

# TRAUMA AND THE DEAF COMMUNITY

With the rise of trauma-informed care in mental health treatment, it is important to understand how trauma can affect minority cultures, such as Deaf culture. Preliminary research shows a significantly higher incidence of trauma among the Deaf population. Dr. Candice Tate and the National Association of State Mental Health Program Directors says, "...trauma is often experienced by Deaf individuals, ... trauma may take many forms, ranging from verbal taunting to physical abuse to sexual molestation, ... culture can compound the abuse experience, and ...trauma has long-term negative consequences for Deaf individuals."

## *Statistics*

- Deaf Children are more vulnerable to neglect, emotional, physical, and sexual abuse than children in the general population.
- 50% of Deaf girls have been sexually abused as compared to 25% of hearing girls.
- 54% of Deaf boys have been sexually abused as compared to 10% of hearing boys.
- Children with communication disorders are more likely to be physically and sexually abused than children without these disorders.
- Sexual abuse incidents are almost four times as common in institutional settings as in the community.
- Deaf female undergraduates experience physical assault, psychological aggression, or sexual coercion at twice the rate of hearing female undergraduates.
- As few as 2% of Deaf individuals needing support for any behavioral health issue receive appropriate care.

## *Communication Barriers*

In addition to the increased risk of trauma among the Deaf population, communication barriers can cause:

- Increased frustration by Deaf adults and children.
- Difficulty in teaching Deaf children about safety.
- Assumptions by perpetrators of abuse that Deaf children are less able to disclose information about abuse.
- Difficulties in teaching/learning skill building and socialization.
- Decreased opportunities for incidental learning.
- Decreased opportunities for trusting relationships.
- Less disclosure of abuse to caregivers.

## *Increased Effects of Trauma*

The effects of trauma can be increased in the Deaf community due to:

- Possible difficulties in social understanding.
- Misattribution of the causes and effects of their own and others' behaviors.
- An impoverished vocabulary of emotional language.
- A higher incidence of sensory, behavioral, emotional, or cognitive difficulties that sometimes accompany the etiological factor that caused the deafness.
- A lack of trained professionals who sign and are knowledgeable about Deafness to help them in processing traumatic incidents.

## *Information Deprivation Trauma (IDT)*

IDT is a unique type of trauma that can be experienced in the Deaf community and is defined as an event that is experienced as traumatic or more traumatic because information or knowledge about the event is limited or not available. The lack of information increases factors that have been found in the trauma literature related to traumatization, such as suddenness, unpredictability, and uncontrollability. IDT can occur for a Deaf person due to:

- Families trying to protect Deaf individuals.
- Lack of access to communication to find out about well-being of loved ones in disasters.
- Lack of foreknowledge of significant events (i.e., tornados or floods).

## *Modifying Treatment of Trauma for Deaf Individuals*

- Get details about a client's history of hearing loss and social emotional development.
- Assess history of language use and ability to communicate in multiple settings.
- Ask about educational background and school settings.
- Find out about the availability of culturally relevant supports.
- Be aware of Deaf culture and the oppression, stigmatization, and isolation that Deaf people often face.
- Consult with specialized providers about bringing a culturally affirming view of Deafness into your work. (A list can be found at [www.dmh.mo.gov](http://www.dmh.mo.gov) under Deaf Services and Information for Consumers & Families.)
- Find out about the individual/family's past experiences with therapy and interpreters.
- Modify relaxation techniques to focus on visual and tactile aspects.
- A trauma narrative may need to be done with a more visual medium than writing.
- A team approach may be needed to teach the individual/family signs and words for what has happened to them.
- The therapist may need to put more emphasis on increasing socialization skills and safety.
- When appropriate, support the family in decreasing overprotectiveness, while helping to increase the individual's knowledge of self-protection.
- Encourage and/or facilitate the family's use of signing and Deaf supports in the community.
- It may be important to spend significant time on the historical lack of communication and culture gaps for the individual/family.



For more information,  
contact the  
Missouri Department of  
Mental Health,  
Office of Deaf Services  
P.O. Box 687  
1706 East Elm  
Jefferson City, MO 65101  
V 573-526-1857  
or  
VP 573-298-6764  
[dmh.mo.gov](http://dmh.mo.gov)

## *Sources*

National Child Traumatic Stress Network (2004). Facts on Trauma and Deaf Children. Los Angeles, CA and Durham, NC. National Child Traumatic Stress Network.

Tate, Candice. (2012). Trauma in the Deaf Population: Definition, Experience, and Services. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD).