



## **“Why Cry if No One Hears?” The Deaf Community’s Experience of Sexual and Domestic Violence”**

### **Webinar Questions and Answers**

Listed below and organized by theme are the questions submitted by webinar participants to the presenter, Gretchen Waech, on both days of the training held on July 28 and 29, 2009. The presenters’ answers appear below each question.

#### **General**

##### **1. Can you explain more about “incidental learning”?**

Incidental learning is learning that takes place outside of a formal educational setting. It is estimated that up to 80% of what we know about the world and how to navigate it is gathered due to incidental learning. Incidental learning would be responsible for, for example, your understanding of how to use a thermostat to heat and cool your home.

Think about it: probably nobody sat you down with a manual explaining that you need to turn the temperature up on the furnace when it’s cold outside and down when it’s hot. You likely learned this from observing and listening to your parents, and possibly experimenting with the shiny buttons and knobs when you were small.

The reason this is pertinent: incidental learning is nearly always accomplished by auditory means. Clearly, this is not the most accessible for a deaf person. This means that many deaf individuals miss out on learning such things as social mores, behavioral norms, etc for the world in general. This includes learning about sexual and domestic violence.

##### **2. How prevalent is the need for a shelter?**

There is no difference in the need for shelter for Deaf survivors and the need for hearing survivors. However, Deaf survivors are far less likely to access shelter services due to the perception (often well-deserved) that they will experience severe isolation, lose their children, etc. At present, there is only one shelter in the US specifically for Deaf survivors: Abused Deaf Women’s Advocacy Services (ADWAS) in Seattle, WA opened *A Place of Their Own* in 2006.

## Deaf Culture

### 1. Are there specific taboos to watch for if we are planning to do prevention education with Deaf children

I would not label these as “taboos” so much as things to be aware of within Deaf culture that may affect how you conduct prevention education: Deaf people are more tactile than their hearing peers. This is likely due to the need for touch to get someone’s attention. You will also see comparatively high level of hugging going on between deaf individuals; this is a cultural norm within the community. It is also at odds with many school policies and certainly the issue of touch looms large in prevention education.

Eye contact is also an area that differs between Deaf and hearing culture. Personally, I was raised to believe that making/maintaining eye contact is rude, possibly a sign of aggression. However, for a Deaf person, eye contact is a critical component of communication. When speaking to a Deaf person, if you **don’t** maintain eye contact, that is considered rude, equivalent to “checking out” mentally or telling the person this conversation is not worth your time.

### 2. Where can we get a power and control wheel that is specific to the Deaf and Hard of Hearing?

There is a Deaf Power and Control Wheel posted on VAWnet ([www.VAWnet.org](http://www.VAWnet.org)) under ‘Special Collections’ see “Violence in the Lives of Persons who are Deaf or Hard of Hearing”. Also, Keri Darling has agreed to share her Power and Control Triangle and I believe this will be posted as well.

I want to point out an excellent point made by Denise Johnson of Deaf Unity in Wisconsin; Denise made this point at the end of the webinar on July 29, and has graciously agreed to let me include it in this document:

*Denise Johnson: I also want to point out that for service providers who are working with a deaf clients, please do not ask questions about their culture issues. Important is to provide service the deaf person need from you just like a hearing person would receive from you. If you have any questions related to deaf issues/culture to please ask other deaf experts because many time deaf person does not know how to explain it correctly or she may be in a state of shock or too emotional to discuss deaf issues. Another thing deaf while growing up never receive formal education about deaf culture like a hearing person would learn English and history. We the deaf people learn in school on English and their history. So that is why you need to ask*

*deaf experts who have received formal education about deaf culture, etc.*

## **Advocacy**

### **1. What is the ideal case scenario in terms of staff at SA/DV programs when working with Deaf survivors?**

The ideal case scenario is going to vary from person to person; just as no two survivors walk in our doors with identical issues, no two Deaf survivors will have the same needs or desires. The first thing to remember is empowerment; the Deaf survivor should have a choice of options equivalent to those offered to a hearing survivor.

Secondly, consider that a Deaf survivor may prefer to work with a Deaf advocate; if you have a Deaf S/DV survivor advocacy program in your area, please work with them to create a good cross-referral protocol. However, one caveat: because of internalized audism, a Deaf survivor may feel uneasy with a Deaf advocate because she feels that deaf people “can’t” be as effective as hearing.

What I have found effective in my rural state is to use an advocacy team: a hearing advocate from a local program and a Deaf advocate who is thoroughly trained and vetted (as well as a qualified interpreter). This is particularly effective in areas where there may be very few Deaf advocates to cover a wide geographical area; the local hearing advocates will generally have a deeper understanding of their specific areas’ court, medical, and social systems.

Regardless, always abide by the survivor’s wishes.

### **2. Do you see much in the way of abusers forcing unwanted medical procedures like cochlear implants or forced speech therapy?**

In my own experience, I have not seen implants used as a control method. I have seen forced speech/speech therapy/lipreading, where the abuser refuses to communicate with the victim in an accessible manner.

With cochlear implants, it would be difficult to force an adult into implantation, as there is a rigorous screening process (not just physical but also psychological) that candidates for implantation must go through which would almost always uncover any reluctance on the part of the victim to be implanted.

## Technology

### **1. Are TDD/TTY machines still in common use in the deaf community or has text messaging or IM/chat become more popular?**

TTY machines have fallen out of use in the Deaf community in general due to the popularity and availability of videophones (VP). In using a TTY, one runs into the problem of language barriers just as one would in written communication, whereas the VP allows a Deaf person to communicate in his or her own language. However, the technology required for use of a VP is not always available or affordable; thus, some Deaf persons continue to use their TTY. IM, chat, text messaging, and email are used more often than are TTYs, but again, the language barrier exists for those for whom ASL is their first language.

### **2. What kind of equipment/assistive technology do you recommend we have in programs in order to facilitate the communication with Deaf survivors and enhance their safety in case of emergencies?**

To be honest, I don't advise programs to consider accessibility to be reachable via equipment purchase; rather, access is best achieved through a deeper change in attitudes and thought process. There are two concrete actions programs can take: spending some time familiarizing staff with the use of relay services (both calling out and receiving calls) and, in the case of shelter programs, installing and maintaining video phones to enable Deaf residents to have access to communication equal to that offered hearing residents. I would encourage anyone who wishes to explore further steps to contact either me, or one of the local Deaf advocacy programs for assistance (presenter contact information is listed at the end of the list of Questions & Answers).

## Interpreters

### **1. How do you know when an interpreter is a bad interpreter? Do we ask the survivor or will the survivor make the determination and ask for another interpreter?**

Whether or not the survivor will feel comfortable speaking up is going to depend on the survivor's personality and knowledge of her/his own rights. Many times a deaf person will feel that they have to accept any interpreter that is provided. Also, a survivor may be afraid to speak up about an ineffective interpreter because in doing so, getting help may be ever more delayed. Your best bet is to be proactive; ask Deaf professionals in your

area for recommendations regarding interpreters who would be a good fit for SA/DV crisis work, and contact/interview interpreters ahead of time.

But what if you're thrown into a situation with an interpreter without the chance to prepare? You need to watch the Deaf person for telltale signs that they aren't understanding: the "smile and nod" and completely off-the-subject answers are two to watch for. Note that you should be facing the Deaf survivor anyway!

**2. Would you have to find a volunteer interpreter to come to volunteer training to assist in the training of Deaf advocates? (I know our local non-profit won't be willing to pay for the 40 hour training).**

You have raised a number of issues in this question! First of all, if Deaf persons wish to go through any organization's training, they have the right to request accommodations to enable them to participate at an equivalent level. A nonprofit organization (depending on the size) cannot just refuse to pay for interpreters; doing so could open them up to a lawsuit under the Americans with Disabilities Act. Instead, they may have to show that providing interpreters would constitute what is called an "undue burden" on the organization.

However, the better choice would be to work with local Deaf advocacy programs (either SA/DV or general) to find other resources to fund this need. Also, please do consider that Deaf advocates will need ongoing support and training just as any other advocate would; don't consider provision of interpreters a one-time expense simply for initial advocacy training. A line item should be built into your budget for this purpose (and is actually a good selling point for many funders; you are showing that you are making a good faith effort to work with underserved populations).

Lastly, interpreters must make a living like anyone else; asking them to volunteer their time to interpret for trainings and such is like asking a doctor to diagnose your medical problems at a cocktail party. While some may be willing to donate a certain number of hours towards the cause, those who are not, should not be stigmatized.

**3. A lot of people are not aware of their rights when working with interpreters, right?**

This is absolutely right. Many people don't know that they have the right to an interpreter in a wide variety of situations. They may not be aware that they have a right to request a specific interpreter, or to decline an interpreter for a specific situation. This is common even among Deaf professionals, but is definitely improving as time goes on.

**For additional information from the presenter please, contact Gretchen Waech at:**

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For domestic violence information or related materials contact the **National Resource Center on Domestic Violence (NRCDV)** at 800-537-2238 or visit us on the web at [www.nrcdv.org](http://www.nrcdv.org) and the National Online Resource Center on Violence against Women at [www.VAWnet.org](http://www.VAWnet.org)