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Author(s):	**Jennifer Obinna; Sarah Krueger; Constance Osterbaan; Jane M. Sadusky; Wendy DeVore**
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Understanding the Needs of the Victims of Sexual Assault in the Deaf Community

A Needs Assessment and Audit

Researching Sexual Violence Project (RSVP)

Jennifer Obinna, Ph.D., M.S.S.W.
Sarah Krueger
Constance Osterbaan, Ph.D.
Jane M. Sadusky
Wendy DeVore

Council on Crime and Justice
822 S. 3rd Street, Suite 100
Minneapolis, MN 55415
612-596-9470
www.crimeandjustice.org

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ADVISORY COMMITTEE MEMBERS

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Wendy Devore, Devore Consulting and Lifetrack Resources
Jennifer Obinna, Audit Team Leader

Audit Coordinator & Research Assistant: Sarah Krueger, Council on Crime and Justice

Audit Consultant: Jane Sadusky, Praxis International, Inc.

Interview Coordinator: Kim Wassenaar, Consultant

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Abstract

Research has just begun to explore sexual violence in culturally diverse communities. Understanding the impact of sexual violence in culturally Deaf communities is often overlooked and considered an undeveloped area of inquiry. Such research calls for exploratory approaches using qualitative methods and cultural competency when conducting the research activities. Hearing culture tends to define Deafness as a disability and as such, research has focused on studying disability populations as a whole without acknowledging the unique character of cultural Deafness. This paradigm may contribute to some of the isolation issues faced by the Deaf community.

This study examines the perceptions of Deaf and hearing service providers who assist Deaf individuals with the aftermath of sexual victimization and who individuals in the Deaf community tell about their experiences of sexual assault. It also deals with why, and what service gaps exist for the Deaf community and what can law enforcement do to be a more effective resource for members of the Deaf community. A secondary aim of this study was to implement a Participatory Action Research (PAR) approach in researching a sensitive topic in the Deaf community to determine if the PAR approach is effective.

This study has three main outcomes. First, the study provides information to the hearing community regarding Deaf individuals' perspective on the impact of sexual assault on their community. Second, this study's results include information on help-seeking patterns in the Deaf community. Third, this study helps to identify the needs of

Deaf individuals who have been sexually assaulted as well as service gaps affecting this population. Fourth, this study tests the effectiveness of a participatory research model in recruiting Deaf participants and structuring the study. This study's results have pertinent applications in understanding the needs of Deaf persons who have been sexually assaulted. Information regarding Deaf individuals' perceptions of the problem of sexual assault, response to sexual assault, and service gaps to the Deaf community is vital to creating and sustaining services and policies for the Deaf community.

Executive Summary

It is estimated that eighty-three percent of women with disabilities will be sexually assaulted in their lifetime (Stimpson & Best, 1991). Moreover, there is evidence to suggest that women with disabilities are abused by a greater number of perpetrators and are abused for longer periods of time than non-disabled women (Young, Nosek, Howland, Chapong, & Rintala, 1997). In addition, Deaf and hard of hearing men and women may be more likely to have a history of childhood sexual abuse than their hearing counterparts (Sullivan, Vernon, & Scanlan, 1987).

Research is clear that sexual assault and childhood sexual abuse can and often does have a tremendous impact on victims and survivors, both psychologically and physically. Yet as serious a problem as sexual assault is for Deaf men and women, little attention has been given to the subject. Current research has just begun to explore the prevalence and consequences of sexual assault among women with disabilities in general, and very little has been done among women with a specific disability or Deafness.

As importantly, research has barely begun to address whether persons with specific disabilities or Deafness seek help after being victimized, who they seek help from, and how service providers and law enforcement officials can be most responsive to their needs. These are important questions, especially regarding law enforcement. The nature of a police interaction can have serious implications for the sexual assault victim, can sometimes be a part of her/his experiences unwillingly and can inform future help-seeking with the hearing community.

It has also been demonstrated that women with disabilities face an almost

complete lack of understanding by community-based service providers. It seems as if weighing safety against ongoing care in deciding whether to disclose abuse is a constant struggle for this population. Deaf women appear to experience profound isolation and lack of options in seeking help. Services are generally unavailable to this group in hearing agencies and suggest that they cannot count on the Deaf community to be supportive in assisting them with abuse issues.

Given the isolation issues faced by the Deaf community and that the cultural nature of the Deaf community tends to be overlooked by hearing services, the Council on Crime and Justice applied for and was awarded a grant from the National Institute of Justice to conduct sexual violence research in the Deaf community. The research examines the needs of Deaf individuals in relation to sexual victimization, as well as law enforcement's response to Deaf women who seek criminal justice intervention.

This is a two-part study combining both an explanatory examination into the needs of the Deaf community in relation to sexual victimization, and an institutional ethnographic investigation of the Minneapolis Police department's response to members of the Deaf community who seek criminal justice intervention for sexual victimization. The needs assessment collected primary data from fifty-one Deaf persons as well as fifteen hearing and Deaf human service providers using open-ended, semi-structured interviews. The institutional ethnography of the Minneapolis Police department also employed open-ended, semi-structured interviews with ten law enforcement personnel, observations and text analysis. Specifically, this two-part study addresses five research questions. First, what are Deaf people's perceptions of sexual assault in their community? Second, who do Deaf persons tell about their experiences of sexual assault and why do

they choose them? Third, what service gaps exist? Fourth, what would law enforcement have to do to be a more appealing resource for victims of sexual assault who are Deaf? A secondary aim of this study was to see how effective Participatory Action Research (PAR) is in conducting research with an underserved population and in discussing a topic that may potentially be taboo.

Findings suggest that service providers believe sexual assault is a significant problem in the Deaf community, however, many do not see Deaf clients presenting with sexual assault issues, while others work with many Deaf individuals with abuse histories. Some service providers encourage individuals who are Deaf to call the police upon disclosure, while others are more cautious. It is suggested that with more specialized services awareness of Deaf culture and improved communication methods, interventions will be more effective. At the same time it is important to recognize that disclosure to formal support services about abuse may be hindered by the intimacy that exists in the Deaf community.

Several themes emerged from the community interviews with Deaf men and women. Whether participants were discussing the event in the scenario or sharing their own stories, the feelings of fear, anger, shock, disappointment, embarrassment and self-blame are prevalent. Family members were sometimes seen as sources of strength and sometimes were not, usually depending upon whether or not parents were also Deaf. Police are almost always thought of as a place to call for help and yet, many discuss experiences in which contact with the police was frustrating. Few survivors even called the police after their experience with sexual abuse. In the "date rape" scenario many made comments about why the victim allowed her "date" to come into her home after

only 3 dates, however, no one blamed her for what happened.

The institutional ethnography reveals areas where the Minneapolis Police Department experiences challenges when it comes to communication with Deaf persons, whether as a victim, witness or suspect. Though there are policies and procedures for locating interpreters, little specific training about on-scene communication and initial recognition of whether someone is Deaf is provided. In addition, the links between the police department and Deaf community members are not well-developed. Unfortunately, due to reporting practices, it is difficult to obtain a reliable picture of the frequency and extent of police interaction with persons who are Deaf. Even with all of these challenges, it is important to note that the Minneapolis Police Department can be characterized as a "model" jurisdiction in serving members of the Deaf community.

Findings from this investigation highlight areas of focus for both policy makers and service delivery systems. It is our hope that further research in this area will help build a theoretical framework for understanding help-seeking patterns and behavior within the Deaf community and that the ethnography can produce a tool that can be used in other jurisdictions that are interested in better understanding their capacity to execute best practices as first responders to Deaf victims. Findings also reveal that the PAR approach to research is a promising practice to use and may have applications in conducting research in other cultural communities.

Review of relevant literature

Research exploring the prevalence and consequences of sexual assault among women *with disabilities* is generally limited.

Research has barely begun to address whether women with specific disabilities seek help after being victimized, who they seek help from, and how service providers and law enforcement officials can be most responsive to their needs. [A woman's] ability to recognize her experience as abusive, seek help, protect herself, remove herself from the abusive situation, or discover some other way to resolve the abuse are all very much affected by her disability and the limitations imposed by barriers in her environment (Nosek, 2001).

One study found that eighty-three percent of women with disabilities would be sexually assaulted in their lifetime (Stimpson & Best, 1991). Moreover, there is evidence to suggest that women with disabilities are abused by a greater number of perpetrators and are abused for longer periods of time than non-disabled women (Young, Nosek, Howland, Chapong, & Rintala, 1997). Research does demonstrate that among developmentally disabled women, for example, of those who report being victims of abuse, 49% experienced 10 or more incidents of abuse (Valenti-Heim, 1995).

Sexual Assault in the Deaf Community

It is estimated that approximately 22 million individuals in United States experience hearing loss (Williams & Abeles, 2004). It has also been suggested that approximately 10% of the U.S. population is Deaf or hard of hearing (Stimpson & Best, 1991). Three in every one thousand births in the United States are children with some degree of neonatal hearing loss, with one third having profound hearing loss or Deafness (Samson-Fang, Simons-McCandless & Shelton, 2000). Though individuals with hearing loss and Deafness sometimes share similar characteristics, those with the onset of profound hearing loss or Deafness at birth or at a young age often share a common culture and language. It is estimated that between 200,000 and 500,000 individuals in the United States are culturally Deaf (Williams & Abeles, 2004).

Deaf individuals who are sexual assault survivors face multiple barriers and stereotypes due to their status as a Deaf individual, as a sexual assault victim, and also due to the male or female gender stereotypes associated with their status as a sexual assault survivor. As with other disability groups, the Deaf community experiences significant barriers in communication with the general hearing population and has limited access to media information that hearing people take for granted (Modry, 1994). Traditionally, research on Deaf individuals has incorporated a medical model, which has focused on deficits in function, on hearing loss, instead of recognizing the communities linguistic and cultural minority status (Glickman, 1996).

Sadusky & Obinna (2002) found that Deaf women do not necessarily see themselves as having a disability, but as having a culture and way of communicating that is denied by the dominant hearing culture. Deaf women do not necessarily share the same perceptions and opinions about what would be an appropriate response to domestic and sexual violence. At the same time, there appears to be cultural distinctions between those who consider themselves "Big-D" Deaf (culturally Deaf), versus others who are referred to as "small-d" non-culturally deaf (Sadusky & Obinna, 2002).

Deaf individuals may be more likely to have a history of childhood sexual abuse than their hearing counterparts (Sullivan, Vernon, & Scanlan, 1987). An often quoted 1987 study, one of the few of its type, indicated the level of sexual victimization prior to adulthood to be 50% of all Deaf individuals as compared to 25 % of hearing females and 10% of hearing males (Sullivan, Vernon & Scanlon, 1987).

A survey of 598 battered women's programs found that programs were least likely to serve women with visual or hearing impairments as compared to other women

with disabilities (Center for Research on Women with Disabilities, 2002). A recent study, conducted by Rainbow Research in 2002, included two focus groups with Deaf and hard of hearing women who reported that services in hearing agencies were generally unavailable to them, and

> Deaf women cannot necessarily count on the larger Deaf community to be supportive, particularly if the victim and perpetrator are Deaf. Isolation and communication are significant issues. Women cannot count on service agencies to even know what to do with a TTY [text telephone]…Reliance on interpreters means giving up your privacy and sharing intimate details of your life with a stranger. Deaf women cannot count on interpreters to accurately represent their words and experience (Sadusky & Obinna, 2002).

Research clearly indicates that there is a disparity not only in the prevalence of sexual violence in the Deaf community but in the amount of support that Deaf individuals can access.

Research in the Deaf community presents unique challenges. The Deaf community has been typified as a "small, closed system with a strong sense of conformity" (Modry, 1994). As such, it may possess more rigid values, stereotypes, and social dictates than in the mainstream hearing culture (Williams & Abeles, 2004).

Impact of Sexual Assault

Research is clear that rape and sexual abuse can and often do have a tremendous impact on victims and survivors, both psychologically and physically (Atkinson, Calhoun, Resick, & Ellis, 1982; Burgess & Holstrom, 1979; Ellis, 1983; Kilpatrick, Veronen, & Resick, 1979 & 1981). In examining the immediate consequences of rape, researchers conclude that responses during the first 3–4 months post-rape include intense feelings of anxiety and fear (Burgess & Holstrom 1974 & 1979; Kilpatrick et al., 1979);

physical and psychiatric symptoms (Atkinson et al., 1982; Kilpatrick et al., 1979); and difficulty with social adjustment (Atkinson et al., 1982; Burgess & Holstrom, 1974 & 1979; Kilpatrick et al., 1979 & 1981). However, it is estimated that a small minority of survivors engage in help-seeking using formal supports and services. Approximately 5% of adult rape victims report recent rape attacks to the police and 5% seek rape crisis center services (Koss, Gidycz, & Wisniewski, 1987; Fisher, Cullen & Turner, 2000).

Help-seeking Patterns

Coping actions, broadly conceived, can be classified into two categories: those that are taken alone, and those in which one enlists aid from others such as friends, family, neighbors, the criminal justice system and mental health workers. (Frieze, Hymer & Greenberg, 2003). Aid from others, regardless of its form, appears to be an important component of victims' ability to cope with victimization (Bard & Sangrey, 1986). Research has also indicated that support from family, friends, the helping and legal professions, and the community at large has also been vital in the recovery and readjustment of crime victims (Bard & Sangrey, 1986; Krupnick & Horowitz, 1981; Symonds, 1980).

Positive social support after victimization can maintain and enhance self-esteem, according to a number of researchers (Cobb, 1976; Kutash, 1978; Silver & Wortman, 1980). Friedman (1982) reported that the more supporters victims had, the sooner they got over the posttraumatic stress of victimization. Positive social support can make the individual feel cared for and esteemed (Cobb, 1976).

Social support appears to protect people in crisis from a variety of pathological states including physical illnesses, depression and alcoholism. Much research indicates that support from family, friends, the helping and legal professions, and the community at large is vital in the recovery and readjustment of crime victims (Bard & Sangrey, 1986; Krupnick & Horowitz, 1981; Symonds, 1980). Support providers are often categorized in two groups, informal and formal. The former may consist of relatives, friends, neighbors, or bystanders, and the latter, professional helpers such as the police, medical, or mental health personnel (Gottfredson, Reiser, & Tsegaye-Spates, 1987).

Informal Support Systems. Victims and survivors tend to turn to friends as the most common source for social support following an assault. Ullman (1996), studied whether the type of positive and negative social reactions by significant others had a significant effect on sexual assault victims' adjustment. He found that friends are the most common support source for sexual assault victims and that positive emotional support and neutral support from friends are associated with better recovery.

For rape victims social support may be of especially significant importance because of the common negative reactions of their husbands or lovers (Frieze, 1983; Russell, 1974; Silverman, 1978). According to some studies, rape victims often find that their own reactions to their rapes are quite different from those of men with whom they are associated. Miller and Williams (1979) found that rape victims often react to the crime with fear, guilt, or anger and hostility toward men, while their male partners are more likely to feel anger or rage. Differing reactions may lead to a lack of empathy for one another and produce other problems in communication between the couple, and in these instances, other social support may be especially critical.

The centrality of informal support systems is further enhanced by the findings of Dobash et al., which suggest that women may delay seeking help from statutory (formal) agencies until other avenues of support have been accessed (1985). Another factor influencing an individual's decision to access formal support is the influence of informal support systems. Informal support systems may play a central role in an individual's decision to access or not access formal (legal) support systems. One study reported that an important factor in the decision of whether to report a crime or not is the influence exerted by others on the victims regarding the decision (Greenberg, Ruback, & Westcott, 1982). The decision to notify the police is not made in a social vacuum (Ruback, Greenberg, & Westcott, 1984) and in fact, the victim may be unusually susceptible to the influence of others. Interviews with crime victims show that a considerable number of them have consulted with and received advice from others about what to do (Greenberg et al., 1982; Spelman & Brown, 1981). Rape victims who contact rape crisis centers are even more likely than other victims to consult with others before calling the police. Some data suggests that victims are more inclined to accept the advice of others if the other is a co-victim who offers to support the victim in his or her future dealings with the police (Ruback et al., 1984).

Formal Support Systems. It is estimated that a small minority of survivors engage in help-seeking using formal supports and services. Approximately 5% of adult rape victims report recent rape attacks to the police and 5% seek rape crisis center services (Koss, Gidycz, & Wisniewski, 1987; Fisher, Cullen & Turner, 2000). A study conducted by Ullman and Filipas revealed that victims of stranger rapes with physical injury were more likely to seek support from formal service providers than those who were assaulted

by acquaintances (2003). This same study revealed that victims seeking formal assistance reported receiving more negative social reactions when disclosing their assaults than victims who accessed informal support networks. However, according to this same study, individuals who accessed formal support networks were more likely to report being the recipient of tangible aid.

Despite the many ways in which the police have the potential for helping crime victims, the fact that only a small number of victims call the police suggests that many victims see little likelihood of being helped by the police, or they do not wish to incur additional costs as a result of their involvement with the police and other elements of the criminal justice system. Indeed, two of the most frequently cited reasons given by victims for not calling the police are that "nothing can be done" and the belief that the "police would not want to be bothered" (Bureau of Justice Statistics, 1985b).

Barriers to Help-seeking

Not all individuals have access to the same resources or are as likely to call the police. Some identified barriers to help-seeking include social stigma, the "good victim" dilemma, and culture clashes.

In terms of social stigma, people tend to see victims as responsible for their fate (Lerner, 1970; Ryan, 1971), or victims may simply be ignored (Reiff, 1979) because they are seen as losers (Bard & Sangrey, 1986) or because of fears of guilt by association (Frederick, 1980; Weis & Weis, 1973). Another reason for avoiding victims is that they are often depressed and most people prefer not being around unhappy people (Coates, Wortman, & Abbey, 1979). As a consequence, victims may be socially isolated at a time

when social support is especially important. Rape victims have these particular difficulties because of the high degree of societal blame attributed to these particular victims. The self-image of rape victims is molded not only by the internalization of negative societal stereotypes, but also by negative feedback and behavior that they receive from support systems (Mazelon, 1980). Burgess and Holmstrom (1974) found that judging the rape victim as responding to the rape in an inappropriate way can initiate a self-fulfilling prophecy in which the victim believes that she is disturbed. Thus in additions to the trauma of rape itself, victims also have to cope with feelings of shame, guilt, and embarrassment because of the societal stigma often still attached to rape. Finally, fear of stigma may be even greater for male than for female rape victims (Groth & Burgess, 1980).

Female Survivors: the "good victim" dilemma. One of the tensions surrounding sexual abuse victims is produced by the insistence of the legal system that the women it helps are "good victims" (Merry, 2003). Stories of innocent victims injured by malicious offenders are clearly the most powerful. These are the stories that have encouraged the law to engage in protecting women from intimate violence. According to Merry (2003),

> The good victim in the law is not a woman who fights back, drinks or takes drugs along with the men, or abuses her children. When women act in violent and provocative ways or refuse to press charges or testify, legal officials are often frustrated. Women who do not fit the image of the good victim become redefined as troublesome and difficult and are likely to receive less assistance. Good victims are also those who follow through with their cases. To begin a legal case, then to drop it… to call the police again but not to testify in court, earns a woman the label of difficult and 'bad' victim. Thus, the very hesitancy and ambivalence about making this identity change that women experience, as well as their desire to defend themselves, conspire to define them as "bad" victims. Obviously, representatives of the legal system, and even some feminist shelter workers, are likely to be less supportive of the rights of those who are not

"good" victims."

Judith Wittner describes the court's central problem and "most baffling contradiction"; the finding that women with serious complaints frequently drop out of the court process, while women with the most minor and trivial complaints were often those who were most energetic about prosecuting, eager to see the perpetrator punished, and willing to return to court many times (Wittner, 1998).

Male survivors: "real men" aren't victims. Literature regarding challenges faced by male victims of sexual assault is sobering. Sexual abuse among boys is generally under-reported and not given the consideration that sexual assault of girls is given. According to Miller (2004) this is due to defense strategies of victims, fear, stigma, self-blame and "perhaps most significantly, being male." Miller related that one that he worked with, after a particularly brutal rape by three assailants said "I should have been able to stop it from happening…a real man would have found a way out of that situation" (2004).

According to Mejia (2005) "It is difficult for people to be cognizant of the contradictory view of men as tough and invulnerable on one hand and hurt and suffering on the other." On more than one occasion, male victims of sexual assault have been turned away from services. One example was of a male victim being turned away from a crisis center who was told that the center did not have enough staff to treat perpetrators (Thompson and Peck, 1986, according to Mejia, 2005). In support of this general assumption that males are perpetrators or the topic of sexual assault in relation to males is regarding perpetrators is the large amount of literature found talking about the sexual assault of males in relation to pedophilia and not because of its own merit as a topic.

Just as concerning as men's own opinions about their culpability and masculinity related to sexual assault, are the attitudes of trained mental health professionals towards adult male survivors of assault. A study on this topic conducted by Richey-Sutttles and Remer (1997) sent surveys to 400 psychologists registered with the Southeastern Psychological Association (SEPA). The 158 individuals responded. This study revealed that the psychologists' attitudes towards men in general (rather than their gender) were most predictive of their degree of victim blaming. It found that psychologists who held traditional views of men were most likely to 1) blame male survivors more for the abuse 2) blame society more for the abuse and 3) describe sexual contact between a boy and an adult less definitely as sexual abuse (Richy-Suttles & Remer, 1997).

Cultural Clash. At the point of arrest there is a dramatic and irreconcilable clash between the culture of power embodied in the law and the relational culture within which the assaulted women live (Ferraro and Pope, 1993). Krane, Oxman-Martinez, & Ducey (2000) site a dearth of research and exploration of the experiences of women from ethno-racial minorities as contributing to a situation in which the needs of women from the dominate culture are applied universally to women from ethno-racial minority cultures. This same study goes on to assert that despite the dearth of information regarding the influence of gender and ethnicity on women's constructions of violence and help-seeking, many studies assume the existence of shared cultural values for minority women. Other studies may focus on the perspectives of the minority culture without recognizing these traits in the context of the dominate culture. Krane, Oxman-Martinez, & Ducey state that

> Most efforts to address multiculturalism… have focused on learning about client cultural diversity as a means to ensure culturally sensitive practice. Without explicit appreciation of the dominant culture, this strategy is

> insufficient and indeed counterproductive….understanding minority cultures is shaped not only by the assumed nature of these cultures but also by the ethnocentrism and oppressive race relations that characterize the dominant culture. Focusing on the minority culture without recognizing the dominate culture reinforces the later as the norm, hides issues of ethnocentrism, racism, power, and privilege in constructions of and responses to violence against women (2000).

Krane, Oxman-Martinez & Ducey (2000) also stress the importance of recognizing linguistic barriers that women from minority backgrounds experience when help-seeking.

Barriers to Help-seeking in the Deaf Community

The Deaf community as a cultural minority group and as a disability group (as it is considered by the broader hearing community) faces a unique set of barriers. Some of these barriers are classified in the categories of language barriers, limited sexual knowledge, and dominate cultural stereotypes of Deaf individuals.

Deaf and hard of hearing individuals do not have the same opportunities as hearing people to acquire information (Fitz-Gerald & Fitz-Gerald, 1985; Luckner & Gonzales, 1993). Hearing individuals receive information in a variety of subtle, unstructured ways. Incidental learning occurs by means of conversation, books, and television (Fitz-Gerald & Fitz-Gerald, 1985; Joseph, Sawyer, & Desmond, 1995). A series of focus groups with Deaf women revealed that they experience profound isolation and a lack of options in seeking help. Services are generally unavailable to this group in hearing agencies and Deaf women say they cannot count on hearing service agencies to even know what to do with a text telephone (TTY), even though they have advertised its number. Reliance on interpreters also means giving up privacy and sharing intimate details of your life with a stranger. Deaf women also indicate they do not have confidence

in interpreters to accurately represent their words and experience. At the same time Deaf women state they cannot rely on the Deaf community to be supportive in assisting them with abuse issues (Sadusky & Obinna, 2002).

Swartz (1993) determined that a considerable gap persists between hearing and Deaf college freshman students with regard to sexual knowledge, with this gap being widest in the areas of anatomy and physiology. Swartz attributed the disparity to several possible causes: a lack of proper instruction concerning anatomy and physiology; English language limitations that prevent students from seeking and obtaining information from texts; the lexicon of finger-spelled (as opposed to signed) words, especially for anatomy; and the lack of information gathering from everyday experiences such as watching television and listening to and overhearing peers. Lack of interpreter and educator signing skills may also be an issue. The Deaf community (collectively and individually) faces unique challenges in dealing with sexual abuse in that,

> Among the Deaf population, there are many factors influencing the lack of knowledge regarding sexuality. Insufficient opportunities to acquire information, parental reluctance to provide sexuality education, inadequate school-based instruction, and misinformation from peers are often investigated for the role they play in the transfer of sexual knowledge to Deaf adolescents and adults (Job, 2004).

If Deaf individuals as compared to hearing individuals have less information regarding sexuality and less terminology to discuss sexuality, it will be more difficult for them to engage both informal social supports and formal support systems.

Griffiths (cited in Watson, 2002) proposed a model of the seven "myth-conceptions" of sexuality of individuals who have developmental disabilities. Job (2004) found that these "myth-conceptions" provide a suitable framework for examining the

sexuality of Deaf individuals in that they parallel the realities of others considered by society to be "disabled." Job's "myth-conceptions" are as follows:

1.   Deaf Individuals are eternal children and asexual.
2.   Deaf individuals need to live in environments that restrict and inhibit their sexuality, to protect themselves and others.
3.   Deaf individuals should not be provided with sex education, as it will only encourage inappropriate behavior.
4.   Deaf individuals should be sterilized because they will give birth to children who are also disabled.
5.   Deaf individuals are sexually different from other people and are more likely to develop diverse, unusual, or deviant sexual behavior.
6.   Deaf individuals are oversexed, promiscuous, sexually indiscriminate, and dangerous, and you have to watch your children around them.
7.   Deaf individuals cannot benefit from sexual counseling or treatment (2003).

The existence of these tacit beliefs in the dominate society has huge implications for the resources available to the Deaf community and education provided Deaf individuals about sexuality and their rights. These disparities impact formal and informal support systems that are available to Deaf individuals.

The compounded effect of these barriers results in a situation where "Deaf people have been virtually excluded from our mental health care system due to bias, lack of knowledge and skills by professionals and significant language/communication barriers" (Gerber, as quoted in Schirmer, 2001).

Methodology

This study consists of two distinct phases. In the first stage, the study conducted a needs assessment that interviewed both service providers and individuals from the Deaf community. This phase used a Participatory Action Research Approach (PAR). During the second phase, the study assembled an audit team to look at systemic ability to address

the needs of the Deaf community. The second phase implemented an Institutional Ethnography approach (IE).

Needs Assessment

The methodology section for the needs assessment will detail the background of the Participatory Action Oriented Research Approach, which was central to this portion of the study, and highlight how PAR was implemented. This section will also highlight methods for enhancing qualitative rigor, and any modifications made to the methodology in the needs assessment

Participatory Action Research (PAR) was developed in contrast to conventional research approaches in which social scientists control the research agenda, design and implement research while treating participants purely as human subjects (Hall, 1993; Rose, 2001). The participatory component of the PAR model originates from developing countries in response to ethical concerns to the research process. North American and European researchers were characterized as being more concerned with describing the social world than with changing it (Krogh & Lindsey, 1999; Vander Stoep, Williams, Jones, Green, & Trupin, 1999). Conventional research was of little use to community stakeholders, attempted to achieve unrealistic goals, and exploited community participants (Rose, 2001). Kurt Lewin is generally cited as having introduced the action-oriented western component of PAR in 1946. His work is described as social research involving the researcher as an agent of change while at the same time generating critical knowledge about it (Small, 1995).

PAR is often characterized by qualitative research methods (Krogh & Lindsay, 1999). However, PAR is distinguished by 3 primary facets: 1) an iterative process for conducting research that includes reflection and action; 2) having community members and stakeholders involved with the research process; and 3) using findings to promote positive community change (Hall, 1993; Rose, 2001). Although participatory action-oriented researchers frequently use qualitative methods, quantitative methods may also be used (Krogh & Lindsay, 1999; Miles & Huberman, 1994; Sommer & Sommer, 1991). PAR researchers must be prepared to use a range of methods, as the social problems of interest tend to be more novel and understudied. PAR researchers need to design new instruments and techniques to gather data as well as make methodological choices about rigor. PAR researchers must also be sensitive to the needs and perspectives of their non-researcher counterparts by selecting measures that have a high degree of face validity and practical utility (Small, 1995).

PAR is not the most appropriate approach for all studies. Methods and approaches must match the type of research question, the stage of the field of inquiry and the purpose of the research. Studies that are designed to investigate the impact of treatment or services often involve an experimental design. Experimental studies are not as conducive to having participants guide the research process (Krogh & Lindsay, 1999). However, PAR is useful when studying social phenomena that have not received much previous attention. In these contexts, PAR utilizes community members' knowledge of both the political context and the community dynamics surrounding the issue. Community members are also poised to use the findings to make positive changes in their community.

When using PAR approaches, the concepts of objectivity and validity are under scrutiny. Community researchers bring with them characteristics, attitudes, and feelings that can conflict with the neutrality of the research process. While the issues of objectivity and validity are present in any research approach, PAR makes explicit these challenges at the outset of the study. Acknowledging the challenges to objectivity that are inherent in using community members in the research process, assists in maintaining the integrity of the work. Qualitative methods are often employed because methodological rigor can be assured through immersion in the setting (prolonged exposure), triangulation of data from several sources, and checks with persons familiar with the setting or issue (Krogh & Lindsay, 1999; Lincoln & Guba, 1985; Padgett, 1998).

PAR possesses epistemological assumptions that conflict with beliefs of more mainstream social science. Social science that is more positivist in nature assumes

> (a) the existence of a single, tangible reality that can be divided and reduced to independent parts, any of which can be studied, independently of others; (b) the belief that every action or effect can be explained as resulting from a cause that precedes it in time; (c) the view that research is a value-free endeavor and that the researcher is able to maintain objectivity and distance from the phenomenon under study; and (d) the belief that the goal of research is to develop a nomothetic body of knowledge that is highly generalizable across settings, people, and time (Small, 1995).

In contrast, PAR has a more post-positivist epistemology and rejects positivism because of its perceived inadequacy for creating social change. PAR is concerned with creating social change that will benefit those in the impacted study communities and views research participants as collaborators in the identification and analysis of their own community's problems. PAR acknowledges that science cannot be neutral or completely

objective in addressing social problems by emphasizing the context of the research rather than the universal laws of science (Small 1995).

PAR is effective in studying problems that originate from the community context and recognizes community issues, strengths and capacity for social change. Both researchers and community members are viewed as having knowledge critical to carrying out the PAR process (Small, 1995). PAR methods may involve people with specialized training and community members as researchers. The research process itself may be led by community members or by a collaborative team of insiders and outsiders of a given community (Hall, 1993; Krogh & Lindsay, 1999). The PAR researcher brings to the research process theoretical knowledge, experience, and the skills of conducting social science research; community collaborators bring practical knowledge and experience about the topics of study (Small, 1995).

Part one of this study was an exploratory examination into the Deaf community's perceptions of sexual victimization. As an undeveloped area of research, this exploratory study employed qualitative methods to contribute to a theoretical framework for understanding help-seeking patterns and behavior with Deaf victims of sexual violence. The aim of this study was to answer the empirical questions: 1) what are the perceptions of the Deaf community around the of the scope of the problem of sexual assault in their community; 2) who do individuals in the Deaf community tell about their experiences of sexual assault and why; and 3) what service gaps exist for the Deaf community? The study focused on collecting primary data from individuals who are Deaf and key informants (also known as service providers) using qualitative methods. A secondary aim of this study was to determine how effective PAR is in conducting this investigation. As

this study's design incorporated an iterative process with the advisory board, the advisory board assisted in modifying the study to make it fit best with the Deaf community. Modifications will be discussed in the overview of the PAR design and also detailed in a second section.

Overview of Needs Assessment. The study's needs assessment portion consisted of two types of interviews: key informant interviews and Deaf community participant interviews. To determine what service gaps exist for Deaf individuals, 18 key informant interviews were conducted with service providers, community leaders in the Deaf community and the field of sexual assault in a semi-structured format. This study identified key informants using purposive sampling techniques. The key informant interview technique involved interaction with selected community leaders and agency representatives to estimate the needs of a particular community (Langmeyer, 1993). This study implemented semi-structured interviews which had a conversational flow, covering topics, rather than focusing on specific questions. The study's advisory group of community stakeholders provided direction to the research process from a community perspective and helped to identify key informants for interviews. Interview protocols were developed with guidance from the advisory committee and pilot tested before being implemented.

Interviews with 51 members of the Deaf community helped address the research questions. These interviews incorporated videotaped scenarios as a tool to ascertain Deaf individuals' perceptions about sexual victimization. Trained interviewers showed various videotaped scenarios and asked follow-up questions about the situation shown on video. Finally, interviewers asked participants if they were a survivor of sexual abuse and if they

were willing to answer questions regarding their experiences. The community member interviews captured the views of survivors and non-survivors alike. Ullman (1996) found friends to be the most common source of support for sexual assault victims and certain types of support from friends to be associated with better recovery. Including the perceptions of both survivors and non-survivors of sexual assault in the Deaf community was useful in understanding survivor needs, as community perceptions and beliefs may influence victims towards certain courses of action. Community participants were recruited using a combination of convenience and snowball sampling techniques.

This study addressed the safety concerns of participants who have experienced sexual assault. During the initial screening for participation, if an individual stated any physical safety concerns, the trained interviewer explored options with the participant to empower them to make their own choice regarding participation in the study. Interviewers training included topics on securing consent and knowing the difference between active and passive consent by participants. The study incorporated a consent form that was videotaped in ASL ensuring a consistent message was communicated to all participants about the content of the consent form.

Participatory Action Research in the Needs Assessment. PAR is characterized by having 3 primary components: 1) an iterative process for conducting research that includes reflection and action; 2) having community members and stakeholders involved with the research process; and 3) using findings to promote positive community change (Hall, 1993; Rose, 2001). Researchers conducting studies involving adults with disabilities tend to employ participatory qualitative methods exclusively and sometimes have a combination of qualitative and quantitative approaches (Krogh & Lindsay, 1999).

Many PAR researchers have documented their research processes and the issues they have encountered. Such researchers recognize that collaborative relationships with community members are difficult to establish, maintain, and develop (Brydon-Miller, 1993; Krogh & Lindsey, 1999).

Involvement by Community Stakeholders. An advisory group of community stakeholders was recruited to provide direction to the research process from a community perspective. The advisory group consisted of law enforcement officials, hospital workers and Deaf and hearing human service providers. This group helped shape the research questions, recruit participants and identify key informants as members of the community who are likely to be knowledgeable about the issues of abuse in the Deaf community.

Early in the research process it was decided that some team members should be knowledgeable about Deaf culture. A project coordinator was hired to oversee participant recruitment. The project coordinator for the interviews was someone who was Deaf and well respected in the Deaf community. Having a Deaf interview coordinator was crucial and added to the credibility of the study. Also involved in the project team were consultants. Some consultants were Children of Deaf Adults (CODA). CODAs are often bicultural in understanding the nuances of Deaf culture and hearing culture. Having consultants with this experience greatly helped the researchers with being more culturally competent in their research approach. The interview coordinator and consultants contacted many organizations to ask that they refer individuals to the study. Flyers were posted at organizations and on the Internet.

The methods used in this study include semi-structured key informant interviews and interviews with community participants. To determine what service gaps exist for

Deaf individuals key informant interviews were conducted. The key informant interview technique involves interaction with selected community leaders and agency representatives to estimate the needs of a particular community. Information was gathered via interviews with 18 service providers. Semi-structured interviews allowed the interview to have a conversational flow covering topics rather than focusing on specific questions. Interview protocols were developed with guidance from the advisory committee and pilot tested before implementation. Interviews with 50 Deaf community participants were also conducted to help answer the research questions. These interviews used videotaped scenarios as a tool to ascertain perceptions about sexual victimization. Trained interviewers showed various scenarios to Deaf community members and asked follow-up questions about the event described on the video. After the scenarios, interviewers asked participants if they were a survivor of sexual abuse and would they answer questions about their experience.

The community member interviews were intended to capture the needs of survivors and non-survivors alike. The rationale for including other community participants who may or may not be survivors in the study was to fully understand help-seeking patterns. Although some participants in this study may not have been victimized or may have chosen not to disclose if they were victimized, in general, most people know someone who has been the victim of sexual violence. In fact victims and survivors tend to turn to friends as the most common source for social support following an assault. Ullman (1996), studied whether the type of positive and negative social reactions by significant others had a significant effect on sexual assault victims' adjustment. He found that friends are the most common support source for sexual assault victims and that

positive emotional support and neutral support from friends is associated with better recovery. Understanding the perceptions of both survivors and non-survivors of sexual assault in the Deaf community is useful in understanding survivor needs as well as towards what course of action friends might influence victims.

This study recruited participants through a variety of approaches. It sponsored a forum at a Deaf SAFE workshop to explain the study and ask interested individuals to participate. The Deaf SAFE workshop is a community meeting where criminal justice issues related to the Deaf community are discussed. Members of the Deaf community were able to meet the interviewers, see who was involved in the project and also have immediate questions addressed. After the workshop, the project contacted area Deaf organizations and asked them to make information available about the study and to refer interested individuals to the interview coordinator to get more information.

This study incorporated both Deaf interviewers and hearing interviewers using interpreters. This allowed participants to have a choice of the type of interviewer. Some participants wanted an interviewer who was not a member of the Deaf community since they perceived confidentiality to be compromised if they know the interviewer personally. However, others preferred having someone from their own culture in the interview setting.

Iterative Process. The advisory group and the research team met regularly to incorporate feedback and learnings back into the research design, the process and the data analysis. This process of constant integration of learnings is central to the iterative process. Advisory meetings discussed what progress had been made to date, discussions that needed to occur at present and what steps were going to occur in the near future.

Team meetings synthesized key learnings so that the research design or lines of inquiry could be modified.

In the beginning of the research project, there were bi-monthly meetings with the advisory group. The goal of the first meetings was to help the group members get acquainted and to discuss each person's role on the project. The working definition of "advisory" meant the group providing advice and guidance on the project for each step forward. The study requested that advisory members make a 1-year and 6-meeting commitment to this group. Project staff maintained communication with the advisory group via email and meetings were held in a community center in the city of St. Paul, Minnesota. The study coordinators also informed the advisors that their participation, roles and communication could be revisited and discussed at any point during the project.

One initial modification that the advisory board requested was that materials presented at meetings be done in a more visual format. Since the research design and questions were complex and the materials were written in English, the advisors believed that pictorial descriptions of discussion topics would be more helpful. The first decisional discussion that the research team assigned to the advisory group was to name the project. It seemed likely that project staff would refer to the project as the "Deaf project" or the "sexual assault project." It was imperative to quickly choose a name that would be attractive to community stakeholders. There was a brainstorming session that lead to a vote and "Researching Sexual Violence Project" (RSVP) was born.

The second set of decision-making questions focused on the development of interview guides. Since the key informant interviews were to be semi-structured, topics that should be covered were identified in a focused conversation format. As the project

was preparing to recruit members of the community to be interviewers for the community member interviews, it was evident that the interviewers would not be trained qualitative researchers. At this time, the advisory group needed to make important decisions about how structured the community member interviews should be. Finally, the advisory group discussed the topic of creative methods or media to conduct interviews. This discussion was useful as most participants would be using American Sign Language to communicate with interviewers and visual images had been highlighted as an important mode of communication. The advisory group's creativity produced the concept of videotaped scenarios.

Each video scenario depicted a story about someone who was first sexually assaulted and then raped. The interviewer then asked follow-up questions about what the character in the story should do, what barriers they might encounter, and what advice the interview participant would give the character. At the end of the scenarios, the interviewer would ask the participant if they were a sexual assault survivor and if they felt comfortable telling their story. The advisory group looked over the scenarios and the follow-up questions to provide the research team insight about how they might be revised to be most appropriate. The advisory group was also helpful in highlighting areas that should be addressed in the interviewer training.

Once the interviews began, the research team and interviewers would meet regularly to discuss what had been emerging as themes in the interviews. Though the interviews would be analyzed as a whole later, these meetings allowed the group to process the thoughts, ideas and issues emerging from the community. The information from the community interviews also helped to inform the key informant or service

provider interviews that were conducted after the second round of community interviews. The key informant interviews were less structured and issues identified in the community interviews were included so that key informants could provide insight into the community identified issues. For example, the issue of the availability of interpreters and the role of interpreters were emerging themes in many Deaf community member interviews. It was clear that the issue of interpreters was a popular and controversial topic with the Deaf community. After processing this information, the researchers, with the assistance of the advisory group, designed specific questions for key informants (service providers) to gain more perspective on the implications of this issue.

One tool that was used to facilitate some theme extraction meetings with the research team was Focused Conversation Facilitation developed by the Institute of Cultural Affairs (ICA). Since 1971 ICA has been teaching courses on building consensus, decision-making, ensuring full group participation, and clarifying direction. ICA methods are instrumental in helping individuals and groups create and define their identity, support and integrate diversity, and develop a strategy to attain goals (Stanfield, 2000). Using the Focused Conversation questioning formula which incorporates objective, reflective, interpretive, and decisional questions, the research team was able to stimulate the group's ability to think collectively, engage in meaningful dialogue, process the interviews and articulate clear ideas about the them.

Enhancing Qualitative Methodological Rigor. According to Padgett (1998) there are several ways to enhance the methodological rigor of qualitative studies. These approaches include: 1) prolonged engagement; 2) triangulation; 3) peer debriefing; 4) member checking; 5) negative case analysis; and 6) audit trail. The methodological

approaches used in the proposed study are strong in a number of methodological areas. Since interviews will be conducted with members of the Deaf community, hearing service providers and Deaf service providers, triangulation is a key approach used in the research. Though interviews with members of the Deaf community are more structured and do not lend themselves to much modification over the course of the research, the interviews with key informants are semi-structured and can be modified based on emerging themes and the evolution of the findings. This iterative approach to interviewing key informants facilitates member checking. Since an audit team is used for both peer debriefing and in creating an audit trail, the audit team's function is meant to help serve both purposes. In the analysis transcripts, audiotapes and videotapes will document perceptions held by various participants. Negative case analysis was used to better understand the emerging themes. The weakest area for the research is prolonged exposure. Though the amount of field time may be considered short by qualitative standards, it is a starting point for future research to be conducted in this topical and geographic area.

Modifications to Methodology in Needs Assessment. PAR approaches yield themselves to modification. With members of the community that the study addresses partaking in decision making at each juncture in the study, the process is very dynamic and responsive to the nuances of the group in question. In this study, modifications were made in several areas. Many of these modifications were discussed in detail in the previous sections regarding participatory research, but they will be highlighted briefly here.

One of the first modifications to the study was the hiring of a Deaf interview

coordinator at the suggestion of the advisory board. Having an individual who was well connected to the Deaf community proved to be an invaluable asset to this study and aided in our successful recruitment of deaf individuals.

The advisory committee recommended that the study increase its use of visual formatting in meetings when working with the Deaf community. Based on this feedback, PowerPoint presentations became standard for all meetings in the Deaf community, and these were modified to a Deaf friendly format.

As this study employed members of the Deaf community or bi-cultural ASL fluent individuals as interpreters, the fact that these individuals were not qualitative researchers by profession was taken into account. The advisory recommended that the study implement videotaped scenarios as a tool for interviewing. This tool was useful for several reasons. The video taped scenarios were in a visual format that was easily understood. The video featured a well known member of the Deaf community that increased the credibility of the study in the eyes of the interviewees. Additionally, having the stories videotaped ensured that they were uniformly related to the participants in the study.

The study design originally included interviews with both Deaf individuals and Hard of Hearing individuals. While Hard of Hearing individuals may also have challenges around the area of sexual assault, after consulting with our advisory board, it was determined that the amount of isolation from the mainstream hearing community was vastly different for Hard of Hearing individuals than Deaf individuals. Additionally, this study hoped to address the needs of individuals who were culturally Deaf and fluent in ASL. The advisory board felt that many Hard of Hearing individuals were not culturally

deaf, many having late in life hearing loss issues, and many did not speak ASL . Upon the counsel of the advisory board, the study decided to study sexual assault in the Deaf community exclusively.

The original proposal stated that it was an examination of the "Deaf and Hard of Hearing Women's perceptions of the issue of sexual assault." However, the study expanded to include males' perceptions of the issue of sexual assault. This was based on the recommendation of our advisory committee who stated that the Deaf community is such a small tightly knit group, that the views of males within the community greatly impact the reality for women as well. Additionally, it became apparent that Deaf men were impacted by this issue as victims. Additionally, how the issue of sexual assault was dealt with seemed more difficult to determine if the perpetrator was a Deaf male. For all of these reasons, the study decided to include the perspectives of Deaf males in the community needs assessment.

A final modification was the reduction of the number of service provider interviews. A finding of this study was that very few service providers had experience working with the Deaf community. Service providers who had little or no experience with the Deaf community had less to offer the study and also were not as willing to be interviewed by the study.

Institutional Ethnography Audit

Institutional ethnography (IE) is a qualitative research method for exploring how social relations structure people's everyday lives. The research methods that institutional ethnographers use are based on two primary assumptions: 1) that there are systematic

processes and practices that manage and control people's lives through "ruling relations" and 2) that these social relations operate "more or less mysteriously and outside a person's knowledge' (Campbell & Gregor, 2002). These ruling relations are embodied in "texts" which are broadly defined to include legislation, policies of governing boards, and management plans as well as forms and computerized documents and files (Wright, 2003). The institutional ethnographer's goal is to try to discover how these administrative and regulatory texts are used within institutions to coordinate workers activities and how they standardize the ways in which workers act on cases.

Developed in the 1980's by Dorothy Smith, a Canadian sociologist, IE research has spread beyond the fields of sociology and anthropology to numerous other disciplines, including social work, health, business, psychology, education and criminology. DeVault & McCoy, 2002 review IE investigations on nursing, disability, the organization of health care, and police and criminal justice response to violence against women. These studies demonstrate the common assumption that is at the core of IE: that individuals working in large bureaucracies do not independently decide how to perform their jobs. Rather, their activities are coordinated and shaped by institutional processes. In the language of IE, workers are "institutionally organized" to perform their jobs in a certain manner. The studies also demonstrate how this "institutional guidance" is contained in the forms, policies, philosophy, practices and culture of the institution or system in which employees work. As a result, IE audits tend not to focus on the work of individual employees, but rather on the larger institution or system in which individual employees function.

In IE investigations, researchers employ a variety of open-ended methods to

attempt to understand how work processes, activities and relations related to a specific function (such as the delivery of health or victim services) are coordinated. Regardless of the particular methods selected, however, IE investigations take as their starting point the experiences of specific individuals, for example, a woman who has been the victim of domestic violence, and try to explain how those experiences are produced and shaped by institutional processes. In the case of providing services to domestic violence victims, for example, the IE researchers might ask, "How is the case being put together by workers in the system in ways that produce problematic outcomes for women? How are workers organized to account for and enhance victim safety and offender accountability? How are victim safety and offender accountability affected by the ways in which workers are coordinated by institutional processes to assemble cases (Pence & Smith, 2004)?

Another characteristic of IE methodology is that IE investigators continually adjust and accommodate methods throughout the investigation, rather than adhere to a research design developed in advance of the data collection. According to Campbell and Gregor,

> IE investigations are rarely planned out fully in advance, identifying research sites, informants, and texts to analyze, or even questions to pursue with informants. Instead the process of inquiry is rather like grabbing a ball of string, finding a thread, and then pulling it out; that is why it is difficult to specify in advance exactly what the research will consist of. The researcher knows what she wants to explain, but only step by step does she know how she needs to interview, or what texts and discourses she needs to examine (Campbell and Gregor, 2002).

The typical repertoire of open-ended methods used by institutional ethnographers include focus groups with people whose experiences are being processed as an institutional case, qualitative interviews with workers, and observations of practitioners

doing their jobs. These methods are closely linked with an additional method, textual analysis of all of the administrative and regulatory texts used by the institution to coordinate workers across time and sites. All of these methods center on the case file as the key element by which activities are coordinated. For example, an institutional ethnographer will typically conduct open-ended interviews with various institutional practitioners, referred to as "informants," asking them to describe the context of their case processing work, the specific ways they act on cases at each point of intervention, and the texts that are used or produced at each interchange between practitioners and the case. Whenever an 'informant" mentions a document, the researcher will ask to see a copy of the document and will ask the worker to describe what she does with it. The interviewer then develops additional questions for subsequent interviews with others who also act on the case. In this way, IE interviewers attempt to identify the "processing interchanges" among individuals working in different parts of institutional activity, points where work processes intersect (Campbell & Gregor, 2002).

Many of the research tools used by institutional ethnographers are the same as those used by other qualitative researchers. However, there are some distinct differences in how they are used in IE research. For example, in most other research approaches, the researcher attempts to specify the research design and methods as completely as possible in advance of beginning data collection. This design typically includes a description of systematic sample procedures about who will be interviewed, what types of data will be examined, and development of standardized interview protocols to collect the data. The IE researcher, on the other hand, begins by identifying an experience that is problematic and then samples the work process at different points to ensure a sufficient range of

participants' experiences. Additionally, IE interviews are always oriented to sequences of interconnected activities, an approach that frequently leads the IE researcher to choose informants as the research progresses (DeVault & McCoy, 2002). Finally, IE interviewers are much more attuned to references that informants' make to texts or text-mediated processes.

One of the most prominent research protocols developed within the IE research framework is the Institutional Audit. Used extensively to study response victims of domestic violence, the Institutional Audit scrutinizes the impact on victim safety of every conceptual and bureaucratic process that constitutes case processing within responsible organizations. Alternatively referred to as a "Safety and Accountability Audit," a typical domestic violence IA attempts to understand "how victim safety and offender accountability are affected by the ways in which workers are coordinated by institutional processes to assemble cases" (Pence & Smith, 2004). In addition to using the IE research methods discussed above, Safety Audits involve participatory action research, whereby the audit teams themselves become catalysts for system change. The current RSVP study applied the Institutional Audit protocol developed by Pence and Smith to the experiences of Deaf sexual assault victims who seek police intervention.

Institutional Ethnography Methodology. The first part of the RSVP study examined the effects of sexual assault in the Deaf community and the response of community service providers to Deaf persons who seek intervention. To identify the Deaf community's perceptions and needs related to sexual violence, researchers conducted fifty-one interviews with members of the Deaf community and fifteen key informant interviews with service providers who work with the Deaf community and/or in the

sexual violence field. To better understand the response of *law enforcement* to Deaf sexual assault victims, researchers conducted an institutional audit of the Minneapolis Police Department's response to members of the Deaf community who seek criminal justice intervention for sexual victimization. The primary purpose of the audit was to determine whether the policies and practices of the Minneapolis Police Department promoted a response that was aligned both with community needs and with best practices in the policing field. A second objective of the IE project was to develop an auditing protocol whereby law enforcement agencies around the country could compare their policies and practices related to working with Deaf or hard of hearing victims of sexual assault to best practices.

Initial IE Research Design. The initial research design specified that the ethnography audit would be conducted using the Domestic Violence Safety and Accountability Audit model developed by Pence. Safety audits using this model typically select a small slice of the overall response and look at it in a very detailed way to understand how an institution or system functions. The audit protocol typically involves three components: 1) mapping the system under study by identifying the exact chronology of steps that occur as a case is processed through the system, 2) interviewing and observing workers, and 3) analyzing paperwork and other textual materials that are generated as cases are handled.

The initial research design also identified procedures for conducting the institutional audit including establishing an audit team, developing an audit protocol, and implementing the protocol in the system under study. The audit team would be comprised of five stakeholders, including a law enforcement officer, two community members, a

human service provider, and a researcher. To develop its audit protocol, the initial design suggested beginning by conducting a community needs assessment to identify Deaf and hard of hearing community needs in relation to law enforcement response and by using a Delphi-like process to develop the audit protocol. The Delphi method is a group decision-making approach in which a series of questionnaires are sent either by mail or computer to a pre-selected group of geographically dispersed experts. The questionnaires are designed to elicit individual responses to the problems posed and to enable experts to refine their views as the group's work progresses. The Delphi method overcomes the disadvantages of conventional committee action by ensuring anonymity, controlled feedback and statistical feedback.

The initial research design's audit protocol would include three traditional IE methods of data gathering. (1) Audit team members would conduct ten semi-structured in-person interviews with law enforcement officers using interview protocols developed with guidance from a Police Advisory Committee. Semi-structured interviews would allow the interview to have a conversational flow covering topics rather than focusing on specific questions. (2) Auditors would also engage in direct observation of patrol officers interacting with members of the Deaf and hard of hearing community (structured observations using specific descriptors would be developed to help the audit team make more reliable observations.) (3) Finally, the study would include a textual analysis of written policies, procedures and other textual materials that reflected official program policies as well as informal norms and practices related to police reporting (e.g., strategic planning documents, policy handbooks, staff training/orientation materials and police

reports). Factors that emerged from the needs assessment would provide the foundation for the document review and text analysis.

Once an audit protocol was developed, the audit team would implement the audit protocol with the Minneapolis Police Department (Minnesota). The scope of the audit included examining the responses of the Minneapolis Police Department's Dispatch Unit (911) and various precinct patrol officers to Deaf sexual assault victims. A snowball sampling technique would be used to identify appropriate law enforcement officers to be interviewed and/or observed. An advisory group of police officers from the Minneapolis Police Department would be recruited to provide direction to the research process from a police perspective and help in identifying officers in the Minneapolis Police Department who were knowledgeable about departmental practices and the Deaf community.

Once interviews were completed, audit team members would identify themes from the interviews using the cross-case data analysis method. This method identifies constructs (e.g., conditions necessary for reporting sexual assault to the police), defines dimensions for assessing each construct (e.g., severity or prevalence of a problem), and determines the percentages of respondents that fall at each point on the various dimensions.

Modifications to the Original Research IE Design. Like many ethnographic studies, changes were made during the course of the current institutional ethnography to allow the researchers to explore the broadest range of processes that shape the experience of Deaf sexual assault victims. The first modification to the original audit design was to widen the scope of the study. The audit originally proposed to take information gained during the community needs assessment portion of the study and examine how well the

Minneapolis Police Department's practices aligned with those needs. However, the needs assessment revealed that police officers rarely had contact with Deaf individuals regarding sexual assault issues and had infrequent contact with members of the Deaf community in general. This raised the difficulty of interviewing police officers about an issue they had not actually faced. In addition, the needs assessment revealed that the issue of sexual assault was most likely to surface in service provider settings (generally with service providers who did not specialize in dealing with sexual assault or abuse). One advantage of using the institutional ethnography framework is that it allows for modifying the focus of inquiry as the study progresses. In this case, the Audit Team agreed to broaden the focus of the study to include other actors located in help-seeking junctures identified as important to Deaf sexual assault victims. These included 9-1-1 Dispatch staff, sexual assault investigators, SARS nurses, ASL interpreting services and other services providers in the system.

Establishing the IE Audit Team. In January 2005 the Council recruited a three-member Audit Team comprised of two CCJ researchers, Dr. Jennifer Obinna and Julie Atella. A representative from a service provider agency who was a Child of a Deaf Adult (CODA) and former police officer, Wendy DeVore was also a team member. There was also an Audit Coordinator, Sarah Krueger, who was responsible for setting up interviews, obtaining textual materials, and coordinating monthly team meetings. Jane Sadusky from Praxis International, Inc. served as a consultant to the Audit Team.

The three-member audit team was a modification from the originally proposed five-member team comprised of a law enforcement officer, two community members, a human service provider, and a researcher. Because Wendy DeVore represented both the

service provider and law enforcement perspectives, it was agreed that a smaller team would be more efficient. In addition, there was a previously established diverse Advisory Committee as part of the needs assessment portion of the study. The Advisory Group included representatives of law enforcement, hospital workers and Deaf and hearing human service providers.

Advisory Committee Members

- Jennie Yngsdahl, Community Services Coordinator/Therapist, Rape and Sexual Abuse Center
- Jude Foster, Program Director, Sexual Violence Center
- Marie Koehler, Regional Manager, Deaf & Hard of Hearing Services
- Ginny Meyer, SANE Nurse, Health and Wellness Program, Regions Hospital
- Kathy Schumaker, Deaf/Blind Job Placement Center, Minnesota Employment Center
- Elise Knopf, Program Coordinator, Minnesota Employment Center
- Bev Hull, Social Worker, Perspectives, Inc.
- Lt. Medaria Arrandondo, Minneapolis Police Department
- Nichole Keltgen, Training and Communications Coordinator, Minnesota Coalition Against Sexual Assault
- Andy Sagvold, Outreach Coordinator/Advocate, Council on Crime and Justice
- Bonnie Cleveland, Crisis Counselor, Sexual Assault Treatment Center, Aurora Sinai Medical Center

The Advisory Committee met from time to time to provide feedback and direction on the research process from a community perspective and helped to identify key informants for interviews. Overall, the Advisory Committee played less of a role during the IE portion of the study than during the needs assessment phase. However, because all of the members of the IE Audit Team were involved in the needs assessment portion of the study and were active members of the Advisory Committee for that potion of the study, they were well versed in the information and feedback gained during the needs assessment portion.

Before beginning the audit project, the Audit Team participated in several Institutional Ethnography trainings conducted by Jane Sadusky from Praxis International, Inc. The trainings consisted of an overview of institutional ethnography, training on how to conduct various types of interviews, an introduction to text review, as well as familiarization with the eight commonly used audit trails. Audit Team members practiced interviewing members of the police department and social service agencies during the training and received feedback from the trainers on their interview technique. Training included identifying different types of interviews, such as, big picture interviews, text interviews, and key person interviews. The Audit Team also received training on things to be aware of when conducting an observation.

The training process was also used as a time to develop a protocol for how the project would be carried out and mapping the areas that the audit would examine. Throughout the audit project, the Audit Team received continued support and guidance from Jane Sadusky through regular meetings and frequent contact. Initially, the Audit Team met monthly, then moved to bi-weekly meetings near the end of the project. During initial audit meetings team members jointly reviewed and analyzed interview transcripts and texts. The Audit Team used the insights from these discussions to identify the next steps in the audit process and to decide who the team should interview next.

Implementing the Audit Protocol. The initial research design called for developing an audit protocol based on an assessment of the Deaf community's needs in relation to law enforcement response to sexual assault. The researchers envisioned that this audit protocol would allow law enforcement agencies around the country to compare their policies and practices related to working with Deaf victims of sexual assault to best

practices for the purpose of improving their services. However, because the needs assessment portion of the study revealed that very rarely do patrol officers have the opportunity to respond to sexual assault issues in the Deaf community (perhaps due to under-reporting), the audit protocol had to be broadened to include other parts of the system that were identified as critical factors in the response process. These included 911 dispatchers, sexual assault investigators, SARS nurses, ASL interpreting services and other service providers in the system.

Prior to beginning the RSVP study, the audit team talked with the Minneapolis Police Department's Chief of Police to explain the audit process and elicit support for the project. Deputy Chief Lucy Gerold provided a letter of support for the project grant application and identified and assigned Lieutenant Medaria Arrandondo to serve as the liaison to the project. Lieutenant Arrandondo attended Advisory Committee meetings during the needs assessment part of the study to insure that the police perspective was represented. During the audit process the Deputy Chief and other investigators identified relevant investigators and civilian crime prevention specialists who would be knowledgeable about the research topic. Wendy Devore, a former Minneapolis Police officer and member of the Audit Team, provided team members with background on police procedures.

As proposed, the audit protocol that was implemented employed three methods of data gathering: semi-structured in-person interviews, direct observations, and textual analysis. However, because of the change in the scope of the audit, the types of people interviewed and observed had to be broadened. A snowball sampling technique was used to identify appropriate persons to be interviewed. A total of fourteen interviews were

included in the audit analysis. Ten of the interviews were conducted specifically for the audit portion of the study. Four other interviews were conducted as part of the needs assessment but, because of their relevance to the audit topic, were included in the audit interview analysis. Seven interviews were completed with current or former police officers and/or civilian crime prevention specialists associated with the police department. The original research design proposed to develop and pilot test interview protocols. However, as the Audit Team became more familiar with ethnography methodology, they felt it would be more appropriate to do minimally structured interviews that would permit a conversational flow about various "topics" and allow respondents to talk about those parts of the process with which they were most familiar. This is consistent with the IE methodology described by DeVault and McCoy, 2002:

> Given that the purpose of interviewing is to build on understanding of the coordination of activity in multiple sites, the interviews need not be standardized. Rather, each interview provides an opportunity for the researcher to learn about a particular piece of the extended relational chain, to check the developing picture of the coordinative process, and to become aware of additional questions that need attention. ….As in any qualitative interviewing, there is a balance to be achieved between directing the interview toward the researcher's goals and encouraging informants to talk in ways that reflect the contours of their activity.

Some of the interviews were conducted by a team of two auditors; others were conducted by only one auditor. Whenever possible, the interviews were conducted at the interviewee's place of work so that the Audit Team members could observe how the respondent's work environment was organized. Interviews, which were tape recorded and transcribed, lasted between 45 to 70 minutes. The following table shows the types of workers who were interviewed and their connection to the study.

Audit Interviews

Title	Agency	Why Interviewed
Law Enforcement Related		
Latino Crime Prevention Specialist	Minneapolis Police Department	Provides interpreter services
Sex Crimes Investigator	Minneapolis Police Department	Twenty-year officer
Retried police officer	Minneapolis Police Department	Experience in sexual assault investigations
Deputy Chief of Police	Minneapolis Police Department	Responsible for all criminal investigations; responsible for Sex Crimes Unit
Civilian Crime Prevention Specialist	Minneapolis Police Department	Works at a precinct drop-in center
Investigator	Minneapolis Police Department	Investigates crimes against vulnerable adult
Sign Language Interpreter and Crime Prevention Specialist	Independent Contractor	Former Police Officer with Minneapolis Police Department
Patrol Officer	Minneapolis Police Department	Experience police officer; fluent signer
Related Service Providers		
American Sign Language Coordinator	City of Minneapolis	Coordinates interpreting services for more than 30 victim service divisions.
Counselor/Advocate	Job Placement Center	Is Deaf and signs with Deaf clients
Consultant	State Agency	Liaison, signs, provides advocacy for Deaf and hard of hearing
Counselor/Advocate	Sexual Assault Program	TTY help line
Sexual Assault Legal Advocate	Sexual Assault Program	Advocate for sexual assault victims
Program Director	Sexual Assault Program	Experience with sexual assault victims and TTY crises calls.
American Sign Language Coordinator	Consultant/State Agency	ASL interpreter training and certification; knows about medical interpreting field

The original audit protocol also included collecting information through direct

observation of patrol officers during interaction with members of the Deaf community. It

was not possible to conduct such observations because this scenario occurred so infrequently. In addition, the Audit Team agreed that specifying observation descriptors in advance and conducting structured observations would not be consistent with the ethnographical approach. Instead, researchers observed a police investigator on multiple occasions and observed other workers in their work spaces as part of the interview process. Researchers also reviewed field notes from observations of 911 Dispatch workers that were done during a concurrent study. During the audit interviews, researchers asked workers to explain what was observed.

The third method of data gathering in implementing the institutional audit involved a textual analysis of written policies, procedures and other textual materials that reflect official program policies as well as informal norms and practices related to police reporting (e.g., current strategic planning documents, policy handbooks, staff training/orientation materials and police reports). Factors that emerged from the needs assessment provided the foundation for the document review and text analysis. Because all of the Minneapolis Police Department's polices and procedures are available from its website, researchers were able to easily obtain such textual materials as the "SEXUAL ASSAULT INVESTIGATIONS" and "COMMUNICATING WITH PERSONS HANDICAPPED IN COMMUNICATION." The Audit Team requested that the police department provide copies of police reports involving Deaf sexual assault victims. However, this was not possible because the police database could not be queried on these specific criteria. However, researchers were given copies of examples of actual sexual assault police reports (with identifying victim and offender information removed) including a report of a sexual assault that involved a vulnerable adult. During interviews,

researchers asked for copies of other textual materials that were mentioned by workers. Jane Sadusky conducted the textual analysis. Additional details about the nature of the textual materials obtained for the audit are included in the discussion of the textual analysis results later in this report.

In addition to the three methods discussed above, the original research design proposed using a Delphi-like method to gain diverse perspectives on audit issues and help ensure consensus around the audit process. The Delphi method is a group decision-making approach in which a series of questionnaires are sent either by mail or computer to a pre-selected group of geographically dispersed experts. The questionnaires are designed to elicit individual responses to the problems posed and to enable experts to refine their views as the group's work progresses. The Delphi method overcomes the disadvantages of conventional committee action by ensuring anonymity, controlled feedback and statistical feedback. The intent of using the Delphi method was to elicit opinions of experts and enable the audit team to refine their views as the group's work progressed. Ultimately, the audit team decided not to use the Delphi process because the Advisory Committee already provided a very diverse set of perspectives and a clear consensus on audit "topics" emerged early in the project.

Analysis Procedures

In order to analyze the data from all aspects of the research, the study incorporated a team of researchers, Deaf community members who had assisted on the interviews and transcription of the interviews as well as practitioners that work with the Deaf community. All interviews were categorized by question and themes were identified

within each question area. Next, cross-case analysis between different areas identified broader themes that spanned different subject areas. The researchers utilized the qualitative data analysis software NVivo 2.0 to assist in the management of data codes and themes and to generate a compilation of experiences. NVivo is a software program that was developed by Qualitative Solutions and Research International (QSR) and is commonly used in qualitative studies. This software enables many kinds of documents to be kept together and links to be created between different ideas in different texts.

Findings

This study evaluated data in four different areas. First, this study attempted to evaluate the effectiveness of using PAR methodology in a very distinct cultural community, such as the Deaf community. Secondly, it attempted to capture the thoughts, feelings and beliefs of individuals in the Deaf community regarding sexual assault and help-seeking strategies. Thirdly, it encompassed the views and opinions of service providers around the issue of sexual assault in the Deaf community. Finally, the audit portion attempted to measure the how well the system is prepared to assist Deaf individuals who are victims of sexual assault. Findings in each of these four areas will be detailed in this section.

Effectiveness of PAR Approach

The researching sexual violence project in the Deaf community in Minneapolis appears to have had great success using PAR, primarily evidenced by having a hearing-dominated team of researchers collaborate with Deaf individuals to connect with Deaf persons to discuss sexual assault. Not only were participants recruited within the

established time frame; participants had to be turned away at the end of the interview period. This success was most likely due to having an advisory group with members, from law enforcement officials, hospital workers and Deaf and hearing human service providers; having recruited, trained and hired Deaf interviewers and a hearing interpreter; and using a video taped consent form and scenario-based interviews with a notable member of the Deaf community in the video. Having an advisory group also helped in making the research more in line with the tenets of PAR. The research questions tended to come from the day-to-day worlds of people who are seeking solutions to the challenges in their communities. Problem solving around the challenges of the research process were addressed in a manner that was realistic to the realities of being Deaf in this region.

Findings from Service Provider Interviews

Service providers believe sexual assault is a significant problem in the Deaf community. However, programs that serve sexual abuse survivors do not see many Deaf clients, while other providers who work with Deaf individuals often are in the position of hearing disclosure of recent and past sexual abuse. Many of these service providers encourage individuals who are Deaf to call the police upon disclosure, while others are more cautious. It is suggested that with more specialized services, awareness of Deaf culture and improved communication methods, interventions will be more effective. At the same time it is important to recognize that disclosure to formal support services about abuse may be hindered by the intimacy that exists in the Deaf community. This may also be a strength that is helpful when help-seeking in informal ways such as with friends and family.

Scope of the Problem. Service providers indicate sexual assault is a significant problem in the Deaf community; however, studies examining prevalence to substantiate anecdotal accounts or conjecture is lacking. There is a perception that a great deal of sexual abuse occurs to youth while attending residential schools. One participant states,

> I know it happens and I know there are many reports of sexual abuse like in residential schools around the country and I still think it comes down to communication. I believe it is usually between people, like in the residential school, it's usually staff people that can't communicate well but they still work there. In the dorms, the over-night staff, that kind of thing and so it's a power kind of a thing with a person that can't communicate in the language of the people they are suppose to be working for. But numbers wise… I really couldn't measure it. I'm sure there's a lot that we are unaware of, a lot unspoken or unreported.

It is even difficult to rely on the number of Deaf individuals that present to agencies or programs. Some providers do not see many Deaf clients and suggest that this is because services or programs that serve sexual assault victims have mostly hearing providers. However, some providers that work in the field of chemical dependency and addiction see many Deaf people, most with histories of abuse. One provider indicates,

> I would say there is a large portion of Deaf people who have experienced that [sexual abuse]. In our admission work we ask questions related to physical abuse, emotional and sexual abuse, including sexual assaults…. A big majority of our patients have experienced that and we also have had some people who have perpetrated as well.

Deaf providers that work primarily with Deaf individuals assisting with a range of concerns indicate that sexual assault is not often disclosed or a focus of their counseling or advocacy work.

Formal Services and Informal Supports. Service providers indicate there are some resources available to serve Deaf clients as required by the Americans with Disability Act. Many referral agencies in the Minneapolis area can link hearing and Deaf

individuals with interpreters. However, there is a sense that more specialized services are needed, hearing services need to be more aware of Deaf culture and other communication approaches, including interpreter services, need to be improved.

Service providers revealed what they knew about existing services and what services they would like to see available. Universities have interpreters on hand for staff and students, as do hospitals and treatment facilities for patients. There is also a hand-full of community-based agencies that provide services on a multitude of topics to persons who are Deaf. Many providers mentioned state agencies like Deaf and Hard of Hearing Services under the Department of Human Services that provides advocacy and training. A local hospital used to have a provider working with Deaf victims of sexual assault, but the position was cut a few years ago. The State and community-based agencies conduct trainings for hearing individuals on a range of topics including Deaf culture. Some agencies also provide training to Deaf individuals on topics such as interacting with the police and demystifying the criminal justice system.

Many service providers state that they encourage individuals who are Deaf to call the police upon disclosure, while others are more hesitant in their advice. Some service providers make the report to the police themselves. One provider indicated,

> Well, first I tell them that I am so glad that you shared this with me. I know that often people don't know who to tell [or] what to do. So, I'm really glad they came to me. And as a Deaf person myself I'm sure they're more comfortable sharing with me, so I say, 'oh thank you for telling me,' and then I tell them that I'm going to report this and ask them if they have any problems with that.

Some providers play more of an advocacy role and will do some fact finding for a person who is disclosing abuse. One provider indicates,

> If they were trying to find out how to report a crime, who to contact and what police agency, I would probably contact a police agency for them and find out what would be the best route for this person to take. [I would] kind of do that leg work for them, versus telling [them] to do that.

While some providers feel obliged to call the police, others choose more of an empowerment approach. One provider states, "I would encourage them to call the police [and] I would hope that the police system has TTY for that person. I would want to empower them to do that themselves." Yet others approach reporting with some caution. Another provider states,

> If they're not sure that they are going to report it and they tell me that, I will ask them: Do you want to know what happens if you make a report, because that's usually the question they want… , and be able to assess if they want to go through it or not…. I explain the process between what realities are…. I might try to caution; basically I'm there to make sure they understand everything. I'm not there to tell them what to do; I'm not going to be the one saying, you need to report this, or this person's gonna' do it again.

Though the Minneapolis metropolitan area is perceived to have many Deaf resources when compared to other communities around the country, a desire to see more specialized services for sexual assault victims was expressed. One provider indicates, "I would like there to be a counseling agency that could support, have a support group for victim services, have interpreters all ready, and have just an on call list or a ready list of interpreters." Other providers wish there were more therapists available to work with persons who are Deaf in dealing with mental health issues.

The Deaf community is characterized as being a small, "close knit" group. This level of intimacy is viewed as both a support system as well as a barrier to help-seeking. The Deaf community is perceived to be very supportive and one provider states,

> The subject could be opened up more and the people could be willing to

be vulnerable and admit to what has gone on. I think the Deaf community would come around and be very supportive with each other and I think that… there is a lot of strength there too.

At the same time service providers indicate that there is some hesitancy with survivors disclosing that they have been victimized. One provider says,

> I've noticed that people really experience things and they keep it to themselves, once in a while they will tell someone. Maybe someone will come to me and tell me something but it happened a long time ago, not recently like a couple of months ago or something.... Most of them will report later, they will come to me after the incident and…it's too late for the rape test.

Some suggest that the desire for secrecy comes from the concern about privacy. One provider said,

> I think there is a perception among Deaf people, and rightly so especially because they have to go through an interpreter, that "I have no privacy." That may be a barrier to a person reporting sexual violence. They may want to keep their matters private.

It is also suggested that shame and secrecy are interconnected. One provider suggests,

> [It's] not easy for anybody to say hey I'm an addict. It is just not real easy to say hey I've been raped or I've been abused all of my life, or you know, sexually abused… I think that the issue is that the Deaf community is so much smaller so it might not be that they are so closed as much but that they are so connected and there is not a lot of anonymity.

Communication. Most service providers are hearing and when a Deaf client seeks assistance, usually the communication begins with writing. One hearing provider states, "I know we have [providers] here that did work with a Deaf client and… I think she ended up communicating by email at least in the initial to try and set up the appointment… I think they did a lot of writing and used the Internet and that was about it." Another provider states,

> Sometimes my [client] would show up here unexpectedly so I wouldn't have an interpreter with me and we would write out her questions or she would write back to me. She emailed me; we emailed each other, and actually emailed each other probably for almost a year past her case ending.

Some providers do not think that is a good practice. One indicates,

> Many service providers are mostly hearing, so usually the communication has been with writing so that doesn't always seem to be enough. That's not good enough so we really work with the consumers and the people providing and so we help them decide if they can access the places to make the communication accessible.

> Providers also discussed using TTY, relay services and interpreters. Differences

in terminology and difficulties in translating between ASL and English contribute to

communication difficulties. One provider states,

> What I didn't know was that signing is essentially a language of it's own, it's not English…it can't translate necessarily to perfect English speaking and that was difficult sometimes when you didn't know that how you would ask a question….You couldn't get the communication that you were necessarily were looking for and/or wasn't fair to them, either, and that is probably what I say the most in our interactions.

Service providers also discuss the importance of assessing communication styles. Some

persons who are Deaf lip-read and write English as a preferred method of

communication. Some are more comfortable with ASL. Others do not know English or

ASL and are described as having minimal language skills (MLS). In such cases the

communication should be more visual, employ picture books or be more tactile. One

provider tells the story about one client,

> Well, for example my client that I'm working with right now she's Deaf blind. When she contacted the police, this was just last week, the rape actually happened a month ago, but she did the reporting last week. So, the police told her to come today to the police department and we will do an interview using a computer. Well, she's Deaf and blind. So she thought, is that hardly even worth it?

Having interpreters or others knowledgeable about communication to assess communication needs emerged as an important theme.

Sometimes community-based agencies do not have money in their budget for interpreters. That might be a reason why email or writing becomes a preferred choice for communication. Other entities, like hospitals, have interpreters available. However, there are different kinds of interpreters based on qualification and certification. There also appears to be some confusion as to who can interpret for what kind of legal proceedings. One provider indicates that any certified interpreter can interpret for police investigations and court proceedings. However, another provider who is an interpreter states, "I've not gone to court in a long time just because I have a different type of certification than what the courts require right now which is fine with me." This interpreter also implies that she does not want to go to court. Many interpreters do not want to interpret for legal proceedings because they do not want to be subpoenaed into court for interpreting a legal proceeding. One service provider states, "It would be inappropriate [to have a medical interpreter interpret] because we would need a legal interpreter. Hospital interpreters interpret for the hearing impaired, if they should present to the emergency room." However, other service providers indicate that it is not a proprietary issue as much as it is a preference.

Often there are issues with availability when an interpreter is needed. One provider indicates that when the police were called and a Deaf person wants to make a report, the wait for an interpreter is 3 days. Another provider indicates,

Courts often will request to have an interpreter and sometimes they do and sometimes they don't, [it] depends on the [court] schedule and the interpreters schedule…. Can we get them to match? Are they prepared enough for court? Then we have to go back and get the interpreter and prepares again. It gets really frustrating.

Deaf Culture and Education. The biggest barrier to help-seeking identified by hearing and Deaf service providers alike is the lack of awareness about Deafness and Deaf culture by the hearing community. If the hearing community would be more aware of how to communicate and appropriate approaches to communication, helping Deaf victims of sexual violence could be improved.

Basic interaction with a person who is Deaf was cited as a challenge for hearing providers. One provider states,

[To] get the attention of a Deaf person, they could just tap on they're shoulder or the lights or something. They're just so scared of the Deaf person, you know? I know sometimes they get in the room and they are just frozen, so just some basic training on how to interact with the Deaf.

Terminology is also an important consideration. How to refer to a person who is Deaf can determine how an interaction unfolds. One provider states,

You know that word 'hearing impaired?' To me if someone said that, it is very insultive--that is a hard word for me . That's offensive. That's a hard word to handle. Some people don't find it offensive they grew up hearing 'hearing impaired, hearing impaired,' so that's ok. Others prefer 'hard of hearing,' you know? I would say it is fair to ask the person, what do you prefer to be called, how should we identify you?

Hearing providers are said to make many assumptions about individuals who are Deaf. One Deaf provider says that, "hearing people think that they need to talk louder but that's not true and it doesn't really matter about that." It was suggested that hearing providers should know that some Deaf individuals use ASL while others are MLS. "Some Deaf people prefer to use American Sign Language, some people are more oral,

some prefer English so there is a big gamut, there is a big array of languages, we can't say one Deaf person is like the next Deaf person."

Another assumption that hearing providers make is "a lot of hearing people think that all Deaf people lip read.…That's not true at all." It was suggested that hearing providers, like the police, should know some basic sign language. "Sign language, maybe not to replace the need for an interpreter but to at least allow the police officer to be able to communicate very basically with a Deaf person, to at least say, we've called an interpreter and an interpreter will be coming, be patient and just wait."

Using friends or family members as interpreters is also a mistake hearing providers make. One provider states,

> A lot of times the children intend to interpret for their mother, but we say, 'No, no, the children are not the interpreters, they are the children,' so we need to educate people and say 'Hey, don't use them as the interpreter, they need to request a qualified interpreter and not have the children be that for them.'

Findings from Community Interviews

Several themes emerged from the interviews with both survivors and non-survivors and men and women. One thing that is notable about the responses from the participants is that whether participants were discussing the event in the scenario or sharing their own stories, the prevalent feelings discussed were fear, anger, shock, disappointment, embarrassment and self-blame. Sometimes family members are seen as sources of strength; sometimes participants thought that families would not understand. Police are almost always thought of as a place to call for help and yet, many discuss

experiences in which contact with the police as frustrating. Few survivors called the police after their experience with sexual abuse. In the "date rape" scenario many made comments about why Yolanda invited Derek into her home after just 3 dates. However, no one blamed her for what happened.

In terms of thinking about the future and what can be done to improve the response to sexual victimization and support prevention, many noted that workshops are key. Workshops held in the Deaf community to educate individuals about self-defense and self-protection are viewed as essential. At the same time, Deaf culture workshops with hearing service providers are viewed as equally as important to improve the experience of Deaf victims and survivors. Knowing how to communicate, how to find an interpreter and how to protect the rights of Deaf individuals are areas to be stressed.

Points of Disclosure. Some of the scenarios focused on the abuse of young people. This is because there is some evidence to suggest that individuals who are Deaf experience childhood sexual abuse rates that are greater than that of the hearing community. When we asked about who should be told about the abuse in the scenarios, some thought of family members as a source of support. One participant suggests,

> Well I think she should tell her parents first, because they are her number
> one advocates and if she told the principal the principal might not believe,
> or another teacher might not believe her, but if she talks to her parents first
> its going to be heard but then she can approach the principal with her
> parents, you know, I think its best to have the parents involved and then
> they can help Abby tell the principal.

Others were more cautious, particularly if the parents are hearing. One participant states,

> It depends on her relationship with her mother, if she has a very good,
> close relationship with her mother, she will actually tell her. But if she
> doesn't, it really depends. Like if her mother is Deaf and she is Deaf, then
> there would probably be a better chance that there would be some sharing

going on, but if Abby is Deaf and her mother is hearing, there might be that communication breakdown, you know, if it is the school for the Deaf, and she stays at the dorm for a couple of weeks they are separated, they would not have that contact.

In Scenario 3, participants found it difficult in some cases to identify whom the boy being molested by his uncle would or should tell, particularly when it came to family members. One participant states,

He's just going to have to hold it inside. You know, this is family. You know, how many families are going to believe him? You know, if he tries to tell his mom, you know, and that's it, his mom's going to believe him. You know, maybe that's the uncle is the [brother] of his mother. Or, or, you know maybe, you know, maybe he's the brother of his father so I don't know. I think that's a very sticky situation.

Perceptions of the Police. One area we wanted to know more about and actively probe was participants' views on police involvement. In many cases we found that the participants thought of the police as a helpful resource across each scenario. Reasons sited for involving the police include holding the offender accountable, making the abuse stop and insuring others would not fall victim to the offending behavior.

However, when having had contact with the police, many have found is a frustrating experience. One participant states,

Another incident with police, related to my work, happened on another occasion. I was on the way to switch with the 2nd shift, and as I was walking by, a car was backing towards me. The individual in this car has had conflict with me before. I didn't hear a horn or anything, but they kept backing towards me. I pounded on the car to let him know to stop, because his car was forcing me onto the curb. I tried to get his attention because he's hearing, but he kept moving which upset me. I hit his car, which left a dent. I wasn't sure if I left a large dent in the car, so I kept walking towards my inspection room at my work and changed shoes. As I was doing so, the police came into the room. I told him I was Deaf using gesture, but they wouldn't listen to me and forced me outside to where the incident occurred. I tried to communicate with the police to no avail. They disrespected me and violated my rights. The police pointed to the side of

the car where the dent was on the car. As it had black marks on it also, I knew I couldn't have made these marks with just my hand. But the argument between us got worse, so I had no choice but to let it go. The cop didn't allow me to tell my side of the story, so I ceased arguing. The other person involved filed a restraining order against me, which is acceptable for one year. But through the whole ordeal, my rights were violated. Today we have to make changes to improve communication between the Deaf and hearing communities to allow for the proper amount of respect.

Another participant tells this story,

> About 7 years ago a friend called me through the police. My friend lived in Richfield, MN--said that he went to get gas for his car and as he was leaving a car ran into him. The police pulled up and banged out his window and banged on his car, and he said I'm Deaf and they thought he was drunk. But he was not; he just sounded funny and so the other guy that hit him was let go. They threw him in the squad car and he was in jail for 4 nights for no reason. He called me to get help, so I called a lawyer and we sued that police officer because he refused to write and to communicate. We went to court and they found out that the officer doesn't like Deaf people. He didn't want to write any notes and that it was the boy that was 18 years old was drunk and hit the Deaf guy and the officer lost his job and the other guy was arrested. And the Deaf, my Deaf friend, was in jail for 4 nights for no reason. And he felt that the officer should've talked to him, get his side of the story, but he yelled at him, took him out the squad car, and took him to jail. That was a really bad experience.

Deaf participants commonly cite instances of miscommunication. Some Deaf individuals are able to vocalize. Even under these circumstances, communication is strained. One participant states,

> Sometimes communicating with the police isn't easy. The police may not have any experience communication with Deaf people. He asked for my D.L. (drivers' license). I have the ability to speak for myself. I had tried my best to communicate with him. He uses gestures sign for 'slow down'. Fine. I gave him my D.L. and I was given a paper for me to show up for court.

Similar communication problems are encountered in using TTY with 911. Though many

Deaf individuals appear to prefer using a relay service to communicate with the police,

some discuss the challenges they encounter in using TTY directly with 911 dispatch

centers. One participant states,

> Well, they need to improve their language because Deaf people don't have good English. For example, one Deaf person called the police and the operator couldn't understand them and they were confused and the Deaf person said well if you don't understand ASL, why are you working there. You know the Deaf community isn't the same as the hearing community, period. They have two different languages, period.

Perceptions of Victims. Scenario 2 is a "date rape" situation between a male and a female adult, both from the same Deaf community. Participants struggled with what the victim should do in this scenario. Some thought that the victim used poor judgment in inviting the offender to her apartment. One participant states,

> It is unfortunate that Yolanda decided to let him into her apartment after only the 3rd date; it wasn't a very wise choice, and there definitely wasn't enough time to build up trust. It is best to go on group dates, so you can feel safe in the company of others. Now she is stuck in this situation, and she is uncertain as to what to do. She has the right to grab his testicles or inflict some kind of pain on him to get him to stop hurting her, etc. as a means of self-defense. She could try to run, and definitely report it to the police. In this situation, she may have some fear due to a lack of training in relationships or attendance in a workshop of some sort. She could be hopeless in her home.

Others were reluctant to report due to concerns about privacy. One participant states,

> You know the Deaf culture tend to be negative, causing rumors. We need to be more open among the Deaf community no matter whose identity is. We need to let them know that there are some Deaf people in this community are victim through crisis like that. It's possible for that Deaf person to take a bold step to come out and share his/her experience in order to heal from this, share their story. No need to be ashamed of what has happened to him/her. This will help them see that there are other victims out searching for help and can help others too. This means we need to provide workshop with person who signs. And with same experience, share the resources so that others may know what can do to help them now. No more postponements, enough.

Services. Many believe that the key to improving the response to sexual violence in the Deaf community is to educate both the hearing community and the Deaf

community about various topics. Primarily, the hearing community needs to be educated about Deaf culture and the Deaf community needs education about crime safety.

Having more culturally competent hearing services are seen as useful only as long as they aware of the basics. One participant states,

> Well, I guess number one, you have to have an interpreter and before they didn't have any and now today, there's supposed to have an interpreter because they can all be sued whether they're staff or the police and they should all be able to sign so that the Deaf community can understand them you know, they're emotions and stuff and that's the key for the Deaf community.

Some want Deaf specific programs. One participant states,

> I want the same kind of program the hearing community has for the Deaf community. That includes TTY, pager, staff who knows sign skills, they should have the same accessible program as the hearing community has. Back in the day I had nothing that would help me. We knew of no program that would help me deal with what I went through back then. My mother encouraged me to go get some counseling, which I did but it didn't help me get the help I needed. I shared my problems with the counselor but nothing helps at all.

Participants also value the importance of staying safe and educating each other on safety skills, particularly at young ages. One participant suggests,

> It is probably a good idea to have workshops to teach students from twelve to eighteen years old. Training youth to protect themselves from rape or any kind of crisis is very important. As of yet, I haven't heard of any kind of workshop like this for the Deaf community. I feel this is important and much needed.

Another suggests,

> It would be great if service providers could supply workshops that specialize in sexual assault, rape, getting arrested, speeding, and other issues in which the Deaf community lacks know-how.

Analysis of Audit Data

While practitioners in institutions in urban police departments exercise varying

degrees of discretion, they do not get to design their individual jobs. Bureaucracies tend

to put in place

> methods that standardize workers' thinking and actions across disciplines, agencies, levels of government, and job functions. While these methods vary depending on the kinds of actions undertaken, they almost always include what we call the 'core standardizing methods of institutions.' These are the means that institutions use to direct, influence, control, and cajole workers into acting in authorized and acceptable ways (Pence & Sadusky, 2005).

The core standardizing methods of institutions include:

1) *Rules and regulations*: any directive that practitioners are required to follow, such as laws; court rulings; agency policies and directives; memorandum of understanding; and, policies of related organizations, such as medical facilities and insurance companies.

2) *Administrative practices*: the methods for standardizing how workers carry out the rules and regulations, including: report forms, report writing formats, documentary practices, intake processes, and screening tools.

3) *Resources*: practitioner case load, technology, staffing levels, availability of support services, and resources available to those whose cases are being processed.

4) *Concepts and theories*: language, categories, theories, assumptions, philosophical frameworks, and other methods and ways that institutions organize workers to act, talk, and write about cases.

5) *Linkages*: the ways that institutions link practitioners to the people whose experiences are processed as cases, and to other workers within and across agencies.

6) *Mission, purpose, and function*: <u>mission</u> of the *overall process*, such as the criminal legal system; <u>purpose</u> of a *specific process*, such as investigating a complaint of sexual assault; and, <u>function</u> of a worker in a *specific context*, such as a patrol officer, investigator or ASL interpreter.

7) *Accountability*: each of the ways that processes and practitioners are organized to a) hold offenders accountable for their violence/abuse; b) be accountable to victims; and, c) be accountable to those practitioners who follow in case processing, such as a prosecutor's intervention in a case, subsequent to a 911

operator and patrol officer.

8) *Education and training*: both informal and formal, including professional, academic, technical, field-training, and in-service.

The institutional ethnography or audit portion of the RSVP study includes an exploration into the ways in which police practitioners (patrol officers, investigators, and crime prevention specialists) are organized and coordinated to respond to victims of sexual violence who are Deaf. In the first part of the RSVP study, interviews with persons from the Deaf community established that there appears to be a great deal of trust that law enforcement will help when sexual violence occurs (Obinna & Krueger, 2005). However, Deaf persons also have contrary experiences in their overall interactions with police. For example, Deaf interviewees reported their own experiences and stories within the community about 911 call-takers that cannot operate a TTY machine, police officers mislabeling Deaf persons as drunk or mentally ill, and the misreading of body language as aggressive when a person was moving in closer to lip-read (Obinna & Krueger, 2005).

The question for investigation in this stage of study is: *How is the work of police department interveners organized and coordinated for them to have the understanding, skills, and authority to communicate with and help Deaf victims of sexual assault?* Do they have the training and links with other interveners, such as ASL interpreters and Deaf-identified advocates? What guidance do agency polices and procedures provide? How do state laws and other rules direct their response? How do report forms and victim information cards acknowledge Deaf persons? What concepts about Deaf communication and culture shape the response? How do resources of time and technology influence practitioners?

In answering these questions, the researchers drew on an analysis of the documents or "text" that guide police department interveners, and a series of eleven practitioner interviews. The text included: the *Minneapolis Police Department Policy and Procedure Manual*; MPD Form MP-6833, Offense/Incident/Arrest Report; MPD Form 6441, Victim Information Card, the "Blue Card"; and, documents posted on the MPD website. Practitioner interviews included officers and supervisors, civilian staff, ASL interpreters, a sexual assault nurse examiner and various human service workers.

This aspect of the RSVP inquiry demonstrates that police interveners are largely unprepared to communicate with Deaf persons, whether as a victim, witness, or suspect. They have a measure of policy guidance and procedure for locating interpreters, but little specific training that would help them with immediate, on-scene communication, and initial recognition of whether someone is Deaf. The links between the police department and Deaf community members are not well-developed. Overall, it is difficult to obtain a reliable picture of the frequency and extent of police interactions with the Deaf community. Examining how the police response is put together via these eight methods of standardizing institutional practices also suggests pathways for strengthening linkages, communication, and help-seeking between Deaf victims of sexual violence, the larger Deaf community, and the police. At the same time recent efforts to promote community policing strategies with crime prevention methods make Minneapolis a "model" jurisdiction in serving the Deaf community.

(1) Rules and regulations. Minneapolis Police Department's polices and procedures are available on its website, which indicates that it is updated daily. As one law enforcement informant states, "we have a manual, an operations manual, for each

division so that they know what's expected for each of their areas." One of the ASL interpreters interviewed remarks, "[In] the police department's manual it's all spelled out that they have to call an interpreter."

MPD policy Volume 7, Field Operations, includes section 7-1001, COMMUNICATING WITH PERSONS HANDICAPPED IN COMMUNICATION. A "person handicapped in communication" is defined as "a person who because of a hearing, speech or other communication impairment, or because of difficulty in speaking or comprehending the English language, cannot fully understand the information that is being communicated to them." This definition is drawn from Minnesota law (§611.31).

This section of the policy and procedure manual – "DISABLED PERSONS" – defines "handicapped in communication," provides specific tips for "communicating with a Deaf or hard of hearing person and the process for obtaining "sign language interpreters" (7-1001.01), and addresses "arrest or detention of person handicapped in communication" (7-1001.03) and "interrogation or taking a statement from a person handicapped in communication" (7-1001.04).[1] Where dated, the sections specific to communication with Deaf persons note 02/08/96 or 08/22/2000. These sections reflect the language of Minnesota law (§611.30 and §611.32) requiring that "persons handicapped in communication" receive assistance from a "qualified interpreter" in legal proceedings, including arrest, detention, interrogation, statements, and court appearances.

Up to the point "when a Deaf or hard of hearing person is arrested, interrogated or gives a statement," the policy provides officers with leeway in communicating without

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[1] This section also includes direction on spoken language interpreter services, mentally impaired persons, and transportation of person with disabilities in wheel chairs.

using an interpreter and suggests they "use gestures and facial expressions" and to "offer the person a pencil and paper, or if available, use a typewriter or computer for note writing." The policy directs officers that "sign language interpreters must be called to the scene if other methods of communication are not successful." If an officer makes an arrest at any point, however, the interpreter's first contact with the person may be at the place of detention.

The policy provides direction to officers on when an interpreter <u>must</u> be called ("[whenever] apprehended or arrested for a crime…when interrogating or taking a statement"), with more discretion in other circumstances, and within the period leading up to an arrest decision. As one of the crime prevention specialists interviewed put it, "if it's something weighty, they would have a certified court interpreter, which would counter any problems like [Miranda]."

The focus of the policy is on providing interpreters to suspects and offenders, particularly post-arrest, as required by the state law. There is no similar requirement under Minnesota law to provide interpreters for victims of crime, nor is there any reference in the MPD policy to considerations in communicating with victims of crime who may be unable to communicate in standard spoken or written English.

(2) Administrative practices. One critical practice concerns the formal and informal communication methods that are employed by officers when interacting with someone who is Deaf. Documentation of what happens in any incident is recorded on a reporting form, however there are no categories listed to flag a victim, witness or suspect as Deaf. Blue cards are given to crime victims for follow-up and services. The availability of TTY/TDD lines is critical in increasing service utilization of Deaf

individuals.

The policy defines what officers must do; administrative practices are the vehicle for how to carry out those mandates. "I believe [providing an interpreter] is stipulated in their policy, but …do they understand how to go about getting one, or are they determined they don't need one?" This informant went on to comment, "Ideally it would be nice if [officers] could bring in a certified interpreter, no matter what language it is. Logistically, I don't see it as feasible."

Patrol officers use a variety of strategies for communicating with someone who is Deaf: "having children interpret…writing notes back and forth…trying to find the city's interpreter…asking for any officer that knows sign language." Interpreters and officers describe a process that often leaves patrol officers scrambling to locate an interpreter, or waiting for one to arrive. One informant states,

> I know all the street cops are aware that if they run into a situation where somebody is Deaf…if it's after hours they write notes because they don't necessarily know how to get hold of an interpreter…[they] also understand that if they don't necessarily have to…they would rather not, which to a certain extent I understand, just because of time constraints and handling phone calls…Where they are not making an arrest, they probably won't ask [for an interpreter], just because it's so difficult and time consuming to get an interpreter there. They will generally if they are making an arrest, try to explain to the person they have arrested [that] an interpreter will be available to them when they get to jail.

An informant suggests "finding interpreters" rests with the sergeant or the supervisor and it is suggested that sometimes the sergeant will say, "We'll just take care of it, don't worry about it." So sometimes it stops there. Another interpreter states that is it is taken care of "if they can find somebody who comes right now [after daytime hours], but there is no guarantee."

For a Deaf person who is arrested, the conditions under which patrol officers operate—a policy requirement to contact an interpreter, but delays in getting someone to the scene—mean that the first contact with an interpreter is likely to occur at the place of detention. For a Deaf person who is a victim of a crime, it also means that they may not have an opportunity to thoroughly relay their account of events.

Interviews with investigators suggest that locating interpreters is a more consistent and reliable process for them. They do not operate under the constraints of on-scene confusion and urgency that patrol officers' face. They describe videotaping interviews, with an interpreter present, and a ready link to the city's ASL coordinator, who also cited more contact with investigators than patrol officers. In contrast to the response from a patrol-level officer, "generally the response you get from dispatchers is 'are you willing to wait an hour and a half?'" An informant with long experience as a detective reported, "we can also call in signers; whenever we may need them they are available."

MPD is moving to electronic-based incident and arrest reporting, although "some of the old-timers still file paper copies," as one informant noted. The reporting format, both electronic-based and paper, emphasizes checkboxes that officers can use to develop information about a wide range of individual descriptors and characteristics for suspects or arrestees, victims, and witnesses. A series of description tables, for example, includes: affiliation, build, cultural/ethnic, facial hair, hair length, injury type, physical features, appearance, complexion, employment status, eye color, hair color, hair style, person wore, race, R/L handed, teeth, and speech.

The categories and structure of the report do not permit any ready identification of

a Deaf victim, witness, or suspect. Items under the "speech" category, such as "slow" or "slurred" could be indicators of a Deaf individual's speaking voice, but are not specific in a way that would clearly identify the communication patterns and needs of a Deaf person. While a reporting officer might include that information in the narrative, it will not necessarily be readily visible to subsequent readers of the report, such as an investigator, prosecutor, or victim/witness specialist. That knowledge, in turn, would signal other interveners to make arrangements for an interpreter and, in the example of a sexual assault victim, appropriate victim support services. One informant observed,

> There is nothing here that lists if the person was Deaf or hard of hearing…for speech they might put in 'Deaf,' but again, it's not listed…so for statistical purposes, you couldn't go into the computer and run a search on how many Deaf victims did the police department come across, or how many Deaf suspects? It's lost in the narrative.

A recurring theme across the RSVP study has been the effort to gauge the extent to which Deaf persons report victimization to the police, or have other contact and experiences with police that might influence their communication and help-seeking. If the report form included a clear category for Deaf language, in a way that could be captured numerically, it would contribute to a better understanding of the experience between the Deaf community and police. It would also contribute to a more complete documentation of the need for ASL interpreters.

Minnesota law requires that "the initial notice of the rights of crime victims must be distributed by a peace officer to each victim" (§611A.02Subd.2(b)). MPD meets that requirement via Blue Cards, which "should be distributed at the time of the incident," under section 4-608 of the department's policy manual. Last revised in February 2005, the pocket-size card (3.5 by 5.5 inches, see Appendix) has four sections:

1. Identification of the squad number, case number, precinct/division, and officer(s) badge number(s).

2. Police and courts information: telephone numbers for police precincts, the jail, county and city attorneys, MPD records division, and other offices.

3. Rights and services for all crime victims: this section in particular meets the requirements of the state's victims' rights law, and includes numbers for seven 24-hour crisis phone lines.

4. Domestic violence information: this provides basic information about obtaining an Order for Protection and telephone numbers for ten agencies providing help to victims of domestic abuse.

In reading the card from the standpoint of how it might be useful to a Deaf victim of sexual assault, the first thing of note is that there is no TTY listing for the Minneapolis Police Department, or any of the police and court contacts included on the card. The card includes TTY numbers (referred to as TDD) for five victim services agencies. The numbers for the Sexual Violence Center and the Rape and Sexual Abuse Center, however, are available "during business hours only."

In order to determine how available the TTY/TDD lines listed on the blue card are when called, one of the Audit Team members contacted each of the numbers using a TTY machine. This was done from 12:00-12:30 one weekday afternoon. The Crime Victim's Ombudsman line was answered by a TTY answering machine. However, the machine for the Department was tried three times and no connection was made nor did the line even ring. For Crisis Connection Children's Services, a live person answered on the line within four rings. This person appeared to be very competent with the TTY protocol and etiquette. The Rape & Sexual Abuse Center also had a live person answer the TTY line in four rings. They were not as savvy with the TTY protocols (i.e., using GA for "go ahead" and SK "ready to hang up") however, they did have a person available to answer the line.

The Harriet Tubman Shelter also had a live person answering the TTY line. This person did so after five rings and appeared to be somewhat knowledgeable of the TTY protocols as well.

The Blue Card meets the requirements of the state victims' rights law and provides a great deal of information. RSVP informants had questions about the usefulness of the card, however, both with respect to how those receiving the card understand it and the process for reaching the help they want. One informant states, "

> The officers don't spend a whole lot of time explaining this; they do fill out the front because they have to. And they hand the card over and off they go. A lot of hearing people have no idea what they are supposed to do with this card.

Another informant suggests,

> Whenever one is a victim it probably takes eight phone calls for a hearing person to get the right unit. Often times I coach people--have a pen and paper, start with this number and write down where they want you to call and write down the ones you call. The downside of this tool is that it's now in about 9 font and I would be hard pressed to know of these numbers.

(3) Resources. Across the practitioner interviews, *time* was cited repeatedly as a resource that could enhance or compromise communication with Deaf individuals. If patrol officers have to "wait an hour and a half" for an interpreter, they are more likely to use children as interpreters, make an arrest and sort things out at the jail, or get an incomplete account of what has happened from a victim. Once at the jail, by policy "officers do not have to wait at the detention center for the interpreter to arrive" (7-1001.03), further widening the gulf between what the arrested person may have been trying to communicate and what the officer understood in making the arrest decision. One informant states, "I suspect that there are a lot of Deaf people who are gradually being

compromised because they are not getting full information and not really understanding what's going on." Another informant states,

> A lot of times [using children] is one of the only options that the officer has…it puts them in a bad position and it puts the child in a bad position and puts the parents in a bad position, and nobody wins when that happens. But it's one of those we-have-to-do-the-best-we-can situations.

Another informant declares,

> It's difficult in a trial because this person could be testifying for two days and the court's already paying two interpreters, and then I need an interpreter, so that way when I'm on a break we can communicate and we can't use the court interpreters; so it can get really complicated with resources.

Patrol officers and ASL interpreters, in particular, cited the need to provide readily available interpreter time around the clock, with the flexibility that would fit the urgency of patrol work. They questioned whether the existing process for emergency interpreting referrals is adequate for the conditions under which patrol officers find themselves in need of the services.

New technologies, such as Video Remote Interpreting, might be a resource for improving the availability of interpreter services. An ASL interpreter provided this caveat,

> I think remote interpreting can be used in certain situations and I just think it needs to be used with caution.… If, for example, officers have that kind of capability in their squad cars and they could actually get certain information or something…that might be okay. I wouldn't want to do a Miranda warning…. It feels like a Deaf person's rights could be violated pretty quickly.

The Minneapolis Police Department's Community Crime Prevention SAFE[2] program places crime prevention specialists throughout the five Minneapolis precincts.

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[2] SAFE: Safety for Everyone

One officer interviewed described SAFE as "evolving and disappearing, unfortunately." At one time there were multiple teams of civilian crime prevention specialists paired with officers, but officers have been pulled from these units and the remaining crime prevention specialists serve the community, often by themselves.

In 2000 one crime prevention resource developed was Deaf SAFE. Implemented by the 5th Precinct SAFE Unit, Deaf SAFE offered crime prevention and personal safety information to the Deaf community. By 2003 grant funds that supported the program had run out and the program was no longer included in the list of MPD crime prevention initiatives. However, Deaf SAFE re-emerged in a local non-profit organization that continues to sporadically partner with the Minneapolis Police Department.

(4) Concepts and theories. Across practitioner interviews certain language, categories, and assumptions emerge reflecting attitudes and beliefs about responding to cases involving members of the Deaf community and to cases of sexual assault. For example, whether or not an officer assumes that signing is a process of literal translation to Standard English can be very important in how written communication is understood, how questions are asked, and how terms and definitions are clarified. One informant states,

> I didn't know [that] signing is essentially a language of its own; it's not English…it can't translate necessarily to perfect English speaking and that was difficult sometimes; when you didn't know…[how to] ask a question…you couldn't get the communication that you were necessarily looking for… and it wasn't until we had a trial that that became very evident.

Assumptions that a Deaf person can read the Standard English in a typed statement can distort an investigator's awareness of what the person really understands in

the statement. Phrasing and syntax differences require that officers who use note writing to communicate with a Deaf individual must, as the policy advises, "Use short sentences, phrases, pictures or diagrams, and keep it simple." ASL, Standard English, and language skills can vary significantly from person to person. Officers may have to determine very quickly whether someone has minimal language skills overall, or can communicate in writing or only in ASL.

An assumption that 'signing is signing' can also influence where officers look for communication assistance. The first try might be, as one officer put, "to any officer that knows sign language." Conversational signing and interpreting, however, "are two very different processes," as an ASL interpreter pointed out. An officer may have a high level of conversational fluency, perhaps as a child of a Deaf parent, but will not necessarily understand the "cultural and language mediation" that is central to interpretation, nor how to convey the necessary legal concepts. One informant states,

> The impression is that the interpreter just comes in, waves her arms. 'Well what do you mean, we have to understand this? You know, you just sign what I am saying and just tell me what he is signing.' I can't sign for him if I don't understand it, I can't interpret it…So if you are talking about some kind of legality, I need to understand that in order to interpret it into another language. And I don't think they get that, and a lot of people don't get that.

"Qualified interpreter" and "certified interpreter" were phrases that appeared repeatedly in the interviews. Both carry the assumption of a certain level of competency. Some informants expected or assumed that an interpreter would be qualified or certified, "If it's something weighty, they would have a certified court interpreter" or "we have to use a legal interpreter." In contrast, someone with direct experience interpreting under officers' working conditions recognized that as a worthy ideal, but "logistically I don't

see it as feasible."

The MPD policy makes two references to "qualified interpreter," in the sections pertaining to arrest, detention, interrogation, or taking a statement. This reflects the requirements of Minnesota law, the influence of the Americans with Disabilities Act and litigation to clarify and enforce the meaning of "qualified interpreter." The phrase has a substantial history. Initial rules to implement the ADA used the term, but did not define it. The term was defined in the final rules, in response to concerns from the Deaf community that without clear guidance, "qualified" would be interpreted as "available," without regard to competency. Qualified interpreter now means one "who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary."[3] Qualified and certified are not synonymous. According to the Americans with Disabilities Act,

> An individual does not have to be certified in order to meet this standard. A certified interpreter may not meet this standard in all situations, e.g., where the interpreter is not familiar with the specialized vocabulary involved in the communication at issue.[4]

In the context of RSVP, this raises the question: What is a qualified interpreter if the "communication at issue" is sexual assault?

RSVP interviews also explored the concepts of "red-line cases" and "solvability." At the top of the electronic incident report, the "CAPRS Case Report," is a "solvability" field, with a number. The number "70" for example, would indicate seventy percent solvability. Red-line cases are those that a supervisor has determined do not warrant

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[3] 28 CFR PART 35, U.S. Department of Justice, Office of the Attorney General, January 26, 1992, http://www.usdoj.gov/crt/ada/reg2.html.
[4] *ADA Title III Technical Assistance Manual*, III-4.3200 Effective Communication, http://www.usdoj.gov.crt/ada/taman3.html.

further investigation because the likelihood of producing a chargeable offence—the solvability—is unlikely. As an MPD investigator described it,

> We also have to have some lead. We have got to have a witness, a suspect, some evidence, something to go on. If we have none of those things, usually we don't investigate them because we have no way to go.

RSVP researchers wondered if red-lining was more likely to occur with cases involving Deaf victims considering the barriers to communication that might interfere with solid victim statements and identification. There was insufficient information to answer that question.

Concepts and theories related to the investigation of sexual assault cases may also have an impact on response to Deaf victims of sexual assault. One informant states,

> I'm always looking at people and their reactions and their tone of voice, how when they're relaying something that's happened, you'd like to watch them because it's helpful to say they were distraught, they were crying, you know; upset or whispering or that type of thing. So that's something that's not going to be picked up as far as doing an interview, but I also think it's going to be accounted for.

(5) Linkages. The practitioner interviews and text analysis suggest that the linkage between Deaf victims of sexual assault and police is almost non-existent. Interviewees replied that they had never worked with a Deaf victim, or had little direct contact or experience in general with the Deaf community. One investigator with twenty years at MPD has worked with a Deaf victim "probably four times." Another veteran investigator had minimal contact with criminal suspects who were Deaf and could not recall ever working with a Deaf victim of sexual assault.

One informant with both experience as an officer and ASL interpreter, attributes this in part to officers being unprepared to recognize Deaf individuals.

> Officers say, 'Oh, I have got only one Deaf person in eight years.' Well, in eight months I came across eight Deaf people, and that's because I was able to identify that they were Deaf… I have also had other Deaf people tell me that when they have been taken in, [officers] didn't know they were Deaf until they were at the jail.

Officers may not understand the range of communication behaviors used within the Deaf community, but see someone as intoxicated, resistive, or mentally ill.

TTY numbers are not the only measure of an agency's connection with the Deaf community, but they are one aspect. Many Deaf use the combination of regular numbers and relay services because "no one would really answer" the TTY line. Including a TTY or TDD number sends an explicit message that, "they are thinking about me as a Deaf person," according to one informant.

The text analysis included looking at four different points of communication between MPD and the public. Only one included any reference to TTY, but it did not include a number. The Blue Card, as noted previously, does not include any TTY number for the department. The other three sources are drawn from the MPD web site.

1. *How to Report a Crime or Incident*: this information page contains one instruction to TTY users, under tips for calling 911: "TTY users may press any key after dialing 9-1-1 to indicate that a TTY is being used."[5]

2. *9-1-1 Frequently Asked Questions*: this page does not contain any information specific to TTY users.[6]

3. *How to Obtain Police Reports, Records or Other Police-Related Information:* This page contains telephone numbers for the Records Unit and Criminal History Unit. There are no TTY numbers.[7]

At the bottom of each webpage is this link: "Contact Us," which leads to an e-mail form for contacting a city department or service provider. There is no TTY number on this

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[5] http://www.ci.minneapolis.mn.us/police/crime-reporting
[6] http://www.ci.minneapolis.mn.us/police/crime-reporting/911-faqs.asp
[7] http://www.ci.minneapolis.mn.us/police/crime-statistics/police_record_home.asp

page.

(6) Mission, purpose, and function. The vision of the Minneapolis Police Department is that "the city of Minneapolis is the safest place to live, work and visit." Its mission is to "implement effective prevention strategies and reduce crime in collaboration with the community and our criminal justice partners."[8] Information gathered via the RSVP interviews suggests that for the Deaf community there is a gap between the ideal of the overall mission and its actualization in the day-to-day work of a major urban police department.

Members of the Deaf community spoke to the tension between placing trust in law enforcement as a helpful resource in responding to and preventing sexual violence, yet their direct experiences with police often left them feeling frustrated and in some circumstances mistreated. Few survivors called the police after their experience with sexual abuse.

Informants spoke directly about the ways in which the function of prevention-oriented positions has changed, particularly with respect to SAFE, "we ended up pulling all the officers from the SAFE units, so it was down to just Crime Prevention Specialist." As a department administrator described it, "as your resources diminish and you are not even able to respond to 911 calls in a timely manner, you start to pull back on your preventative resources."

As the patrol officer function shifts more narrowly to a call-driven, enforcement role, opportunities to build relationships with and learn from the Deaf community in non-emergency settings—such as Deaf SAFE—shrink. Crime prevention specialists may

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[8] http://www.ci.minneapolis.mn.us/police/about

come to see their role as less in partnership with officers to craft prevention strategies with specific communities—such as addressing sexual abuse of Deaf persons—and more as managing public contacts in ways that guard officers' time, as one informant states, "my job is to not waste an officer's job."

Many positions in a large institution such as a police department are interchangeable, which is important to continuity and consistency of job functions. It can work against encouraging workers to develop close connections with a particular constituency, or learning and applying specialized language or other communication skills. The frequent movement of police officers within the organization works against developing lasting relationships with the Deaf community and other practitioners who have that connection, such as ASL interpreters. A patrol officer who begins to learn ASL, for example, may be moved out of a position or precinct where he or she is able to further develop and apply those skills. Communication and relationships with the Deaf community are not integral to the officer's purpose and function.

(7) Accountability. Mission, purpose, and function, in turn, have implications for accountability. Weak connection and communication with the Deaf community and other interveners blocks the intended "collaboration with the community and other criminal justice partners." An ASL interpreter with many years of experience with the police department describes this aspect of accountability in these terms,

> The police department is always changing, evolving…they transfer to different units…it's kind of disappointing because…you just kind of get familiar with someone or they get familiar with what you can do and then they get transferred off.

Another ASL interpreter linked the department's lack of attention to identifying

Deaf persons in its report format to accountability as well,

> They will say 'well, we don't have any Deaf people complaining,' but how do you know that? There is no documentation to identify that they were Deaf, so that's where I think they get lost, because everyone is saying 'well, we don't know where they are, we can't find them in the police data,' and stuff like that. But that's because there is no identifying factor.

One informant offered this blunt summation, "for the most part they are ignored. They are not seen or heard, they are not something that gets thought about in planning and then processing."

(8) Education and training. Across the practitioner interviews, informants emphasized the importance of education about Deaf culture and training in Deaf communication to improve police and legal system response to the community and to victims of sexual violence. Such suggestions include,

> How to communicate better, educating us on the Deaf community and their response to sexual violence, and how that might be different…what services are out there…the concerns someone in the Deaf community may have about reporting the sexual violence…what we *shouldn't* do to not be offensive…how to let us know what we *can* do, to protect them and make them feel safe, and talk about their safety concerns….And I don't think one training makes me an expert at something by any means…that's dangerous.

Without guidance on identifying whether someone is Deaf, officers cannot begin to communicate, either directly or to offer the assistance of an interpreter. Without some measure of education, they cannot recognize "a Deaf yell," or the correct practice and usefulness of tapping someone on the shoulder ("that's the signal for saying, 'hey, I want to talk to you'"), or the reason a Deaf person may be looking back and forth over his or her shoulder is not necessarily "planning to escape…but trying to see what's going on behind him to try to communicate."

One officer spoke to the practical value of getting even a rudimentary familiarity with ASL, both for direct communication and in improving links with the community,

> I can kind of muddle through and usually the reception I get when I try to is…'[she] knows enough to get things started…or [she's] okay with the writing notes back and forth,' because they know I am not going to think that they have lost their mind when they leave pronouns out and leave out conjunctions and things that are part of American Sign Language in terms of grammar.

The informant goes on to suggest that classes for officers are "one more tool to kind of try out and see how it works." An officer can say, "hey, I only know a little bit, but I will come try and help you; or…I'm not an interpreter; I can't be certain that I am going to get everything, but I will give it a shot."

Best Practices

The final component of the RSVP audit was the identification of a set of best practices related to law enforcement response to Deaf sexual assault victims against which to evaluate the practices of the Minneapolis Police Department. In researching best practices, the Audit Team concluded that the Minneapolis Police Department's spin-off, "Community Solutions," is already one of the leading models in the country for serving Deaf victims.

The predecessor to the Community Solutions project began in 2000 with the Minneapolis Police Department in the SAFE Unit. The program, called Deaf SAFE, was a community policing program created to fill a void within the Deaf community which had no community crime prevention outreach in the entire state of Minnesota. Deaf SAFE was created by Wendy DeVore, a former police officer with the Minneapolis Police Department, a certified sign language interpreter, a native signer of American Sign

Language and a Crime Prevention Specialist.

Traditionally, Community Policing has been defined by working with a community within certain city blocks, apartment buildings, neighborhoods, cities or towns. The Deaf community, however, is not defined or contained within a city block, neighborhood or a city. Instead, the Deaf community is defined by a language and culture and individuals within this community are geographically dispersed. To work successfully with a Deaf individual requires taking into consideration the language and culture of that Deaf or hard of hearing individual.

The concept of a unique Deaf culture evolved in the 1960's as linguists discovered that the signing system used by American Deaf people, American Sign Language (ASL), contained its own syntax and grammatical structure. In addition to discovering that ASL operated as an independent language apart from English and as much a foreign language as French, Russian, Japanese or Spanish, linguists and anthropologists also discovered that Deaf individuals who used ASL had their own culture and mores. For example, Deaf culture was very distinct from hearing culture in how Deaf people viewed time, money, discipline and community.

This new understanding of Deaf culture required a new paradigm for working with the Deaf community or with Deaf individuals. The Deaf community needed to be thought of as a language or cultural group, similar to how one would view members of the Somali, Hmong, and African American or Latino communities. Once these unique communication and cultural needs of the Deaf community and hard of hearing individuals were recognized, the Minneapolis Police Department SAFE Unit created a

new program designed specifically to meet these requirements. For example, the program recognized that it was not sufficient to simply bring a sign language interpreter to events that had been designed for a hearing English-speaking audience.

When Deaf SAFE began, community workshops were presented to the Deaf community at large through the Minneapolis Police Department. State, non-profit and community organizations in the Deaf community were also included in the collaboration and delivery of these community based workshops. At the request of public schools, crime prevention and safety presentations were also given to Deaf and hard of hearing students. Wendy DeVore subsequently took the program to a non-profit organization called Lifetrack Resources and transformed Deaf SAFE into *Community Solutions: Crime Prevention & Safety for People who are Deaf or Hard of Hearing.* Because a community is comprised of many components including families, schools, churches, businesses, non-profit organizations, local and state government agencies), it is impossible to expect one component to meet all the needs of the entire community. The concept behind the Community Solutions program is that in order to address the crime prevention and safety needs for people who are Deaf or hard of hearing all community components must be involved.

Currently, Community Solutions provides workshops on crime, safety and police procedures for the general Deaf community at large, educates and conducts Deaf culture and communication awareness training for law enforcement agencies, and collaborates with law enforcement agencies that provide services to the Deaf community or hard of hearing individuals. The following examples illustrate how Community Solutions works

with law enforcement.

Example 1 – Working with Law Enforcement. Many Deaf people were under the impression that because they used their hands to communicate their civil rights were being violated when they were handcuffed behind their backs. This topic was a very volatile issue in the Deaf community. Deaf SAFE provided a forum to address this issue. The workshop was sponsored by several agencies: the Minneapolis Police Department, Deaf & Hard of Hearing Services (a state program) and a local non-profit agency that serviced the Deaf community. This workshop was presented in a local Deaf church attended by members of the Deaf community.

Different scenarios were role-played demonstrating actual instances of officers being killed or injured because they did not handcuff a suspect or they handcuffed them in the front. Deaf community members participated in these role plays along with Minneapolis Police officers. After the role plays were performed, the Minneapolis police officers (through sign language interpreters) went on to explain the difference between an arrest and detainment and policies regarding handcuffing. They then provided an open forum for Deaf audience members to ask questions and share concerns.

At the conclusion of the workshop many Deaf people expressed that they still did not like the idea of being handcuffed behind their backs but said they now understood the reasons for this procedure. Police calls in the past have escalated because Deaf individuals had a different understanding about being handcuffed behind their back. These workshops not only help educate the Deaf or hard of hearing individual on police procedures but help officers have a better understanding of what cultural or

miscommunication issues may potentially escalate calls.

Example 2 – Working with Schools. Two St. Paul public schools that service Deaf and hard of hearing Junior and Senior High students requested workshops addressing traffic stops, driving safety, calling 9-1-1, domestic violence and personal safety. The two schools created a "field trip" to bring students from both schools together for these events. The Deaf and hard of hearing teachers developed learning objectives for their students which served as the basis for Community Solutions' presentation. Liaison officers from both schools were included and sign language interpreters from the two schools were used to interpret the presentations. The Deaf and hard of hearing students participated in the role plays along with the liaison officers. During the question and answer session that followed, the Deaf and hard of hearing students commented that this was their first opportunity to actually speak with a police officer in a non-confrontational setting. The liaison officers commented that they valued having an opportunity to do some education around these issues instead of always enforcing them.

Example 3 – Working with the Elderly. Four times a month Deaf seniors in the metro area gather together for a luncheon. The president of their association requested a workshop regarding Elder Abuse and Fraud. The Deaf seniors meet at a local Deaf church in Minneapolis. Community Solutions developed a presentation with a Minneapolis police officer, a city ombudsman for seniors, and a representative from the state Deaf and Hard of Hearing Services program presenting. The representative discussed a card that could be used to identify to others that they were Deaf or hard of hearing and how to communicate this with others. This card was developed as a combined effort between Deaf and Hard of Hearing Services, Deaf SAFE and the

Minneapolis Police Department and received endorsement from the Minnesota Department of Public Safety.

Community Solutions has provided training for students of the State Trooper Academy and currently teaches two 10-week ASL courses in the Minneapolis Police Department. Other police departments in the state have expressed interest in putting on workshops for the Deaf community within their jurisdictions. National inquiries have also been made by the Arizona State University Police Department and the Chicago and New York City police departments. In 2001 representatives from the Deaf SAFE program were invited to present their program concept to the National Chiefs of Police Association. Community Solutions is the only Crime Prevention and Safety program that services the Deaf and hard of hearing community in the state of Minnesota. The only similar program is through the Houston Police Department in Texas which, for the past 15 years, has offered sign language classes to their officers and currently provides a monthly forum for the Deaf community to come together and share their concerns with the department.

Many community policing models are based on principles that are consistent with best practices for working with special populations. Community policing is essentially collaboration between the police and the community to identify and solve community problems. It is not a single coherent program, but rather a variety of programs all resting on the assumption that policing must involve the community. Although community policing takes various forms, there are five fundamental elements, all of which are relevant to working with Deaf communities: 1) a belief in a broad police function; 2) the reliance of police on citizens for authority, information and collaboration; 3) the

application of general knowledge and skill; 4) specific tactics targeted at particular problems rather than general tactics such as preventive patrol and rapid response; and 5) decentralized authority to better respond to neighborhood needs.

Conclusions and Recommendations

The Researching Sexual Violence Project (RSVP) in the Deaf community in Minneapolis appears to be a great success in PAR. This was primarily evidenced by having a hearing-dominated team of researchers collaborate with Deaf individuals to connect with Deaf persons and discuss sexual assault. Not only were participants recruited within the established time frame, participants had to be turned away at the end of the interview period.

Success was most likely due to having an advisory group with a diverse membership (law enforcement officials, hospital workers and Deaf and hearing human service providers), having recruited Deaf interviewers and a hearing interpreter, using a video taped consent form and scenario-based interviews that featured a notable member of the Deaf community. The interview stipend was also $50 and that seemed to be a great incentive to participate. Having an advisory group also helped align the research with the tenets of PAR. The research questions more closely reflected the day-to-day worlds of people who are seeking solutions to the challenges in their communities. Problem solving around the challenges of the research process were addressed in a manner that was consistent to the realities of being Deaf in this region.

Future replications of this study should include the active ingredients of establishing a well-rounded advisory group, employing Deaf individuals and bi-cultural

consultants as members of the research team and having a sizable stipend. Modifications to the design might include strategies to include members of the Deaf community who are skeptical or distrustful of "hearing" activities and Deaf community members with alternative or minimal languages skills. Replications are crucial to continue the accumulation of knowledge in this area. It is important to broaden the understanding of sexual violence in a community that is often overlooked. Replication is also important to understand if PAR is an effective approach that can be demonstrated in other geographical locations. Further exploration is warranted.

Additional research in the under-explored area of community responses to Deaf survivors of sexual assault is key to broadening systemic understanding of sexual violence in the Deaf community. In particular, studies that evaluate the prevalence of sexual assault in the Deaf community are needed to further understand the scope of the problem. In addition, child sexual abuse and the link to residential schools is an important area that merits further exploration. While current educational movements are encouraging Deaf youth to attend mainstream educational institutions, understanding the benefits and consequences of such an approach is warranted. The impact of the integration of Deaf youth into mainstream hearing schools on Deaf community culture and cohesion also merits further study.

Many barriers to help-seeking identified by service providers involve communication. Passing notes and emailing tend to be the initial forms of communication between a Deaf individual and a hearing agency. This mode of communication does not always ensure that Deaf individuals receive the most appropriate response and this practice is controversial. Training on Deaf culture and Deaf awareness is needed to help

providers assess Deaf individuals' language needs, arrange for proper interpreters and expedite the intervention process. This training is also needed to help the police improve their ability to effectively identify persons who are Deaf during routine work.

Having interpreters or other individuals who are knowledgeable about communication to assess the communication needs of a Deaf individual is important. However, it appears that limited interpreter access and availability is a significant barrier to creating linkages between hearing agencies and Deaf individuals. Interpreters are permitted to decide for themselves what kind of assignments they accept and it appears that some (if not many) avoid legal proceedings. Difficulty in making arrangements with qualified and agreeable interpreters is a barrier that takes time to address and delays the criminal justice response to the needs of individuals from the Deaf community.

It is important to note that a Deaf individual lives in a culture/community context. This community has within it a great deal of diversity, but diverse individuals are connected to each other and vibrant. Recognizing and supporting the inherent social support dimensions that exist in the Deaf community is one solution to enhancing the community response to sexual violence.

A primary focus of this study is to broaden our understanding of sexual violence in the context of cultural Deafness. At the risk of comparing hearing and Deaf experiences, many reactions, fears, and responses by services and the system sound similar to each other when reflecting on the hearing literature. However, there are specific barriers faced by Deaf persons that are important not to overlook and declare them to be the same as found in other groups' experiences.

In terms of seeing family members as a key resource, views are often mixed

because in many cases Deaf children are born to hearing parents and are a part of hearing families. Levels of engagement and connection among Deaf and hearing family members vary. This can be due to the Deaf youth's attendance at a residential Deaf School that removes the youth from the family setting. At the same time, hearing family members may not learn sign language or are not able to communicate fully and meaningfully with their Deaf child.

Though there appears to be a great deal of trust placed upon law enforcement to assist when sexual violence occurs, there are also contrary experiences held by many that illuminate barriers to communication and help-seeking. Specific to the Deaf community includes the ability for 911 dispatchers to use TTY machines, the mislabeling of Deaf persons as drunk or mentally ill, and the misreading of body language as aggressive when a Deaf person is moving in closer to lip-read.

The findings from the study also provide an opportunity for the Minneapolis Police Department to initiate a discussion with the Deaf community and sexual assault service agencies and advocates to define "qualified interpreter" in the context of Deaf victims of sexual violence. In the Minnesota medical field there have been a number of advances in the availability of interpreters based on case law settlement agreements. One informant states,

> The settlement says that you have to have the interpreter there within one hour 80% of the time and within two hours a 100% percent of the time…. [Hospital systems] normally have two interpreters, fulltime interpreters on staff…from 8 in the morning till 8 at night…. They have about 4 people who rotate the pager so that they get called and get there within that timeframe.

> There have also been advances in technology with the advent of Video Remote

Interpreting and other video relay services that may facilitate more immediate access to communication. Video methods could be employed with similar protocols to the language lines used for spoken languages. However, this should be approached with caution for legal proceedings or when civil rights are in need of protection.

The links between the police department and Deaf community members are not well-developed. Overall, it is difficult to obtain a reliable picture of the frequency and extent of police interactions with the Deaf community. At the same time recent efforts to promote community policing strategies with crime prevention methods make Minneapolis a "model" jurisdiction in serving the Deaf community. Efforts to reinstate and expand crime prevention efforts such as Deaf SAFE and Community Solutions are critical to continuing to be a leader in this work. Using the workshop approach in the community policing model, the tools will develop and strengthen officers' overall understanding of aspects of Deaf communication, ASL as a language, and Deaf culture as well as create opportunities for officers to learn and practice ASL and other approaches to communication. The Minneapolis Police Department will only benefit in continuing to develop cutting edge approaches to bridging this cultural divide.

In order to more accurately account for the number of Deaf individuals help-seeking with the police department, revising report formats to include a clear category for Deaf language and developing the capability for querying the database in a way to count Deaf language cases are critical. In order to be more proactive with outreach, TTY links should be included on the Blue Cards and MPD website pages. It is also critical that training on TTY protocols and etiquette is conducted to ensure calls are answered appropriately. Finally, it is also recommended that the content and construction of the

Blue Card be re-examined to consider whether and how it is most useful to victims in general, as well as Deaf victims.

It is recommended that both hearing and Deaf communities educate themselves about responding to Deafness and protection of one's self, respectively. With additional education and dialogue it is suggested the prevention of and response to sexual victimization will improve.

Appendices

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Community Member Interview Guide

Interviewers please note that English is in plain text and ASL is in bold. When both are provided, you only need to use one. When only English is provided, please feel free to translate to ASL.

Also, remember you don't need to read the scenarios unless for some reason you can't use the videotape.

Thank you for agreeing to participate in this interview. As I mentioned, the purpose of this interview is to learn more about sexual violence in the Deaf Community. We are also specifically interested in how the police can better serve the Deaf Community. I am going to ask you a series of questions. There are no right or wrong answers to any of these questions.

Scenarios
I'd like to start off by showing you some stories about Deaf people who were sexually assaulted. By sexual assault I mean any type of sexual contact that occurs without a person's consent. These stories are made up. They are not real experiences. There are four different stories. Each story has two different endings. After each ending, I am going to ask you the same set of questions. However, your answers may differ depending on the story. *(Start videotape here.)*

1a. Abby is a 16 year old girl who is Deaf. She lives with her mom and her two brothers. She goes to a school for Deaf youth. One day, her teacher gave her a detention for passing notes in class. Abby arrived for detention and she was the only student there. After she walked in, the teacher closed the door. Then he came over to her and signed that he thought she was very special and would like to get to know her better. He came closer and closer to her until he had her backed against a wall. Then he leaned in and kissed her while putting his hand down her pants and between her legs. Eventually, Abby squirmed free and went running from the room.

- What should Abby do?
  Abby do what?

- Why should she (insert answer given by interviewee)?
  Abby (insert answer) what for?

- What might stop her from doing this?
  (Use answer given) Abby "on the fence" – why?

- After the teacher did this to Abby, where could she go for help?
  Teacher finish assault, Abby tell who?

- What other help/services do you wish were available for Abby?
  Know Deaf Community not have _____, _____, _____; your idea should add add add improve – what?

- Would Abby call the police? Why?
  Teacher finish assault, Abby call police – will? Why?

1b. It's the same scenario except now Abby doesn't break free. The teacher gets her on the floor, removes her and his pants, and penetrates her. The teacher rapes her.

- What should Abby do?
  Abby do what?

- Why should she (insert answer given by interviewee)?
  Abby (insert answer) what for?

- What might stop her from doing this?
  (Use answer given) Abby "on the fence" – why?

- After the teacher did this to Abby, where could she go for help?
  Teacher finish rape, Abby tell who?

- What other help/services do you wish were available for Abby?
  Know Deaf Community not have _____, _____, _____; your idea should add add add improve – what?

- Would Abby call the police? Why?
  Teacher finish rape, Abby call police – will? Why?

2a. Yolanda is a 24 year old woman who is Deaf. About two weeks ago she met Derek at a social event for the Deaf Community. Derek is Deaf too. The two have gone out on two dates, where physical intimacy has included holding hands and kissing. On their third date they go out for dinner and then return to Yolanda's apartment. Later that evening Yolanda and Derek begin kissing on her couch. Derek's hands begin moving along her body and he tries to put his hand up under her shirt. Yolanda pushes him away and pulls apart telling him "No, I'm not ready for that." They continue to kiss and moments later Derek begins to rub her side and moves closer and closer to her breast. He grabs her breast and Yolanda pushes him away again, hitting him on the arm. Derek signs to her "come on, loosen up. I know how to please you" and then pushes her down on the couch and begins roughly squeezing her breast and begins rubbing his other hand between her legs, over her pants. Yolanda tries pushing him off of her and signs "no," but he just uses more force to hold her down.

- What should Yolanda do?
  Yolanda do what?

- Why should she (insert answer given by interviewee)?
  Yolanda (insert answer) what for?

- What might stop her from doing this?
  (Use answer given) Yolanda "on the fence" – why?

- After Derek did this to Yolanda, where could she go for help?
  Derek finish assault, Yolanda tell who?

- What other help/services do you wish were available for Yolanda?
  Know Deaf Community not have _____, _____, _____; your idea should add add add improve – what?

- Would Yolanda call the police? Why?
  Derek finish assault, Yolanda call police – will? Why?

2b. It's the same scenario but this time Derek removes his pants and Yolanda's and penetrates her. Yolanda struggles to break free but can't.

- What should Yolanda do?
  Yolanda do what?

- Why should she (insert answer given by interviewee)?
  Yolanda (insert answer) what for?

- What might stop her from doing this?
  (Use answer given) Yolanda "on the fence" – why?

- After Derek did this to Yolanda, where could she go for help?
  Derek finish rape, Yolanda tell who?

- What other help/services do you wish were available for Yolanda?
  Know Deaf Community not have _____, _____, _____; your idea should add add add improve – what?

- Would Yolanda call the police? Why?
  Derek finish rape, Yolanda call police – will? Why?

3a. Alexis is a recently divorced, middle aged Deaf woman. Her very good friend, Shannon, has invited her to her annual work party. Alexis and Shannon are two of 200 guests at a beautiful resort. A few hours and glasses of wine later, Alexis ventures around to see the facility and landscape. As she makes her way through the gardens, she notices that she is being followed by a man she had seen at the party.

Within seconds, the same man is beside her, saying something to her. Alexis tries to read his lips, but it is too dark outside. She tries to tell him that she is Deaf, but can tell that he is quite drunk. As she begins to walk back to the party, the man pinches her back side and rubs his hands all over her back.

Alexis turns around, flabbergasted. She is about to smack him, but quickly decides to run back to the party. As she begins to run, he grabs her. She can tell that he has been drinking because of the smell on his breath. She tries to get away from him, but he has a strong grip around her wrists. He forces her on the lawn and rips her blouse and begins fondling her chest.

- What should Alexis do?
  Alexis do what?

- Why should she (insert answer given by interviewee)?
  Alexis (insert answer) what for?

- What might stop her from doing this?
  (Use answer given) Alexis "on the fence" – why?

- After the man did this to Alexis, where could she go for help?
  The man finish assault, Alexis tell who?

- What other help/services do you wish were available for Alexis?
  Know Deaf Community not have _____, _____, _____; your idea should add add add improve – what?

- Would Alexis call the police? Why?
  The man finish assault, Alexis call police – will? Why?

3b. It's the same scenario except the man at the party rapes Alexis.

- What should Alexis do?
  Alexis do what?

- Why should she (insert answer given by interviewee)?
  Alexis (insert answer) what for?

- What might stop her from doing this?
  (Use answer given) Alexis "on the fence" – why?

- After the man did this to Alexis, where could she go for help?
  The man finish rape, Alexis tell who?

- What other help/services do you wish were available for Alexis?
  Know Deaf Community not have _____, _____, _____; your idea should add add add improve – what?

- Would Alexis call the police? Why?
  The man finish rape, Alexis call police – will? Why?

4a. John has been Deaf all of his life. His immediate family is very supportive and loving. Every summer since John was 7 years old, John has gone to his uncle's farm in Northern Minnesota. John loves his uncle, aunt and three cousins very much, even though over the past couple of visits, John has noticed that his uncle had been acting peculiar towards him. Now at age 14, John has arrived for his five-week summer stay. On his first night at his uncle and aunt's house, John is showering, but when as he dries off and steps out of the shower, his uncle is standing by the closed door. John quickly covers himself up. John's uncle signs to him in an offensive way to tell him that "he is becoming a man."

John signs for him to get out of the bathroom, letting him know that he will be right out. His uncle approaches him, puts his hand over his mouth, and gestures for him to be quiet by putting his finger over his mouth. Then his Uncle puts his hand between his nephew's legs and starts fondling him.

- What should John do?
  John do what?

- Why should he (insert answer given by interviewee)?
  John (insert answer) what for?

- What might stop him from doing this?
  (Use answer given) John "on the fence" – why?

- After the uncle did this to John, where could he go for help?
  The uncle finish assault, John tell who?

- What other help/services do you wish were available for John?
  Know Deaf Community not have _____, _____, _____; your idea should add add add improve – what?

- Would John call the police? Why?
  The uncle finish assault, John call police – will? Why?

4b. It's the same scenario except this time instead of fondling John, his Uncle pulls his own pants down and begins to forcibly, penetrate his nephew.

- What should John do?

John do what?

- Why should he (insert answer given by interviewee)?
  John (insert answer) what for?

- What might stop him from doing this?
  (Use answer given) John "on the fence" – why?

- After the uncle did this to John, where could he go for help?
  The uncle finish rape, John tell who?

- What other help/services do you wish were available for John?
  Know Deaf Community not have _____, _____, _____; your idea should add add add improve – what?

- Would John call the police? Why?
  The uncle finish rape, John call police – will? Why?

Sexual Assault in the Deaf Community
Now I'd like to ask you some questions about sexual assault in the Deaf Community.

5. Compared to the hearing community, do you think sexual assault occurs more, less, or with the same frequency in the Deaf Community? Why?
   Compared to hearing community, sexual assault in Deaf Community happen more, less, same – which? Why?

6. When the Deaf Community tries to confront issues of sexual assault, what are the barriers? What makes it hard for the Deaf Community to solve this problem?
   Deaf people gather meet discuss "sexual assault." Why problem not solve? Why problem still pop pop pop?

7.   a. If a Deaf person is sexually assaulted, what kind of help do they need?
            If Deaf person sexually assaulted, what help need?

         b. Where could the Deaf person get this help?
            Where get help?

8. If a Deaf friend, family member, or someone else you know told you that she/he had been sexually assaulted, what would you do?
   Suppose your friend, family, or person you know told you happen/experience "sexual assault" – you do help what?

(If they don't mention the police) Would you recommend they contact the police? Why?
Would you suggest they contact police? Why?

9. If a person is sexually assaulted, do you think the Deaf Community is supportive? Why?
Suppose Deaf person experience/happen sexual assault – do you think Deaf Community help – encourage – support? Why?

The Police and Service Providers
Now I'd like to ask you some questions about the police and service providers.

10. Have you ever experienced meeting/contact with the police for any reason?
Have you experienced meeting/contact with police for any reason?

(If yes) Please tell me about the experience.
Tell happened.

(If they need a prompt) What was good about the experience? What was bad or difficult about the experience?

11. If you needed to contact the police for any reason, how would you do that?
If you need contact police – any reason – you contact police – how?

12. If a Deaf person interacts with police or courts, what frustrations do they experience?
When Deaf person meet police – go court – frustrations "face" or experience – what?

13. Do you think that the police and 9-1-1 operators need training to better serve Deaf people?
You think police, 9-1-1 operators need training improve – reason- better serve Deaf people?

(If yes) What kind of training or information do they need?

14. Do you think that service providers need training to better serve Deaf people? By service providers I mean social workers, doctors, nurses, advocates, and other people who provide services to Deaf individuals.
You think service providers- idea, example: social worker, doctors, nurses, advocates, "etc" – need training improve – reason – better serve Deaf people?

(If yes) What kind of training or information do they need?

Sexual Assault
Now, I'd like to ask you a few more questions about sexual assault. By sexual assault I mean any type of sexual contact/touch without your acceptance or agreement.

15. If in the future, you were sexually assaulted, what would you do?
Suppose future hit / happen you sexual assault – what do?

16. If in the future, you were sexually assaulted, where would you go for help?
    Suppose future hit / happen you sexual assault – who ask help you?

17. Remember you do not have to answer this question if it makes you uncomfortable. Have you ever been sexually assaulted?
    If feel uncomfortable or not want discuss – fine, accept – remember: you not have answer question: You before finish any experience/happen sexual assault since "grow up" until now?

(If yes) Would you be willing to answer a few questions about your experience?
     "Do mind" ask ask ask you about happen?

   (If yes, go to sexual assault survivor survey)
   (If no, close the interview)

(If no) Has anyone ever forced you to do something sexually that you did not want to do?
     Did you finish experience people before force sex, fondling, touching you or force you involve sex, fondling, touching – not want?

   (If no, close interview)
   (If yes) Would you be willing to answer a few questions about your experience?
     "Do mind" ask ask ask you about happen?
             (If yes, go to sexual assault survivor survey)
             (If no, close the interview)

Blue Card

RIGHTS AND SERVICES FOR ALL CRIME VICTIMS

Crime Victim's Rights:

1. You have the right to apply for financial help for losses resulting from a violent crime. This assistance does not cover property losses. For application and information, call (651) 282-6256. If you feel your rights as a victim have been violated, call the Crime Victims Ombudsman's Office at (651) 642-0550. Outside the Twin Cities area, call 1-800-247-0390; TDD: (651) 282-6555.
2. You have the right to request that the law enforcement agency withhold public access to data revealing your identity. The law enforcement agency will decide if this is possible.
3. You have the right if an offender is charged, to be informed of and participate in the prosecution process, including the right to request restitution (money court ordered from the offender, and paid to the victim).

24 Hour Crisis Phone Lines

Council on Crime & Justice (Any Crime Victim) 673-2467 340-5400
Crisis Intervention – Suicide Referral 347-2222 or emergency 347-2222
Greater Minneapolis Crisis Nursery .... (763) 591-0100
Sexual Violence Center (TDD during business hours only) 871-2959 .. 871-5111
Crisis Connection Children's Services (TDD 379-6377) 379-6363
Rape and Sexual Abuse Center (TDD during business hours only) .. 825-4357
OutFront Mn (GLBT general crime) 822-0127
Bias/Hate Crimes 215-4124

All phone numbers are area code 612 except where noted.

DOMESTIC VIOLENCE INFORMATION

IF YOU ARE THE VICTIM OF DOMESTIC VIOLENCE, the city or county attorney may file a criminal complaint. You have the right to go to court and request an Order for Protection. The order could include the following:

1. Restrain the abuser from further abuse.
2. Direct the abuser to leave your household.
3. Prevent the abuser from entering your residence, school, business, or place of employment.
4. Award custody of or visitation with your minor children.
5. Direct the abuser to pay support to you and the children if the abuser has a legal obligation to do so.

For additional information, to get an Order of Protection or talk to a police investigator, prosecutor, or advocate, call the Hennepin County Domestic Abuse Service Center at 348-5073, Hennepin County Government Center, A level.

ASSISTANCE FOR VICTIMS OF DOMESTIC ABUSE

Battered Women's Crisis Line/Shelter Information 24 Hour Line with TTY access .... (651) 646-0994
Harriet Tubman Shelter, Minneapolis (24 hour crisis line) TDD 821-4757 .. 825-0000
M.I.P. (Court Advocacy for Battered Women) 673-3526
I.B.C.A. Black Battered Women's Program 871-7878
Division of Indian Work (Family Violence Program) 722-8722x123
Asian Women United of Minnesota, House of Peace Shelter.
(24 hour crisis line for Asian women) 612-724-8823
Domestic Abuse Project Legal Advocacy Program (business hours) .. 673-3526
Somali advocate 673-3503
Spanish advocate .... 673-3398 and 673-3289
Casa de Esperanza (24 hour crisis line for Latinas) .... (651) 772-1611
OutFront (GLBT domestic abuse 24 hour line) 824-8434
Harassment Orders 348-6738
(Issued pursuant to M.S. 629.341)

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POLICE AND COURTS INFORMATION

First Precinct 673-5701
Second Precinct .... 673-5702 .... Property Crimes 673-5712
Third Precinct .... 673-5703 .... Property Crimes 673-5713
Fourth Precinct .... 673-5704 .... Property Crimes 673-5714
Fifth Precinct .... 673-5705 .... Property Crimes 673-5715
SAFE .... Call Your Precinct
Minneapolis Police Traffic Unit 673-2981
Hennepin County Jail (Offender Release Information) 348-5112
Hennepin County Attorney/Victim Assistance 348-4003
Minneapolis City Attorney's Office (Filing criminal charges) 673-2535
Minneapolis Police Records (Obtaining copies of reports) 673-2961
Minneapolis Police Criminal Investigations Division 673-2941
Minneapolis Police Homicide Unit 673-2941
Minneapolis Police Special Investigations Division 673-3079
Minneapolis Police Property & Evidence Unit 673-2932
Minneapolis Mediation Program 822-9883

MINNEAPOLIS POLICE DEPARTMENT

Squad Number:	Case Control Number (CCN):	Precinct/Division:
Officer(s) Badge Number(s):		

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