Violence Against Deaf Women: Effect of Partner Hearing Status

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Using a sample of Deaf female undergraduate students, the current study sought to investigate the prevalence, correlates, and characteristics of intimate partner violence victimization in hearing–Deaf and Deaf–Deaf relationships. Initial results suggest that similarities in hearing status and communication preference are associated with increased levels of negotiation within these relationships. However, compatibility in these areas did not co-occur with significant decreases in physical, psychological, or sexual partner violence. Recommendations for future research as well as implications for clinical and educational practice are outlined.

Recent research has indicated that prevalence rates of psychological, physical, and sexual intimate partner violence against Deaf[1] college and community women are nearly double compared with their hearing counterparts (Anderson, 2010; Anderson & Leigh, 2011; Barnett et al., 2011; Pollard, Sutter, & Cerulli, 2013; Porter & McQuiller Williams, 2011). Although preliminary analyses have identified statistical correlates of violence against Deaf women, including the survivor's marital status, employment status, school setting, and best language (Anderson, 2010; see Anderson, Leigh, & Samar, 2011 for a review), these investigations have not yet queried characteristics of the respondent's partner or characteristics of the relationship that might account for variability in the occurrence of violence. The hearing status of the perpetrator is one key issue that has not yet been investigated. The current study sought to address limitations of previous work on intimate partner violence against Deaf women by investigating the prevalence, correlates, and characteristics of intimate partner violence victimization in Deaf–Deaf versus hearing–Deaf relationships.

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Correlates and Characteristics of Intimate Partner Violence in Deaf–Deaf Relationships

Heightened prevalence of risk factors. Research has indicated that individuals in the Deaf community may be more likely to exhibit risk factors for intimate partner violence than their hearing counterparts. A number of research studies have found that intimate partner violence is more common among couples dealing with poverty, limited education, and unemployment (Ellison, Trinitapoli, Anderson, & Johnson, 2007). Owing to a number of factors, individuals with hearing loss are more likely to be poorer, less educated, and unemployed (Blanchfield, Feldman, Dunbar, & Gardner, 2001; Houston, Lammers, & Svorny, 2010), suggesting the possibility of a heightened prevalence of violence in Deaf–Deaf relationships compared with hearing relationships.

Social stress. Additionally, the emergence of interpersonal violence can be ascribed to institutionalized inequalities among individuals, as postulated in social structural theory (Gil, 1986). These inequalities can relate to age, race, gender, social class, marital status, occupational status, and so on. Individuals who hold

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lower or unequal positions in the social hierarchy are subject to greater social stress, a risk factor for intimate partner violence perpetration and victimization (Ellison et al., 2007; Gelles, 1985; Jewkes, 2002). Therefore, Deaf individuals' experience of institutionalized inequality and its subsequent social stress (Glickman, 1996) may partially account for the increased prevalence of intimate partner violence in the Deaf community.

Health literacy. An additional correlate of intimate partner violence is health literacy—the ability to obtain, process, and understand health information that is necessary to make suitable health care decisions. Because of lack of access to auditory incidental learning, loss of family contact and communication, lack of knowledge of personal and medical history, and the lack of health education programs provided in ASL, some Deaf ASL users may have low health literacy (McKee, 2009). Deaf ASL users have been found to display poorer knowledge of the dangers of sexual contact with drug users and multiple sexual partners, as well as less knowledge regarding HIV/AIDS (McKee, 2009). Applied to knowledge of intimate partner violence, recent research has found that Deaf female college students do not label their experiences of partner violence as "abuse," even when these experiences included severe physical and sexual assault (Anderson & Kobek Pezzarossi, 2012). Based on these findings, it is likely that Deaf individuals have less knowledge regarding the dangers and acceptability of intimate partner violence, potentially accounting for some variance in the heightened levels of intimate partner violence perpetration and victimization within the Deaf community.

Correlates and Characteristics of Intimate Partner Violence in Hearing–Deaf Relationships

Differences between Deaf–Deaf and hearing–Deaf relationships are an oft-discussed topic in the Deaf community. When one types "hearing-Deaf relationships" into an Internet search, hundreds of blogs appear to answer the question, "Can Deaf-hearing relationships work?" (see Alternative Solutions Center, 2006 for an example). Although no empirical work on the prevalence or correlates of hearing-to-Deaf relationship violence currently exists, it is possible to extrapolate from work conducted on intimate partner violence in intercultural and interracial relationships.

It has been reported that violence is more prevalent in interracial relationships than intraracial relationships (Chartier & Caetano, 2012; Mercy & Saltzman, 1989). Individuals with different racial or cultural backgrounds may enter a relationship with varying values, lifestyles, and opinions. Moreover, the couple may experience external stressors from family, friends, and even strangers, who disapprove of the interracial/intercultural relationship. These value discrepancies and external pressures may "contribute to more conflict, greater stress, and, ultimately to violence" (Mercy & Saltzman, 1989, p. 597).

Social stress. As stated above, the emergence of interpersonal violence can be ascribed to institutionalized inequalities among individuals. However, the majority of literature focuses on institutionalized inequalities that separate the couple from society (i.e., an African–American couple in a majority Caucasian society). With respect to hearing–Deaf relationships, these institutionalized inequalities are present *within* the relationship—a salient reminder of social inequities. Following this line of reasoning, it may be that the institutionalized inequalities present in hearing–Deaf relationships may lead to increased levels of stress within the relationship, and subsequent increases in partner violence.

Communication/language incompatibility. One common theme that emerges from writings about "mixed marriages" between hearing and Deaf individuals is the importance of shared communication (Berke, 2007). Recent research on partner preference among Deaf and hard-of-hearing (HoH) college students indicates that culturally Deaf individuals were more likely to prefer partners who exhibited similar culturally Deaf characteristics, including comparable educational background, hearing status, cultural identity, and mode of communication (McLaughlin, 2012). However, when asked to rank most important partner characteristics, mode of communication was the most highly ranked among Deaf and HoH college students, placing

communication compatibility above hearing status, identity, or educational background (McLaughlin, 2012). The finding of mode of communication being the most important characteristic is consistent with research in the general hearing community, which suggests that both hearing males and females prefer their partner to be fluent in the same language (Liu, 2006).

Even with a shared language/communication mode, couples often experience breakdowns in communication skills and nonviolent conflict resolution. Often, the clinical portrayal of a violent relationship involves two partners who lack communication skills—during instances of conflict, these communication deficits are most salient (Babcock, Waltz, Jacobsen, & Gottman, 1993). Communication problems are associated with an increased probability of using both minor and severe violence within a relationship (Medeiros & Straus, 2006), as a partner who is "unable to effect their intentions through negotiation…may resort to pushing, slapping, beating, and so forth" (Babcock et al., 1993, p. 41). Empirical work conducted by Babcock et al. (1993) supports this portrait: "When both husband and wife were low on communication skill there was an increased risk of husband-to-wife violence. This may be because both husband and wife lack the skills to resolve conflict and to verbally diffuse the argument" (p. 48). For partners in hearing-Deaf relationships, where an equally accessible, equally fluent form of communication may not be shared, this line of research has great implications. Without establishing a communication foundation, the task of developing skilled nonviolent conflict resolution becomes impossible.

The abuse of hearing privilege. Although effective communication is important between hearing and Deaf partners, as stated above, *equal* communication accessibility to the majority language is important as well—"Communication deficits could be considered a personal power base or a power process…The ability to achieve nonphysical coercion and successful negotiation may be a resource that a skilled communicator has over a less skilled one" (Babcock et al., 1993, p. 41). A similar power imbalance can occur in hearing–Deaf relationships when disproportionate value is given to English over ASL as a preferred communication method, or when one partner does not have equal access to the majority language. Discrepancies in social power and social privilege between partners have been found to be associated with "an increased risk of psychological abuse, an even greater risk of physical aggression, and a still greater increased risk of life-threatening violence" (Hornung, McCullough, & Sugimoto, 1981, p. 675). Because the hearing–Deaf relationship is in essence a majority–minority relationship, this institutionalized power imbalance between partners may increase the likelihood of abuse in these relationships. This implies that an abusive hearing partner can use socially granted, institutionally supported hearing privilege in a relationship with a Deaf partner—"Just as access and power are used by privileged groups to marginalize or actively oppress other groups, privilege can also be used by an individual to coerce and control another individual" (Hodes, 2011, pp. 35–36).

Indeed, the abuse of hearing privilege creates unique relationship dynamics and characteristics that may not be present in other violent relationships—what "sets Deaf survivors apart from the hearing domestic violence experience is the potential abuse of hearing privilege" (Rems-Smario, 2007, p. 18). From her experience working with Deaf survivors, Julie Rems-Smario (2008) has compiled an extensive list of examples of this abuse of privilege, some of which are described here: A hearing abuser does not inform the Deaf victim when people try to call her; he excludes her from important conversations and financial decisions; he leaves her out of social situations with other hearing people; he talks negatively about the Deaf community or disallows access to Deaf culture; he criticizes her speech and English skills; and he manipulates police officers when they are called to the house. This work, and the remainder of information on hearing-to-Deaf intimate partner violence, is largely based on anecdotes from clinicians and advocates working with Deaf survivors. As of yet, there have been no published empirical studies investigating the dynamics of intimate partner violence in hearing–Deaf and Deaf–Deaf relationships.

Research Questions and Hypotheses

Although initial estimates of the prevalence of intimate partner violence against Deaf women have been determined, these percentages do not differentiate between

Deaf-to-Deaf and hearing-to-Deaf violence. It is possible that the prevalence of intimate partner violence in Deaf–Deaf and hearing–Deaf relationships is not equivalent, with the prevalence of hearing-to-Deaf violence greater than Deaf-to-Deaf violence. Therefore, it is not entirely clear if the discrepancy in violence against Deaf and hearing women is exacerbated by an increased prevalence in intimate partner violence within hearing–Deaf relationships.

Utilizing a sample of Deaf female undergraduate students, the current study sought to investigate the prevalence, correlates, and characteristics of intimate partner violence victimization in hearing–Deaf and Deaf–Deaf relationships by answering the following questions:

1. What is the prevalence of intimate partner violence in hearing–Deaf versus Deaf–Deaf relationships? Based on previous research investigating violence in interracial and intercultural relationships, communication incompatibility, and privilege discrepancies, it is hypothesized that the prevalence of intimate partner violence will be significantly higher in hearing–Deaf relationships compared with Deaf–Deaf relationships.
2. What are the correlates and characteristics of intimate partner violence in hearing–Deaf versus Deaf–Deaf relationships? It is hypothesized that factors reflecting the abuse of hearing privilege would emerge as significant predictors of violence, especially in hearing–Deaf relationships.

Method

Participants

Inclusion criteria. Deaf female undergraduate students were recruited from Gallaudet University, a federally chartered university for the liberal arts education of Deaf and HoH students, located in the District of Columbia. In order to qualify for the study, students needed to meet certain inclusion criteria: female, between the ages of 18 and 25, and self-identify as Deaf or HoH. Additionally, students must have been in at least one relationship within the past year—marriage, cohabitating, and dating relationships were all eligible, and there was no limit placed on the length of the relationship. The referent period for primary measure of intimate partner violence is the previous year—therefore, in order to respond to items about conflict-resolution behaviors in relationships, it was necessary that each student was involved in at least one relationship during the past year.

Sample characteristics. Ninety-seven female undergraduate students were recruited for the current study, ranging in age from 18 to 25 years, with a mean of 20.86 years. These participants reported on a total of 149 past-year relationships, with a mean of 1.52 relationships per participant (range = 1–4 relationships). Eighty five percent (85.2%) of the relationships were with male partners, whereas 14.8% were with female partners. Additional participant and partner demographic information is listed in Table 1.

Procedure

Recruitment. Participants were recruited in three ways—posters on the Gallaudet University campus, the Gallaudet University Daily Digest (a Gallaudet University electronic distribution system for campus information), and flyers handed out in undergraduate psychology classes. These advertisements contained contact information for the principal investigator, and students who wished to participate in the study contacted the principal investigator via e-mail. During this e-mail correspondence, the principal investigator determined if the potential participant fit the inclusion criteria. If the individual met the criteria, appointments were arranged for multiple participants to participate in the study simultaneously. Group appointments were conducted to promote anonymity by ensuring that the principal investigator could not connect e-mail addresses with particular individuals.

Data collection. When each group of participants arrived for their appointment, the researcher described to the participants both the nature of the study and the nature of the questions. This description was provided in an accessible language—either American Sign Language or spoken English—based on the stated preference of the participant. The participants

Table 1 Participant and partner demographics

Demographic characteristics		Percent of participants ($N = 97$)	Percent of partners ($N = 149$)
Gender	Male	—	85.2
	Female	100.0	14.8
Ethnicity	European American	47.4	50.7
	Bi- or Multiracial	11.3	5.4
	Latino/Latina/Hispanic	10.3	12.2
	Asian or Asian-American	7.2	2.7
	African-American	4.1	8.8
	Native American/Pacific islander	—	4.1
	Other	19.6	16.2
Hearing status	Deaf	88.7	69.1
	Hard-of-hearing	11.3	22.1
	Hearing	—	8.7
Preferred language	ASL	67.0	65.1
	Both ASL and English (bilingual)	30.9	25.5
	English	2.1	8.7
	Other	—	0.7
Educational background	Deaf school only	20.6	37.6
	Deaf school and mainstream	60.9	36.9
	Mainstream only	17.5	25.5
	Home schooled	1.0	—
Year in college	Freshman	24.7	—
	Sophomore	21.6	—
	Junior	24.7	—
	Senior	22.7	—
	Other	6.2	—
Sexual orientation	Straight	82.5	—
	Gay	7.2	—
	Bisexual	10.3	—
Current relationship status	Single	59.8	—
	In a relationship	40.2	—

ASL, American Sign Language.

were also informed that they could withdraw from the study at any time, for any reason, and without any penalty. If the participants were willing to proceed with the study, they were asked to read and agree to the Information Sheet, which indicated Gallaudet University Institutional Review Board approval. In addition to being informed about the nature of the study, participants were also informed about their anonymity and the confidentiality of their responses. In order to preserve anonymity, participants were not asked their name for any of the questionnaires and the Information Sheet was not signed. Once participants were informed about the nature of the study, the researcher provided instructions to the participant verbally (in an accessible language), in addition to pointing out the instructions on the questionnaire forms. The researcher then answered any questions about the instructions and subsequently left the participants to fill out the questionnaires privately.

Once finished with the questionnaires, the participants were instructed to reconvene with the researcher. At this time, participants were given compensation of 10 dollars for their time and effort. They were also debriefed before leaving the premises. As a result of completing measures querying intimate partner violence, there is a possibility that some respondents may have realized that they (or a friend) needed help with a personal or relationship problem. Consequently, when each participant left the study, she was given a packet of information, including brochures and contact

information for local domestic violence agencies and mental health centers. Given that responses were anonymous and there was no way of determining which participants were experiencing violence, it was necessary that all participants be given appropriate resources for coping with intimate partner violence.

Measures

The following three measures were administered on paper and pencil: a demographic questionnaire, partner demographic questionnaires, and the Revised Conflict Tactics Scales, Victimization subscales (Straus, Hamby, & Warren, 2003).

Demographic questionnaire. A brief background survey queried basic information about the participant's gender, ethnicity, age, educational background, socioeconomic status, hearing status, preferred language, sexual orientation, and current relationship status.

Partner demographic questionnaire. Additionally, a brief demographic questionnaire was given for each partner reported by the participant in the past year.

Revised Conflict Tactics Scales, Victimization subscales. Although many of the participants indicated a preference for ASL over written English, a comprehensive, psychometrically validated measure of intimate partner violence administered in ASL does not currently exist. The Revised Conflict Tactics Scales (CTS2) is currently the most widely used measure for identifying intimate partner violence (Straus, 2007). In 2010, Anderson and Leigh investigated the internal consistency reliability and the factor structure of the CTS2 within a sample of Deaf female college students. Psychometric analyses indicated that subscales measuring Victimization of Negotiation, Psychological Aggression, Physical Assault, and Injury proved both highly reliable and valid in the sample of Deaf female undergraduates. The Victimization of Sexual Coercion subscale evidenced moderate reliability and validity. For more detailed psychometric information, see Anderson & Leigh (2010).

The CTS2 contains 78 items contained in five subscales that measure Negotiation, Physical Assault, Psychological Aggression, Physical Injury, and Sexual Coercion. Items can be divided to differentiate between acts of Minor and Severe violence, as well as Victimization (partner-perpetrated acts) and Perpetration (self-perpetrated acts). For the purposes of the current study, only the Victimization subscales were administered, with each participant receiving one survey for each partner reported in the past year. Participants were instructed to rate the number of times within the previous year that the particular partner engaged in the conflict-resolution strategies on the form (*Never*, *Once*, *Twice*, *3–5 times*, *6–10 times*, *11–20 times*, and *More than 20 times*). Amount of past-year violence is calculated by summing the midpoints of these categories. Past-year prevalence rates include any participants who endorse experiencing one or more of the listed behaviors within the past year.

Results

Participant responses were entered into the JMP statistical program, where data from the CTS2 were scored for past-year experiences of Psychological Aggression, Physical Assault, Injury, and Sexual Coercion. Additionally, these subscales were further scored by separating experiences into Minor or Severe violence. Research questions were investigated using descriptive measures, correlation, *t* tests, chi-square, and regression. Analyses were conducted at both the individual level and the relationship level, allowing the comparison of each survivor's experience of violence in a particular relationship and focusing analyses on compatibility with regard to hearing status and communication preference within these relationships.

Prevalence of Intimate Partner Violence

Partner hearing status. Based on previous research investigating violence in interracial and intercultural relationships, communication incompatibility, and privilege discrepancies, it was hypothesized that the prevalence of intimate partner violence would be significantly higher in hearing–Deaf relationships compared with Deaf–Deaf relationships. In order to investigate this hypothesis, chi-square tests of independence were performed to compare the prevalence of victimization within relationships among the participants with Deaf, HoH, or hearing partners.

Separate analyses were conducted for Psychological Aggression, Physical Assault, Injury, and Sexual Coercion.

Regarding prevalence of violent relationships, results indicate that hearing status of one's partner did not account for significant differences in the prevalence of psychological aggression, physical assault, or injury (see Table 2). However, the prevalence of sexual coercion varied significantly based on partner hearing status. Nominal logistic regression indicated that, compared with women with hearing partners, women with Deaf partners were 6.6 times more likely to report sexual coercion, whereas women with HoH partners were 4.6 times more likely.

Correlates and Characteristics of Intimate Partner Violence

Regarding the correlates and characteristics of intimate partner violence in hearing–Deaf and Deaf–Deaf relationships, it was hypothesized that factors reflecting the abuse of hearing privilege and communication would emerge as significant predictors of violence, especially in hearing–Deaf relationships. In order to conduct these analyses, relationships were analyzed as a system, as opposed to the individual analysis above, categorizing relationships based on compatibility in two domains: hearing status and language preference.

Hearing status compatibility. In order to investigate the role of hearing status compatibility on intimate partner violence, each reported relationship was coded as "Compatible" (Deaf–Deaf or HoH–HoH) or "Incompatible" (Deaf-HoH, Deaf-Hearing, or HoH-Hearing). We conducted *t* test and chi-square analyses to investigate potential differences in the mean amounts of violence (Table 3) and prevalence of violence (Table 4) between Compatible and Incompatible relationships.

As can be seen in Table 3, mean amounts of negotiation were significantly higher in relationships where hearing status was compatible (approximately 67 past-year negotiations) versus incompatible (approximately 51 past-year negotiations). Although negotiation was higher when hearing status was compatible, there was no resulting reduction in psychological, physical, and sexual violence within this group.

Similarly, the prevalence rates of violence in relationships with compatible and incompatible hearing status were nearly identical (Table 4), with the exception of sexual coercion, which remained higher in compatible relationships (55.6% of Deaf–Deaf or HoH-HoH) compared with incompatible relationships (36.0%). However, when further analyzed based on the severity of sexual coercion, chi-square analyses indicated that compatible relationships had a significantly higher prevalence rate of minor sexual coercion (55.6%) than incompatible relationships (36.0%; $p = .02$). Conversely, incompatible relationships evidenced a higher prevalence rate of severe sexual coercion, involving physical force, (18.0%) compared with compatible relationships (10.1%), although this difference did not reach statistical significance ($p = .18$).

Language preference compatibility. In order to investigate the role of language preference compatibility on intimate partner violence, each reported relationship was coded as "Compatible" (ASL-ASL, English-English, or Bilingual-Bilingual) or "Incompatible" (ASL-English, ASL-Bilingual, or Bilingual-English). We conducted *t* test and chi-square analyses to investigate potential differences in the mean amounts of violence (Table 5) and prevalence of violence (Table 6) between Compatible and Incompatible relationships.

As can be seen in Table 5, mean amounts of negotiation were significantly higher in relationships

Table 2 Partner hearing status versus prevalence of violence

	Deaf ($n = 103$, %)	HoH ($n = 33$, %)	Hearing ($n = 13$, %)	Chi-square
Psychological aggression	73.8	78.1	76.9	0.28 ($p = .87$)
Physical assault	31.1	41.9	23.1	1.86 ($p = .39$)
Injury	11.7	18.8	7.7	1.38 ($p = .50$)
Sexual coercion	54.4	45.5	15.4	7.86* ($p = .02$)

HoH, hard-of-hearing.

Table 3 Hearing status compatibility versus mean amount of past-year violence

	Compatible (n = 99)	Incompatible (n = 50)	t test
Negotiation	67.2	51.2	−2.14 (p = .03)
Psychological aggression	15.05	14.44	−0.14 (p = .89)
Physical assault	4.77	3.10	−0.57 (p = .57)
Injury	0.93	2.02	0.79 (p = .43)
Sexual coercion	6.78	5.36	−0.56 (p = .58)

Table 4 Hearing status compatibility versus prevalence of violence

	Compatible (n = 99, %)	Incompatible (n = 50, %)	Chi-square
Psychological aggression	75.5	74.0	0.04 (p = .84)
Physical assault	32.7	32.7	0.00 (p = 1.00)
Injury	13.3	12.0	0.05 (p = .83)
Sexual coercion	55.6	36.0	5.14* (p = .02)

Table 5 Language preference compatibility versus mean amount of past-year violence

	Compatible (n = 104)	Incompatible (n = 45)	t test
Negotiation	66.3	51.0	−1.98* (p = .05)
Psychological aggression	14.3	16.1	0.40 (p = .69)
Physical assault	2.98	7.09	1.38 (p = .17)
Injury	1.39	1.07	−0.24 (p = .81)
Sexual coercion	6.09	6.80	0.27 (p = .78)

Table 6 Language preference compatibility versus prevalence of violence

	Compatible (n = 104, %)	Incompatible (n = 45, %)	Chi-square
Psychological aggression	76.7	71.1	0.51 (p = .47)
Physical assault	29.1	40.9	1.91 (p = .17)
Injury	12.6	13.3	0.01 (p = .91)
Sexual coercion	51.0	44.4	0.53 (p = .46)

where language preference was compatible (approximately 66 past-year negotiations) versus incompatible (approximately 51 past-year negotiations). With increased endorsement of negotiation within language-compatible relationships, subsequent expected reductions in mean amounts of past-year physical assault were observed, with an average of approximately three physical assaults in language-compatible relationships and approximately seven physical assaults in language-incompatible relationships, although this difference did not reach statistical significance (p = .17)

Similarly, the prevalence rates of physical assault in relationships with compatible and incompatible language preference varied (Table 6), with 29.1% of language-compatible relationships involving physical violence compared with 40.9% of language-incompatible relationships, although this difference also did not reach statistical significance (p = .17).

Discussion

The current study sought to investigate the prevalence, correlates, and characteristics of intimate partner violence victimization in hearing–Deaf and Deaf–Deaf relationships. It was first hypothesized that the prevalence of violence in hearing-Deaf relationships would be significantly higher than in Deaf–Deaf relationships, based on previous research indicating heightened rates of violence in interracial and intercultural couples. This hypothesis was not supported by the current results. Rather, no significant differences

in prevalence rates were observed for psychological aggression, physical assault, or injury when comparing relationships with Deaf, HoH, and hearing partners. Contrary to our hypothesis, the prevalence of sexual coercion was significantly higher in relationships with Deaf and HoH partners than in relationships with hearing partners.

It is possible that the high level of sexual coercion in these relationships is due to limited intimate partner violence health literacy among these Deaf and HoH partners (Anderson & Kobek Pezzarossi, 2012). Findings from both clinical and research settings suggest that many Deaf individuals lack information on what constitutes intimate partner violence, the acceptability of such violence, and alternate strategies to resolve conflict. As discussed in the introduction, these fund of information deficits are due to a myriad of factors, including lack of access to incidental learning and family communication and lack of health education programs provided in ASL. However, the current study did not directly investigate health literacy variables and this issue requires additional empirical investigation in order to clarify this finding.

The second hypothesis purported that factors reflecting the abuse of hearing privilege and communication would emerge as significant predictors of violence, especially in hearing–Deaf relationships. This hypothesis was partially supported. Regarding the abuse of hearing privilege, hearing status compatibility (Deaf–Deaf or HoH–HoH) was found to account for increased rates of negotiation within these relationships compared with relationships incompatible with regard to hearing status. This finding suggests that inequalities in hearing privilege may account for reduced negotiation between partners, whereas equal power lends itself to compromise and cohesion.

Although Deaf–Deaf and HoH–HoH relationships evidenced higher rates of negotiation, these relationships were also characterized by significantly higher rates of sexual coercion than incompatible relationships. When more closely analyzed by severity of sexual violence, it was found that minor sexual coercion was significantly higher among compatible couples, whereas severe sexual coercion was higher among incompatible couples. This finding suggests that more instrumental, severe sexual coercion, which includes the use of physical force and weapons to obtain sex, may be more likely to occur in relationships where a differential in hearing status exists. This finding provides additional support for the increased potential to abuse power and privilege in hearing–Deaf relationships.

Regarding the role of communication in the experience of partner violence, language preference compatibility (ASL-ASL, English-English, or Bilingual-Bilingual) was found to account for increased rates of negotiation within these relationships compared with relationships incompatible with regard to language preference. These findings provide initial support for the hypothesized relationship between communication compatibility and intimate partner violence in the Deaf community, aligning with recent findings regarding the value placed on partner's mode of communication among Deaf and HoH college students (McLaughlin, 2012) as well as the role of communication deficits in the occurrence of intimate partner violence (Babcock et al., 1993; Medeiros & Straus, 2006).

Limitations and Future Research

As mentioned in the Results section, several trends observed in the current data did not reach statistical significance. This is likely due to the limited sample size from which the data was collected, the result of a small undergraduate cohort from which to recruit as well as a number of selection criteria employed to increase homogeneity of the sample and reduce threats to internal validity. Indeed, post hoc power analyses indicated an ideal sample size of 232 (for chi-square tests) and 236 (for *t* tests) to detect a medium effect—however, we were only able to collect data on 149 relationships for the current study. Difficulty recruiting large samples is a recurring theme among research in the Deaf community, as this is a relatively low-incidence population.

An additional limitation of the current sample is that participants were recruited from a Deaf university setting, where individuals may be more likely to engage in relationships with other Deaf or HoH individuals, rather than hearing individuals. A community sample of Deaf individuals might exhibit significant differences in terms of partner availability and selection. Moreover, the current university sample may not accurately represent the sociodemographics of the

Deaf community, especially with regard to educational level, language use, and English literacy—these factors may serve as substantial protective factors. Therefore, additional studies investigating the influence of partner hearing status within Deaf community samples are needed to replicate current findings and address lingering questions. Although the written English measure used in the current study was found to be reliable and valid within a Deaf college sample, it is recommended that future studies within the community employ sign language survey methodology to provide access to a broader segment of the Deaf population.

Additionally, although language preference compatibility was investigated as a factor influencing the occurrence of partner violence, the current study did not directly investigate communication skills within that language. In other words, if a participant reported a shared language preference with her partner, the assumption cannot be made that this couple shared *effective* interpersonal and communication skills. With a shared language foundation, it is more likely that communication efficacy can develop, but it is by no means the only necessary condition for communication efficacy. Therefore, additional research into the specific role and development of communication and interpersonal skills and subsequent influence on the occurrence of intimate partner violence is needed to expand the current findings.

In light of these limitations, initial results suggest that similarities in hearing privilege and communication preference are associated with increased levels of negotiation within these relationships. However, compatibility in these areas did not co-occur with significant decreases in physical, psychological, or sexual partner violence. As noted above, additional research is needed to replicate the current findings within community samples, as well as clarify the role of health literacy and communication skills on intimate partner violence against Deaf women. Although much empirical work is still needed in this area, current findings corroborate the concerning rates of intimate partner violence against Deaf women, and have implications for both clinical and educational practice. From a treatment perspective, our field would benefit greatly from the development of culturally and linguistically accessible psychotherapeutic approaches to treat intimate partner violence among Deaf clients and their partners. Based on current findings, these treatment approaches should incorporate content to support the effective navigation of power imbalances and communication incompatibility and the development of negotiation skills to replace unhealthy conflict-resolution tactics. Similar themes should be incorporated into the development of programs targeting Deaf youth, raising awareness of intimate partner violence and providing training on nonviolent conflict resolution in order to prevent initiation of the cycle of violence.

Note

1. Although deaf individuals vary greatly with respect to language use and community membership, the focus of the current study was on culturally Deaf individuals who primarily utilize American Sign Language, as delineated by the capital letter *D* in *Deaf*.

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Conflicts of Interest

No conflicts of interest were reported.

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