

DEAF VICTIM/SURVIVORS:

A GUIDE TO EFFECTIVE SERVICE DELIVERY

This resource was developed by the Crisis Center Foundation (CCF), the Illinois Coalition Against Domestic Violence and the CCF Deaf Advisory Council.

"This project was supported in part by funds from the Illinois Department of Human Services and the Illinois Criminal Justice Information Authority."

MISSION STATEMENT

The Statewide Domestic Violence Deaf Program was established to serve victim/survivors who are Deaf or Hard of Hearing. This project is committed to assisting victim/survivors in gaining effective control and direction in their lives and in accessing community services. It is also intended to help bridge the gap between hearing and Deaf service providers and victim/survivors and to open the doors of understanding.

CONTENTS

Mission Statement

Introduction

Part One: Understanding Deaf Victim/survivors of Domestic Violence

Introduction

Deafness

Types of Deafness

Medical Terminology

Deafness Statistics

Communication Options

Deaf Culture and Communication

Summary

Part Two: Preparing to Serve Deaf Victim/survivors of Domestic Violence

Introduction

Physical Space

Assisted Devices

Using the TTY

Interpreters

Summary

Part Three: Providing Services to Deaf Victim/survivors Of Domestic Violence

Introduction

Crisis Calls

Flow Chart

Intake Procedures

Order of Protection

Advocacy/Counseling

Summary

Bibliography

Appendix

Resources

INTRODUCTION

The Illinois Coalition Against Domestic Violence (ICADV) was founded in September of 1978 to provide services to victim/survivors of such violence. Suspecting that the Deaf and Hard of Hearing (HOH) population was underserved, a pilot program was established in Jacksonville, selected because a disproportionately large number of Deaf individuals reside there. This city is home to the Illinois School for the Deaf, which employs many Deaf and HOH professionals and staff. Additionally, a number of students remain in this community after graduating. This made Jacksonville an ideal site. ICADV joined forces with the Crisis Center Foundation (CCF) of Jacksonville and hired a Deaf Service Advocate in October 1997; that title became Deaf Program Coordinator in July 1999. The role of the Advocate was to create an adapted environment for the provision of quality services to domestic violence victim/survivors who were Deaf or HOH.

This resource is intended to help the staff of domestic violence programs throughout the state so that they may better understand the needs of Deaf/HOH victim/survivors and provide services in ways that appropriately meet those needs. Following a section on terminology relevant to Deaf victim/survivors, Part One considers communication options as well as communication and culture. Part Two deals with preparations required to deliver appropriate services and Part Three contains instructions for actual service delivery. An Appendix and Selected References conclude the manual.

Staff at other facilities serving Deaf or HOH victim/survivors are encouraged to contact the Deaf Program Coordinator at CCF (TTY-217-245-6816) with questions or suggestions.

Since the majority of domestic violence clients are female, the gender reference throughout this manual is she/her.

PART ONE

UNDERSTANDING DEAF VICTIM/SURVIVORS OF DOMESTIC VIOLENCE

*“Deaf people can do anything...except hear”
Dr. I King Jordan (1)*

INTRODUCTION

Terminology used to refer to individuals who are disabled has evolved over the years from such crude references to the Deaf, as “deaf and dumb”, to more accurate references as individuals with profound hearing impairments. The Americans with Disabilities Act (ADA) recognized in its title that people with disabilities were persons first, and disabled second. Therefore, to refer to someone as a Deaf person is not in keeping with ADA terminology. However, it is important that one refer to individuals with disabilities in a way that is acceptable to them. After reviewing recent literature, it is apparent that hearing impaired adults refer to themselves as Deaf and Hard of Hearing (HOH), rather than individuals with mild, moderate, or profound hearing impairments. Therefore, throughout this manual, the terms Deaf and HOH are used. Although it is not customary in writing to capitalize the “D” in deaf, many Deaf persons prefer this as a mean of expressing their pride as a member of a sign-language using community. Out of respect of these feelings, Deaf is capitalized throughout this manual.

One final note: service providers should be aware that even though the ADA includes the Deaf and HOH in their group of individuals with disabilities who qualify for funding, not all persons with hearing impairments consider themselves disabled, nor do they want others to see them in that light.

DEAFNESS

A Deaf individual is presumed to have little usable hearing. When this impairment occurs at birth or before a child has learned speech and language, the individual requires assistance in learning to communicate and may be taught to sign. Others may learn to speech-read and speak while some Deaf children learn a combination of both. When deafness is acquired late in childhood or in early adulthood, speech and language are not impaired and an alternative method of communication may not be required. An individual with a hearing loss that is not profound (Deaf) may or may not have problems with communicating. Depending on the type of loss, such a person may be helped by an aid or may need the use an alternative means of communicating. Regardless of the type or degree of hearing impairment, it is critical that staff members identify the client’s preferred means of communication and accommodate that.

TYPES OF DEAFNESS

Congenitally Deaf: A person born Deaf

Adventitiously Deaf: A person who becomes Deaf after birth. They can be either *pre-lingual* occurring the first 3 years of life or *post-lingual* becoming deaf after age of 3.

Deafened Adult: A person who becomes deaf after age of 19.

MEDICAL TERMINOLOGY

There are 4 types of hearing loss, each of which can result in different challenges.

Diseases or obstruction in the outer or middle ear (the conductive pathways for sound to reach the inner ear) causes conductive hearing losses. These kinds of loss usually affect evenly all frequencies of hearing and do not result in severe losses. This kind of hearing loss could benefit from the use of a hearing aid

Sensorineural hearing loss result from damage to the delicate sensory hair cells of the inner ear or the nerves which supply it. This type can range from mild to profound. They affect certain frequencies more than others. Thus even with amplification to increase the sound level, the Deaf/HOH person will hear distorted sounds. Some forms of Sensorineural hearing loss are so severe that use of a hearing aid successfully is impossible.

Mixed hearing loss are those in which the problem occurs both in the outer or middle ear and the inner ear.

Central hearing loss results from damage or impairment to the nerves or nuclei of the central nervous system, either in the pathways to the brain or in the brain itself. Central hearing loss may result from congenital brain abnormalities, tumors or lesions of the central nervous system, strokes, or some medications that harm the ear.

DEAFNESS STATISTICS

- More males than females are considered late deafened but since women tend to outlive men there are more late-deafened women than men.
- Deafness that runs in families (genetically transmitted, hereditary, or inherited Deafness) is a relatively rare cause. More common is the prenatal exposure to a virus, Rubella (German Measles, prematurely, RH Factor). Also, environmental factors (accident, illness ototoxic drugs, lack of oxygen during the birthing process). When no specific cause can be determined it is considered of “**unknown etiology**”.
- An estimated 21 million Americans have some degree of hearing loss. Hearing loss affects individuals of **all ages**, and may occur at any time from infancy through old age. This variability in age at onset and degree of loss plus the fact that each individual adjusts differently to a loss of hearing **makes it impossible to define uniformly the consequences of a loss.**
- Although the National Center for Health Statistics through its Health Interview Survey has been able to estimate the number of people with hearing loss, there have been no recent national surveys, which can be used to estimate the number of people who are deaf. As a result, estimates for the number of deaf people range anywhere from **350,000 to two million.** (HEAR)
- 90% of all Deaf Children have hearing parents. The other 10% of deaf children are born to Deaf Adults.
- 1 in every 1,000 infants is born deaf. Many more children develop some degree of hearing loss by the age of 3. (William H. Hall, Director of Communications office of Medical Applications of Research Public Health Services, 2/5/93) (HEAR)

COMMUNICATION OPTIONS

Communication is an important component of everyone's life and possible choices for communication include a variety of symbol systems. For example, one may communicate in English through speaking, writing, listening and reading. Despite these skills, communication with someone whose only language is Chinese, even though that person also speaks, reads and writes fluently is not possible. In the United States, Deaf people also use a variety of communication systems such as: speaking, *speech-reading, writing, electronic means, and manual communication. Manual communication is a generic term referring to the use of manual signs and finger-spelling. The following is a partial list of communication options available to Deaf and HOH individuals.

- **Oral Communication** – This term denotes the use of speech, residual hearing and speech-reading as the primary means of communication.
- **American Sign Language** - American Sign Language (ASL) is a language whose medium is visual rather than oral. As in any other language, ASL has its own vocabulary, idioms, grammar and syntax. This language consists of hand-shapes, position, movement, and orientation of the hands to the body and each other. ASL also uses space, direction and speed of movements, and facial expressions to help convey meaning.
- **Finger-spelling** - Instead of using an alphabet written on paper, a manual alphabet, that is, one with hand-shapes and positions corresponding to each of the letters of the written alphabet, is being used.
- **Speech-reading** - Recognizing spoken words by watching the speaker's lips, face and gestures is a daily challenge for all Deaf people. Speech-reading is the least consistently visible of the communication choices available to Deaf people because only 30 percent of English sounds are visible on the lips, and 50 percent are homophones, that is, they look like something else. [Try this simple exercise. Look in mirror and say words like "kite, height, night, without using your voice. You will see almost no changes on your lips to distinguish among those three words. Now say the words "maybe, baby, pay me"-they look exactly alike on the lips.] (2)
- **Effective Communication** – Individuals who employ both manual and oral methods are said to use total communication.

As noted above, this is not an all-inclusive listing of communication systems available to Deaf and HOH persons. There are a variety of systems of manual communication and technology has added to the options of augmentative and alternative forms of communication. It is imperative that service providers determine the usual mode of communication employed by each individual and make appropriate accommodations.

*Speechread, rather than lip-read, is more descriptive since the client is responding to facial expression and body language in addition to reading lips.

DEAF CULTURE AND COMMUNICATION

“Culture” may be defined in a variety of ways depending on the perspective of the one defining the term. Language along with such attributes as gender, religion, ethnicity, and physical issues, are all associated with cultural identity. Language in culture is important, it is symbolic and like the communication systems used in ASL by the Deaf, it can employ different rules from the standard English language. ASL has its own grammatical rules and syntax (sentence structure), and is every bit as precise, versatile, and subtle as English. As a result, unless the service provider is fluent in ASL, valuable information may be misinterpreted or missed all together. The use of an interpreter when the service provider does not sign or is not a skilled signer is essential but must be done cautiously. **Effective Communication** becomes extremely important when advocates, counselors and therapists work with interpreters.

The following are two examples of misunderstandings created during interpreting;

1. A doctor told a Deaf patient with an interpreter present that her AIDS test came out positive. The interpreter signed “positive”. To the Deaf patient, it meant that she did not have AIDS.
2. A doctor told a Deaf patient that her treatment was finished. The interpreter signed “Treatment finished”. The Deaf patient assumed that she was cured when the doctor intended to communicate that nothing more could be done.

Even though most service providers may not be proficient signers, they need to become aware of various aspects of Deaf culture and some of the characteristics of ASL communication. When hearing providers adapt their behavior to be more accommodating to Deaf culture, they will be able to provide services more effectively. Here are a sampling of guidelines to consider:

- **How a hearing person should address a Deaf person:** Establish eye contact, don’t start talking until the eye contact is made, tap on shoulder if needed, etc.
- **Deaf Taking Turns:** Folding one’s arms while frowning and leaning back is a device used to invite someone to take a turn or to encourage a reticent individual to participate—*this could be the opposite for hearing people*. A shrug or open hands indicate one has nothing to say and gives the floor to someone else. Raised eyebrows with a smile or an open mouth ask for a turn when one has a sudden idea or inspiration. *Of course there are no hard rules about Deaf taking turns. What is listed here is not to be considered the norm for all Deaf people.*
- **Hearing Taking Turns:** Hearing people need to understand that only one person should speak at a time. This allows the Deaf person and the Interpreter to receive and provide effective communication.
- **Turning One’s Back:** As has already been emphasized, maintaining visual contact is essential in ASL. If one wishes to insult another, all one needs to do is turn the head and close the eyes, thus cutting that person off. If someone needs to turn away, they demonstrate a sign with a fist with first finger out to say ‘wait’. Then, go back to that person and resume, or tell that person who interrupts to wait until the other person is finished talking.

- **Taking Another's Hand:** Although it is acceptable to take another person's hand in greeting or to touch the hands of a person who is not signing, it is extremely rude to take another person's hand to stop them from signing.
- **Sharing Information:** Many members of the Deaf community do not attempt to hold private conversations in group settings. Generally, privacy is difficult in sign language. Once a conversation has begun, anyone who wishes, may join in or watch. Privacy can be had by signing very small, by finger-spelling behind a hand, or by going behind closed doors. But secrecy except as a joke is not considered appropriate in the social setting of the Deaf community and so may be considered rude. Deaf people often think a hearing person's attitude toward privacy is infuriating and perplexing.
- **Hugging:** This is a common gesture among Deaf people and is intended only as a greeting or to bid good bye.
- **Saying Goodbye:** When a Deaf person finishes a conversation, they must explain where they are going and what they are going to do. The other person will then reciprocate. Conversations are never considered completely over until everyone leaves for the night, at which time people look for their friends to say good night to them. As might be expected, this process can take a long time. People almost always indicate when they will see each other again, sometimes repeating the date and the place several times. Leaving a social gathering too quickly might also deny someone the opportunity to talk to another; so indicating repeatedly that one is about to leave is a way of announcing to friends that if they want to say something they had better do so.
- **Conversational Pattern:** Interactions often begin informally and jokingly and end formally and seriously. The pace of conversation is rapid at the beginning-people say hello and get straight to the point-but ending the conversation is a gradual process. Getting to the point and being direct is never rude, as it sometimes is in hearing conversation. Ending abruptly, as is sometimes done in American English interchanges, may be construed to mean that the person ending the conversation does not care about the other person. This could be one source of hearing people's complaints that Deaf people are too blunt [likewise of Deaf people's feeling that hearing people do not care about them or talk down to them.]

This section on Deaf culture and communication merely samples some of the characteristics of Deaf communication that must be understood by service providers. Culture and communication are dynamic. Consequently, these characteristics are also always in a state of change.

SUMMARY

In order to provide appropriate services to Deaf and HOH victim/survivors of domestic violence, service providers must have some concept of Deafness as a condition. There are numerous methods of communications Deaf and HOH persons may use. ASL communication differs from communication among hearing persons. In addition to interpersonal considerations discussed in Part I, physical preparations must be made to accommodate Deaf and HOH victim/survivors of domestic violence. These appear in Part II.

PART TWO

PREPARING TO SERVE DEAF VICTIM/SURVIVORS OF DOMESTIC VIOLENCE

INTRODUCTION

No matter what the event, it is important that the person and/or site is adapted and made ready for effective communication to happen. In the case of Deaf and HOH victim/survivors of domestic violence, that preparation includes making physical adaptations, as well as acquiring assistive devices, and obtaining a list of qualified interpreters. Broadly speaking, hearing assisted devices include any device or equipment other than the person's body, when sending or receiving communication. Manual systems, by contrast, are unaided, since only the communicator's body is required. Only after these preparations are made can a facility truly meet the needs of Deaf and HOH clients.

Physical adaptations and hearing assisted devices used to provide access or reasonable accommodations for Deaf and HOH clients would be the following:

PHYSICAL SPACE

Speech-reading requires intense concentration and is quite tiring. Be prepared to make appropriate accommodations and attempt to keep speech-read conversation fairly brief.

- Lighting is important. Lighting should be adequate but do not place the client in a position where she must look into the light to see the speaker.
- Stay away from the windows. The light glares in the client's eyes and disrupts speech-reading.
- Speakers should maintain their normal speech rate rather than slow down and/or exaggerate lip movements or speak loud.
- Keep visual distractions to a minimum. For example, some speech-readers are distracted when the speaker is wearing prominent earrings.
- Remove sunglasses when speaking to a Deaf/HOH client. As noted above, speech-reading involves reading facial expression and covering one's eyes removes important information.
- Do not cover your mouth when speaking or move about the room. Speech-reading is difficult enough without following a moving source.
- Control auditory distractions as much as possible. Those clients with residual hearing may lose their concentration with competing noise.
- In a group or conference setup when more than one speaker is involved with the client, be certain that only one person speaks at a time and that the client has time to adjust her attention.
- Make sure to pick a room with a low ceiling and keep the door closed. It helps to keep the voice in the room especially for hard of hearing people.
- Computers are distracting. When a speaker is with a client, move away from the computers.
- Be aware that some persons are more "readable" than others and make adjustments when that occurs.

ASSISTED DEVICES

- **Alarm clocks** come with vibrating mechanisms and have an outlet on the back of the clock that can be plugged into the lamp or strobe lights. If a Deaf/HOH person prefers the alarm to vibrate, it may be placed under the pillow or mattress, between box spring and mattress. As for the lights, a good location would be on the end table by the bed. When the alarm clock goes off, the vibration will shake the bed and the lights will flash.
- **A baby cry signal** is the same as the alarm clock in that it has a vibrating mechanism attached. However it's sensitive to sound. When the baby cries, the sound travels to the signal and the lights will flash alerting the mother.
- **A doorknocker** is portable and can be attached on the door inside of the room. When someone is knocking, a light will flash to notify the Deaf or HOH client that someone is at the door. This allows victim/survivors privacy.
- **An Assistive Listening Device** helps the HOH client to hear one person talking without any background noise interference. It can be used in one to one or group settings.
- **A portable amplifier** is about the same size as the palm of the hand. It wraps around the earpiece on the handset and the volume can be adjusted to satisfy the individual needs of HOH clients.
- **Closed Captioning** refers to typed words that appear on the bottom of the screen and show what is being said on the TV. All TVs made after 1992 have closed caption capabilities.
- **The Teletypewriter (TTY) or TDD*** or a Relay System provides the Deaf or HOH victim/survivor access to telephone communication. Essentially, the TTY enables Deaf or HOH individuals to communicate with each other or with hearing person through the written word. Since the law states that programs serving victim/survivors of domestic violence must permit clients access to communication, a TTY is an essential accommodation. Because of the importance of TTY, specific directions for its use are included here.

*This manual uses the acronym TTY instead of TDD. The term "TTY" was chosen for two reasons. One, it has better claims to being a "Deaf culture" name than "TDD" does. Two, while "TDD" appears to limit the use of the device to Deaf people only (Telecommunication Device for the Deaf), "TTY" shows that its use is not limited to Deaf people and it's encouraged for Hard of Hearing and hearing people to use the device as well.

It should be acknowledged that the TTY is being used less and less due to advancements in technology with text messaging with phones and instant messaging with phones and computers. Additionally, making video calls through computers has made face to face communication between Deaf and HOH individuals much easier and more affordable. However, it is still important to keep a TTY available as that is the only form of outside communication that is available for some Deaf and HOH individuals.

USING THE TTY

INCOMING CALLS

- 1) There are two different ways to use the TTY. One is to place the handset on top of a TTY that has a coupler. The earpiece should be on the right side of the TTY and the mouthpiece should be on the left side. The second way is to have the phone line hooked up in the back of the TTY. The disadvantage of having the handset set on TTY is that the background noise will cause a garbled message that is not readable.
- 2) Make sure the electrical TTY is plugged into the outlet on the back of the TTY.
- 3) If you do not have TTY direct line, when the phone rings pick up and answer it. If there is no answer then it is possible that this is a TTY call. Sometimes you will hear beeping sounds and it can be misinterpreted for a fax. Just answer it on the TTY.
- 4) If you do have TTY direct line (phone jack cord plugged into the back of the TTY), just turn on the TTY. On the screen of the TTY, it will indicate that the direct line is on.
- 5) Answer it by typing in "*Hi name of your agency This is Jane How may I help you QQ GA*" It is very important to identify who you are.
- 6) Always type GA (Go Ahead) at the end of your conversation. This is a sign that it is their turn to talk. When you see a "GA" from the other person that means it is your turn to talk. Do not interrupt the conversation until you see GA.
- 7) Do not use punctuation. It is not necessary and can waste time.
- 8) Keep the conversation direct. Do not ramble.
- 9) When the conversation is almost over and you need to hang-up, end with ("*GA or SK*"). SK means stop keying. It is telling the other person that you are finished talking and allowing them to have a reply. If they are finished talking then they will type SKSKSK. That means that they want to hang up. You could reply as a last statement "*Thank you for calling SK*".
- 10) Turn off the TTY and/or hang up the handset.

OUT GOING CALLS WITH DIRECT CONNECT

- 1) Because it is impossible to tell the identity by voice via TTY, establish some type of code to use when calling the victim/survivor or when receiving calls from the victim/survivor. This will ensure safety for the clients.
- 2) When making out going calls, turn on the TTY, if it is in direct connect mode then press the CTRL-DIAL key at the same time.
- 3) The screen on the TTY will show "*Enter phone number*". Type in phone number of who to call with no spaces. Press return.
- 4) The screen will show "*Ringling*".
- 5) When the caller turns on the TTY, they will type to you, "*This is _____ GA*".

OUT GOING CALLS DIALING FROM TELEPHONE

- 1) Turn on the TTY, pick up the telephone handset.
- 2) Use the phone to dial the number.
- 3) When the calls start to ring then place the handset in the coupler. (The cord from the handset should be on the left.

Here is a list of TTY abbreviations that are frequently used by the Deaf community.

Abbreviation	Meaning	Abbreviation	Meaning	Abbreviation	Meaning
ANS	ANSWER	INFO	INFORMATION	RDY	READY
ASAP	AS SOON AS POSSIBLE	MIN	MINUTE	SAT	SATURDAY
AM	MORNING	MON	MONDAY	SK	STOP KEYING
BLDG	BUILDING	MTG	MEETING	SUN	SUNDAY
BSY	BUSY	MSG	MESSAGE	TTY	TELEPEWRITER
B-DAY	BIRTHDAY	NBR	NUMBER	THRU	THROUGH
CLR	CLEAR	NITE	NIGHT	THX	THANKS
CUZ	BECAUSE	OK	OKAY	TMW	TOMORROW
DR	DOCTOR	OIC	OH I SEE	THUR	THURSDAY
ENUF	ENOUGH	OPR	OPERATOR	U	YOU
FRI	FRIDAY	PH NBR	PHONE NUMBER	UR	YOUR
FONE or PH	PHONE	PLS	PLEASE	OXOXOXOX	LOVE AND KISSES
GA	GO AHEAD	PLM	PROBLEM	XXX	MISTAKE
HLD	HOLD	Q	QUESTION	WED	WEDNESDAY
ILY	I LOVE YOU	R	ARE	RM	ROOM

Technology available to Deaf and HOH persons in the form of augmentative and alternative communication is limitless. What has been presented here must be considered minimal. The next part discusses a key player in the preparation process – the interpreter.

INTERPRETERS

The definition of an interpreter is a person who can take American Sign Language (ASL) and change it into spoken English as well as take spoken English and change it into American Sign Language.

Interpreting is a relatively new field. To understand the problems faced in interpreting today, it helps to realize who has functioned as interpreters in the past.

- Family members, including hearing children
- Friends
- Co-workers
- Other hearing people who have learned some sign or finger-spelling informally, sometimes called “signers”
- IPP Students may lack the expertise that is necessary for effective communication.

Aside from the fact that these groups of people are not professionally trained in the skill of interpreting, other problems do exist.

Family and friends can be consciously or subconsciously biased toward the Deaf/HOH person making it impossible for the hearing person, agency or business to trust that the interpretation is accurate and impartial. Deaf people can also have a tendency not to trust the interpreters too.

Co-workers who must participate in a meeting cannot interpret and be professionally involved in the discussion at the same time.

Unqualified “signers” Unfortunately, there are few laws governing interpreting services. Anyone who learns any kind of signed language from anywhere can market him/herself as an interpreter. These unqualified and people tend to charge less, because they don’t have the out-of-pocket expenses that qualified interpreters do. Be careful who you contract with to do the interpreting, paying less money is not always a good thing. While hiring these people may seem economical, it is dangerous and can be ineffective.

The majority of the general public is not informed enough about interpreting to realize that a college level education is necessary. Signers probably think they are providing a valuable service. The time it takes to undo mistakes can stretch out an assignment to the point that it would have been less expensive to hire a trained professional to begin with. Mistakes can cause dangerous misunderstandings that could render your meetings useless. In the past, Deaf people have brought suit against businesses that have hired signers to function as interpreters. In the majority of these cases, the Deaf individuals have won on the grounds that a signer does not meet the requirement of “reasonable accommodations” under the American with Disabilities Act (ADA) or the Rehabilitation Act or 1973, sections 503 and 504.

When these individuals are asked to interpret, the interpretation can suffer. Problems such as these led to the development of the professional interpreting field. During the late 1960’s violations of Deaf and hearing people’s rights led to the formation of a professional group known as the Registry of Interpreters for the Deaf, Inc. (RID)

THE INTERPRETING PROCESS

Skilled interpreters make the interpreting process look so easy that it would seem anyone could do it. However, interpreters are highly trained professionals whose job requires full attention to the task at hand. So exactly what does an interpreter do? To the untrained eye, all it looks like is this: when you speak, an interpreter picks up her/his hands and presumably signs what you just said and the Deaf/HOH person understands it. When the Deaf person signs, the interpreter speaks what s/he is signing. What is not obvious is that something called the *interpreting process* is taking place as the interpreter is working. This is very different from normal communication. Examine these facts:

- When you are speaking with the interpreter on the telephone while securing services, you are both thinking in English.
- When the interpreter arrives on the job and talks with the Deaf person for a few moments before you begin, they are both thinking in ASL.
- When the meeting starts, the interpreter is thinking in both languages at once. This means that two different parts of the brain are functioning simultaneously. This dual function is not something people are born knowing how to do fluently. In order to do a polished, professional job while maintaining the integrity of the message, an interpreter must draw on a myriad of skills learned during interpreting education programs. Some people do possess talent in this area, but even those who display this natural aptitude are still not exempt from education. This talent is raw and needs training to hone it into a skill.
- While the interpreter is thinking in two languages at once, the brain is also processing the information it is being given. Whether working from English to ASL or from ASL to English, the process is similar.
- The interpreter takes in the message in the language that original message is being delivered in (source language).
- The brain analyzes and interprets the message for content and meaning.

In addition to the interpreting process, there is the element of the unknown to deal with. During normal conversation, interpreters are more at ease because what is being communicated is in their own words. They know what they are going to say. When interpreting, interpreters must wait to hear your words, which are unknown. Because the interpreting process requires so much attention and energy, interpreters are encouraged to become familiar with the subjects they will interpret, or to specialize in one area, so they will become proficient enough to lessen the pressure caused by the “unknown element.”

DEFINITION IN THE ADA ACT

A qualified interpreter is one who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.

REQUIREMENT

Interpreters are professionals who convert sign language into spoken English and vice versa. According to PA90-200, Interpreters for the Deaf Act, Section 5

- (a) No person may represent himself or herself as an interpreter for the Deaf, work as a professional interpreter for the Deaf, or use the title “interpreter for the Deaf” or similar title in this State unless he or she can show proof of:
 - (1) A certificate issued by the Registry of Interpreters for the Deaf (RID)
 - (2) A satisfactory evaluation by the National Association of the Deaf;
 - (3) A satisfactory Interpreters Skills Assessment Screening (ISAS) Evaluation; or,
 - (4) License of certification or a satisfactory evaluation or screening in another state.

SDS/bill019/bkp

Bill was signed July 24, 1997

It is imperative, then, that programs wishing to employ interpreters confirm that the individual holds one of the credentials specified in Section 5.

ETHICAL CONCERNS

Like most professionals, interpreters must agree to abide by a code of ethical standards. RID (noted in Section 5, (a), (1) above) has developed such a code and it is presented in its entirety next.

CODE OF ETHICS OF THE REGISTRY OF INTERPRETERS FOR THE DEAF

The Registry of Interpreters for the Deaf, Inc. refers to individuals who may perform one or more of the following services:

- Interpret spoken English to American Sign Language and American Sign Language to spoken English;
- Transliterate spoken English to manually coded English/pidgin signed English, manually code English/pidgin signed English to spoken English, and spoke English to paraphrased non-audible spoken English;
- Gesticulate/mime to and from spoken English

CODE OF ETHICS

The Registry of Interpreters for the Deaf, Inc. has set forth the following principles of ethical behavior to protect and guide interpreters and transliterators and hearing and Deaf consumers. Underlying these principles is the desire to insure for all the right to communicate.

This Code of Ethics applies to all members of the Registry of Interpreters for the Deaf, Inc. and to all certified non-members.

- 1) Interpreters/translitterators shall keep all assignment-related information strictly confidential.
- 2) Interpreters/translitterators shall render the message faithfully, always conveying the content and spirit of the speaker using language most readily understood by the person(s) whom they serve.
- 3) Interpreters/translitterators shall not counsel, advise or interject personal opinions.
- 4) Interpreters/translitterators shall accept assignments using discretion with regard to skill, setting, and the consumers involved.
- 5) Interpreters/translitterators shall request compensation for services in a professional and judicious manner.
- 6) Interpreters/translitterators shall function in a manner appropriate to the situation.
- 7) Interpreters/translitterators shall strive to further knowledge and skill through participation in workshops, professional meetings, interaction with professional colleagues, and reading of current literature in the field.
- 8) Interpreters/translitterators, by virtue of membership or certification by the RID, Inc., shall strive to maintain high professional standards in compliance with the Code of Ethics.

Copyright 1996 the Registry of Interpreters for the Deaf, Inc. All rights reserved, REV7/96

WORKING WITH AN INTERPRETER

How To Pick An Interpreter

The demand for interpreting services has increased dramatically in past years. Advanced notification and complete information about your event enables the Interpreter Service provider to place the most appropriate interpreter for your specific needs. To assure successful service, it is recommended that you provide the following information when making your request:

- The date, time and duration of the assignment;
- The exact location of the event, and an on-site contact person and phone number;
- A description of the event (i.e., technical training session, staff meeting, award ceremony);
- Any other information pertinent to your request (i.e., a black-tie affair, video conference, company picnic);
- The name and sign language preference of the consumer(s), if possible: and
- Your billing address, purchase order number, and billing contact.

HIRING AN INTERPRETER

Although the qualifications of interpreters are specific and programs are encouraged to hire only qualified interpreters, it should be noted that others who can sign may attempt to sell their services when, in fact, they are just signers. Signers lack skills that an interpreter has; even though they may be less expensive, they may cost more in the long run because of errors they make in the process. In addition, signers do not meet the “reasonable accommodation” clause of ADA. Do not be tempted to employ a signer to save money and always request a resume from a potential interpreter.

CONSIDERATIONS WHEN WORKING WITH INTERPRETERS

- Stay close to the interpreter, especially in a small group.
- In general, an assignment lasting longer than 2 hours will require a minimum of two interpreters. To ensure effective communication. **Always hire a minimum of 2 interpreters when assignments are a ½ day to full day long.**
- Discuss any changes within the assignment prior to starting with the interpreter.
- Keep in mind that interpreters interpret everything that is heard within the assignment. Therefore, if you do not want a comment expressed, don't say it or sign it. **Do not** tell the interpreter, “Oh, you don't have to sign this.” (5)

Specific to Deaf victim/survivors, items one through three in the Code are critical. Confidentiality and accurate transmissions of the message are imperative; it is equally important that the interpreter not attempt to counsel victim/survivors unless she has the required credentials and assignment to do so. Although it would appear that high quality and ethical practice are assured given these strict qualification and Code of Ethics, selection of interpreters may not be that easy.

USING AN INTERPRETER EFFECTIVELY

In order to make the most appropriate and effective use of an interpreter, it is important to carefully consider the following:

1. The planning stage of a meeting is the time to determine the need and arrange for an interpreter.
2. Both the interpreter and the Deaf/HOH person should be consulted on how best to utilize the interpreter.
3. Interpreters act only as communication facilitators and not as participants. The person(s) who are Deaf/HOH should speak directly to and look directly at the Deaf/HOH person, not the interpreter.
4. It is important to avoid phrases like “tell her” or “ask him”. These are indicative of speaking about, not to, the Deaf/HOH person.

5. Speak at a normal rate of speed, using a natural voice, and maintain everyday speech patterns. Over enunciation or use of only monosyllabic words should be avoided. However, speaking clearly and concisely is recommended.
6. In group meetings, only one person should speak at a time. Interruptions of others or engaging in side conversations should be avoided. When these occur, it is confusing to the Deaf/HOH individual as well as to the interpreter, who will not know which speaker to interpret, and will attempt to include everyone's conversations. The meeting chairperson must control the participants to avoid this problem.
7. Conversing with the interpreter while he or she is on duty is inappropriate and should be avoided. The interpreter is present to interpret, not to participate.

SUMMARY

Facilities who will service Deaf/HOH victim/survivors of domestic violence must make preparations for these clients. Such preparations may be quite simple and may require little but common sense and thoughtfulness. The acquisition of assistive devices is more involved; it is recommended that professionals familiar with such equipment be consulted for assistance in this task. Finally, the program should generate a registry of *qualified interpreters. Having completed these preparations, facilities should be ready to receive Deaf victim/survivors.

PART THREE

PROVIDING SERVICES TO DEAF VICTIM/SURVIVORS OF DOMESTIC VIOLENCE

INTRODUCTION

It is critical that service providers approach Deaf and HOH victim/survivors in an efficient and caring manner. This requires knowledge of the accommodations needed to facilitate clear and concise communication, as well as a thorough understanding of the process. Included in this part of the manual is information regarding crisis calls and the intake process, as well as pertinent legal issues. The use of interpreters and guidelines for effective counseling are also contained in this part of the manual.

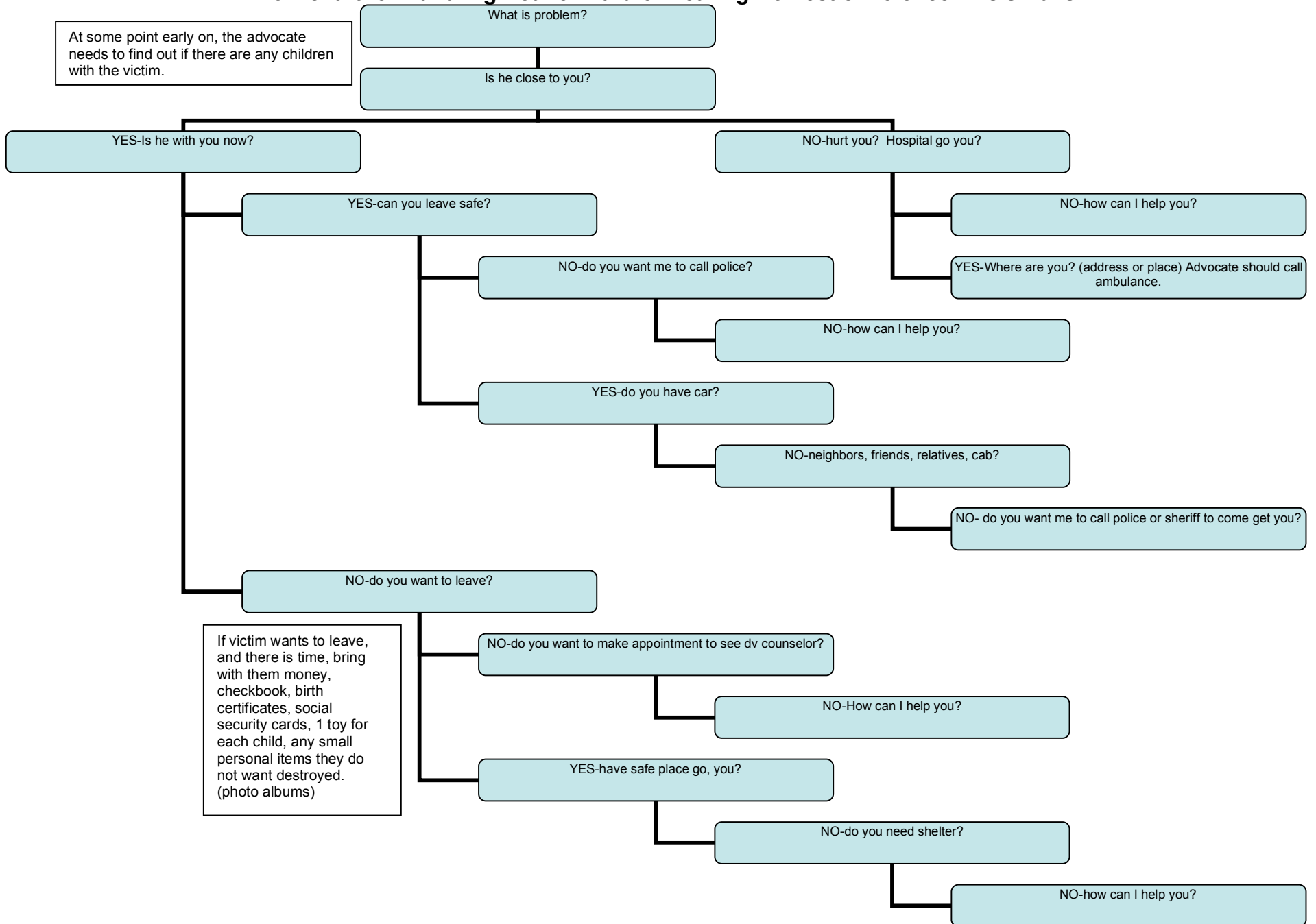
CRISIS CALLS

A flow chart for handling crisis calls is presented on the following page. Please note that the language within this flow chart might appear grammatically incorrect to hearing people, but not necessarily so for Deaf individuals.

It is important that the service provider be aware of the appropriate use of TTY, including abbreviations used by the Deaf community. Instructions appeared in Part 2 under the section titled "Using the TTY". As noted in Part Two, a separate dedicated TTY line is preferable and will avoid confusion. Remember to include the TTY number in all published materials, business cards, brochures, and telephone books.

Also note that some crisis calls may come through text messaging or Video relay, if so the same flow chart can be applied.

Flow chart for Handling Deaf or Hard of Hearing Domestic Violence Crisis Calls



INTAKE PROCEDURES AND PROTOCOL

Assuming that the domestic violence center has already developed a list of willing, qualified and certified interpreters, the potential client is asked if she requires such services. If the answer is “yes”, follow these procedures:

- Call an interpreter or contact your local center for independent living for a list of licensed Interpreters for the Deaf.
- Give the client an estimate of the time at which the interpreter will arrive.
- Encourage the client to read or watch television while waiting for the interpreter to arrive. It is important that the client feel comfortable and safe so that she is not tempted to leave before the interpreter comes. (**Make sure that the TV has Closed Captioning**; all TV's made after 1992 have the Captioning chips built in.)
- When the interpreter arrives, she should sit next to the staff person and the Deaf or HOH person should be seated directly across from the staff person. This allows the client to have direct eye contact with the staff and the interpreter.
- Remember to maintain eye contact with the client and speak directly to the client. Do not make statements such as: “Ask her what her name is”, “Tell her we have...”
- Some clients who may be HOH will not admit to their inability to hear clearly. They might ask the staff to repeat things and their speech might not be very clear. Some Deaf or HOH persons may be very skilled at speech-reading.
- Like many victim/survivors, Deaf and HOH individuals may not be aware of what constitutes verbal, physical, sexual and mental abuse. Give them examples of abuse such as:
 - **VERBAL ABUSE:** “you block-head, you’re stupid, you’re mentally retarded, you shut up, etc.”
 - **PHYSICAL ABUSE:** grabbing by the arm, grabbing the chin to get attention, a hard tap on the shoulder, hitting, biting, shoving, pushing, etc.
 - **SEXUAL ABUSE:** grabbing the breast, making fun of the physical appearance, rape (force to have sex when you don’t want it), etc.
 - **EMOTIONAL ABUSE:** making threats of violence, force you to do something that you don’t like, telling you what to do all the time, embarrassing you publicly or privately, using the children against you, etc.

ORDER OF PROTECTION

When consultation with the client reveals that abuse has taken place or that the individual is at risk, an Order of Protection (OP) may be sought. This is a complicated and time-consuming process. The Court Advocate should read what the statement says and then explain what it means and give examples, this will help the Deaf and HOH victim/survivors understand more clearly.

- Define who the petitioner and respondent are in the case.
- Try to keep the vocabulary simple and give examples if possible. It may take longer than normal but Deaf or HOH clients need to fully understand, so that they can obtain and give information correctly.
- Explain the court process:
 - If time permits, have the Court Advocate and the client go to the courthouse to observe the court proceedings the day before they are to appear in court. Keep in mind that you will need to bring an interpreter so that the client can ask questions of the court advocate about what is happening.
 - Contact the Court Administrator/Circuit Clerk and request an interpreter for the OP hearing—it is their responsibility to provide and pay for one. Request that the interpreter meet you in front of the courtroom one hour before your client is to appear. This will allow the client and the interpreter to become familiar with each other's signing style.
 - If time does not permit the client to see the actual court proceedings, do a mock court with a Court Advocate at the program, so the clients have an opportunity to become more familiar with courtroom proceedings. Keep in mind this Deaf or HOH person may not know words like states attorney, or defendant, or prosecutor; moreover, she may not understand their roles.
 - Drawing a diagram of the courtroom and where all of the key players are to stand will help the client feel more at ease during the proceedings. You may want to take pictures of your courthouse to show victim/survivors before their court appearance. This is equally helpful with other victim/survivors, with or without disabilities.

ADVOCACY/COUNSELING

Much of the early counseling done with Deaf/HOH victim/survivors of domestic violence will be direct or counselor-centered. This means that the facility staff will be guiding the victim/survivor through a series of informational questions and offering possible alternatives. The flow chart—listed on an earlier page in this section—for handling violence crisis calls exemplifies this type of interaction. The presence of an interpreter when this is done in a face to face manner may not be a factor. When additional counseling is warranted and desired, it may occur in individual or group settings. Each counselor will have her own style and what follows is not intended to influence that style.

Counselors may benefit from understanding what some call, the Deaf Identity. This excerpt is included with permission from *The Deaf Way*.

DEAF IDENTITY

So how is it that so many of us end up in the Deaf community, sharing its language and culture, and having what is loosely termed a ‘Deaf Identity’? Considering the long journeys that some of us make, can we identify any common stages on this journey to Deaf identity? The following description of the stages of Deaf identity development comes from discussions with groups of Deaf adults in Australia. At this stage, it is a framework for discussion only.

- **Confusion.** Confusion arises from the realization that one is not the same as everyone else in the family. The early closeness to parents and family that most children experience helps but is not always sufficient to understand one’s place in the world. Deaf children from hearing families are more likely to experience confusion over this difference than are deaf children from Deaf families, although even this group may experience some confusion too.
- **Frustration/Anger/Blame.** The emotional reactions of frustration, anger, and blame are natural responses to a lack of acceptance or understanding by the people in one’s immediate environment. The deaf person may internalize these emotions, developing a type of self-hate, or may express them in an explosion of temper or periods of non-cooperation.
- **Exploration.** At some point, a Deaf person will begin to explore self-identity options more closely, by choosing to associate with Deaf people or with hearing people, for example, or by learning sign language or practicing speech skills. The person will obtain access to these groups and information about Deaf people, Deaf history, and Deaf culture. It is difficult to develop an identity as a Deaf person when this information is not easily accessible.
- **Identification/Rejection.** Identification with one or more groups may be tentative for a time and is subject to early experience with the group. For example, a Deaf person with hearing parents, who attends a mainstream school, may identify with the Deaf community in a rush of enthusiasm at finally having found a place to belong, only to experience difficulty being accepted by members of the Deaf community. The person may then have to reconsider, or perhaps even reject, identification with this group. A Deaf person from a Deaf family may be convinced that he or she can get along fine in the hearing world, and so reject the Deaf community. However, after experiencing rejection by hearing people, this person may see the Deaf community with newly appreciative eyes.

- **Ambivalence.** Feelings of ambivalence may occur after an initial sense of identification when one experiences negative aspects of the group. Such feelings arise especially when one sees members of the group behaving in a way that seems to confirm the negative stereotypes others hold about the group, for example, that Deaf people are passive or behave foolishly (Goffman, 1963).
- **Acceptance.** Acceptance as one's personal and social identity comes when people have sufficient information and experience to know who they are and where they belong. Acceptance implies being comfortable with oneself and with the reactions one may get from both the in-group and others. Acceptance enables one to proceed with one's life, develop personal relationships, and function effectively in the chosen social settings.

These six stages are guidelines only. The value of formulating the development of Deaf Identity in this way is that it provides a framework within which to elicit personal stories from Deaf people about their experiences, which will eventually help us all to clarify the process of developing the Deaf identity. (THE DEAF WAY)

GROUP COUNSELING

An interpreter must be provided for counseling and group therapy sessions. The counseling session is the same as it is for a hearing victim/survivor. Having an interpreter and Deaf/HOH victim/survivors at the session should in no way affect the group process.

Group counseling presents a variety of challenges and the addition of an interpreter increases those challenges. Again, with permission from The Deaf Way, information is presented on group counseling next.

- Remember when you are providing counseling to a Deaf/HOH person who uses the assistance of an interpreter that the counseling session will feel strange and sometimes very uncomfortable. These are common feelings expressed by hearing people when they are having an interaction with a Deaf/HOH client.
- Some reasons for this is that even though you are providing eye contact to the Deaf/HOH person they are not able to do the same in return. They must watch the interpreter to see what you are saying. They will occasionally glance in your direction to meet eye contact so that they can read the facial expressions then return to the interpreter signing.
- Many counselors have expressed a feeling of not being able to connect to the Deaf/HOH person. Maybe this is caused by the lack of facial non-verbal that a counselor normally would observe during the course of a counseling session with clients who are non-Deaf/HOH.
- Interpreters are trained to show inflection when they are voicing for the client so you need to keep this in mind while the counseling session is going on and try to pick up on these cues.
- The same is true when the interpreter is signing what you are saying she will try to show animation that will match what she thinks your voice is reflecting. Even if you're trying to cover your facial expressions of frustration or anxiety your voice will give you away and the interpreter must interpret this information to the client. You may not agree with her animation but remember this is her interpretation of what she is hearing.

- Remind all participants before Group starts that each person must take turns. The interpreter can only interpret one comment at a time. This allows the client to fully participate during the discussion.
- Never tell the interpreter that it is **not necessary to interpret** whatever you are doing i.e.: a phone call comes in while you are in the middle of a counseling session or someone knocks on your door and starts talking to you about another client. Please remember if a hearing person in the same situation has the opportunity to **overhear then the client receives the same opportunity.**
- Because few Deaf counselors exist, it is necessary to employ interpreters during counseling. It is questionable in such cases whether the Deaf/HOH client is well served. At the very least, the counselor should have knowledge of ASL or CASE.

The legal requirement puts a tremendous burden upon a counselor who has a general caseload and who is faced with a large number of clients. That counselor will invariably take the easiest way out in order to meet production expectations of the supervisor and administrator. Clearly, the easiest way out will be for the counselor to work with those who are easiest to communicate with and who take the least amount of time. The Deaf person is not exactly ignored, but the counselor may not give prompt and appropriate services. The case may drag on and on until the Deaf person decides it's not worth the time. There are other techniques; sometimes the wise counselor will look for a colleague who has "had more luck with Deaf people" and ask to transfer the case. *(THE DEAF WAY)*

Many Deaf people who have difficulty with the English language – but not their own American Sign Language – have turned out to be superior computer operators, programmers, cabinet craftsman, mechanics, draftsmen, statisticians, electronics specialists, and artists, among other occupations. The Deaf community is compact; everyone knows almost everyone else-where they work, who they marry, where they live, and even their bowling scores. What will be the impression that the Deaf applicant takes home? The credibility of the domestic violence program as well as the counselor is on the line. Word gets around the Deaf community very quickly about a particular counselor and the program.
(THE DEAF WAY)

SUMMARY

Providing good services to any victim/survivor of domestic violence requires care, concern, confidentiality, respect, and knowledge of the law and auxiliary services available from community agencies. When the victim/survivors are Deaf or HOH, additional accommodations are required. In this manual, an attempt has been made to introduce staff members to information regarding Deafness. The various means of communication available to Deaf individuals and cultural aspects of Deaf communication conclude Part I. Part II of the manual is devoted to preparation for receiving Deaf victim/survivors. Some of the necessary accommodations require only an awareness of common courtesy, but adaptive equipment may present financial challenges to the agency. Guidelines for identifying and generating a directory of interpreters are also included. The final part is based to a certain extent on procedures for serving Deaf/HOH victim/survivors found to be successful at Crisis Center Foundation in Jacksonville, Illinois. As noted at the beginning of the manual, this agency does not have a long history of service to Deaf victim/survivors and equipment and procedural adjustments are ongoing.

Bibliography

- Barash, H. L., & Dicker-Barash, E. (1991). *Our father abe*. Madison, Wisconsin: ABAR Press.
- Beals, R., & Hoijer, H. (1971). *An introduction to anthropology*. Fourth Edition New York: The Macmillan Company. (p. 119).
- Erting, C. J., & Johnson, R. C., & Smith, D. L., & Snider, B. D. (1989). *The deaf way – Perspectives from the international conference on deaf culture*. Washington, DC: Library of Congress Cataloging-in-Publication Data.
- Holcomb, R. K., & Holcomb, S. K., & Holcomb, T. K. (1994). *Deaf culture – our way*. San Diego, California: Dawn Sign Press.
- Ivey, A. E., & Ivey, M., & Simek Morgan, B. L. (1997). *Counseling and psychotherapy: a multicultural perspective*. Boston: Allyn & Bacon.
- Moore, M. S., & Levitan, L.J. (1993). *For hearing people only*. Rochester: Deaf Life Press.
- Moxham, T. (1996). *How to use a sign language interpreter*. Oregon: Butte.
- Pope, A. (1997). *Hear*. New York: DK Publishing.
- Preston, P. (1995). *Mother father deaf*. Cambridge: Harvard University Press.
- Sack, O. (1989). *Seeing voices* New York: Harper/Collins Publishers.
- Self-help for hard of hearing*. SHHH.
- Tucker Poitras, B. (1995). *A feel of silence*. Pennsylvania: Temple University Press.
- Walker, L.A. (1986). *A Loss For Words*. New York: Harper & Row.
- Wiggins, J. (1970). *No sound*. The Silent Press, Inc.

APPENDIX

RESOURCES

There are many resources that a program can benefit from:

Centers for Independent Living

Community Deaf Centers

Office of Rehabilitation Services

Deaf and Hard of Hearing Commissions

Domestic violence programs

Sexual assault programs

State domestic violence coalition

State sexual assault coalition

It is valuable to all programs/agencies who work with the Deaf community to have networking opportunities made more accessible to everyone. You can develop and insert your own list here of contacts along with their voice, tty, video phone numbers, IM, email and internet addresses.

**For a current updated list of the domestic violence programs in
“your state” visit www.‘your website’.org**

**To locate a domestic violence program nearest to your location
call the National Domestic Violence Hotline**

**TTY: 1-800-787-3224
Voice: 1-800-799-SAFE (7233)**

Insert statewide dv hotline here