The current study investigated the labeling of abuse experiences in a sample of 97 Deaf female undergraduate students, exploring the following questions: What is the prevalence of violent behaviors experienced by Deaf female undergraduates in their past-year relationships, what proportion of these relationships are identified as “abuse,” and what scripts and strategies do Deaf female undergraduates utilize to label their experiences of partner violence? Results indicated that over half of the sample chose not to label past-year experiences of psychological aggression, physical assault, and sexual coercion as abuse, even when these experiences included severe violence. Implications for the Deaf education system will be discussed.

The power of naming is at least two-fold, naming defines the quality and value of that which is named—and it also denies reality and value to that which is never named, never uttered. That which has no name, that for which we have no words or concepts, is rendered mute and invisible; powerless to inform or transform our consciousness of our experience, our understanding, our vision, powerless to claim its own existence (Du Bois, 1982, p. 108).

With regard to partner violence, it has been found that individuals often do not label their experiences of violence as “abuse.” The current study sought to investigate labeling of experiences of partner violence in a sample of Deaf female undergraduate students, a population that is at high risk for experience of violence. The literature on intimate partner violence suggests a higher rate of dating violence among university students than the general population, purporting that the higher rate among university students may be because university students “are in the prime ages for violent crime” (Smither & Straus, 2004, p. 239). Indeed, many studies investigating predictors of intimate partner violence have found an inverse relationship between age and violence. For example, using domestic violence data collected in the National Comorbidity Study between 1990 and 1992 (N = 3,537), Kessler, Molnar, Feurer, and Applebaum (2001) found that women aged 15–24 years were five times as likely to report partner violence victimization compared with women aged 45–54 years.

Recent research has also indicated that prevalence rates of psychological, physical, and sexual partner violence against Deaf college and community women are nearly double when compared with their hearing counterparts (Anderson, 2010; Anderson & Leigh, 2011; McQuiller Williams & Porter, 2010), dictating a need for accessible domestic violence resources for Deaf survivors. Unfortunately, “research clearly indicates that there is a disparity not only in the prevalence of violence in the Deaf community but in the amount of support that Deaf individuals can access” (Obinna, Krueger, Osterbaan, Sadusky, & DeVore, 2006, p. 12). Similar to individuals from other linguistic minority groups, Deaf survivors experience unique issues that may serve as barriers to seeking help (Mason, 2010), including issues of language, communication, health literacy, and confidentiality (Schlehofer, Hurwitz, Mowl, & Haynes, 2009).
Although there is a significant amount of literature available on barriers to help-seeking for Deaf survivors (for a review, see Anderson, Leigh, & Samar, 2011), these investigations have not yet queried Deaf individuals’ labeling of violent experiences—another critical factor in determining if a survivor will seek help. Without labeling the experience of violence as abuse, an individual may have “no language to describe [the experience] and no well-defined way to ask for help” (Burge, 1998, p. 31). Indeed, it is highly unlikely that individuals would seek out abuse/domestic violence resources if they do not label their relationship as abusive. This situation can create a myriad of detrimental consequences for the individual experiencing violence, including remaining in an unhealthy relationship (Littleton, Axsom, & Grills-Taquechel, 2009; Oswald & Russell, 2006), elevated risk for further victimization (Littleton et al., 2009), lack of disclosure and, therefore, loss of supportive reactions from others (Littleton et al., 2009), and legal rights that cannot be claimed if an individual does not label the experience as abuse (Kahn et al., 2003). Moving away from the individual level, widespread labeling and acknowledgment of abuse might highlight the alarming prevalence rates of relationship abuse in our society, lead to greater enforcement of partner violence offenses, and potentially reduce the frequency of abuse. Yet, a significant problem remains—labeling and defining experiences of violence is not a simple process (Kelly, 1988).

Labeling Abuse

For professionals working in the field of intimate partner violence, the label of “abuse” is highly controversial, with wide variation in definitions and many gray areas (Burge, 1998). Some professionals adopt an inclusive perspective, defining any single instance of violence as abuse or battering; however, others adopt a differentiating perspective, labeling experiences based on severity or chronicity of violence (Hamby & Gray-Little, 2000). Given the controversy in the field of intimate partner violence itself, one can only imagine the difficulty survivors may have with labeling their experiences of violence. Indeed, little is known about the labeling strategies of women who have been subject to partner violence (Hamby & Gray-Little, 2000). However, it is clear that for the individual inside a violent relationship, defining abuse can be extremely difficult, with the relationship itself creating “a context that blurs the distinctions between harmful and harm less” (Burge, 1998, p. 31).

There are a number of factors that influence a survivor’s ability to label experiences of violence as abuse, including attitudes toward violence in general (Antle, Sullivan, Dryden, Karam, & Barbee, 2011), childhood experiences of abuse (Lichter & McCloskey, 2004), feelings of self-blame (Kahn et al., 2003), and defenses of minimization and justification to “protect the positive aspects of the relationship” (Burge, 1998, p. 31). However, the rejection of abuse labels by some survivors may also reflect a differentiating perspective on violence—“some domestic violence researchers reserve abuse-related labels for a subset of physical assaults, and it is possible that this is also the labeling strategy adopted by the broader community” (Hamby & Gray-Little, 2000, p. 174). Research indicates that when one’s experience of partner violence does not fit into a stereotyped subset of behaviors believed to be abusive, the survivor often struggles to label or name the experience (Burge, 1998).

Scripts, Myths, and Stereotypes of Abuse

A significant development spurred by feminist social action during the past 50 years is a major increase in the amount of terminology available to describe and define experiences of violence:

For example, the terms battered woman and sexual harassment did not exist 20 years ago. Even if a name exists and is known, the way it is understood can vary greatly. For example, feminists have challenged the limited traditional definitions of forms of sexual violence by expanding the definition of rape to include unwanted sex and/or forced intercourse between husband and wife and by including psychological abuse and coercive sex in the definition of domestic violence. Limited definitions tend to draw on stereotypes (Kelly, 1988, p. 115).

As stated above, the existence of a particular term does not ensure complete understanding or correct usage by the general public.
Although definitions of domestic violence have been expanded in the literature to include psychological abuse and sexual coercion or rape perpetrated by a partner, it seems that these expanded definitions have not yet been adopted by the general public. Rather, the pervasive abuse script, or set of event-related ideas about abuse, depicts “frequent, severe, intentional, unidirectional, aggressive behavior in the husband-perpetrator, and serious psychological and physical consequences of the wife-victim” (Burge, 1998, p. 31). At the other end of the spectrum is nonabuse, with a “complete absence” of verbal and physical aggression (Burge, 1998, p. 31). Whereas some individuals’ experience may fit into these stereotypical views of abuse and nonabuse, many do not, falling in a gray area that is often difficult to label.

Physical Assault and Injury Scripts

In general, a physical abuse script involves incidents of violence that are frequent, severe, and cause physical injury (Hamby & Gray-Little, 2000). However, even when adopting this differentiating strategy, ambiguity remains:

What frequency or severity of aggressive acts could be defined as physical abuse? Consider the husband who slaps his wife once per year, or one who slaps his wife once per month, or one who stabs his wife once, or the couples who hit each other (Burge, 1998, p. 31).

With respect to frequency of violence, one incident of physical violence is usually not labeled as abuse by the survivor—however, “over time, as abuse repeats, or as it begins to affect other aspects of life, the victim will redefine these events as abusive” (Burge, 1998, p. 31). Recent research supports this claim, with women who acknowledged abuse reporting a higher frequency of physical assaults when compared with women who did not acknowledge abuse (Hammond & Calhoun, 2007, p. 378).

Additionally, physical abuse scripts tend to contain an expectation of severe violence. Although being slapped is often not considered to constitute physical abuse, more severe violence like being kicked, bit, or punched is often considered abusive by the general public (Wagner & Mongan, 1998). The issue of severity also relates to beliefs about abuse and injury—“is an aggressive behavior considered abusive if it has no ill effects? Consider the small woman who regularly punches her large husband, or the husband who controls his wife’s behavior through shame and guilt” (Burge, 1998, p. 31).

The stereotyped view of physical abuse is a woman admitted to the emergency room, bleeding and covered with bruises—if a survivor’s experience does not include these scripts, how can one define it?

It is also important to reemphasize the influence of context on labeling physical violence. Even if one’s experience of partner violence is frequent, severe, and injurious, it may not be labeled as abuse due to the mere existence of the “partner” in “partner violence.” Research conducted by Hamby and Gray-Little (2000) found that women who were more committed to their partners or were still in a relationship with their partners were less likely to label their experiences of physical assault as abuse or battering. Although this context plays a large role in labeling physical abuse, it is even more prominent in the labeling of sexual coercion within the relationship.

Sexual Coercion Scripts

As with other forms of relationship violence, there is a continuum of experiences that can be labeled as sexual coercion—“on one end of the continuum is physical force and on the other a fully consensual act” (Logan, Cole, & Shannon, 2007, p. 89). Being that there is again a large gray area surrounding sexual coercion, research has demonstrated a reliance to label experiences using a “severe and injurious” sexual coercion script—“research has consistently shown that the assaults of unacknowledged victims are less violent than those of acknowledged victims, involving less force, resistance, and injury” (Littleton et al., 2009, p. 34).

However, one of the main stereotyped characteristics of sexual coercion and rape scripts is that these acts are perpetrated by a stranger, not an acquaintance and certainly not a romantic partner (Kahn et al., 2003; Littleton et al., 2009; Logan et al., 1997; Ryan, 1988). For some, “non-physically forced sexual coercion experiences are sometimes accepted by women as part of a ‘normal’ relationship” and there is evidence...
that violent partners may use a variety of nonphysical tactics to coerce their partner to have sex, including manipulation, pressure, substance use, and threats (Logan et al., 2007, p. 72). Additionally, these researchers identified a significant proportion of women in their sample who had experienced instances of sexual coercion, suggesting that “women are not necessarily sure how to label some of the experiences within the sexual abuse domain, which may negatively affect outcomes in a variety of ways” (Logan et al., 1997, p. 90).

Psychological Abuse Scripts

The experience of psychological/emotional/verbal abuse within a relationship is an especially gray area: “What type of marital argument could be labeled emotional abuse? Consider the couple who trade insults when they are angry with each other, or the husband who publicly berates his wife” (Burge, 1998, p. 31). Psychological abuse can include verbal insults, humiliation, threats, economic control, isolation, and using children and is used tactically to maintain power and control (Burge, 1998). Although psychological abuse is almost always found in physically abusive relationships, these nonphysical tactics are often not seen as abuse by the general public (Burge, 1998). Indeed, “because they involve ‘only’ words or objects, it can be difficult to recognize the cumulative and lasting negative effects that they have on a relationship” (Hamby, Straus, & Warren, 2003, p. 72). Thus, even with increases in frequency and severity of psychological violence, it is often not labeled as abuse.

Interventions to Correct Scripts, Myths, and Stereotypes

Although we rely on abuse scripts and stereotypes to classify our experiences of violence, this does not mean that such views are healthy, acceptable, or accurate. Increasing research indicates that adolescents rely heavily on peers and the media for sexual and relationship information (Bleakley, Hennessy, Fishbean, Coles, & Jordan, 2009), suggesting that the information they receive about relationship violence may be inaccurate, incomplete, and highly stereotyped. However, there are interventions that can be implemented to inform adolescents’ beliefs and myths about partner violence (Centers for Disease Control and Prevention, 2010). More recently, the government has funded healthy relationship programs in order to provide relationship education to various populations, and legislation referred to as the SAFE Teen Act has been recently introduced to amend the Safe and Drug-Free Schools and Communities Act to authorize the use of grant funds for dating violence prevention. The main goal of these initiatives is to “promote healthy relationship knowledge and skills and to reduce interpersonal violence” (Antle et al., 2011, p. 173). Because relationship violence is beginning at younger ages, it is imperative that these programs be employed at an early age in order to interrupt violent behaviors and the cycle of violence before it carries into adolescence, young adulthood, and beyond.

Sexuality Education and Deaf Students

Although it is reassuring that abuse scripts can be altered via the education system and healthy relationship programming, concern remains for Deaf students, who have historically lacked access to comprehensive health and sex information and “often do not have the avenues that hearing students have for acquiring information” (Luckner & Gonzales, 1993). Although the majority of current literature has focused on sex education programs and sexuality knowledge, the consensus seems to be that “for the most part, it is obvious that accurate sex-related information is not reaching the deaf student with as great a frequency as the hearing student” (Swartz, 1993, p. 141) and “knowledge of sexuality among the deaf population is not at an acceptable level” (Job, 2004, p. 264).

Reasons for this lag in health-related information are numerous: parents lacking effective strategies for communicating with their Deaf child, parent reluctance or embarrassment to provide health education at home, reduction in incidental learning, and inadequate school instruction, among others (Job, 2004; McKee, 2009). Due to the potential paucity of input from parents and teachers, it has been found that many Deaf students rely on their peers to obtain health- and sex-related information, if they are receiving this information at all (Fitz-Gerald & Fitz-Gerald, 1985; Job, 2004; Swartz, 1993):
Some myths that are maintained by deaf subjects are more than likely the result of communication only among peers and a lack of communication with parents, most of whom are hearing. It is also possible that deaf students simply are not being taught the subject matter in formal sex education courses, which would dispel such myths (Swartz, 1993, p. 143).

This tendency to rely on the knowledge of one’s peers for health- and sex-related information suggests that Deaf students, similar to hearing students, may also be likely to hold stereotypical abuse scripts, dictating the need for healthy relationship education to dispel this limited information and assist Deaf survivors of abuse in labeling their experiences of partner violence.

Research Questions and Hypotheses

The current study was a preliminary investigation of Deaf female undergraduate students’ labeling of partner violence experiences, exploring the following questions:

1. What is the prevalence of violent behaviors experienced by Deaf female undergraduates in their past-year relationships, and what proportion of these relationships are identified as abuse? Based on the literature on the labeling of abuse within the general population, it is hypothesized that a significant proportion of the current sample of Deaf women will not identify their experiences of partner violence as abuse.

2. What scripts and strategies do Deaf female undergraduates use to label their experiences of partner violence? It is hypothesized that Deaf survivors in the current sample will rely on a “severe, frequent, and injurious” script when labeling their experiences of violence, similar to previously reported findings with general community women.

Methods

Participants

Inclusion criteria. In order to qualify for the study, students needed to meet certain inclusion criteria: Female, between the ages of 18 and 25 years, and self-identify as Deaf or hard of hearing. Additionally, students must have been in at least one relationship within the past year. The referent period for measures used in the current study 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 dating relationship during the past year.

Sample characteristics. Ninety-seven female undergraduate students attending Gallaudet University (a federally chartered university for the liberal arts education of Deaf and hard of hearing students, located in the District of Columbia) were recruited for the current study, ranging in age from 18 to 25 years old, 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). Additional participant 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 (ASL) or spoken English—based on the stated
preference of the participant. The participants 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 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, the Revised Conflict

<table>
<thead>
<tr>
<th>Demographic characteristic</th>
<th>Percent of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>European American</td>
<td>47.4</td>
</tr>
<tr>
<td>Bi- or multiracial</td>
<td>11.3</td>
</tr>
<tr>
<td>Latina</td>
<td>10.3</td>
</tr>
<tr>
<td>Asian or Asian-American</td>
<td>7.2</td>
</tr>
<tr>
<td>African-American</td>
<td>4.1</td>
</tr>
<tr>
<td>Other</td>
<td>19.6</td>
</tr>
<tr>
<td>Hearing status</td>
<td></td>
</tr>
<tr>
<td>Deaf</td>
<td>88.7</td>
</tr>
<tr>
<td>Hard-of-hearing</td>
<td>11.3</td>
</tr>
<tr>
<td>Preferred language</td>
<td></td>
</tr>
<tr>
<td>ASL</td>
<td>67.0</td>
</tr>
<tr>
<td>Both ASL and English</td>
<td>30.9</td>
</tr>
<tr>
<td>English</td>
<td>2.1</td>
</tr>
<tr>
<td>Educational background</td>
<td></td>
</tr>
<tr>
<td>Deaf school only</td>
<td>20.6</td>
</tr>
<tr>
<td>Deaf school and mainstream</td>
<td>60.9</td>
</tr>
<tr>
<td>Mainstream only</td>
<td>17.5</td>
</tr>
<tr>
<td>Home schooled</td>
<td>1.0</td>
</tr>
<tr>
<td>Year in college</td>
<td></td>
</tr>
<tr>
<td>Freshman</td>
<td>24.7</td>
</tr>
<tr>
<td>Sophomore</td>
<td>21.6</td>
</tr>
<tr>
<td>Junior</td>
<td>24.7</td>
</tr>
<tr>
<td>Senior</td>
<td>22.7</td>
</tr>
<tr>
<td>Other</td>
<td>6.2</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
</tr>
<tr>
<td>Straight</td>
<td>82.5</td>
</tr>
<tr>
<td>Gay</td>
<td>7.2</td>
</tr>
<tr>
<td>Bisexual</td>
<td>10.3</td>
</tr>
<tr>
<td>Current relationship status</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>59.8</td>
</tr>
<tr>
<td>In a relationship</td>
<td>40.2</td>
</tr>
</tbody>
</table>

Note. ASL, American Sign Language.
Tactics Scales (CTS2): Victimization subscales (Straus, Hamby, & Warren, 2003), and one question investigating the labeling of violence.

**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, collecting information on each partner’s hearing status, preferred language, gender, ethnicity, age, educational background, socioeconomic status, etc.

**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 CTS2 is currently the most widely used measure for identifying intimate partner violence (Straus, 2007). The CTS2 measures the extent to which partners in an intimate relationship utilize psychological aggression, physical attacks, sexual coercion, and negotiation to deal with conflicts (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). The scales consist of a written English list of behaviors directed toward a partner and deliberately exclude attitudes, emotions, and cognitive appraisal of these behaviors (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 5 subscales that measure Negotiation, Physical Assault, Psychological Aggression, Physical Injury, and Sexual Coercion. The subscale items are interspersed throughout the test but are presented in pairs rating self-behavior (Perpetration, 39 items) and partner behaviors (Victimization, 39 items). Additionally, items can be divided to differentiate between acts of Minor and Severe violence. 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. Choices are never, once, twice, 3–5 times, 6–10 times, 11–20 times, more than 20 times, and not in the past year, but it did happen before.

**Psychological aggression.**—The Psychological Aggression subscale is comprised of eight items that query “verbal and symbolic acts that are intended to cause psychological pain or fear” (Straus et al., 2003, p. 65). Minor items on this subscale specify tactics including insulting and swearing, shouting and yelling, stomping out of an argument, and spiting one’s partner. Severe items include name-calling, destruction of property, and threats of physical violence.

**Physical assault.**—The Physical Assault subscale contains 12 items that measure Minor and Severe physical violence. Minor items query tactics such as pushing, grabbing, and shoving, whereas Severe items query punching, kicking, choking, burning, and use of a weapon.

**Injury.**—The Injury subscale includes six items that query both Minor and Severe injuries, which parallel legal concepts of simple and aggravated assault. Minor injuries include sprains, bruises, and cuts, whereas Severe injuries include loss of consciousness, broken bones, and need to seek medical help.

**Sexual coercion.**—The seven items on the Sexual Coercion subscale query nonconsensual sexual acts, including, but not limited to, imposing unprotected, oral, and anal sex. The items are divided into Minor and Severe categories “based on whether or not physical force is used to achieve the coercion” (Straus et al., 2003, p. 72).
Labeling of abuse. At the end of each CTS2 questionnaire, one question was added to investigate participants’ labeling of any violent behaviors perpetrated by this particular partner: “In your opinion, did this partner ever abuse you?” Participants were asked to respond by circling yes, no, or maybe. The response choice maybe was included because it may be that some participants were uncertain or questioning whether their experiences constituted abuse. In the majority of research on labeling abuse, “the investigators have given participants only two response alternatives, yes or no,” but increasing numbers of recent studies have expanded to include either uncertain or maybe response options (Kahn et al., 2003, p. 234).

Data Analysis

Responses were entered into the SPSS statistical program and analyzed using descriptive measures, correlation, chi-square, t tests, and analyses of variance. 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 experiences of Minor or Severe violence. Women who reported at least one experience of violence in the past year were coded as “survivors,” and their responses were further analyzed for labeling of abuse. These analyses were conducted at both the individual level and the relationship level, comparing each survivor’s experience of violence in a particular relationship and the decision as to whether label this particular relationship as abusive.

Consistent with previous research on labeling of abuse and rape experiences, survivors of abuse were divided into three groups: acknowledged, questioning, and unacknowledged. A survivor was considered to have “acknowledged” abuse if she indicated on the CTS2 that she had an experience of partner violence and then responded “Yes” to the question asking if this partner had abused her. A survivor was considered to be “questioning” abuse if she indicated at least one incident of partner violence, but responded “Maybe” to the abuse question. Lastly, a survivor was considered to have experienced “unacknowledged” abuse if she reported at least one incident of violence, but responded “No” to the abuse question.

Although each form of aggression (psychological, physical, injury, and sexual coercion) will be analyzed separately below, it is important to note that these forms of violence rarely occur in isolation. Rather, Pearson correlations at the relationship level indicated that all forms of violence were significantly correlated in the current sample, with violent relationships likely to include multiple forms of aggression (see Table 2).

Results

Psychological Aggression

As can be seen in Table 3, the overwhelming majority of the sample experienced partner-perpetrated psychological aggression within the past year, with one-half of the sample experiencing severe psychological aggression (name-calling, destruction of property, or threats of physical violence). Over 75% of the survivors of psychological aggression did not label their experience as abuse. However, when analyzing only survivors of severe psychological aggression, the percentage of unacknowledged survivors dropped to 64.7%, resulting in an increase in the percentage of survivors questioning the abuse label (10.3 to 23.5%).

A one-way analysis of variance (ANOVA) was used to test for differences in frequency of all psychologically violent incidents among acknowledged (mean = 52.67), questioning (mean = 36.14), and unacknowledged abuse (mean = 11.60) within each relationship reported. Frequency of psychological aggression differed

Table 2  Correlations among CTS2 subscale scores, relationship level (N = 149)

<table>
<thead>
<tr>
<th></th>
<th>Physical assault</th>
<th>Injury</th>
<th>Sexual coercion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological aggression</td>
<td>.753**</td>
<td>.581**</td>
<td>.505**</td>
</tr>
<tr>
<td>Physical assault</td>
<td>.667**</td>
<td></td>
<td>.644**</td>
</tr>
<tr>
<td>Injury</td>
<td>.581**</td>
<td>.505**</td>
<td></td>
</tr>
</tbody>
</table>

**p < .001.
significantly across the three groups, \( F(2, 108) = 18.623, p = .000 \), with the highest frequencies of violence among acknowledged survivors.

Physical Assault

Forty percent of the sample reported experiencing at least one incident of physical assault in the past year, with approximately 20% experiencing severe physical assault (punching, kicking, choking, burning, or use of a weapon; see Table 4). However, over half of the survivors of partner-perpetrated physical assault did not label their experience as abuse. When analyzing severe physical assault only, this percentage dropped to 40%, again resulting in an increase in survivors questioning the possibility of abuse (23.7 to 40.0%).

A one-way ANOVA was used to test for differences in the frequency of all physically violent incidents among acknowledged (mean = 20.63), questioning (mean = 21.00), and unacknowledged abuse (mean = 4.92) within each relationship reported. Mean differences among groups were not statistically significant, \( F(2, 45) = 2.161, p = .127 \); however, the general trend indicates that unacknowledged survivors experienced a lower frequency of physical violence than survivors either questioning or acknowledging their abuse experience.

Table 3 Prevalence and labeling of psychological aggression (\( N = 97 \))

<table>
<thead>
<tr>
<th></th>
<th>% of survivors in the sample</th>
<th>% Of survivors who acknowledged abuse, “Yes”</th>
<th>% Of survivors questioning abuse, “Maybe”</th>
<th>% Of survivors with unacknowledged abuse, “No”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological aggression</td>
<td>87.5, ( N = 84 )</td>
<td>7.1, ( n = 6 )</td>
<td>10.7, ( n = 9 )</td>
<td>82.1, ( n = 69 )</td>
</tr>
<tr>
<td>Minor</td>
<td>81.2, ( N = 78 )</td>
<td>7.7, ( n = 6 )</td>
<td>10.3, ( n = 8 )</td>
<td>82.1, ( n = 64 )</td>
</tr>
<tr>
<td>Severe</td>
<td>53.1, ( N = 51 )</td>
<td>11.8, ( n = 6 )</td>
<td>23.5, ( n = 12 )</td>
<td>64.7, ( n = 33 )</td>
</tr>
</tbody>
</table>

Note. Survivor = reported at least one violent behavior in the past year.

Injury

As can be seen in Table 5, roughly 19% of the sample reported being injured by a partner in the past year, with five individuals sustaining a severe injury (loss of consciousness, broken bones, or need to seek medical help). Only 31.6% of injury survivors did not label their experience as abuse, with no survivors of severe injury denying abuse.

A one-way ANOVA was used to test for differences in the frequency of all injury among acknowledged (mean = 29.00), questioning (mean = 7.38), and unacknowledged abuse (mean = 2.43) within each relationship reported. Mean differences among groups were not statistically significant, \( F(2, 16) = 2.777, p = .092 \); however, the trend indicates that unacknowledged survivors experienced fewer injuries than questioning survivors, who experienced less injury than acknowledged survivors.

Sexual Coercion

Over half of the sample reported incidents of partner-perpetrated sexual coercion, with nearly 20% of the sample reporting the experience of severe sexual coercion (use of physical force to coerce sexual acts; see Table 6). Nearly 80% of these survivors chose not to label their experience of sexual coercion as

Table 4 Prevalence and labeling of physical assault (\( N = 97 \))

<table>
<thead>
<tr>
<th></th>
<th>% of survivors in the sample</th>
<th>% Of survivors who acknowledged abuse, “Yes”</th>
<th>% Of survivors questioning abuse, “Maybe”</th>
<th>% Of survivors with unacknowledged abuse, “No”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical assault</td>
<td>39.6, ( N = 38 )</td>
<td>15.8, ( n = 6 )</td>
<td>26.3, ( n = 10 )</td>
<td>57.9, ( n = 22 )</td>
</tr>
<tr>
<td>Minor</td>
<td>39.2, ( N = 38 )</td>
<td>18.4, ( n = 7 )</td>
<td>23.7, ( n = 9 )</td>
<td>57.9, ( n = 22 )</td>
</tr>
<tr>
<td>Severe</td>
<td>20.8, ( N = 20 )</td>
<td>20.0, ( n = 4 )</td>
<td>40.0, ( n = 8 )</td>
<td>40.0, ( n = 8 )</td>
</tr>
</tbody>
</table>

Note. Survivor = reported at least one violent behavior in the past year.
abuse. When analyzing severe sexual coercion only, this percentage dropped to 52.6%, showing an increase in both acknowledged (7.3 to 15.8%) and questioning (14.5 to 31.6%) survivors.

A one-way ANOVA was used to test for differences in the frequency of all sexual coercion among acknowledged (mean = 26.20), questioning (mean = 15.85), and unacknowledged abuse (mean = 10.95) within each relationship reported. Mean differences among groups were not statistically significant, F(2, 70) = 1.764, p = .179; however, the trend indicates that unacknowledged survivors experienced fewer incidents of sexual coercion than questioning survivors, who experienced less coercion than acknowledged survivors.

Post Hoc Analyses: In-Group Differences in Labeling of Abuse

Post hoc analyses were conducted to determine if any individual demographic characteristics accounted for differences in labeling, in addition to the situational characteristics (severity, frequency, injury) discussed above. None of the investigated demographic characteristics significantly accounted for differences in labeling of abuse, including hearing status, age, year in college, language preference, socioeconomic status, ethnic minority status, school background, sexual orientation, relationship status, or number of partners. However, it should be noted that many of these demographic groups were relatively small due to sample size, likely limiting the power of some analyses.

Discussion

The current study investigated the labeling of abuse by Deaf female undergraduate students. Prevalence rates of past-year violence were high, with 87.5% of the sample reporting at least one experience of psychological aggression, 39.6% reporting a physical assault, 19.6% reporting an injury, and 56.7% reporting a sexual coercion. Although these rates seem shockingly high, they are consistent with, and even slightly lower than, previous research using the CTS2 with Deaf female undergraduates (Anderson & Leigh, 2011).

Our first hypothesis was that, based on literature on the labeling of abuse within the general population, many of the Deaf women within the current sample would not identify their past-year experiences of partner violence as abuse. This hypothesis was supported, with over 50% of the sample choosing not to label experiences of psychological aggression, physical assault, and sexual coercion as abuse, even when these experiences were severe expressions of violence. Interestingly, some participants wrote in qualitative comments to explain their labeling decisions, stating...
“Verbal abuse only” and “Emotional only.” Interestingly, many of the participants who wrote these qualifiers had also endorsed incidents of physical violence. This finding was puzzling, and calls for future research to “better understand women who acknowledge some assaults, but not others, to see what might differentiate the incidents and how that might affect these women in the future” (Hammond & Calhoun, 2007, p. 379). Additionally, it might be beneficial to conduct such an investigation in a more qualitative manner, in order to ascertain survivors’ reasons behind labeling or not labeling a particular experience of violence as abuse.

Although a great deal of focus has been placed on those survivors who do not label their experience as abuse, it is important to mention the survivors that are “on the fence.” When asked if their partner had abused them, many women in the current sample responded “Maybe,” indicating that they were uncertain about how to label their abuse experiences. Previous research on the labeling of rape has indicated that “women who responded maybe appeared more like women who labeled their experience as rape than those who did not and suggested these women could be in a transition period to labeling themselves rape victims” (Kahn et al., 2003, p. 234). It is possible that the Deaf women in our sample were also in a period of transition, in need of further psychoeducation or validation in order to label their experience as abuse.

Our second hypothesis stated that, similar to individuals in the general population, the Deaf women in the current sample would default to a “severe, frequent, and injurious” script when attempting to label their experiences of violence. This hypothesis was also supported. Women who reported sustaining an injury from their partners were more likely to either acknowledge or question abuse when compared with women who reported psychological aggression, physical assault, and sexual coercion without injury. Indeed, this was the only form of violence in which the percentage of unacknowledged survivors fell under 40%. With respect to severity, rates of acknowledgment and/or questioning of abuse increased when experiences of violence were severe—a trend that was seen for psychological aggression, physical assault, injury, and sexual coercion. Regarding frequency of past-year violence, statistical analyses indicated the expected trends, with unacknowledged survivors experiencing fewer incidents of violence than questioning survivors and questioning survivors experiencing fewer incidents of violence than acknowledged survivors. However, these trends were only statistically significant for experiences of psychological aggression, likely due to limitations in sample size, the result of a small undergraduate cohort from which to recruit.

An additional limitation of the current study is that we did not utilize a hearing control group to compare the labeling behaviors of Deaf and hearing students. However, regardless of what this comparison might show, the prevalence of unacknowledged survivors in the current sample is alarming on its own—unacknowledged abuse leaves women at risk for future abuse. Although the labeling of abuse increased as severity of violence increased, there were still a disturbing number of participants who chose not to label their experiences of violence as abuse. Of deep concern is the fact that a few participants endorsed being choked by their partner in the past year, but did not label their experience as abuse, an act of violence that has been found to strongly predict later attempted and completed femicide (Glass et al., 2008). However, this difficulty in labeling even extremely severe violence is consistent with previous research within the general population. For example, Hamby and Gray-Little (2000) found that 38% of the women in their sample who endorsed experiencing physical force did not label even their “worst” experience as physical abuse, a percentage that is lower than the unacknowledged physical abuse survivors in the current study (57.9%). However, as mentioned above, direct comparison is not feasible due to differences in instruments used to measure partner violence in these two studies.

Another concern is the high prevalence of partner-perpetrated sexual coercion experienced by women in the current sample, both minor/without physical force (56.7%) and severe/with physical force (19.6%). This finding is consistent with previous research in this population, with an alarmingly high percentage of Deaf college women reporting being coerced by their partner to have sex without a condom, which has significant implications for both sexual and mental health (Anderson & Leigh, 2011). Additionally, this prevalence rate of
violence is consistent with work within the hearing college samples, with “82% reported using verbally coercive and 21% reported using physically coercive behaviors against a dating partner in the last year” (Shook, Gerrity, Jurich, & Segrist, 2000, as cited in Oswald & Russell, 2006, p. 87).

However, what is even more concerning is that over half of the survivors in the current sample did not label their experiences of sexual coercion as abusive. Unfortunately, this trend is also widespread in the general hearing community, with the majority of college rape survivors choosing not to label their experience as rape or victimization, but rather labeling this violence as a “miscommunication, seduction, or instance of bad sex” or reporting that they are “unsure how to label the experience” (Littleton et al., 2009, p. 34). It has been suggested that sexually coercive tactics may not be perceived as problematic within the college student population, especially if these tactics involve little or no physical force: “This suggests that in college dating relationships these behaviors might be considered to be socially normal. This is troublesome because behaviors seen as normal or ‘expected’ in college dating relationships are likely to continue” (Oswald & Russell, 2006, p. 93). The researchers go on to make a critical point—even though these behaviors may not be perceived as violent or aggression in a particular population, this does not mean that the behavior is acceptable or free of negative consequences:

Indeed, that college students do not label the aggressors and these behaviors as highly coercive, or see the targets as victims, indicates the seriousness of the problem on college campuses and highlights the need for proper education about the various forms of sexual coercion by both men and women (Oswald & Russell, 2006, p. 94).

Implications

One interesting finding was that participants’ ability to label abuse did not significantly vary by their year in college. Although this study was not longitudinal, this suggests that current college-level psychoeducation about domestic violence and healthy relationships may not be reaching these students and/or impacting their ability to identify and label experiences of abuse by their senior year, emphasizing a need for stronger college health promotion programs and services for these students.

One healthy relationship psychoeducational program that has received research support is the Love U2: Communication Smarts curriculum (Pearson, 2004), which “teaches youth skills to form and maintain healthy relationships, as well as to avoid or end unhealthy relationships” (Antle et al., 2011, p. 175). Efficacy research found that the implementation of this program resulted in significant increases in relationship knowledge and lowered acceptance of violence in dating relationships (Antle et al., 2011). Additionally, the American College Health Association has developed Shifting the Paradigm: Primary Prevention of Sexual Violence, a Centers for Disease Control and Prevention–supported program to provide facts, ideas, strategies, conversation starters, and resources for preventing sexual violence on college campuses. The emphasis of this toolkit is “to encourage prevention activities that take place before sexual violence has occurred and which create social change and shift the norms regarding sexual violence” (American College Health Association, 2011).

Future research should investigate the efficacy of Love U2, Shifting the Paradigm, or other psychoeducational programs that promote healthy relationships and nonviolent conflict resolution, focusing on the cultural and linguistic accessibility of these interventions for a heterogeneous population of Deaf college students. Additionally, a similar investigation of health relationship programming is also imperative at the precollege level, as dating and dating violence are occurring within increasingly younger populations.

Concluding Remarks

The end goal of this preliminary research is to assist Deaf survivors to affirmatively label their experiences of partner violence as abuse and, therefore, seek abuse services. However, a valiant first effort may be to help unacknowledged survivors begin to question their experiences of violence by “planting a seed” through psychoeducation and to help transform questioning survivors into acknowledged survivors in the context of supportive, accessible mental health treatment.
Although it may seem a large feat to transform the attitudes, beliefs, and scripts of a population, the results of such an effort are invaluable, with significant implications for Deaf women’s physical, emotional, and mental health.

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Conflicts of Interest

No conflicts of interest were reported.

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