (2007) reported having experienced forced sexual touching or fondling within the past year, and 6.1% (1997), 7.3% (2004), and 7.4% (2007) reported having experienced unwanted sexual intercourse within the past year" (as cited in Francavillo, 2009, p. 54).

A more recent study conducted by Francavillo (2009) reported the following prevalence statistics from a sample of 360 Deaf and hard-of-hearing respondents:

> "Almost half (48%) of respondents had experienced unwanted fondling, kissing, touching, or rubbing of their private areas. Twenty-eight percent of students had had some of their clothing removed without consent. Students reported experiencing various nonconsensual sexual acts: oral sex (22%), vaginal sexual intercourse (195), and anal sex (13%), in addition to attempted oral sex

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> (27%), attempted vaginal sexual intercourse (18%), and attempted anal sex (14%). Twenty percent of respondents admitted to ever having been raped." (pp. 112–113)

Francavillo concluded that these rates are considerably higher than those found with hearing college students, but that the heightened prevalence is consistent with data reported "during the previous limited research conducted among Deaf and Hard of Hearing individuals" (Francavillo, 2009, p. 131). She further postulated that these high rates of reported sexual assault may be partially attributed to Deaf students' "limited sexuality education and knowledge, most often as a result of communication, language, and cultural barriers" (p. 2). However, it should also be noted that these statistics do not differentiate between partner and non-partner assault, nor do they discriminate between childhood and adulthood experiences of sexual assault.

Since these studies, additionally investigations have been conducted to specifically target partner-perpetrated assault. According to the Anderson and Leigh (in press) prevalence study, as many as 61% of Deaf female undergraduates experienced an incident of sexual coercion from their partner within the past year, compared to 27.8% of hearing female undergraduates (Sabina & Straus, 2008). More specifically, participants reported experiencing an average of 8.51 Sexually Coercive behaviors in the past year, including being coerced, enduring verbal threats, and being physically forced into unwanted sexual acts. The frequency of Sexual Coercion ranged from 0 to 62 coercions in the past year (Anderson & Leigh, in press). This discrepancy was also found in the previously mentioned community sample of Deaf women (Anderson, 2010).

1.2.4. Psychological/emotional/verbal abuse

In Mason's (2010) study of intimate partner violence with Deaf male and female undergraduates, "24.4% reported that their [current] partner insults or talks mean to them; 10.5% reported that their partner threatens them with physical harm…31.8% indicated that their partner yells or talks angry to them" (p. 82). With respect to past psychological and verbal abuse by a partner, 19 of 185 (10.27%) reported experiencing insults or mean talking, 18 of 185 (9.73%) reported threats of physical harm, and 20 of 185 (10.81%) reported yelling or angry talking.

In Anderson and Leigh (in press) investigation of Deaf female undergraduates, 91% of participants reported at least one incidence of psychological aggression by a partner in the past year, compared to 34.4% of hearing female undergraduates (Sabina & Straus, 2008). The participants in the Deaf female sample experienced an average of 20.65 psychologically aggressive behaviors within the past year, including being insulted, sworn at, having one's belongings destroyed, and being threatened. While some participants experienced no Psychologically Aggressive behaviors, others experienced up to 132 Psychologically Aggressive behaviors in just the past year.

1.3. Studies of predictors and risk factors

1.3.1. Risk factors of child abuse

A 1993 theoretical article proposed risk factors for the abuse of Deaf children (Ridgeway, 1993). The author indicated that risk factors for Deaf children would include previously-found warning signs of possible abuse in studies of hearing children, plus the following additional factors:

> "Deprivation of early language development, no exposure to other deaf people, conflict or disagreement in the family over education and communication, low self-esteem and social isolation, lack of a deaf peer group, lack of deaf consciousness and deaf awareness, poor/inappropriate parental involvement, unrealistic expectations by parents, rejection of deaf identity." (pp. 170–171)

Ridgeway emphasized that the presence of one factor alone would not necessarily be indicative of abuse, but a combination of many factors may indicate the presence of child abuse. Clearly, this article refers to abuse in childhood and not intimate partner violence. However, to the author's knowledge, this is the only existing analysis of predictors of violence against Deaf individuals before 2010.

1.3.2. Predictors of intimate partner violence victimization

Anderson (2010) investigated statistical predictors of intimate partner violence perpetrated against Deaf women. Traditional predictors of intimate partner violence emerged as significant predictors of violence against Deaf women (e.g., marital status and employment status). However, when factors specific to the Deaf community were entered into the analyses, they took precedence over the traditional predictors of intimate partner violence (e.g., school setting and best language).

These findings have significant implications for clinicians assessing for partner violence. They suggest that looking for "red flags" in the traditional predictors of violence is not sufficient when working with Deaf clients. Rather, clinicians must also assess for Deaf-specific demographic predictors in order to effectively serve Deaf survivors.

2. Subfields that have received increasing attention

The above subfields in the literature on intimate partner violence in the Deaf community represent empirical work that is in its infancy, yet becoming a solid foundation for future studies in these areas. However, there are certain subfields that have received more attention over the past 20 years—namely, the characteristics of intimate partner violence in the Deaf community, barriers to seeking help, and best practices for serving Deaf survivors. While these topics have received a great deal of attention and are worth mentioning in the current review, it should be noted that very few references mentioned below are the result of empirical research. Rather, they are the result of years of experience accrued in agencies providing direct services to Deaf survivors of intimate partner violence.

Fig. 1. Deaf Power and Control Wheel (DeafHope, 2006).

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2.1. Characteristics of intimate partner violence

Julie Rems-Smario (2007, p. 17) of DeafHope purports that "domestic violence experienced by the Deaf community is generally the same" as in the hearing community. While the nature of the violence itself is similar, it is important to keep in mind that these universal characteristics of violence may manifest differently in Deaf survivors compared to hearing survivors. DeafHope advocates have compiled information on the characteristics of violence against Deaf individuals from five years worth of interviews with Deaf survivors and developed a Deaf Power and Control Wheel (see Fig. 1).

For example, intimidation may manifest as the abuser signing very close to the victim's face when angry, or overuse of floor stomping and pounding to get attention (DeafHope, 2006). Emotional abuse may include the Deaf abuser insulting the victim by calling her "hearing" or making fun of her ASL skills. Isolation may manifest in checking behaviors–checking the victim's pager, email, and videophone. An abuser may use children by telling the victim that she and her children cannot go to a shelter because the hearing people there will not be able to communicate with them. Economic abuse can be seen in the abuser's control of the victim's Social Security Income checks. It is important to note that it is possible for these abusive behaviors to be perpetrated by both Deaf and hearing abusers—characteristics of abuse unique to hearing-to-Deaf violence will be described in the following section.

While perpetrators of violence against Deaf women are both hearing and Deaf, the tactics and characteristics of abuse differ based on the hearing status of the perpetrator (Rems-Smario & Hodson, 2008). The unique characteristic of hearing–Deaf relationships is the potential for the hearing partner to abuse hearing privilege. Discrepancies in social power and social privilege between partners have been found to be associated with "an increased risk of psychological abuse, an even greater risk of physical aggression, and a still greater increased risk of life-threatening violence" (Hornung, McCullough, & Sugimoto, 1981, p. 675). Because the hearing–Deaf relationship is in essence a majority–minority relationship, this institutionalized power imbalance between partners may increase the likelihood of abuse in these relationships.

As described by Bauman (2004), there are three possible definitions of audism: "1) The notion that one is superior based on one's ability to hear or behave in the manner of one who hears; 2) A system of advantage based on hearing ability; 3) A metaphysical orientation that links human identity with speech" (p. 245). While the first aspect of audism is largely individual and the second aspect is largely institutional, both phenomena can be seen in violence against Deaf women.

On an institutional level, privilege is the "social advantage and power accrued by virtue of belonging to certain groups, either by birth or acquisition" (Hodes, 2009, p. 35). White privilege has been defined as a system of advantage based on race. Male privilege can be defined as the system of advantage based on gender. Along the same lines, hearing privilege can be defined as the system of advantage based on hearing ability. However, the key to any form of privilege is how it is upheld by institutions: courts of law, economics, religion, education, etc. (Hodes, 2009). This implies that an abusive hearing partner can use socially granted, institutionally supported hearing privilege in a relationship with a Deaf partner. For example, shortage of American Sign Language interpreters employed by the courts may result in a Deaf victim unable to obtain an order of protection. "Just as access and power are used by privileged groups to marginalize or actively oppress other groups, privilege can also be used by an individual to coerce and control another individual" (Hodes, 2009, pp. 35–36).

However, it is important to note that just because an individual has access to institutional privileges, that person may or may not abuse these privileges or become an abuser. Rather, abusers are those who are intent on maintaining power over their partner, using strategies of intimidation, isolation, threat, as well as any privileges they hold (Hodes, 2009). Indeed, in all kinds of relationships, "various forms of privilege…can be effectively used to maintain power over an intimate [partner]. Understanding this is critical to understanding the complexity of violence and coercion in intimate relationships" (Hodes, 2009, p. 35). Indeed, the abuse of hearing privilege creates unique relationship dynamics and characteristics that may not be present in other violent relationships—what "sets Deaf survivors apart from the hearing domestic violence experience is the potential abuse of hearing privilege" (Rems-Smario, 2007, p. 18).

From her experience working with Deaf survivors, Julie Rems-Smario (2007) compiled an extensive list of examples of this abuse of hearing privilege, some of which are described here: A hearing abuser does not inform the Deaf victim when people try to call her; he excludes her from important conversations and financial decisions; he leaves her out of social situations with other hearing people; he talks negatively about the Deaf community or disallows access to Deaf culture; he criticizes her speech and English skills; and he manipulates police officers when they are called to the house. This work, and the remainder of the literature on hearing-to-Deaf intimate partner violence, is largely based on qualitative information gathered by clinicians and advocates working with Deaf survivors. As of yet, it seems that there have been no published empirical studies investigating the dynamics and characteristics of intimate partner violence against Deaf women.

2.2. Barriers to seeking help

As an increasing amount of research suggests that intimate partner violence against Deaf women is more prevalent than among hearing women, the need for accessible, appropriate resources for Deaf survivors is highlighted. Unfortunately, "research clearly indicates that there is a disparity not only in the prevalence of violence in the Deaf community but in the amount of support that Deaf individuals can access" (Obinna, Krueger, Osterbaan, Sadusky, & DeVore, 2006, p. 12). Indeed, similar to individuals from other linguistic minority groups, the Deaf survivors experience unique issues that may serve as barriers to seeking treatment (Mason, 2010), including issues of language, communication, health literacy, and confidentiality (Schlehofer, Hurwitz, Mowl, & Haynes, 2009).

Based on observations of ADWAS staff, Deaf survivors may not report an abusive relationship for many reasons:

> Fear of (or a previous negative experience with) the police, the lack of confidentiality in the Deaf community, concern over other people in the Deaf community knowing the survivor's personal business, fear of retaliation or threats from the perpetrators and/or Deaf community members, poor communication with parents or caregivers, self-blame, guilt, fear of disruptions to the Deaf community or the family environment, belief in the myths surrounding sexual assault, and the lack of communication accessibility by service providers, among other reasons. (Barber, Wills, & Smith, 2010, pp. 323–324)

2.2.1. Communication access

One of the most significant barriers to Deaf survivors seeking help is the lack of communication accessibility provided by established shelters and agencies for survivors of partner violence—"services for hearing survivors are still not accessible to deaf survivors" (Rems-Smario, 2007, p. 17). ADWAS has helped to establish 19 agencies for Deaf survivors across the country; these are in various stages of development. However, the percentage of Deaf-accessible survivor services pales in comparison to the number of agencies for hearing survivors.

In addition to impeding access to services, communication barriers diminish a survivor's ability to report violence, as well as gain a proper

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understanding of one's legal rights and the ins-and-outs of related legal procedures (Mason, 2010). Indeed, research indicates that "low literacy levels [in the majority language] can have a negative effect on access to the justice system and access to written informational materials. Difficulties in literacy translate into difficulties in accessing justice—especially in the context of serious complex issues such as can be found in the family violence context" (MacDougall, 2000, p. 7).

2.2.2. Health literacy

An additional barrier to seeking help is low health literacy—the "ability to obtain, process, and understand health information that is necessary to make suitable health care decisions" (McKee, 2009). It is likely that many Deaf ASL-users also have low health literacy (Pollard & Barnett, 2009). Deaf individuals often lack access to incidental learning, as they are unable to gain communication access to health information that hearing individuals can access freely (McKee, 2009). Additionally, Deaf individuals may have less complete medical knowledge due to limited family contact and communication, difficult medical terms, lack of knowledge of personal and medical history, and the lack of health education programs provided in ASL (McKee, 2009). Due to these factors, Deaf ASL-users have been found to display poorer knowledge of the dangers of sexual contact with drug users and multiple sexual partners, as well as less knowledge regarding HIV/AIDS (Woodroffe, Gorenflo, Meador, & Zazove, 1998). Based on these findings, it is likely that Deaf individuals may also have less knowledge regarding the characteristics of intimate partner violence, as well as the resources one can seek.

2.2.3. Confidentiality

Even when a Deaf survivor has knowledge of and access to resources for intimate partner violence victimization, some barriers still remain. Often, survivors have grave concerns about confidentiality—valid concerns that are related to the small size and close-knit nature of the Deaf community. Indeed, issues include, but are not limited to, "anonymity within Deaf culture, access to information via sign language interpreters, and psychologists who are deaf who belong to the same social circles as their clients" (Sebald, 2008, p. 378).

2.3. Best practices

As mentioned above, since the mid-1990s, ADWAS has helped establish satellite agencies by providing training that " proposes a strategy for providing accessible services to Deaf and Deaf-blind women and children who are victims of sexual assault and domestic violence based on a model developed by the only deaf-run agency in the U.S." (Merkin & Smith, 1995, p. 1). One of the key factors in providing services to Deaf survivors is that these programs are developed by Deaf individuals who take the lead in creating services that meet the needs of their community members (Egley, 1982). For more in-depth information on the best practices of providing services for Deaf survivors, consult the following resources: Barber et al. (2010), Egley (1982), Lightfoot and Williams (2009), and Merkin and Smith (1995).

"With deaf-run domestic violence agencies mushrooming throughout our nation, our deaf community is becoming more aware of domestic violence…We have access to more resources than ever before—training videos, websites, and resources in ASL created by deaf advocates" (Rems-Smario, 2007, p. 18). However, despite increases in advocacy work, training, and psychoeducation on the characteristics of violence, barriers to seeking help, and best practices, empirical work in the field of intimate partner violence against Deaf women is still sorely lacking.

3. Issues, gaps, and future research

As mentioned above, the common complaint among writings on intimate partner violence against Deaf women is that there is little empirical work conducted in this field in comparison to research conducted with hearing populations. However, it is important to acknowledge that an increased amount of research has been conducted in this field. Based on the current review, it appears that a foundation of research has been established, on which future researchers can build and expand. This is not to say that this pre-existing research is without issues or gaps; rather, this work represents the first steps at creating a new subfield of literature.

While efforts are currently being made to produce literature in this area, "a comprehensive study to determine the actual nature and extent of family violence in the Deaf community needs to be undertaken" (MacDougall, 2000, p. 22). As such, it is necessary that funds be made available to university and college-based researchers to study the "unique aspects of family violence in the deaf community" (MacDougall, 2000, p. 24). Included in this research agenda should be investigations of the prevalence and characteristics of violence against Deaf women, the needs of Deaf survivors, and the development of best practices through "in-depth evaluations of existing programs and treatments" (Lightfoot & Williams, 2009, p. 1).

Additionally, for the purposes of the current review, many articles and studies on interpersonal violence in the Deaf community were excluded, as they did not directly address issues of partner violence against Deaf women. For example, the majority of the literature on violence in the Deaf community focuses on child abuse and child sexual assault, or does not differentiate between childhood and adulthood victimization when analyzing lifetime prevalence rates. Similarly, in studies of sexual assault against Deaf women, victimization by a partner, acquaintance, or stranger is often not delineated, making it difficult to tease out information on partner sexual assault. Another issue is that many existing studies investigate violence against women with disabilities, including Deaf women, but do not analyze data for the Deaf women separately. Increased research is needed in the specific area of partner violence against Deaf women in adulthood.

Another current issue in the field is the shortage of empirical work, in comparison to the amount of anecdotal resources, case studies, and observational work that has already been disseminated by agencies serving Deaf survivors across the United States. There is a need for valid empirical methods to be used in order to study many of the issues already being observed in these agencies, including the use of both qualitative and quantitative methods, comparison groups, and culturally-sensitive methodologies (Brownridge, 2009; Obinna et al., 2006). For example, one area that has received considerable attention by first-responders is hearing status of the perpetrator and differential characteristics of this violence. However, to this reviewer's knowledge, no empirical work has been conducted in this area. Empirical work on violence against Deaf women is critical—the resulting information can be used to create updated health material to disseminate within the community, as well as to advocate for much-needed domestic violence resources and services (Pollard, Dean, et al., 2009).

While there are substantial issues and gaps in the current research base, the most critical issue is that of dissemination and networking. Until I began digging deep and networking for the current literature review, I had no idea just how many people were investigating issues of violence against Deaf women. Similarly, in the writings included in the current review, we all make statements about the lack of attention paid to our research area, the shortage of research, and the paucity of investigators. This is partially due to issues of dissemination—many of the studies in the current review remain unpublished, making this information difficult to obtain. As such, it is difficult to locate other investigators in the field, hindering our ability to build on one another's work, as well as develop effective research collaborations. In order to close the gaps identified in the present article, networking

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and collaboration are the keys to establishing a "purposeful research agenda that expands and builds upon the existing research base" (Sebald, 2008, p. 381). The foundation has been established. The researchers are out there. The next step is to work together to expand our knowledge of intimate partner violence against Deaf women.

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