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12-2023

## **Bridging the Gap: Understanding and Addressing Intimate Partner Violence in Deaf Communities**

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# **BRIDGING THE GAP**

## **Understanding and Addressing Intimate Partner Violence (IPV) in Deaf Communities**

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Fall 2023

In the spring of 1992, when she was twenty four years old, Cherrie Watson married the man who she thought was the love of her life. They had known each other since they were children, and he was the first person she had dated who was Deaf like herself. The communication was smooth, and they shared a culture and language. From the outside, it seemed to be the perfect pairing. However, it was only one year into their marriage when Cherrie began to see a different side to her husband. An angry, unloving, and uninvolved partner. When Cherrie fell pregnant, “[her] husband rejected [her]. He did not embrace [her] as a beautiful wife, because [she] was not thin anymore” (Watson 2014, 83). When their daughter was born, he was not interested in parenting and left the childcare responsibilities entirely up to Cherrie. Though she did not understand what she had done to make him resent her, she had hope that their marriage would improve. Further, “[she] was afraid to voice how [she] felt because [she] had no college degree, no income, and no job to be able to take care of [their] daughter or [herself]” (Watson 2014, 84).

Three years later, Cherrie gave birth to twin daughters at only twenty five weeks gestation. When one of her daughters passed away as a result of her premature delivery, Cherrie had no support from her husband. “That was the second cue to realize that [her] husband was not there for [her]” (Watson 2014, 84). When Cherrie expressed a desire to attend college, her husband thwarted this dream by telling her that she wasn’t smart enough nor was she as smart as him. He used their children as leverage and pressured her to stay home to take care of them. She was stuck. “[She] could not share [her] problems with [her] Deaf friends because [she and her husband] were well known in the Deaf community” (Watson 2014, 85). The insular nature of Deaf communities may prevent a survivor, like Cherrie Watson, from speaking negatively about their abuser. Not only can this bring “shame” onto the couple, but it is also extremely difficult for

someone who is Deaf to uproot their life and move to a new environment where they are not surrounded by other people who are Deaf. Furthermore, her husband was able to distort stories and charm people into believing that he was a loving and attentive husband. In reality, he was an abusive narcissist.

Cherrie was isolated and alone. Her partner utilized abuse tactics often used against those in Deaf communities by watching her video phone conversations, controlling the Deaf friends she talked to, making her fear that no one would believe her as a result of his status in the Deaf community, and reminding her that, if she left, shelters would not accept her because she is Deaf (Watson 2014, 85). He held the power.

Though she tried to put on a front of being the “perfect wife,” Cherrie was suffering from major depression, and there were no resources or support groups in her area for Deaf victims of domestic violence. Something needed to change. In 2001, Cherrie became a teacher’s assistant at a school for the deaf. Although her husband was stealing her paychecks and controlling any money she earned, Cherrie enjoyed her job and quickly made friends with the other teachers. Her newfound happiness and independence at work spurred her to start thinking about leaving her husband. However, she “was not... aware of any domestic violence services for Deaf culture” (Watson 2014, 87). She had no money as her husband controlled her pay and social security checks, and she was worried that “he would spread rumors about [her] to ruin [her] reputation. This was very common in the Deaf community... [and] prevents the significant other from obtaining a job and helps keep him or her at home” (Watson 2014, 87).

In 2004, when Cherrie was seven months pregnant with her third child, her husband physically abused her for the first time when he found out she was trying to leave him. This physical abuse quickly escalated to constant arguments and consistent physical altercations. Her

partner would often use “gestures, facial expressions or exaggerated signs, but [denied] any aggressive behavior by justifying it as part of Deaf language” (Watson 2014, 88). One year after the first instance of physical abuse, Cherrie’s husband attempted to stab her with a knife. When the police arrived, Cherrie “did not request an interpreter because it was a small, closely knit Deaf community, and [she] did not want what happened to spread...” (Watson 2014, 88).

After a short time living with her mother following the incident, Cherrie made the decision to move back in with her husband. She decided to go back to school and, proving her husband wrong, made the Dean's list. After taking classes in social work at college, Cherrie realized that there were programs for domestic violence survivors. Still, she did not want to admit that she was in a domestic violence situation until a week after Easter in 2012. One night, after discovering that Cherrie had been talking to friends about their marriage, her husband “threw [her] against the wall and tried to choke [her]... [He] pushed [her] out of the apartment and locked the door” (Watson 2014, 91).

Cherrie finally confided in a trusted advisor who suggested that she contact Vera’s House, a domestic violence shelter for women. Though she was scared, Cherrie wanted to change her life and ensure that she would get to see her children again. When she arrived at Vera’s House, she was thankful for the services they provided, but still felt “isolated, alone, and without support, because all the women there were hearing. [She] had to request an interpreter for support groups and house activities. [She] spent more time educating hearing sponsors about [her] needs than [she] did talking about [her] experiences and how domestic violence affected [her] life and the life of [her] children” (Watson 2014, 91).

Ultimately, despite its flaws, Vera’s House gave Cherrie the knowledge and power to leave her husband and take care of herself and her daughters. After learning of an organization

for Deaf women in domestic violence situations, Cherrie began sharing her story, meeting other Deaf women, and advocated for other Deaf survivors of domestic violence.

Cherrie's story is just one of many that exemplifies the prevalence of domestic violence and the unique systemic barriers created by white people with hearing privilege faced by victims in Deaf communities. It was stories like Cherrie's that made it clear that the Violence Against Women Act, one of the largest pieces of federal legislation aimed at protecting victims of domestic violence, does not always adequately address or serve those in the Deaf community who are affected by domestic violence. This observation led me to question "under what conditions can and does the Violence Against Women Act effectively serve and protect deaf survivors?" Through conducting interviews with policy experts and advocates as well as analyzing Biennial Reports to Congress on the Effectiveness of Grant Programs Under the Violence Against Women Act, it is evident that the Violence Against Women Act can *only* effectively serve and protect deaf survivors with the assistance of advocacy, litigation, and education.

### **Domestic Violence**

*Definition:* According to the United Nations, "Domestic abuse, also called "domestic violence" or "intimate partner violence," can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner" (United Nations). Although the "frequency and severity" of abuse can differ drastically, the power that one partner possesses over another is a consistent identifier of domestic violence (National Coalition Against Domestic Violence). Further, there is a common misconception that domestic violence is solely physical. In actuality, this abuse can take many forms, and mental, emotional,

or verbal abuse can cause just as much, if not more, harm to a victim (National Coalition Against Domestic Violence).

The six most prevalent and commonly acknowledged forms of abuse include the following: Emotional abuse, psychological abuse, financial or economic abuse, physical abuse, sexual abuse, and stalking (United Nations). Emotional abuse includes the perpetrator gaining control over their partner through constant humiliation, criticism, or name calling. It can also consist of monitoring the victim's location, not allowing the victim to see their family or friends, or a lack of trust by the perpetrator. Often, the goal of emotional abuse is to undermine the victim's sense of self worth or to isolate them from others (United Nations).

Though it often takes a similar form as emotional abuse, psychological abuse involves intimidating or frightening a partner through the threat of violence or suicide, "mind games" such as gaslighting, or the destruction of loved pets or cherished property (United Nations). Psychological violence allows the perpetrator to maintain power as it makes the victim believe that the threats may come to fruition.

A lesser known form of abuse is that of financial abuse. This is when a perpetrator "[maintains] total control over financial resources, withhold[s] access to money, and/or forbid[s] attendance at school or employment" (United Nations). The goal of these actions is to ensure that the victim is financially dependent on their partner and is unable to leave the relationship.

Physical abuse is most commonly what people think of when they learn that someone is experiencing domestic violence in a relationship. Though physical abuse often involves hitting, punching, cutting, hair pulling, burning, or biting, it can also include "denying medical care or forcing alcohol and/or drug use" (United Nations).

Physical abuse can also take the form of sexual violence. Sexual violence or abuse can include forcing a partner to perform or participate in sexual acts without their consent. However, it can also involve one partner controlling what their partner wears, cheating, or hurting their partner with weapons or force during sex (United Nations). The fear that each of these forms of abuse instills in the victim allows the perpetrator to maintain control and power over their partner.

Finally, the United Nations defines stalking as “any pattern of behavior that serves no legitimate purpose and is intended to harass, annoy, or terrorize the victim” (United Nations). Despite the fact that stalking often includes the perpetrator following or harassing the victim, it can also involve repeated phone calls or text messages, home or work surveillance, or unwelcome and unexpected letters, packages, or gifts. Stalking often escalates and devolves into physical harm of the victim (United Nations). Through stalking, the perpetrator asserts power over the victim through the threat of their constant presence and the knowledge that they are aware of the victim’s location and movement .

*Prevalence and Demographics:* It is vital to remember that domestic violence can affect people of any gender, race, age, or ability. Further, domestic violence affects a large portion of people in the United States. According to the National Coalition Against Domestic Violence, on average each year, “more than 10 million women and men” are physically abused by an intimate partner and intimate partner violence accounts for 15% of all violent crime (National Coalition Against Domestic Violence). Despite the fact that women ages 18-24 are most commonly abused by an intimate partner (1 in 4), 1 in 9 men also experience “severe intimate partner physical violence, intimate partner contact sexual violence, and/or intimate partner stalking” (National Coalition Against Domestic Violence).



Though this age range is at most risk, domestic violence also affects those who are not between the ages of 18-24. According to the National Coalition Against Domestic Violence, “Nearly 20.9% of female high school students and 13.4% of male high school students report being physically or sexually abused by a dating partner” (National Coalition Against Domestic Violence). Further, “More than 10% of community-residing older adults experience...” some form of abuse, the majority of which is at the hands of an intimate partner (NCADV, Abuse Later in Life). These statistics clearly exemplify that domestic violence commonly affects older adults as well as younger teenagers.

The fact that domestic violence does not only affect one group of people is similarly demonstrated through statistics pertaining to race. A study conducted by the Center for Disease control in between 2010 and 2012 showed that, although multiracial women in the United States most commonly reported any “lifetime contact sexual violence, physical violence and/or stalking by an intimate partner” (56.6%), this number was closely followed by American Indian/Alaska Natives (47.5%), non-Hispanic Black women (45.1%), non-Hispanic White women (37.3%), Hispanic women (34.4%), and Asian or Pacific Islander women (18.3%) (NISVS, 120). These statistics clearly exemplify the fact that, although the prevalence of domestic violence among some races/ethnicities is more common, domestic violence affects people of all races.

Finally, as demonstrated by statistics found through the National Coalition Against Domestic Violence, people with disabilities are disproportionately affected by domestic violence. In fact, “Women with disabilities experience intimate partner violence at twice the rate of other populations” (NCDAV, People With Disabilities and Domestic Violence). Further, people with disabilities are more likely to experience abuse at the hands of someone they know, such as a caregiver, partner, or parent, than other victims of abuse. Finally, “People of all genders with

intellectual disabilities are seven times more likely to experience sexual violence than people without disabilities, and women with disabilities are twelve times more likely to experience sexual violence” (NCDVA, People With Disabilities and Domestic Violence). These shocking statistics, yet again, demonstrate the non discriminatory nature of domestic violence in the United States.

*Updated Language:* As clearly established in the above statistics, the assumption that domestic violence only affects women is incorrect. For this reason, and as to not perpetuate misconceptions, gender neutral terms will be used to refer to both victims and perpetrators, unless it is a true narrative, throughout this paper.

Further, throughout history, the language we use to refer to and explain domestic violence has changed and evolved drastically. Using correct language, especially when referring to a topic as sensitive as domestic violence, is vital in ensuring that an idea is conveyed accurately and appropriately. Throughout this paper, domestic violence/abuse and intimate partner violence will be used interchangeably. It is important to recognize, however, that there is a difference between the two terms. “Domestic violence refers to violence among people in a domestic situation, and can thus include not only a spouse or partner (same sex or opposite sex), but also siblings, parents, aunts, uncles, cousins, etc” (Women Against Abuse, The Language We Use).

In contrast, “Intimate partner violence is more specific in describing violence perpetrated by a partner in a romantic or dating relationship” (Women Against Abuse, The Language We Use). While intimate partner violence is a more nuanced term, many people still think of “domestic violence” as an event happening between intimate/dating partners. Further, it is vital to remember that domestic violence “occurs within a spectrum of relationships” including “sex trafficking; relationships described as "hooking up," "dating;" "friends with benefits," or other

terminology; abuse within an institutional setting; and other abusive relationships” (Women Against Abuse, *The Language We Use*).

Similarly, language used to refer to a person who has been affected by domestic violence varies depending on context and preference. Traditionally, the term “victim” is used by law enforcement or during legal/court proceedings to describe these individuals. However, organizations that provide support to individuals who have experienced domestic violence often, instead, use the word “survivor.” This is because “the term “victim” can have a negative connotation and may make survivors feel like they are powerless or weak. Using the term “survivor” emphasizes their strength and resilience in the face of adversity rather than focusing on their status as victims of a traumatic event” (KMD Law). Ultimately, it is essential to follow the lead of the person seeking support as the journey from victim to survivor is often difficult and confusing. Because of this, individuals may prefer to use the term “victim/survivor” to represent their experience and status (Women Against Abuse, *The Language We Use*).

### **Deaf Communities**

*Nothing About Us Without Us:* As a white, hearing, able-bodied person, it is imperative to acknowledge my white, hearing privilege when writing about a community and culture in which I am not a member. I do not share the same experiences or background, nor have I experienced the discrimination and systemic barriers faced by those about whom I am writing. For this reason, it was imperative that I incorporated Deaf voices and resources in the form of interviews and by using sources made by and for Deaf survivors which can be seen throughout my research.

*Defining “Deaf”:* The term “deaf” does not simply refer to those who cannot hear. Instead, this word encompasses a breadth of identities and abilities including people who are “Deaf, DeafBlind, DeafDisabled, Hard of Hearing, and Late-Deafened” (NAD, *Community and*

Culture - Commonly Asked Questions). While there are some experiences that are common across all of these identities, the Deaf community is highly diverse. Deaf people come from all backgrounds, cultures, ethnicities, and family structures and have a wide range of communication styles and preferences, hearing assistance devices (or lack thereof), and additional disabilities that shape the way that they interact with the world around them.

Despite the fact that not all deaf people associate themselves with Deaf culture, this is another important component of Deaf communities. Those in Deaf communities who identify with and consider themselves part of the “unique cultural and linguistic minority who use sign language as their primary language” share what is referred to as “Deaf culture” (NDC, Deaf Awareness). Deaf culture often includes certain behaviors, values, and traditions such as the promotion of sign language use in academic settings, consistent eye contact while communicating, and an emphasis on visual transmission of information (NDC, Deaf Awareness). Those who view “deafness” as simply an audiological condition, often do not consider themselves members of the Deaf community, nor do they consider themselves to be “culturally Deaf.” Further, this is a fluid identity that can change over time through exposure to sign language, participation in Deaf events, or a change in hearing status (NDC, Deaf Awareness).

*Medical vs. Cultural Models:* Two prominent ways to view “deafness” have emerged in our society over the years. The first is referred to as the “medical model.” Those who subscribe to the medical model view “deafness” as an audiological condition and a disability. Further, this model focuses solely on what deaf people cannot do and the ways in which their “deafness” is a hindrance, simply because they may not be able to communicate through “speaking” or “hearing.” Most importantly, “It is a narrow and negative viewpoint in which Deaf persons are

viewed as needing assistance and in which "deafness" requires a cure" (Mass.gov, Understanding Deaf Culture).

In contrast, the cultural model "is promoted by Deaf persons themselves, and by advocates and professionals working within the Deaf community" (Mass.gov, Understanding Deaf Culture). This model does not view "deafness" as a disability or restraint but, instead, focuses on the unique abilities of those who are Deaf. It acknowledges that Deaf people can communicate effectively and fluently using sign language, and that "deafness" is only perceived as a disability because of societal standards and norms. This argument acknowledges that hearing people are just as disadvantaged if they do not know sign language as they cannot communicate with Deaf people (Mass.gov, Understanding Deaf Culture).

*Updated Language:* Just as with domestic violence, language surrounding people who are deaf has evolved over time to accurately portray and reflect the community about which it is referring. Though the language used should be wholly determined by an individual's preference, "over the years, the most commonly accepted terms have come to be Deaf, DeafBlind, DeafDisabled, Hard of Hearing, and Late-Deafened" (NAD, Community and Culture - Commonly Asked Questions). Similarly, over time, terms have become outdated and offensive and should no longer be used to refer to individuals in the Deaf community. These terms, including "deaf-mute," "deaf-dumb," and "hearing impaired," perpetuate inaccurate assumptions and imply that people who are deaf are "less than" or "incapable" of effectively communicating because they cannot hear (NAD, Community and Culture - Commonly Asked Questions). To that end, many people who are Deaf do not consider themselves to be disabled but, instead, part of a cultural minority. Therefore, it is usually more appropriate to refer to someone who is deaf as "Deaf" or "hard of hearing," rather than disabled (Waech, 3).

## **Domestic Violence in Deaf Communities**

*The Issue:* Although there is limited research on the topic, it is evident that people who are deaf experience higher rates of domestic violence than the general population. A study published in 2013 by the National Library of Medicine attempted to bridge this gap in data by “obtain[ing] IPV prevalence rate data reported by sizable Deaf community samples and compare[ing] them, where possible, to data from general population samples” (Pollard, et. al.). This study is unique in recognizing that most research conducted surrounding the topic of domestic violence in Deaf communities was not translated adequately into sign language and that people who are deaf should not be grouped into the same category as individuals with other disabilities.

Through the data they collected, researchers found that “deaf adults who use sign language experience notably higher rates of IPV than does the general population, at least in some IPV categories” (Pollard, et. al.). Specifically, more than 25% of deaf people report experiencing emotional abuse in their lifetime. Further, the study shows that deaf people report having experienced physical abuse in their lifetime at the same rate, if not slightly more, than the general population. Finally, and most shockingly, sexual abuse is reported to be experienced by deaf people in their lifetime at a significantly higher rate (13.7%) than those in the general population (8%) (Pollard, et. al.).

*Deaf-Specific Tactics of Abuse:* Although the power and control that one partner holds over another is experienced in domestic violence situations involving both deaf and hearing survivors, there are some unique tactics used by perpetrators that are specific to Deaf communities. Much like in relationships between hearing partners, abusers may isolate their partner from friends and family, physically hurt their partner, control their income or social

security checks, or force them to engage in sexual activity. However, as demonstrated in Cherry Watson's story, deaf people can be vulnerable to unique tactics of abuse, especially if their partner is hearing. Abusers may use what is called "hearing privilege" to manipulate situations or isolate their partner from the Deaf community or their Deaf friends. Further, "Abusers could intentionally misinterpret in social settings. Or, if police are called to the home, abusers may manipulate the interpreting process. They might also damage or destroy their partners' communications equipment or assistive devices, refuse to use sign language, or abuse hearing dogs" (Nolen, How Abuse May Look Different).

Deaf partners are also vulnerable to specific types of physical abuse. This can include the abuser attacking their partner's ears during an argument to hurt them since they are "already deaf," breaking or hurting their partners hands so that they are unable to communicate through sign language, or damaging their partners eyes so that they are unable to see others signing to them. "[Abusers] might even excuse violence as being "culturally appropriate" in the Deaf community. This could look like throwing an object at someone and saying it was to get the victim's attention. They may use intimidating body language and explain it away as normal American Sign Language" (Nolen, How Abuse May Look Different).

In explaining abuse in Deaf communities, DeafHope's "Deaf Power and Control Wheel" is often used. As pictured below, the Deaf Power and Control Wheel differs from the one made for hearing survivors as it includes visual depictions of different tactics as well as deaf-specific examples that can be more easily identified by Deaf survivors. Despite their differences, the "inside of [each] wheel makes up subtle, continual behaviors over time, while the outer ring represents physical and sexual violence. Thus, abusive actions like those depicted in the outer

ring reinforce the regular use of other, more subtle methods found in the inner ring” (The Hotline).



**DeafHope Deaf Power and Control Wheel**



**Domestic Abuse Intervention Project Power and Control Wheel**

*Systemic Barriers to Reporting/Leaving:* There are many reasons as to why Deaf survivors of domestic violence may not leave the situation or may not reach out for help. A study conducted at Gallaudet University showed that the three common reasons that survivors may not leave is because of a distrust of police, communication barriers, and social influences.

The study showed that many diverse communities, including those involving people of color or the poor, hold a strong distrust of the police. This is no different for the Deaf community. When police respond to calls within these communities, arrests are inconsistent which can lead to an escalation of abuse. Further, people from these communities often feel that police do not respect them or their needs and cannot adequately serve them. “This distrust within the context of historical discrimination and oppression may lead to fear of reporting the abuse or a lack of faith that justice will prevail once the abuse is reported” (Crowe Mason, 10).



Further, if American Sign Language is the person's first language, they may have a difficult time reading and understanding English due to grammar and structural differences. "Limited ability to communicate with professionals in the English-speaking world may lead to limited visibility in the social and political systems, thus greatly limiting the access and effectiveness of interventions" (Crowe Mason, 10). Communication barriers may also pose issues in understanding preventative education, in understanding laws and political systems, or receiving treatment.

Deaf survivors may also choose not to report an incident of violence as they are worried that the perpetrator may be arrested and incarcerated. "Survivors may feel guilt and fear about sending an abuser to prison, knowing that the experience for the deaf perpetrator may be particularly brutal" (Crowe Mason, 10). Similarly, as mentioned above, unfair treatment by police, the justice system, or advocates may hinder a report (Crowe Mason, 10).

Finally, the Deaf community is extremely tight-knit and information spreads quickly within. For this reason, survivors may choose not to report an incident for fear that people in the community may find out. "The survivor and perpetrator can suffer repeated shame and humiliation of the incident for long periods of time as the news travels the grape vine" (Crowe Mason, 10). Survivors may also choose to address the issue within their own community, rather than involving hearing law enforcement and advocates, so that undue judgment is not placed upon the Deaf community.

### **The Violence Against Women Act**

*What is VAWA?:* The Violence Against Women Act of 1994 (VAWA 1994) was the first federal legislative package passed with the intention of strengthening policy and ending violence against women. The drafting of this bill began in 1990 by President Joseph Biden, then Senator

Biden of Delaware, before it was eventually passed in 1994 and acknowledges the “severity of the crimes associated with domestic violence, sexual assault and stalking” (The Women’s Legal Defense and Education Fund). More specifically, the bill aimed to remedy the fact that state laws were failing to adequately address domestic violence by including provisions focused on the prevention on rape and physical abuse, funding and grants for victim services, and “a requirement that every state afford full faith and credit to orders of protection issued anywhere in the United States” (The Women’s Legal Defense and Education Fund). Since then, the Violence Against Women Act has been reauthorized four times, with the most recent reauthorization being in 2022.

*Impact:* Since its passage, the Violence Against Women Act has had an extensive and positive impact on survivors in the United States. With each reauthorization of the bill, protections for survivors, prevention provisions, and funding for shelters and support has grown drastically. Notably, the 2005 reauthorization “expanded the initial mandate to address not only domestic violence, but sexual assault and stalking as well, and specifically took into account the needs of underserved populations” (The Women’s Legal Defense and Education Fund). Since 1994, the Office on Violence Against Women, an office within the Department of Justice created with the sole purpose of implementing VAWA, has distributed “\$9.5 billion in grant funds..., supporting communities in implementing effective strategies that prevent and respond to these crimes” (Department of Justice). Despite the focus and effort put on allocating funds, Deaf survivors of domestic violence are severely underserved, underacknowledged, and underprotected by grants from The Violence Against Women Act.

*Language in VAWA (Disabilities/Deaf):* After examining the original legislation and subsequent reauthorizations of the Violence Against Women Act, it is apparent that the support

and funding for survivors who are Deaf or have disabilities is not a priority for lawmakers. In the Violence Against Women Act of 1994 (VAWA 1994), the first bill of its kind, the term “disability” was used only twice throughout the entire bill. The first time was under a nondiscrimination clause, which is required by the Americans with Disabilities Act and does not work to further protections for Deaf or disabled survivors. The term was again mentioned in the grant application requirements stating that the applicant must list the “demographic information of populations to be served” by the grant. This acknowledges that people with disabilities qualify for and may be helped by these grants, but there is no language clearly indicating what grants are available or how they will assist people with disabilities. It is also important to note that, while Deaf survivors are not explicitly mentioned in this legislation, in 1994, Deaf people were often considered to be disabled, and it is likely that Deaf survivors would be categorized alongside survivors with disabilities.

Although the 2000 reauthorization of the Violence Against Women Act (VAWA 2000) significantly expanded the protections and provisions for certain populations, it included very few expansions to resources or grants to Deaf survivors or survivors with disabilities. There was, however, a section within the bill entitled “Enhancing Protections for Older and Disabled Women from Domestic Violence and Sexual Assault” (SEC. 40802) which provided up to \$5,000,000 in grants to train law enforcement in recognizing, prosecuting, and addressing domestic violence in these communities. Within the section, it was unclear how these grants were apportioned between “older women” and “disabled women” as well as how this allocation was determined. The 2000 reauthorization also included a section entitled “Education and Training to End Violence Against and Abuse of Women with Disabilities” (SEC. 1402). This provision included \$7,500,000 in grants towards anti-discrimination measures and cost effective

ways that shelters can accommodate needs of people with disabilities. Although Section 1402 aimed to remedy pre-existing issues within the system, it did not include any new resources to assist or support Deaf or disabled survivors. Much like VAWA 1994, it grouped Deaf survivors with those with disabilities and did not acknowledge the unique needs of Deaf survivors.

The Violence Against Women Act of 2006 (VAWA 2006) was the first reauthorization of the bill to explicitly recognize the disparities between able bodied survivors and survivors with disabilities. VAWA 2006 acknowledged that people with disabilities are disproportionately affected by domestic violence and often refrain from reporting this abuse due to a dependence on their perpetrator. Further, the bill identifies the need for awareness training pertaining to victims with disabilities. Within VAWA 2006, there is a section entitled “Training, Education, and Enhanced Services” (SEC. 1402). Although it is similar to Section 1402, “Education and Training to End Violence Against and Abuse of Women with Disabilities” in VAWA 2000, it is significantly more comprehensive than the former version. VAWA 2006 allocates \$10,000,000 per year in grants for advocacy, risk reduction, appropriate services, training, technical assistance to modify current policies, protocols, and procedures related to domestic violence against people with disabilities. Although it is implied that Deaf survivors are included in the language referring to survivors with disabilities, this reauthorization, yet again, does not acknowledge the unique needs of Deaf survivors.

Unfortunately, there was little to no improvement to the protections afforded to Deaf or disabled survivors following the 2006 reauthorization of the Violence Against Women Act. Despite the fact that the Violence Against Women Act of 2013 (VAWA 2013) recognized survivors with disabilities as an “underserved population,” it did not include any additional provisions to serve this population. In fact, in contrast to prior reauthorizations of the bill, VAWA

2013 reduced the amount of money allocated to disabled survivors through grants by \$1,000,000 which greatly reduced the amount of support that could be offered. Further, much like in former reauthorizations, this bill did not distinguish between Deaf and disabled survivors, nor did it recognize the unique needs of Deaf survivors.

The most recent reauthorization of the Violence Against Women Act was in 2022 (VAWA 2022). When examining this legislation, it was very difficult to decipher how and to whom funds were allocated due to the brief and unclear language used throughout. Moreover, there were very few mentions of disabled survivors and no mention of Deaf survivors, despite the fact that separating the two populations was long understood to be the most updated language by 2022. Although it seems that VAWA 2022 allowed for \$10,000,000 to be used towards survivors with disabilities, it was unclear how this funding would be distributed. Finally, the funding towards this population increased by only one million dollars in almost ten years in which time one would expect to see a steeper increase in grants.

### **Biennial Reports to Congress on the Effectiveness of Grant Programs Under the Violence Against Women Act**

*Methodology:* The lack of support by the Violence Against Women Act for Deaf and disabled survivors is corroborated by Biennial Reports to Congress on the Effectiveness of Grant Programs Under the Violence Against Women Act created between the years of 2006 and 2020. According to the Violence Against Women Act Measuring Effectiveness Initiative website, “The Biennial Reports to Congress present aggregate activities and accomplishments that were funded under the Violence Against Women Act and reported by grantees in each funded grant program” (VAWA MEI). In order to determine how and if the Violence Against Women Act effectively serves and protects Deaf survivors despite the limits of the language used throughout the bill, I examined the aforementioned reports, specifically focusing on areas pertaining to Deaf and

disabled survivors. Although these reports were released biennially from 2006-2020, I concentrated my efforts by analyzing the 2006, 2010, 2014, and 2018 reports so as to demonstrate clear and considerable change.

*2006 Report:* The first report to Congress was released in 2006 and covers the period from July 1, 2003 through June 30, 2005. This report successfully recognizes people with disabilities as a historically underserved population and that “victimization rates for women with disabilities are far greater than for those who are not disabled, suggesting that offenders specifically target those who are most vulnerable” (2006 Biennial Report to Congress, p. 24-25). Further, it identifies a lack of awareness and education by officers, prosecutors, courts, and service providers and states that people with disabilities are minimally served by the Arrest Program, Rural Program, Legal Assistance Program, Campus Program, and the STOP VAIW Program.

The writers acknowledge that there are two main discretionary grant programs with a focus on violence against women with disabilities at the time of the report. The first grant program was the Education and Technical Assistance Grants to End Violence Against and Abuse of Women with Disabilities (Disabilities Grant Program). According to the 2006 report, “grantees provide training, consultation, and information to service providers (including independent living centers, disability related service organizations, and domestic violence programs) about responding to violence against women with disabilities (2006 Biennial Report to Congress, p. 6).

This grant program provided funding towards four distinct areas of need. The first area of need that the report identifies is for staffing. “Disabilities Grant Program staff provide training, consultation, and information to service providers about responding to violence against women

with disabilities” (2006 Biennial Report to Congress, p. 108). Funding is also used to make training in various areas attainable and accessible. With Disability Program funding, grantees held a total of 990 training events and trained 24,575 people within the reporting period. These included multidisciplinary groups, health/mental health professionals, domestic violence program staff, disability organization staff, law enforcement offices, and residential/ institutional/ independent living center staff (2006 Biennial Report to Congress, p. 109).

Further, grants towards the Disability Program funded community education events. In the reporting period, there were 437 education events held and 12,662 people were educated. Those educated included schools/universities, community groups, individuals with disabilities, parents/guardians of individuals with disabilities, faith based groups, and community businesses (2006 Biennial Report to Congress, p. 110).

Finally, funding from the Disability Program was put towards site visits to provide technical assistance pertaining to “assistive listening device and relay service, accessible materials, assistive technology and devices, requirements of ADA and other anti discrimination law, working with interpreters, cost-effective compliance with ADA, domestic violence experienced by women with disabilities, responding to violence against women who are deaf or hard of hearing or who have developmental disabilities, accessibility assessment, and personal safety planning for victims/survivors with disabilities.” Within the reporting period, 26 individual grantees used funds for technical assistance and there were a total of 10,164 technical assistance activities provided (2006 Biennial Report to Congress, p. 111).

Despite the funding that was provided to support survivors with disabilities, grantees identified that there were still areas of need to be addressed. This included “training for crisis center staff, law enforcement, and judicial personnel; training in the needs of survivors with

mental illness and those who are deaf or hard of hearing, of color with disabilities, or homosexual or bisexual with disabilities; and the development of effective collaborations between crisis and disability professionals” (2006 Biennial Report to Congress, p. 111). It is important to note that, despite deaf and hard of hearing survivors being identified as an unique population that is in need of further support, they were not mentioned as a group benefitting from Disability Program funding.

The second grant program focusing on survivors with disabilities is the Training Grants to Stop Abuse and Sexual Assault Against Older Individuals or Individuals with Disabilities Program (Training and Grants Program). This grant “provides funds to train law enforcement officers, prosecutors, and court personnel to recognize, address, investigate, and prosecute cases of elder abuse, neglect, and exploitation and violence against older individuals or those with disabilities” (2006 Biennial Report to Congress, p. 6).

This section of the report was particularly interesting as it specified the general ways in which funds were allocated (staff and training) as well as the amount of people benefiting, but it did not address what populations were benefiting from the grant (2006 Biennial Report to Congress, p. 117). This information is especially pertinent as the grant category covers both “older individuals” and “individuals with disabilities,” and it is difficult to distinguish how and to whom the grants were being distributed as there is limited data available.

Much like the Disability Program, the Training and Grants Program identified remaining areas of need. Grantees most often cited, among other needs, “information on abuse of individuals with Alzheimer’s disease and on working with the deaf community” and “interpreters for the deaf and hard of hearing” (2006 Biennial Report to Congress, p. 117). Again, the report



separates deaf and hard of hearing individuals from individuals with disabilities, but does not acknowledge the unique needs of deaf and hard of hearing survivors.

*2010 Report:* The 2010 Biennial Report covers the period from July 1, 2007 through June 30, 2009. Much like in 2006, the authors of this report acknowledged survivors with disabilities as an underserved population and that disability status “may influence victim/survivor choices in reporting and in their use of services” (2010 Biennial Report to Congress, p. 128). Importantly, throughout the report, the authors clearly differentiate between survivors with disabilities and survivors who are deaf or hard of hearing. The report states that “...between two and four persons in 1,000 are functionally deaf, with about one person in 1,000 becoming deaf under 18 years of age. Some people who are Deaf or hard of hearing do not claim the term ‘person with a disability or limitation’ but rather identify as a member of a cultural or linguistic group (Gallaudet Research Institute, 2009)” (2010 Biennial Report to Congress, p. 74). Despite this distinction, deaf and hard of hearing survivors continue to be disproportionately underserved and underfunded.

While it is explicitly stated that survivors with disabilities are served by the Arrest Program, Campus Program, Rural Program, Supervised Visitation Program, STOP VAIW, Transitional Housing Program, and Tribal Governments Program, Deaf and hard of hearing individuals are only reported to have been served by Disability Program funds. While, admittedly, it is possible that certain programs include Deaf and hard of hearing survivors in their definition of disability, the language used undermines the unique needs and systemic barriers that this population faces. Further, as demonstrated in the graph below, when separated into their own category, Deaf individuals are served at a significantly lower rate than individuals with disabilities. While individuals with disabilities account for 39% of the total people educated by

disability program funds, only four deaf individuals were served, accounting for less than 1% of the total people educated (2010 Biennial Report to Congress, p. 136).

**Table 17. People educated with Disability Program funds: selected categories**

Group	People educated (N =1,231)	
	Number	Percent
Individuals with disabilities	478	39
Community groups	399	32
Parents/guardians of individuals with disabilities	57	5
Community businesses	23	2
Schools/universities	23	2
Deaf individuals	4	<1

NOTE: Data presented for the six most frequently reported categories only. Numbers represent totals for all four reporting periods.

Further, grantees benefitting from the Disability program most often mentioned “...serving deaf and hard-of-hearing victim/survivors, with an emphasis on the criminal justice response to this population” as an area of remaining need (2010 Biennial Report to Congress, p. 139).

*2014 Report:* The 2014 Biennial Report to Congress covers the period between July 1, 2011 and June 20, 2013. Similar to prior reports, the 2014 report acknowledges that “age or disability may increase the isolation of these victims and their dependence on abusers for care or housing. Also, these cases may go unnoticed because criminal justice system personnel may perceive a victim’s injuries as arising from aging, illness, or disability instead of recognizing that the injuries may be attributed to violence in the home...” (2014 Biennial Report to Congress, p. 88). Further, the authors more consistently distinguish individuals with disabilities from individuals who are deaf or hard of hearing which is a great improvement from former reports.

Despite these improvements, deaf and hard of hearing survivors continue to be underrepresented and receive fewer grants than survivors with disabilities and other populations.

While individuals with disabilities receive funding from the Abuse in Later Life Program, Arrest Program, Campus Program, CEV Program, Courts Program, LAV Program, Rural Program, Supervised Visitation Program, SASP-CS Program, Transitional Housing Program, Tribal Government Program, and Youth Services Program, it is only explicitly stated that individuals who are deaf or hard of hearing receive funding from the Culturally Specific Services Program (CLSSP) and the Disability Program. The addition of people who are Deaf or hard of hearing in the CLSSP is a particularly significant advancement as it clearly acknowledges that people who are Deaf and hard of hearing have their own culture, language, and communities and furthers the idea that not all people who are deaf consider themselves to be disabled. Despite this important development in language, as demonstrated in the table below, people who are Deaf or hard of hearing are the second least represented demographic served by CLSSP grantees (2014 Biennial Report to Congress, p. 162). In addition, “Grantees consistently reported a lack of access to victim services for limited English proficient (LEP) individuals, including immigrants and refugees. There is a deficiency of professionals who provide services in languages other than English, and of qualified, trained interpreters” (2014 Biennial Report to Congress, p. 165). Though not specifically mentioned, many Deaf and hard of hearing individuals may not consider English as their first language and it is necessary to have access to qualified interpreters when working with this population.

**Table 27. Demographic characteristics of victims served by CLSSP grantees**

Characteristic	July-Dec 2011	Jan-June 2012	July-Dec 2012	Jan-June 2013
<b>Race/ethnicity</b>				
American Indian or Alaska Native	381	94	116	373
Asian	1,192	756	878	606
Black or African-American	704	817	988	521
Hispanic or Latino	1,836	1,572	2,032	1,569
Native Hawaiian or Pacific Islander	6	7	29	37
White	449	352	342	225
Unknown	417	224	149	72
<b>Gender</b>				
Female	4,580	3,502	4,251	3,212
Male	351	258	212	132
Unknown	24	35	38	33
<b>Age</b>				
13-17	82	94	129	76
18-24	532	434	617	413
25-59	3,546	2,723	3,278	2,652
60+	367	227	124	55
Unknown	428	317	353	181
<b>Other</b>				
People with disabilities	144	128	167	143
People who are Deaf or hard of hearing	33	20	54	78
People with limited English proficiency	2,462	1,958	2,114	1,731
People who are immigrants/refugees/asylum seekers	2,265	1,894	1,964	1,743
People who live in rural areas	131	170	274	180

NOTE: Data include victims who were fully or partially served. Because some victims identify with more than one race/ethnicity, data may exceed the total number of victims served.

Similar trends can be seen when examining the Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program. Throughout the section of the report dedicated to the Disability Program, individuals who are Deaf and individuals who are disabled are most consistently and clearly recognized as distinct populations. Further, significant improvements in numbers can be seen when comparing the 2014 report and the 2010 report. While in the 2010 report, <1% of Disability Program funds were used towards educating Deaf individuals, this number increased to 45% in 2014 as seen in the graph below. This was a considerable expansion, especially considering that in 2014, Deaf individuals were the population that most benefited from education made possible by Disability Program Funds at almost three times the rate of the population that benefited second most.

**Table 45. People educated with Disability Program funds for all four reporting periods: Selected groups**

Group	People educated (N 1,592)	
	Number	Percent
Deaf individuals	722	45
Community groups	250	16
Community businesses	232	15
Individuals with disabilities	160	10
Parents/guardians of individuals with disabilities	13	1

NOTE: Data presented for the most frequently reported categories only.

Despite these drastic improvements, “An area of need frequently mentioned by Disability Program grantees was the provision of services for Deaf and hard-of-hearing victims and individuals with disabilities... Grantees also reported communication barriers that Deaf and hard of hearing victims face when trying to access services” (2014 Biennial Report to Congress, p. 194). Although considerable advancements have been made since the original report to Congress, it is evident continued effort needs to be made in order to make grants and funding fully available and accessible to Deaf and hard of hearing survivors.

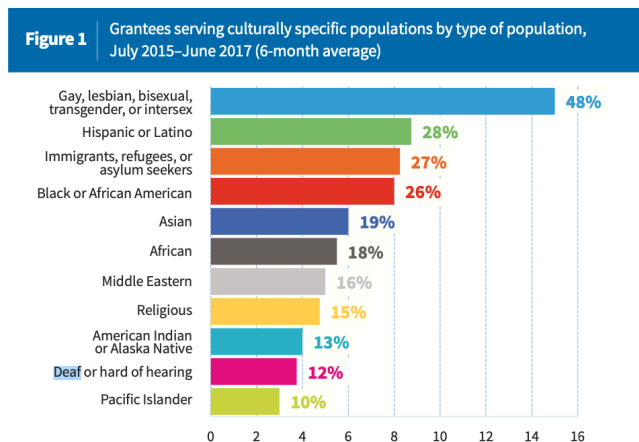
*2018 Report:* The 2018 Biennial Report to Congress covers the period from July 1, 2015 to June 30, 2017. When comparing the 2018 report to those from prior years, it is evident that the awareness and emphasis placed on Deaf and hard of hearing survivors increased drastically. This report focused on the “disproportionate impact on specific populations including people of color, people with disabilities, Deaf/hard of hearing, LGBT, and others” which is reflected through the inclusion of narratives from grantees as well as increased funding towards these populations (2018 Biennial Report to Congress, p. 9). Further, the authors recognized that “a growing body of research has documented that individuals who are Deaf and/or have a disability experience domestic/sexual violence at higher rates than their hearing counterparts and/or people without disabilities” and that “these victims may be marginalized or overlooked by society, health care

professionals, service providers, and researchers” (2018 Biennial Report to Congress, p. 50).

Following trends from previous reports, the 2018 edition continues to acknowledge that not all people who are Deaf or hard of hearing identify as disabled.

However, despite these improvements, Deaf and hard of hearing grantees continue to be underrepresented and clear setbacks can be identified. For example, “VAWA 2013...modified the focus of the Culturally Specific Services Program by redefining ‘culturally specific’ to mean primarily directed towards racial and ethnic minority groups... As of FY 2014, the Underserved program now focuses on services for Deaf and hard of hearing victims, LGBT victims, and victims from underserved religious/ethnic backgrounds” (2018 Biennial Report to Congress, p. 100). Although this was not a detrimental setback as this population still receives funding, it is disappointing to see that Deaf and hard of hearing individuals are no longer considered a “culturally specific” population under this bill.

Instead, grants for Deaf survivors were recategorized and allocated by the Outreach and Services to Underserved Populations program (Underserved Program). From July 2015 to June 2017, 12% of the culturally specific populations served by this grant were Deaf or hard of hearing. Unfortunately, as demonstrated in the graph below, Deaf individuals were the second least served by this program with only Pacific Islander survivors being lower (2018 Biennial Report to Congress, p. 243). Further, as opposed to other programs, the Underserved Program did not identify support for Deaf survivors as a remaining area of need, despite the demonstrated lack of funding.



In contrast, certain aspects of the Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program improved greatly when compared to the 2014 report. More specifically, while the percentage of Deaf individuals educated under the Disability program decreased slightly (2%), as seen in the table below, the total number of people increased over the reporting period from 722 people in 2014 to 1,461 people in 2018 (2018 Biennial Report to Congress, p. 114). This increase in total numbers demonstrates a clear expansion of reach by the program as well as in education surrounding Deaf survivors.

<b>Table 2</b> People educated with Disability grant funds, July 2015–June 2017: <b>Selected groups</b>	
<b>People educated</b>	<b>2-year total</b>
<b>Total people educated</b>	<b>3,371</b>
Deaf individuals	<b>1,461</b> <b>43%</b>
Parents/guardians of individuals with disabilities	<b>1,107</b> <b>33%</b>
People with disabilities	<b>523</b> <b>16%</b>
Community groups	<b>228</b> <b>7%</b>

NOTE: Data presented for the most frequently reported categories only (≥5%).

Despite these improvements, it is clear that services for Deaf and hard of hearing victims were still a remaining area of need for the Disability Program. Specifically, “Grantees noted that service providers and victim advocates need specialized training and technical assistance to

better serve victims with disabilities, including the ability to understand and accommodate the communication needs of Deaf and hard of hearing victims...” (2018 Biennial Report to Congress, p. 118). Further, due to the fact that “Services were inappropriate or inadequate for victims who are Deaf or hard of hearing,” these victims were either not served or were only partially served by Disability Program grants (2018 Biennial Report to Congress, p. 116).

### **Interviews**

In order to validate and confirm the above findings, I conducted interviews with experts in the field. Although one of the interviewees was hearing, it was important that I interacted with and consulted a Deaf expert so as to lessen the influence of hearing privilege on the evidence collected.

*Mary Vargas:* The first person that was interviewed was Mary Vargas. Despite the fact that Vargas is hearing, she obtained a Bachelors of Science in Deaf Education from the College of New Jersey. Following graduation, Vargas received her J.D. from the University of Connecticut, School of Law before becoming a staff attorney with the National Association of the Deaf, the “premier civil rights organization of, by and for deaf and hard of hearing individuals in the United States” (National Association of the Deaf, About Us). Currently, Vargas is an attorney at Stein & Vargas, LLP where she focuses on cases arguing for full and equal access for people with disabilities and speaks nationally on issues including disability discrimination, food allergies and anaphylaxis, and Celiac Disease.

In her interview, which was conducted remotely and recorded over Zoom, Vargas stated that she has encountered many female survivors, ranging from kidnapping and rape, interactions with Child Protective Services, and domestic violence, throughout her career and during her time at the NAD. Though each experience differed, a common trend that she noticed was that during



the most critical interactions, Deaf or hard of hearing victims are often unable to communicate. Despite the fact that there are laws in place which require law enforcement and hospitals to provide interpreters, Deaf and hard of hearing victims are often required to rely on their abuser to interpret pertinent conversations. Vargas added that, in addition to a lack of interpreting services, Deaf and hard of hearing victims face an additional barrier due to the insular nature of the Deaf community which makes some survivors afraid to report their abuse for fear of being ostracized. Finally, Vargas cited the lack of resources as an added obstacle. Through her work, she has observed that, while there are very few programs or shelters available for able-bodied victims, there are even fewer for Deaf and disabled survivors.

When asked about solutions to these issues, Vargas answered with a few suggestions. First, she explained that her firm represents people with disabilities who want to enter healthcare professions but who have been discriminated against in the process. She suggested that it is vital for healthcare providers to be able to connect with their patients with disabilities, and the best way to do so is to hire providers who have disabilities themselves. Further, by employing Deaf and hard of hearing healthcare professionals whose first language is American Sign Language, hospitals are able to facilitate direct communication between the provider and their patient which adds to the trust and understanding of the patient.

Vargas also suggested that many of these issues can be solved through grassroots advocacy and litigation. She proposed that the reason for the increased funding that can be observed in the reports to Congress were a result of lobbying by organizations such as the National Association of the Deaf. She added that some states are better at utilizing the grants provided by the Violence Against Women Act than others due to more/better grassroots advocacy. Additionally, advocacy groups often use the courts to change law through litigation.

However, if they are not initiating legal action, the most public way in which advocacy groups can support litigation is through amicus briefs where they will share their expertise to educate the court about the issue or the importance of the decision.

*Sue Philip*: The second interview that I conducted was with Sue Philip, the president of Our Deaf Survivors Center in Worcester, MA. Our Deaf Survivors Center is a sister agency to the Abused Deaf Women's Advocacy Services (ADWAS) and has been serving Deaf victims/survivors of sexual assault and domestic violence since 1999 through education, empowerment, and advocacy. Further, ODSC promotes awareness of cultural and linguistic considerations to service providers working with Deaf victims/survivors (Our Deaf Survivors Center).

This interview was held in American Sign Language and recorded over Zoom. Because ASL is not my first language, and I did not have an interpreter present, I summarized the content of the interview to the best of my ability.

In her interview, she explained that, prior to ODSC, there were no programs for Deaf survivors in Massachusetts, and the only program was ADWAS which is located in Seattle, Washington. Although ODSC had a hotline for Deaf victims from 2011-2015, the founders determined that resources could be better utilized through court advocacy and information distribution. Since then, the ODSC program has grown and changed and now serves all Deaf survivors and victims, not only women.

Throughout the interview, Philip described how consistently difficult it has been to receive funding from Violence Against Women Act grants. She explained that when ODSC was first established, the founders applied for a grant and were, at first, denied. Eventually, they were awarded only \$40,000 which resulted in slow, incremental changes to the program. Though they

were disappointed, they acknowledged that a small amount of money was better than nothing. It took until 2020, more than 20 years after ODSC was founded, to receive a larger grant from Violence Against Women Act funding.

Philip recognized that, while the reauthorizations of the Violence Against Women Act continue to improve, there are still many improvements that could help to better serve Deaf survivors of intimate partner violence. She also suggested that the reason that Deaf survivors are not explicitly mentioned in the bills is due to the fact that people are often naive and simply not educated about the topic. In order to combat this, she believes that education is vital.

### **Findings and Suggestions**

*Key Findings:* While conducting this research, there were multiple trends that were present throughout. First, it is evident that language referring to Deaf and hard of hearing survivors in both the Violence Against Women Act legislation and reports to Congress is missing, inaccurate, or misinformed. Despite the fact that many Deaf and hard of hearing individuals consider themselves to be members of a unique cultural and linguistic minority, it was not until the most recent reports to Congress that they were identified as such. Despite this, Deaf and hard of hearing individuals continue to be consistently underrepresented and underserved by VAWA grants. Further, although there was a small amount of improvement seen each year in reference to support for Deaf individuals, every report continuously cited assistance to and education about this population as a remaining area of need without making substantial change.

*Suggestions for the Future:* After analyzing the Violence Against Women Act, Biennial Reports to Congress on the Effectiveness of Grant Programs Under the Violence Against Women Act, and conducting interviews with experts in the field, it is clear that there is a need for an

increase in grassroots lobbying efforts, litigation advocating for Deaf and hard of hearing individuals, and education pertaining to language and culture surrounding Deaf communities. This increased education is particularly important for legislators and those who work in the Department of Justice's Office on Violence Against Women. Despite the creation of a specialized department within the Department of Justice whose sole job is to research and allocate funds created by the Violence Against Women Act, the lack of education about Deaf and hard of hearing is evident through how the funds are distributed as well as through the language used throughout the legislation. Due to the influence of hearing privilege that is clearly evident throughout the legislative process, it is vital to involve Deaf voices and advocacy groups in the discussion and process of education so as not to continue the cycle of discrimination and violence against these communities.

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