

WHEN DEAF AND HEARING MEET: UNTIL WE CAN COMMUNICATE WITH EASE

A Work-book for Hearing People Connected to Domestic Violence,
Sexual Assault, Disability, and Related Programs

Department of Health and Family Services
Division of Disability and Elder Services
Office for the Deaf and Hard of Hearing

Division of Children and Family Services
Domestic Abuse Program

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United Advocates Against Violence
In the Deaf Community

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About the Author

Mark Sweet, Ph.D. is Trainer and Consultant with Disability Rights Wisconsin (DRW). He works with school districts, supported employment and supported living organizations, consumer and parent groups, long term care programs, and others. More recently, Mark has been working with the Violence Against Women with Disabilities project. The emphasis of his work is to help people refine and individualize their support by focusing on learning patterns and communication styles, and by encouraging people to imagine what it's like to be the person receiving support.

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Linda Russell; Mental Health Specialist for Deaf and Hard of Hearing; Bureau of Mental Health and Substance Abuse Services; Department of Health and Family Services

Alice Sykora; Human Services Program Coordinator; Office for Deaf and Hard of Hearing; Department of Health and Family Services

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WHY A WORKBOOK?

We can learn a few things by noticing how people talk about themselves. People with a variety of disabilities prefer "people first" language. Some of the current language includes: *a person with physical or cognitive disabilities, a person living with a psychiatric illness or a person in recovery, and a person on the (autism) spectrum.* People first language is about using word order to convey that whatever else might be a factor in a person's life, it is not more significant than their humanity.

When the word *deaf* is used by Deaf about themselves and others who are Deaf, it most often stands alone. The concept of *a person first* still applies. Deaf certainly want to be treated with the same respect afforded hearing people. However, "deaf" is not used just to describe a factor about a person. *Deaf* is a cultural identity statement - it is Deaf with a capital D.

When asking Deaf about themselves and other Deaf, no one said *people with deafness, people living with deafness, people who are on the hearing / deaf spectrum, or even Deaf people.* What came back in conversations with Deaf were self-referencing comments like, *Deaf are* (e.g., blunt) and *some Deaf* (e.g., write).

When we ask what it would take for hearing people to offer support and services to Deaf, a couple of themes emerge as priorities. A specific and culturally attentive exchange between hearing and Deaf about domestic violence, child abuse, sexual assault, and stalking is needed. This exchange will require more than hearing people telling Deaf what they should know. At the same time, there is a need for hearing people to better understand the experience of being Deaf. In order to collaborate with Deaf, hearing people will have to learn from and join with (rather than direct) Deaf to reach other Deaf.

LANGUAGE, COMMUNICATION, AND CULTURE EXIST WITHOUT HEARING

In order for Deaf and hearing people to work together, there is a need for hearing people to learn that growing up Deaf is much more significant than growing up without hearing. To a hearing person, the thought of being without hearing seems like a tremendous disability. To many people who begin their lives able to hear, its loss or diminishment is often experienced as a major life changing event. To those who are born Deaf, there is no experience of loss. Language, communication, and culture exist without hearing. A better understanding and respect for Deaf language and Deaf

culture have to be at the core of any worthwhile efforts to collaborate. Those two words, *language* and *culture*, should raise a couple of primary questions.

- *When Deaf use visual language (i.e., signs) instead of speech, aren't they still communicating in English?*
- *When we talk about Deaf Americans, aren't we still part of the same culture?*

The answers to those two questions might be surprising for many hearing people. There are some significant differences between auditory (spoken) and visual (signed) languages, and language is part of the foundation for culture. The difficulties in communication between Deaf and hearing are not the fault or sole responsibility of Deaf. Hearing people, especially those of us who work in service, support, or other helping roles, have a responsibility to become better prepared to provide support and services to Deaf. This workbook is for hearing people.

The Purpose

There are scholarly books written about Deaf culture and American Sign Language (ASL). The purpose of this workbook is not to address the entire subjects of language and culture. There is no specific answer as to how you interact with a person who uses a different language and who has some different cultural behavior and expectations. The general answer is always to be as respectful as possible, one person at a time.

The purpose of this workbook is to provide some introductory information about language, culture, and respectful interactions between hearing and Deaf. You are invited to think about your roles and opportunities, as well as your responsibilities, to make your services and support more available to Deaf. If you use this workbook as it is intended, we hope that you will feel more comfortable, confident, creative, and competent to provide respectful assistance to Deaf in your communities.

The primary focus of this workbook is on those moments when Deaf and hearing people try to connect, especially for the first time. These contacts might be at information and reception desks, in offices, or via communications technology. For our purposes here, there is specific interest in the initial contacts when a Deaf person is trying to get information or request help related to domestic violence, sexual assault, or stalking.

Talk about this: *Think about the ordinary grocery store experience of being asked, "paper or plastic?" What might some of the problems be for someone who is Deaf beyond the obvious factor of hearing?*

The question is generally asked when the person who is supposed to answer is not looking. When a Deaf person does not see that someone is talking, there is no

awareness of an attempted interaction. The Deaf person does not even know that a question is being asked. The initial moment of contact, inviting someone's attention, has not been accomplished. But how would the person asking the question (you) know that? With hearing people, sound alone is usually enough. If there is no response to the first question, with hearing people, repeating the question a second time, maybe a bit louder, often works; it gets the person's attention. When you suspect that someone is Deaf, *what might be more helpful?*

ONE OF OUR MOST IMPORTANT GOALS IS TO AVOID CAUSING PEOPLE WHO ALREADY FEEL ISOLATED, ALONE, AND POSSIBLY IN DANGER TO BELIEVE THAT THERE IS NO HELP AVAILABLE FOR THEM.

This workbook is designed to be used by hearing people who work or volunteer in predominantly hearing organizations and want to be better prepared to interact with Deaf and hard of hearing people. It is intended for use by small groups of people who want to become more comfortable and competent - to be of service. This workbook is designed to help you think about what you can do to be respectfully responsive and helpful, understanding that you still might need additional resources to do your jobs more effectively. One of our most important goals is to avoid causing people who already feel isolated, alone, and possibly in danger to believe that there is no help available for them.

Initial contacts can be the beginning of potentially helpful interactions or failed attempts to be helpful. Those of you who already work or volunteer in organizations that provide support or services to people who have been affected by abuse or violence. You know about the importance of first contacts. You know that trust and respect are essential during those initial connections. It might have taken a great deal of time, courage, and planning for someone to ask for assistance or acknowledge needing help. Perceiving the person you reach out to as less than trustworthy, respectful, or able to help could result in someone returning to a potentially dangerous situation.

GOOD INTENTIONS ≠ HELPFUL EXPERIENCES

Even when our intentions are good, we might not be perceived as helpful.

This guide is an opportunity:

- to check your intentions;
- to wonder how you might be experienced by a Deaf person;
- to consider what else might be helpful; and
- to consider using Deaf experts or service agencies.

How to Use This Workbook

As you read about the experiences of Deaf trying to interact with hearing people, you might feel the discomfort and embarrassment that sometimes accompanies self-recognition. You might read things that seem obvious but you would not have thought of on your own. You might recognize some things that you are sure you have done and others that you realize you have probably done because you were not paying attention. Your intentions were good. However, at times, your actions were probably not experienced as helpful.

There are questions throughout the workbook preceded by the bolded phrase: **Talk about this.** They are not rhetorical questions. We hope you will pause with people you trust to talk about your perceptions, assumptions, beliefs, experiences, and practices as they relate to contacts with Deaf. Most importantly, these questions might stimulate you to ask other questions and to think about better practices; practices that will enable you to do your work even more skillfully. You might read a comment in the text or have a thought that is not a specific *talk about this* question. If you think it is a question worth exploration and discussion, it is. Raise it for discussion with others you trust. Staff meetings, team meetings, in-service and pre-service training sessions are opportunities to consider your own best communication practices with Deaf.

There is one other comment about the listed questions and your discussions of them. The beliefs and assumptions we hold about people are often based on limited knowledge. Among our human characteristics is the quest to confirm our correctness, rather than to find out how we might be mistaken. When we believe or assume that something is true, we are often not open to evidence that we are incorrect. The opposite is more often true. We observe and use details that confirm our correctness. We might not even notice factors that challenge our beliefs and assumptions. Our tendency is to understand such factors as an "exception to the rule" rather than to ask whether our operating beliefs and assumptions might be wrong. This is among the ways that stereotyping happens. We can dismantle stereotypes we might have about Deaf and make room for more open and accurate interactions, one person at a time.

**WE CAN DISMANTLE STEREOTYPES WE MIGHT HAVE
ABOUT DEAF... IT IS ESSENTIAL THAT WE DO IT.**

In recent years, it has become an uncomfortable practice to discuss groups of people - people who share a characteristic or culture. There is a sense that it is always rude to talk about groups. Discussion and inquiry for purposes of learning and distinguishing between accurate and inaccurate assumptions not only can be done respectfully, it is essential that we do it. Set your intention to be humble and open to learning, and to consider these questions with people you respect.

GETTING STARTED

We operate in a world of beliefs that are often based on assumptions. Some assumptions are based on a lot of knowledge and experience. We can expect that during winter there will be cold days and during summer there will be hot days. In Wisconsin there is ample evidence to support that assumption. Many of our assumptions and beliefs about people are based on much less experience.

Communication is among the activities of our days that we take for granted. It seems natural to assume that we will understand others and that they will understand us. More specifically, we expect that we should be understood; that the people we encounter should know what we are saying - despite the often heard, *do you know what I'm saying?* The operating assumption is, *of course you do. I know what I'm saying, so you should too.* We make this assumption because we assume a shared language.

In practice, doctors and nurses sometimes use medical jargon, maybe about HDLs and LDLs (related to cholesterol), assuming that we are all familiar with those initials and the numbers that correspond to them. Mechanics talk about pistons and pump clamps as though all car owners know how their vehicles work. Tax preparers do it. Knitters, bakers, and hobbyists do too. Domestic violence and sexual assault programs have their own vocabularies. Computer technicians have generated a whole language that leaves ordinary computer users feeling inept. Technical assistance is now a division of some professions. A significant component of high quality technical assistance and consultation is finding the right way to communicate with a specific person.

Talk about this: *When you first heard that a medical lab test came back positive, what did you think? Positive is a good word, isn't it? In a medical context, positive can mean the presence of something that is not healthy. How did you learn that positive in a medical context is not always a good finding?*

Someone not familiar with the variable meanings of English words could hear that she had a positive outcome on a medical test and assume that all was well and do nothing further. A doctor who saw his Deaf patient nodding as he said the word *positive* believed that the patient understood his message. The doctor assumed not only the Deaf patient's ability to read lips, but also her understanding of his vocabulary. As the patient walked out of the office, the doctor assumed that the communication between doctor and patient was clear.

Americans travel around the world and expect to be understood. Even among English speakers there is British English, Australian English, South African English, American English, and more. Within the United States, there are regional differences among us that can be significant to our understanding. Residents of Boston, New Orleans, and Tulsa have their own ways of describing events and feelings. Linguists can identify where people grew up just by listening. To the trained ear, vocabulary, grammar, pronunciation, inflection, usage, pace, and other factors of speech can reveal the part

of the country where we grew up. All of this can be heard. Speech might also reveal information about our culture and heritage. Some people grow up with family words that are understood within the family but not by others. American Sign Language, a visual language, also has regional and familial differences.

ASSUMPTIONS MIGHT AND FREQUENTLY DO INFLUENCE THE WAY PEOPLE ARE TREATED

Those who pronounce words a certain way might make assumptions about the intelligence and education of others who pronounce the same words differently. Those assumptions might or might not be true. What is most significant is that those assumptions might and frequently do influence the way people are treated. Despite confidence in our own ability to communicate, language is not universal and our assumptions do become a problem. Our assumptions influence our interactions.

Some meaning can be assessed quickly by the inflection of the speaker. A question has a different inflection than a statement. A simple declarative statement, such as *I'm fine*, has one literal meaning but might be understood differently by a person who is also noticing tone, volume, inflection, context, facial expression, body position, eye gaze, and more. It might be a simple statement of well being. It might be an automatic comment prompted in reaction to an equally automatic question asked in passing - *how are you?* Was the return comment, *I'm fine*, a considered assessment? Was it a sarcastic comment? Was there irony, anger, indifference, or frustration? Over the telephone, many people can make an experienced guess as to the mood or emotional state of a caller just from sound.

What additional messages might have been leaked by you in recent months when you have said, *I'm fine*?

I'm fine.	<i>(I feel well.)</i>
I'm fine.	<i>(I feel the same damn way I always feel.)</i>
I'm fine.	<i>(I'm way too busy to know how I feel.)</i>
I'm fine.	<i>(Don't bother me.)</i>
I'm fine.	<i>(Did you want to know about my emotional or physical well being?)</i>
I'm fine.	<i>(You don't care how I feel or you would have stopped walking to listen.)</i>
I'm fine.	<i>(How are you? Gotta go.)</i>

Some language differences are easier to recognize than others. Most English speakers quickly hear a difference when they encounter someone who speaks Spanish or Hmong. The difference is clear and immediate to the ear. We might or might not negotiate the encounter well, but we notice the literal difference in language. We can hear the difference. And, we are all familiar with the phenomenon of trying to negotiate differences in language by talking louder, slower, or by repeating the same message

again and again. Points for trying (maybe), but are any of these helpful practices when you are trying to have a significant interaction?

People who translate oral or written materials from one language to another are doing more than just finding the matching words in another language. They try to translate meaning more than words. Message, context, purpose, seriousness or humor, and attitude are only a few of the factors that have to be considered. Culture might have to be considered and translated, as well.

Talk about this: *Imagine you are participating in research to determine what factors are most likely to cause people to give up and terminate an interaction. Think about all of your senses; what you hear, see, feel, and smell. Sometimes people approach or contact you, and sometimes you approach or contact them.*

What factors have made you most uncomfortable during your work or volunteer interactions?

What specific factors might actually have caused you to stop trying to continue with an interaction – to want to escape?

There are initiators and responders. Our ability to communicate successfully can be measured from either side of an interaction. We could decide that we are clear and understandable, and therefore any communication problems are those of the other person. In daily life, successful interaction should not be evaluated as one person feeling clear. When an interaction is going well, we become communication partners. Successful interaction is more accurately defined by our combined efforts to find a common method of interacting in order to understand one another.

Many people report being extremely uncomfortable when their communication partner does not respond in a way that they understand. Counseling and therapy centers are filled with people who do not have diagnosable illnesses or disorders but who have problems getting along with people. Communication problems with intimate partners, work contacts, colleagues, friends, and family are very common. It is a serious mistake to underestimate the importance of individualizing our approaches to people in our professional, community, and personal lives. It is equally important that we not underestimate our own discomfort with certain communication methods, styles, and other personal characteristics, and the effects our discomfort has on others.

**IF WE ACKNOWLEDGE THAT WE SOMETIMES FEEL
UNPREPARED...WE CAN MAKE ROOM FOR OTHER
WAYS TO BE OF ASSISTANCE.**

In our professional, volunteer, community, and even personal lives, if we deliberately acknowledge that we sometimes feel unprepared to recognize and respond to people who are Deaf and who use methods of communication other than speech, we can make room for other ways to be of assistance. In order to make positive change, hearing people have to bring some awareness to what we already do, have done, might do, can conceive of doing, and might do again. *Do you understand what I'm saying?*

SERVICE, HELPING, AND ACCESS

Depending on where you live, you might have noticed some significant changes in your community in recent years. There was a time when parking spaces were not marked for people with mobility disabilities. Business owners initially said that designated parking was not necessary because they had no customers or clients with disabilities. What comes first, the customer/client or the physical access to get into a store, a restaurant, or office?

Years later, we are still learning what the word access means. First, parking spaces are needed. Then, a ramp cut into the curb so that the person using a wheelchair can move onto the sidewalk. Then, it became clear that parking spaces have to be wide enough for a person who uses a wheelchair to get out of the side door of a van. Doors have to be wide enough to allow a motorized (larger) wheelchair to pass through; and, the person using that wheelchair has to be able to open the door. Access also includes how the people who are on the other side of that door perceive and treat this person when she is able to enter.

**HEARING PEOPLE CONTINUE TO SAY,
WE DON'T HAVE DEAF CLIENTS,
WITHOUT WONDERING WHY.**

Access is very much about perspective. A person who can easily move, and who can see and hear, has one perspective. That same person, at another time, with more limited ease of movement, or changes in hearing and vision, will have a different perspective. (Some of you probably had to pull out some drugstore glasses to read this and are still thinking that the print is too small.) Hearing people continue to say, *we don't have Deaf clients* without wondering why.

Many service organizations have inclusive mission statements. Their services are supposed to be available to everyone who needs them. This is easy to advertise and challenging to achieve. Some organizations might specialize in serving children or adults; some may be specifically for women. Each of these designated groups include people who are Deaf.

While gathering information to write this workbook, the writer went to see someone. He told the receptionists where she works - two of them - who he was there to see. Although they were courteous and tried, neither of them knew how to use their internal

communications technology to let one of their Deaf staff know that he was there for their appointment. They are not bad people or incompetent. They, like too many of us, were probably told or shown how to use the available technology and forgot.

If you work in an office that has a TTY (a communication device for Deaf, speech disabled, and hearing people to use with one another), can you explain how it works, starting with recognizing the difference between an incoming TTY call and a voice call?

What is the protocol for communicating by TTY? Even if it is not your job to answer phones, how prepared do you feel today to accept an incoming TTY call or return a call by TTY that was referred to you?

Many hearing people learned how to use a TTY, and then did not use it for a long period of time. What we do not practice, we often forget. Another way to think about access is to actively and repeatedly ask *how can I/we be better prepared to assist people who are Deaf?* Inclusiveness cannot be defined by intention alone. Inclusiveness is defined by more than a comprehensive mission statement. Inclusiveness is defined by what individuals and organizations do. Being more available requires personal and organizational humility and a desire to learn. It is only by additional learning and effort that inclusiveness happens.

ACQUIRING LANGUAGE AND INFORMATION

It is estimated that 90% of Deaf children are born to hearing parents and 95% of Deaf parents have hearing children. Some hearing children grow up with parents who talk and read with them a lot and some who talk and read with them less. In either circumstance, that child will learn to talk as a result of exposure to talking. The newborn brain will learn. It wants to be stimulated and it wants to make sense of things. The hearing child will learn English in an English speaking environment.

People who are born Deaf also learn language. Rather than an auditory language as an outcome of hearing, Deaf children learn a visual language as an outcome of seeing. It is a natural occurrence. As incidental overhearing is a primary path to learning for hearing children, for Deaf the primary path to learning is what they see.

Researchers report that the newborn human brain is pre-set for language, it only needs exposure. Wherever in the world a child is born, if s/he is exposed to language, s/he will learn to use it (with more or less sophistication). Human beings learn the foundations of language incidentally. This learning takes place so early in life that we have no memory of the process.

We coo. We babble. We vocalize. We talk. (Technically, there is more to it.) We learn to reciprocate sound with our parents and other primary care providers. We take turns with our voices. We learn that people have names. We learn that objects have names, and that activities also have names. We learn how to use our voices loudly, quietly, sweetly, abruptly, and angrily. We learn to request, to demand, to reject, and to

comment. Over time, we overhear different uses for familiar words and learn new ones. We learn that tone and inflection add to the meaning of what we hear and say. And, part of the elegance of this process is that we are not consciously aware of it. We acquire language.

A hearing child might say, *Mama, ball*. Over time, that will become, *Ma, I want to go outside and play ball. Pleeese*. A Deaf child might get his mother's attention by touching her and then pointing to the ball. Over time, with the acquisition of visual language (i.e., sign language) this might become *me out ball play me*.

With exposure to auditory and/or visual language models, hearing and Deaf children will develop language. The hearing child will learn a spoken language and the Deaf child will learn a visual language. The sophistication of how language is used will vary in both groups. Visual communication can be either a formal sign language (e.g., American Sign Language) or an informal and familial system of signs. For example, a child who is born deaf and has primary care givers who do not use a visual language will still develop a set of signs and other visual and physical methods of exchanging messages. This language that is understood among a small group of familiar people will not necessarily be understood by others, including other Deaf or sign language interpreters.

It is estimated that 85% of what is learned by hearing people, is learned incidentally. We learn by overhearing. How did you learn to tip? You might remember yourself as a younger person overhearing or deliberately listening (i.e., eavesdropping) to conversations that were not intended to be heard by you. Yet, you took information from those overheard conversations. As we grow, we learn manners and cultural practices of social interaction and communication by a combination of overhearing and direct instruction. If you bundled all of what you learned to do that you were never specifically taught, and removed it from your daily life, you would be operating much differently than you do now.

Hearing children who grow up among hearing people have continuous opportunities for incidental learning. They can ask questions in order to better understand words that were overheard. They can talk with adults and peers to refine their understanding.

Most likely, you witnessed tipping as a child and overheard adults talking about whether it was enough or not enough. As a child, you might have heard discussion about the service that was provided and what part of the total bill (e.g., food, alcohol, tax) was supposed to be considered when deciding the amount of the tip. Your understanding and confidence about the practice of tipping has probably been refined over time. The initial learning was most likely incidental and overheard.

A 19-year-old Deaf student, Martita, was out with her teacher and another Deaf student. Martita grew up among hearing people. Her parents did not learn sign language. Martita was learning American Sign Language for the first time at 19. Her teacher left money on the table for a tip and took the check to the register to pay. When they were

back in the car, Martita handed her teacher the money that was left on the table. She assumed the teacher had forgotten it. After the teacher identified the money as a tip, Martita was still confused. She called it *extra money*. Her mother worked, got a paycheck, and no one gave her extra money, she said.

MOST HEARING PEOPLE ASSUME THAT DEAF CHILDREN AND ADULTS HAVE THE SAME INFORMATION AS HEARING CHILDREN AND ADULTS OF A SIMILAR AGE.

The learning opportunities for Deaf children vary depending on the sign language abilities of the adults and peers around them. The opportunity to learn a lot of practical life lessons is not only dependent on whether there is a shared language. Opportunity is also dependent on whether information that is learned incidentally by hearing children and adults is specifically taught to Deaf children and adults. Well into adulthood, most hearing people assume that Deaf children and adults have the same information as hearing children and adults of a similar age. People assume that children and adults have been told or read what others of the same age have had the opportunity to learn in a variety of ways. These are potentially dangerous assumptions.

Talk about this: Note: there are a lot of questions here.
Slow down and spend some time with them.

- ▶ *How did you learn that some, but not all, parents hit their children?*
- ▶ *How did you learn that adults, even parents, are not supposed to touch a teen-age girl's breasts?*
- ▶ *How did you learn that most adults do not ask children to keep secrets?*
- ▶ *How did you learn that love is not contingent on sexual contact?*
- ▶ *How did you learn that doing whatever you are told is not a way to show that you love an intimate partner?*
- ▶ *How did you learn that someone yelling at you and calling you names is not for your own good?*
- ▶ *How did you learn about being treated well, with respect, in all of your relationships?*
- ▶ *How did you learn to define domestic violence, child abuse, sexual assault, sexual harassment, and stalking?*
- ▶ *How did you learn about your legal rights, advocates, and planning for your safety and maybe the safety of children?*

HEARING ...HEARING LESS as a child....LESS as an adult....DEAF

People can experience loss of hearing in one or both ears. Hearing loss can occur suddenly or over time, during childhood or as an adult. People with hearing loss might ask, *what?* and respond positively to a slightly louder voice. You might see a hearing aid or notice a person leaning in closer to sound. A person with a hearing loss in one ear might look in the wrong direction when trying to orient to sound because sound is not received evenly.

People who are described as *hard of hearing*, having a *hearing loss*, and people who might be described by other Deaf as *late deaf* have something in common. Their first language was probably learned by hearing it. They heard a language and subsequently most of them learned to read and write that language. These people learned an auditory language as a result of hearing.

A distinction can be made between people who once heard a spoken language and learned a corresponding written form, and people who did not hear language. You might hear someone described as *pre-lingually Deaf*. This phrase is used by hearing people to describe a person who becomes Deaf before the age when speech is generally acquired. Children who do not hear speech will learn a visual language instead.

WHEN A DEAF PERSON APPROACHES A HEARING PERSON, IT IS SAID THAT THE DEAF PERSON HAS A DISABILITY. WHEN A HEARING PERSON TRIES TO COMMUNICATE WITH A DEAF PERSON, WHY DON'T WE SAY THAT THE HEARING PERSON HAS A DISABILITY?

A hearing person (who can see and move) surrounded by Deaf can and probably will, over time, learn sign language. A Deaf person (who can see and move) surrounded by hearing people will not learn to talk. However, the idea that not hearing is a disability is a matter of perspective. The Deaf interviewed for this project do not consider themselves and other Deaf as disabled or broken. One person explained that *having culture, community, and language in common allows us to create a sense that we are not disabled*. In other words, it is only when Deaf and hearing meet that there is talk of disability.

When you think about signals that indicate a person might be Deaf, speech is generally not among them. Deaf (with a capital D) are people whose first language is American Sign Language, not English. Some become bi-lingual. Some people who become deaf after having learned English might continue to speak and learn ASL. One person who identifies herself as Deaf described how hearing people sometimes refuse to make any accommodations when meeting her. They do not believe that she is deaf or Deaf because she approaches and asks her question, and then asks them to respond in writing.

AMERICAN SIGN LANGUAGE

American Sign Language (ASL) is a complete language. It has its own grammatical structure and a distinct syntax (i.e., word order) that is different than English. ASL is not based on an alphabet or sound. English is a spoken-auditory language that can be written and read. ASL is a signed-visual language that can be interpreted into auditory languages.

ASL is made up of hand and arm movements around the upper body. Some signs are stationary and others involve motion. A phrase or sentence will always include motion as one sign leads to the next in the same way that unfamiliar spoken languages sound continuous and fast when you are unfamiliar with where one word ends and another begins. Facial expressions, head and upper body movements also have meaning in ASL.

Sound may be made and some mouth movements might be seen but sound is not a component of ASL. As with users of any language, people personalize their communication styles. The point here is that ASL is not to be understood as arbitrary - as a simple game of charades or pantomime. ASL is learned by Deaf children who are exposed to it as readily as hearing children learn to speak English or Spanish. As with all languages, ASL has rules and can be used creatively. ASL can be learned by hearing people over a period of many years.

ASL can be subtle, emphatic, expressive, and nuanced. Instead of vocal inflection and volume (i.e., sound cues), Deaf use visual cues. Rather than adding emotional text with voice, emotion might be noticed with the speed and energy of arm and hand movements and the animation or intensity of facial expressions.

**IT IS SOMETIMES HARD TO REMEMBER THAT
ENGLISH AND ASL ARE DIFFERENT LANGUAGES.**

ASL is not the same as what some hearing people learn as 'signed exact English' and finger spelling. The signs used to sign English might be taken from the ASL dictionary but they are used in an order that is different from ASL. It is sometimes hard to remember that English and ASL are different languages.

In A Basic Course in American Sign Language (1994) by Humphries, Padden, & O'Rourke, they wrote: "ASL is not derived from spoken English and has no roots in that language (p. 7).

The following examples are from that book.

<u>English:</u>	<i>Are you the one that's a good friend of my brother?</i>
<u>ASL:</u>	That-one you good-friend my brother you?

English: *I sent her the money then she sent me the ticket.*
ASL: Money I-send-her finish ticket she-send-me.

English: *I didn't hit the boy!*
ASL: I hit boy, nothing !!

Many people have seen wall posters of the English alphabet displayed as finger positions and movements. Some have made the effort to learn it. The finger alphabet should not be mistaken for ASL. Imagine someone informing you of your rights or about what might be helpful in creating a safety plan by spelling it to you - letter by letter, word by word. If a hearing person was highly motivated s/he might try to 'sound it out' as each letter was presented, one word at a time. And, s/he would probably become very frustrated because of the many non-phonetic spellings we use in English.

Phonics is part of the learning histories of hearing people who were taught to read. Deaf do not learn to read English by sounding words out. They learn to see words as pictures. It requires a tremendous amount of visual memory. Use of finger spelling with a Deaf person assumes that the receiver is not only bi-lingual, but is also a good speller. Finger spelling is of limited value for extended communication.

Even personal names might be understood and communicated differently in English and ASL. Some Deaf might appreciate seeing your name, the name of an organization, or a technical word spelled out (or written). Deaf who read English might appreciate that. There are many Deaf who do not know other people by spelled names because people have "sign names." A signed name might be one rather than two signs. For example, as a Deaf woman, Emily Jones might not introduce herself as E-m-i-l-y J-o-n-e-s. She might introduce herself using her sign name and that is what would be remembered by other Deaf. You might ask a Deaf person to identify someone and she might only know that person's sign name; or, she might know how to spell a person's first name but be unfamiliar with the person's last name.

WHAT YOU MIGHT NOTICE ABOUT DEAF

A Deaf man explained, *Deaf get to the point immediately and then describe a situation. Hearing tend to describe a situation and then get to the point last...if at all.* So, Deaf might appear blunt and direct in comparison to hearing people. When telling personal stories, Deaf will use the language they know. They will have stories to tell and want to be understood. Many details might be included. Sometimes, Deaf might seem harsh, demanding, or even rude to hearing people who are used to a more diplomatic use of language.

Remember that signed communication can be formal (e.g., ASL) or informal (e.g., personal idiosyncratic signs understood by the person and some of her/his companions). Both involve hand, arm, face, and upper body movements. Some Deaf

might create sound while signing and others never do. You might hear one or more recognizable words or more likely none at all because sound is not a component of ASL. ASL is not a spoken language. You might hear nasal or higher pitched sounds. You might hear a clicking sound from the back of the throat.

**HIGH ENERGY COMMUNICATION IS NOT AN INDICATION
OF DANGER, IT IS MORE LIKELY TO BE AN INDICATION
OF STRONG EMOTION AND MAYBE OF NEED**

Depending on a person's state of excitement or energy, you might see and hear the person's hands making louder than ordinary sounds as one hand makes contact with another, or as a hand makes contact with the person's own chest. It might sound like slapping or thumping. Fast and passionate signing (like fast animated talking) makes some hearing people uneasy. If the message is not easy to understand, fear or other feelings of being at risk can arise. In the context of trying to get help, high energy communication is not an indication of danger, it is more likely to be an indication of strong emotion and maybe of need.

One reporter for this workbook talked about a man who was handcuffed because he did not understand that a law enforcement officer was telling him to put his hands down. Being Deaf, his hands were his method of communication. This story got worse. The man continued to try to communicate with his hands after they were cuffed behind his back until a stun gun was used to "settle him down."

Imagine feeling frightened and in need of help in Hong Kong and not knowing how to speak Chinese. Chances are that you might ramble in English even though you realized the person in front of you did not understand. If you are not used to seeing and hearing Deaf communication, especially when someone is agitated, these actions might evoke fear in you.

A Deaf person might be very attentive to you while you are talking. Some Deaf read words on a speaker's lips well and others not as well. It is generally understood that "good" lip reading still means that about 75% of what is seen is lost on the lips. Too many words look the same when spoken even though they sound different. *Bob* and *Mom* sound different and look the same. On the lips, *cat litter* and *catheter* look the same.

Hearing people might seem a little off (not too bright) to Deaf sometimes. A Deaf man entered an office and wrote a message about something he needed. He waited while the person read his message and wrote back, *can you read?*

A spoken language and hearing allows for physical distance in communication. Deaf are known for being very comfortable touching and being close to other people. One very functional reason for this is that Deaf get each other's visual attention by touching.

They might also wave an arm or tap on a table if the other person might feel the vibration. Hearing people operate with social and cultural understandings of personal space and boundaries. We even make judgments about others based on whether our boundaries are violated. Deaf have different boundaries and comfort zones.

THE DEAF COMMUNITY AND CULTURE

How we use language, what we think is funny, our ways of greeting each other, how closely we stand, whether we touch each other a lot or a little can be related to community and culture. There is plenty of room for individual differences within groups, but it is also true that some groups acknowledge and have a sense of humor about common characteristics. Think about the fictional characters of Garrison Keillor's Lutheran community of Lake Wobegon, "where the women are strong, the men are good looking, and all the children are above average."

Talk about this: *Some of you describe yourselves as Italian American, African American, Native American, Mexican American, Irish American, Christian, Jewish, straight, gay, rural, urban, or maybe from "up north" in Wisconsin. What does identification with a community, a culture, or a people mean to you? What distinguishes you from those who are not of the same community or culture?*

A lot of humor among hearing people is based on the sound of words. Hearing people often share sound-based humor without noticing that in the absence of hearing, the humor might not exist. Puns and sound substitutions are amusing to many hearing people. An advertisement for sweaters reads *Good wool to all*. Without having heard the similar sounding but different message, *Good will to all*, that advertisement would not have been created. To someone who does not hear, this attempt at humor or cleverness might have to be explained.

Deaf are quick to explain the smallness and closeness of their community. Community used to refer to neighborhoods or cities. With communication technology being more advanced now than at any other time, the Deaf community has become much more expansive in terms of territory, but smaller in terms of how quickly and widely information can be shared. Sharing stories of other people's lives (i.e., gossip) is as common among Deaf as any other group. Privacy about sensitive matters is valued but often violated as information about people travels. With most gossip, some is true, some is partially true, and some is not true. Trying to get assistance for sexual assault, domestic violence, or stalking is very hard to keep private.

THE DEAF COMMUNITY - MEN, WOMEN, AND CHILDREN... ARE AMONG THOSE WHO HAVE NOT BEEN REACHED IN LARGE ENOUGH NUMBERS...ABOUT DOMESTIC VIOLENCE, CHILD ABUSE, SEXUAL ASSAULT, AND STALKING

It has taken a long time for dedicated advocates and criminal researchers to build more understanding about domestic violence, child abuse, sexual assault, and stalking - about perpetrators and those who are abused or victimized and survive. Educators in all of these fields are the first to say there are more people who have not learned about these crimes than have. Acknowledging that you have been or are being harmed is still a very difficult action for many people for many reasons. There are still groups of people who are not receiving information and support in ways that make sense to them. The Deaf community - men, women, and children -including those who are urban, rural, readers, limited readers, and others are among those who have not been reached in large enough numbers.

Sexism is a factor in the Deaf community as it is in the general population. Men are more often given the benefit of the doubt. Women are too often seen as being emotional rather than rational. When hearing and Deaf make up a couple, the hearing person is often granted more control and power by other hearing people. In many domestic violence situations, men compose themselves when police arrive, leaving frightened and angry women to explain. When that woman is Deaf, who do you think will be perceived as more credible? It is easier to follow the person with whom you share a language.

Too many Deaf are not informed about the legal definitions of sexual harassment, sexual assault, child abuse, spouse abuse, stalking, and other aspects of sex crimes and domestic violence. They are not overhearing discussion about it. As with hearing children, if you grow up believing that parents, teachers, bus drivers, clergy - adults in general - or other children, have the right to use force or intimidation, then you do not think you need help or that other people might be committing a crime against you. You assume there is nothing to report. When you think something is normal, what do you do? When young and not so young people believe that force and coercion are expressions of love in a personal relationship, it is hard to know how to behave when something unwelcome happens. It is often reported that young and not so young hearing people tolerate being treated badly in order to have a boyfriend or girlfriend. Deaf can behave the same way.

There is a Deaf community. Some Deaf are more connected than others and some might be isolated. Some live in cities and some in the country. Some have access to a lot of new communication technology and some do not. Education is variable. Skill with English as a second language is variable. While there have been some efforts to make informational materials available for Deaf, too many are still not receiving critical information.

DEAF ARE NOT AS AWARE OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT RESOURCES BECAUSE THE MATERIALS AND WORKSHOPS HAVE NOT BEEN ACCESSIBLE.

We grew up with an operating assumption that being treated a certain way is normal: even when we experience it as bad - we live with it. We try to live through it. This is

true for hearing and Deaf. The biggest distinction now is that Deaf have not yet benefited as much from the domestic violence and sexual assault movements. Deaf are not as aware of domestic violence and sexual assault resources because the materials and workshops have not been accessible.

WHEN DEAF AND HEARING MEET: REPORTS FROM THE FIELD

Deaf reported a variety of experiences in trying to communicate with hearing people who work in helping and service roles.

Talk about this: *Notice whether you recognize yourself in any of these examples. Imagine how it would seem to you if the descriptions below were happening to you. What might you be thinking and feeling? How might you respond?*

These are some of the things Deaf reported.

- I've called listed TTY (phone) numbers and the receiver of the call hung up.
- I've called 911 for emergency services and the receiver of the call hung up.
- I've seen the person standing across from me walk away after I signed *I'm Deaf* – and I didn't know if he was coming back.
- I've seen the person across from me start talking to someone in back of me as though I wasn't there.
- I've seen the person I thought was there to help me gesturing for me to move out of the way to make space for someone else.
- I've seen the person start talking in slow motion.
- I've seen the person leaning forward while talking, like I'm a child who can hear.
- I've seen the person talking with my child / friend / spouse instead of me.
- I've seen the person talking but looking away from me - at a computer screen, or paper on a desk, instead of looking at me. I couldn't see the person's mouth.
- I've seen the person's eyes moving up and to the sides and waving her arms.
- She was clearly uncomfortable and maybe even angry.
- People have pointed toward themselves, and said *not me* before walking away.
- I've seen people raise their arms as though to say, *I don't understand, I don't know what to do*, but then not wait for me to try to write what I need.
- Receivers of telecommunications relay calls say, *I don't have time for this*, and then hang up or transfer the call to someone else (relay is the

third party service that can be used when a Deaf person does not, or does not want to, read and write messages, or when a hearing person does not have a TTY).

- I've left messages as directed on the TTY and don't get called back.
- I think my messages are discounted because I don't write standard English.
- People looked frightened, I think, because I was signing fast.
- When Deaf and hearing people are seen together the hearing person is assumed to be smarter, more trustworthy, and a more accurate reporter, even when it's a child.
- I've been led to a waiting area, but not told why I'm waiting, for whom, or for how long. There was nothing that I could understand to look at or watch.
- She wanted to take my children to a different room, but I didn't know where
- or why and it scared me.
- People slowly and (often incorrectly) try to finger spell a message.
- People give a list of messages fast and in English.
- When some hearing people want my attention, they reach out to move my chin. I don't like that.
- The judge would not authorize a certified interpreter during a custody hearing.
- I approached a new woman the same way I approached the last one and she called a security guard to take me out - I don't know why.

<p>THE IMPORTANT QUESTION IS, <i>DURING THESE INITIAL MEETINGS, WHAT WOULD HELP?</i></p>

Before you become defensive, understand that Deaf are not suggesting that hearing people should give up English (or any other spoken language). In the spirit of expanding our understanding of access and making support and services more inclusive, the important question is, *during these initial meetings, what would help?*

The opening question about how you might respond in the situations described above was answered by some of the Deaf interviewed for this workbook. Too many Deaf leave the places they approach for help. They go back to situations that are unsafe and dangerous because the fear they understand is easier than the fear, frustration, and anger that they are not familiar with. We can do better.

<p>Talk about this: <i>In any of the situations described above, what might make it possible or easier for Deaf to initiate an interaction with hearing people?</i></p>
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