

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

DATING VIOLENCE PREVENTION FOR DEAF TEEN GIRLS

A graduate project submitted in partial fulfillment of the requirements for the degree of  
Master of Science in  
Counseling, Marriage and Family Therapy

By

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## DEDICATION

To my parents, Flavia Fleischer and William Garrow, who always has been there for me, through all my challenges and personal growth. I love you both.

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## ABSTRACT

### DATING VIOLENCE PREVENTION FOR DEAF TEEN GIRLS

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Master of Science in Counseling

Marriage and Family Therapy

This project aims to propose and provide a prevention program curriculum for Deaf teen girls to build resiliency tools that will help Deaf teen girls navigate their experiences in relationships and individuality. This project also hopes to help foster Deaf teen girls' self-esteem and encourage healthy relationships. The educational prevention will use the framework of valuing and preserving the cultural identity of Deaf teen girls. For this reason, the prevention will introduce Deaf teen girls to oppressive experiences such as sexism, audism, racism, as well as the importance of understanding the intersectionality of human experiences.

## CHAPTER 1

### **Introduction to Topic**

As part of normal development, teen girls may find themselves starting to explore and develop various areas of their lives autonomously, including developing friendships and romantic relationships (Kroger, 2007). As part of this process of navigating multiple types of relationships, teen girls may experience an array of emotions and search for their identity and individuality outside of their nuclear family (Koger, 2007). Unfortunately, as part of exploring romantic relationships, teen girls may find themselves exposed to physical, emotional, verbal, or sexual violence, often referred to as teen dating violence.

### **Teen Girls & Teen Dating Violence**

According to World Health Organization (WHO), adolescents are defined as those in the age group 10-19 (2020). Psychology Today defines adolescence as the transitional period from childhood to adulthood that occurs between the ages of 13-19, recognizing both the psychological and physical changes in the developmental period between ages 9-12 (Psychology Today, 2020). As previously noted, part of this developmental period is the exploration of personal relationships autonomous. Unfortunately, as part of this natural exploration, teen girls may find themselves in situations or relationships in which they will experience dating violence, sometimes referred to as intimate partner violence. According to The National Intimate Partner and Sexual Violence Survey: 2015 Data Brief - Updated Release, one out of every four, or 23.2%, of female victims of intimate partner violence reported their first experience with intimate partner violence before age 18 (Smith et al., 2018, November).

Additionally, teen girls between the ages of 16 and 24 are about three times more likely than the rest of the population to be abused by an intimate partner. According to Offenhauer & Buchalter

(2011, July), violent behavior that consists of teen dating violence emerges somewhere between 6th and 12th grade, and around 72% of 13 and 14-year olds start to date. Those findings suggest that the population of women are the most vulnerable group to intimate partner violence.

However, teen girls are at their most risk.

Teen dating violence (TDV) is defined as “a pattern of behavior that includes physical, emotional, verbal or sexual abuse used by one person in an intimate relationship to exert power and control over another” (MCADSV, n.d.). TDV has negative consequences on teen girls’ well-being. Teen girls may find themselves doing poorly academically (Davis, 2008; CDC, 2005), use alcohol and drugs at a higher rate (Silverman, Raj, Mucci, & Hathaway, 2001), and experience a higher rate of unwanted pregnancy (Decker, Silverman, & Raj, 2005). They may also struggle with their body image and sexuality and establish intimacy with a partner (CDC, 2005).

### **Teen Dating Violence: Risk Factors & Correlates**

Multiple studies indicate risk factors for TDV. Specific factors which make teen girls more vulnerable to TDV include those with a history of depression (Cleveland et al. 2003; McCloskey and Lichter, 2003; Foshee et al., 2010), general aggression (Kerr and Capaldi, 2011; O’Donnell et al., 2006), previous dating violence (Tschann et al., 2009; Wolfe et al. 2004), previous involvement in peer violence (Foshee et al., 2010; Ozer et al., 2004), having friends who engage in teen dating violence (Arriaga and Foshee 2004; Foshee et al. 2010) and having parents who struggle with marital issues (Stocker and Richmond 2007; Tschann et al. 2009). Additionally, race/ethnicity is also a contributing factor (Connolly et al., 2010; Foshee et al., 2001; Foshee et al., 2010). Findings in these studies indicate that the risk factors occur at both the individual and relationship levels. The results also showed that these same identified risk factors are risk factors for other kinds of violence. For instance, substance use, depression, and

parents who struggle with marital conflicts are risk factors not only for sexual violence but for general youth violence (DeGue et al., 2012; Hong et al., 2012; Tolan et al. 2003).

### **Deaf Teen Girls & Dating Violence**

While the research discussed thus far regards teen girls in general, this project will focus on Deaf adolescent girls, which will be termed *Deaf teen girls* for this project, and defined as high school girls between the ages of 14-16. The term “Deaf” with capital D will be used throughout this project and this term is intended to be inclusive of all girls with hearing loss regardless of whether or not they culturally affiliate themselves to the Deaf community. The group is broad in terms of race and gender due to the lack of research focusing on race and other intersectional identities within the Deaf teen girl population. Like their hearing peers, teen Deaf girls also experience TDV; however, there is little to no research specific to TDV and Deaf teen girls.

Searches both online via Google Scholar and via the Oviatt library, OneSearch source yielded no results when keywords, “Deaf teens” and “dating violence” or “intimate partner violence” were entered. As studies on Deaf teens are often aggregated in statistics on disabilities, it is often difficult to find studies that center only on Deaf teens. When searching for the prevalence of dating violence for teens with disabilities, searches generated studies that point to a higher rate of TDV among this population. However, some studies on TDV have been conducted with Deaf college students and Deaf adults. Those studies support the finding that TDV for teens with disabilities, including Deaf teen girls, does occur at a higher rate than hearing peers (Anderson & Kobek Pezzarossi, 2014). For example, according to VAWnet: An Online Resource Library on Gender-Based Violence, a project was undertaken by the National Resource Center on Domestic Violence, data from a survey of Deaf and hard of hearing college students at

the Rochester Institute of Technology in New York reveals that Deaf and hard of hearing college students were 1.5 times more likely to experience relationship violence, including dating violence (VAWnet, 2020).

### **Deaf Teen Girls: Risk Factors & Correlates**

As discussed previously, there is very little information specific to Deaf teen girls and TDV. More than often, the information on Deaf teen girls and TDV may be grouped with the studies conducted with teens with disabilities. For this reason, the risk factors and correlates for TDV and Deaf teen girls may be unrecognized and underreported as a separate population as likely are the experiences related to TDV. According to Mitra, Mouradian & Mckenna (2012), there are minimal studies that analyze the prevalence of dating violence within the population of adolescents with disabilities. Research regarding risk factors and correlations point to the fact that having a disability of any type puts this population at higher risk and that language deprivation can impact individuals that place them at higher risk of violence.

**Disabilities and violence.** Mitra, Mouradian & Mckenna (2012) found that for those who had dated, almost one in five high schoolers with disabilities report TDV. The same study noted that one out of four girls with disabilities report dating violence in contrast with one out of ten boys. Mitra et al. (2012) also detailed that the 2009 Massachusetts Youth Health Survey data, which analyzed high schoolers, reported that girls with disabilities are more likely to report dating violence than girls without disabilities. Not only are girls with disabilities more likely to be victims of TDV, in contrast with those with disabilities who did not report dating violence and those without disabilities who either report or did not report dating violence. Girls with disabilities are also more likely to report feeling sad and hopeless, feeling suicidal, engaging in drug use, and having unhealthy body image (Mitra et al., 2012). In other words, girls with

disabilities who experience TDV are at a greater risk of mental health issues, substance abuse, and further dating violence victimization. Additionally, the findings from Mitra et al. (2012) also indicate that youth with disabilities are at a higher risk of victimization for other types of violence such as sexual violence, bullying, and physical abuse.

**Language deprivation and violence.** Relationships often entail interpersonal communication and mutual respect, and mutual understanding - in other words, relationships require full communication to thrive. Research with Deaf women, however, indicates that these women may experience language deprivation from their younger years. The language deprivation often results from the pathological view of Deaf people and their lack of knowledge about or refusal to accept American Sign Language. The general idea of Deaf people and for those who convey ASL as their primary language are often believed to interfere with spoken language development in Deaf children, despite the lack of evidence supporting this belief (Hall, 2017).

Research indicates that language deprivation can impact Deaf women's ability to navigate their daily lives and relationships (Anderson & Kobek Pezzarossi, 2014). The language deprivation takes this away from Deaf women's ability to learn interpersonal skills and, in turn, impacts the ability to sustain relationships and the quality of those relationships (Anderson & Kobek Pezzarossi, 2014). While specific to Deaf women, this research indicates factors that would arguably affect Deaf teen girls because Deaf women were once teens. Additionally, the women studied showed relational deficits that result from early language deprivation experiences.

While the research specific to TDV and Deaf teen girls is scant, research regarding the prevalence of TDV in teen girls in general. The research regarding the prevalence of TDV in those with disabilities and the impact of these experiences on their mental health indicates how crucial it is to recognize and address the risk factors of TDV with Deaf teen girls and mental

health concerns that result from these risk factors and experiences. To adequately address these concerns, prevention should focus on risk factors and use them as a guideline to mitigate teen dating violence, as a possibility to prevent the co-occurring issues that lead to other types of violence. Thus, this project will address the physical and psychological development of teen girls. The project will also manage the societal pressures that impact teen girls in general, and specifically Deaf teen girls, with a focus on the development of a dating violence prevention curriculum for Deaf teen girls who are high school freshmen.

### **Personal Investment**

As a Deaf woman who is a survivor of dating violence, I experienced firsthand the barrier of not accessing tools and information about dating violence. Not many people understand and recognize the dynamics of power and control that Deaf women survivors may experience in relationships. The dynamic of power and control is strongly influenced by societal perceptions of what it means to be a Deaf woman. Because of the general nature of negative perceptions about what it means to be a Deaf woman which brought about by the societal constructs of audism and sexism, one of the risk factors for sexual violence is the lack of self-worth that is brought on in part by internalizing these negative constructs and perceptions. With my personal experiences with dating violence as a Deaf woman and my understanding of how vulnerable Deaf women are, I know the importance of helping Deaf teen girls understand how negative perceptions and societal constructs may shape their sense of self and help them develop a more vigorous and positive self-perception. I have also experienced challenges in finding and accessing information and curriculum about dating violence, and these personal experiences with audism and sexism, dating violence, and the lack of knowledge and curriculum have led me to this project, which is to develop a curriculum on dating violence prevention geared towards Deaf teen girls. I want

Deaf teen girls to know that they are not alone and feel that they have a space to discuss their experiences and develop tools for preventing dating violence.

### **Statement of Problem**

This project will recognize the unique relational dynamics that Deaf teen girls may experience due to control and power, stemming from hearing privilege or audism. The lack of these social discourses is often what other preventions fail to provide for Deaf teen girls. This project will address the barriers that Deaf teen girls may experience daily such as the access to information about dating violence as well as other information that supports Deaf teen girls' exploration and growth, including how Deaf teen girls find their autonomy taken away at an early age due to deprivation of their primary language and the impact on setting boundaries, decision-making, and identity development. This project will reveal why Deaf teen girls must receive prevention training that recognizes and focuses on teen experiences that may differ from adulthood, especially for Deaf teen girls whose identity development is unique and often characterized by barriers to growth. The prevention program proposed in this project will also focus on how the Deaf community has been impacted by dating violence, which may shed some light on why Deaf teen girls may find themselves stuck in the cycle of violence within their relationships.

### **Purpose and Nature of the Project**

This project aims to propose a prevention curriculum for Deaf teen girls to build resiliency tools that will help Deaf teen girls navigate their experiences in relationships and individuality. This project also hopes to help foster Deaf teen girls' self-esteem and encourage healthy relationships. The educational prevention will use the framework of valuing and preserving the cultural identity of Deaf teen girls. For this reason, the prevention will introduce

Deaf teen girls to oppressive experiences such as sexism, audism, racism, as well as intersectionality. The introduction will include a showing and discussion of the history of Deaf women's experiences that has been impacted by different oppressive events. The discussion will expose Deaf teen girls to a mutual understanding of how their identities are molded to fit societal expectations and perceptions. The prevention will discuss how media promotes the messages of oppression and rape culture. The prevention will discuss why and how the messages of oppression and rape culture may impact Deaf teen girls' self-esteem, decision-making, and identity development. The prevention will teach self-advocacy skills to foster Deaf teen girls' assertiveness and a healthy exploration of their identities. The prevention will provide tools such as setting boundaries, communicating their needs, conflict resolution, what dating may mean, and how to support others who may find themselves in similar situations. The prevention will discuss what social status means and an opportunity to explore what wholeness looks like in relationships. The prevention will teach Deaf teen girls to develop decision-making values and explore their values within relationships they may be curious about. Deaf teen girls will have an opportunity to recognize and identify their support system by providing resources and setting up their resource map.

### **Terminology**

Terms specific to oppression in the Deaf community are used in this project, and other vocabulary related to the mental health field and dating violence. The terms are listed below.

Audism- the hearing way of dominating, restructuring, and exercising authority over the deaf community (Lane, 1992).

Sexism- is a mixture of hostile and benevolent attitudes toward females (Gul & Kupfer, 2019).

Racism- a system of advantages based on race (Wellman, 1977)

Intersectionality- Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. (Columbia Law School Interview, 2017)

Language Deprivation- chronic lack of full access to a natural language during the critical period of language acquisition (when there is an elevated neurological sensitivity for language development), approximately the first five years of a child's life (Hall, Levin & Anderson, 2017).

Power and control- characterized by the pattern of actions that an individual uses to intentionally control or dominate their intimate partner (Power and Control, 2016).

Teenage- is the transitional stage from childhood to adulthood that occurs between ages 13 and 19. (Psychology Today, 2020)

Teen Dating Violence- is a pattern of behavior that includes physical, emotional, verbal, or sexual abuse used by one person in an intimate relationship to exert power and control over another occurring among individuals between the ages of 13-19 years old (MOCADSV, n.d.)

Self-esteem- is your overall opinion of yourself — how you feel about your abilities and limitations (Self Esteem, 2020)

Relationship- a continuing and often committed association between two or more people, as in a family, friendship, marriage, partnership, or other interpersonal links. The participants have some degree of influence on each other's thoughts, feelings, and actions. (APA Dictionary, 2020)

Support System- a network of people – friends, family, and peers – can turn to for emotional and practical support. (Developing Support System, 2020)

Self-sabotaging- is behavior that creates problems in daily life and interferes with long-standing [goals](#) (Self Sabotage, 2020)

The Cycle of Violence- maltreatment in childhood heightens the risk of violence later in life *relatively to, or by comparison with*, those not victimized as children. (Tomisch, 2015)

Identity- an individual's sense of self-defined by (a) a set of physical, psychological, and interpersonal characteristics that is not wholly shared with any other person and (b) a range of affiliations (e.g., ethnicity) and social roles. Identity involves a sense of continuity or the feeling that one is the same person today that one was yesterday or last year (despite physical or other changes). (APA Dictionary, 2020)

Hearing Privilege- a systematic built-in advantage in a society based on one's ability to hear and speak (Lane, 1992).

Emotional abuse- non-physical abuse: a pattern of behavior in which one person deliberately and repeatedly subjects another to non-physical acts detrimental to behavioral and affective functioning and overall mental well-being. (APA Dictionary, 2020)

Physical Abuse- Non-accidental use of force that results in bodily injury, pain, or impairment. This includes, but is not limited to, being slapped, burned, cut, bruised, or improperly physically restrained (Tracy, N., 2019, July 26)

Self-harm- hurting yourself on purpose (NAMI, 2020)

Harmful Behavior- constitutes any action which causes pain or harm in someone else (<https://www.emergedv.com/harmful-behavior.html>)

Self-advocacy is the ability to speak up for yourself and the things that are important to you.

Assertive communication- is communicating and expressing your thoughts, feelings, and opinions in a way that makes your views and needs clearly understood by others, without putting down their thoughts, feelings, or ideas. (CIH, 2013)

Oppression- refers to relations of domination and exploitation - economic, social, and psychological - between individuals, between social groups and classes within and beyond societies, and, globally, between entire societies. (Gil, 1994).

## **Summary**

As research has shown that Deaf women experience violence at a higher rate than their hearing counterparts, access to information on dating violence and prevention is critical. However, as previously discussed, resources for dating violence prevention for Deaf teen girls are minimal and very much needed. This project aims to produce a dating violence curriculum for Deaf teen girls with the specific goal of prevention. The project will explore what it means to be a Deaf teen girl, as well as how much the identity is impacted and shaped by experiences such as sexism, audism, racism as well as intersectionality, and the barriers that Deaf teen girls may experience daily, which create roadblocks in their lives.

In the next section, Chapter 2, the literature review will explore the development period of adolescence and how interpersonal skills develop during this time, including the social and brain development teenagers may experience during the period and the development of autonomous personal relationships. The literature review will discuss power and control in relationships, specifically the differences within deaf-deaf or deaf-hearing relationships. The cycle of violence is in this discussion and how language deprivation may be a significant contributing factor in relational power dynamics for Deaf teen girls. The literature review will discuss the oppressive messages about (name it here) learned through Media and promoted in schools, as well as the oppressive historical experiences that impact the Deaf community and specifically Deaf women. to shed some light on the strong influence of these historical narratives on Deaf women's identity development and life choices. The pathological view of the Deaf communities will be included in this discussion, as it affects the ability of many families to make decisions about how their deaf children should communicate and live. The literature review will then explore what language deprivation is and how it impacts Deaf teen girls' understanding of

their experiences and the choices they may make in relationships and the importance of understanding how Deaf culture is tied to the development of Deaf teen girls' identity and expression. Finally, the literature review will discuss healthy boundaries and what it means to be in relationships that encourage wholeness, as the concept of healthy boundaries as related to the issues as mentioned earlier will be part of the proposed prevention curriculum.

## CHAPTER 2

### **Introduction**

Several studies have found that the Deaf population, especially Deaf women, have a higher chance of experiencing intimate partner violence in their lifetime than hearing women (Anderson, 2010, Anderson & Leigh, 2011; Anderson & Kobek Pezzarossi, 2014; Barnett et al., 2011; Pollard, Sutter, & Cerulli, 2013; Porter & Williams, 2011). Relational violence is more likely to begin and occur in younger years, and it may perpetuate a cycle of abuse that continues through their young adulthood (Giordano et al., 2015; Gidycz, Orchowski, King & Rich, 2008; Halpern et al., 2009; Smith, White & Holland, 2003). Few contributing factors account for a higher prevalence of relational violence among Deaf women:

- Language and literacy deprivation within the Deaf community
- Communication barriers with family members and caregivers
- Inadequate access to education and information about dating violence

These factors must be recognized and addressed first to mitigate and then, in turn, improve the quality of relational experiences and skills among Deaf teen girls. Healthy and fulfilling relational experiences and skills are crucial for developing Deaf teen girls' identities and overall well-being. For parents, caregivers, educators, and counselors, it is vital to ensure that Deaf teen girls are instilled with tools and resources to help prevent them from experiencing dating violence. Specifically, parents and caregivers must know how to foster open communication with their Deaf teen girls about dating violence to prevent them from perpetuating the cycle of relational abuse. Once Deaf teen girls are aware of the potential dangers of dating violence, they will be better equipped to deal with relational conflicts and violence. The consequences of dating violence are harmful and can be long-lasting as dating violence can perpetuate a cycle of

relational abuse that continues for the rest of their lives. Lack of access to healthy dating and dating violence is another factor on top of trauma stemming from language deprivation and lack of connection/communication among loved ones. Dating violence adds a new layer to the various trauma that most Deaf teen girls have already endured.

The purpose of this literature review is to explore existing research on the population of Deaf teen girls, the higher prevalence of experience within this age group related to dating violence, and the factors that play a role in contributing to the higher rates of dating violence among Deaf women in comparison to hearing women. This literature review will explore the typical experiences of teenage girls within the spectrum of socio-emotional issues to better understand their positionality and the factors that contribute to higher risks of teen dating violence among this population. This literature review also will explore teen dating violence and its consequences in the general population to make up for the limited existing research within this topic area with Deaf teen girls. Lastly, this review will address the barriers surrounding teen dating violence education and prevention, including stigmatization of Deaf people, language and literacy deprivation, communication barriers, issues with educating Deaf children, and limited access to information regarding healthy teen dating and violence.

### **Teen Girls in Today's Society**

**Socio-Emotional Issues.** To better understand teen girls' experiences in today's society, we must first explore the socio-emotional issues that impact the girls' overall mental health and well-being. The social and emotional development of teen girls is centered on their exploration of their sense of self, developing and maintaining relationships, their experiences with emotions, and how to engage in society. Socio-emotional development influences the girls' sense of self, empathy, ability to develop meaningful and lasting friendships and partnerships, and an

understanding of their value to those around them. It is important to note that the girls' socio-emotional development is also shaped by the existing societal gender role and expectations, sexism, classism, peer pressures, and other forms of oppression girls may have to endure.

**Gender Role and Expectations.** Research has shown that young girls experience many challenges related to gendered beliefs and expectations (American Psychological Association, 2008; Miles-McLean et al., 2015; Ward & Harrison, 2005). While gender socialization starts at birth, the development of gender attitudes reaches a critical point during early teens between the ages of 10-14 due to puberty, which reshapes the teens' self-perception as well as social expectations from themselves and others (i.e., family members, peers) (Kagesten et al., 2016). For girls, early teens are characterized by gender expectations and roles of what it means to be female. More often than not, girls are socially expected to take on various roles considered feminine, such as taking on responsibilities with specific household chores such as cooking, cleaning, etc. They are also likely to date and stay away from boys due to adult concerns regarding their developing bodies and sexuality. In comparison, teen boys are socialized to have more freedom to move outside of the household chores and maintain leisure activities while also facing increased environmental risks and expectations to work and help support the family financially (Kagesten et al., 2016; Igras et al., 2014).

According to a 2015 article by Young in *Psychology Today* (Young, 2015), women are often viewed as more dependent, emotional, and sensitive, whereas men are viewed as independent, strong, and unemotional. Men have been gender socialized not to have the same qualities as women. Socialization to gender roles defines how women should behave and express themselves. A survey of girls between the ages of 8 and 11 showed that they view themselves as strong and unafraid to say what they think. Still, this perspective of themselves and their self-

esteem is shown to drop drastically after elementary school years in contrast to boys within the same age group (American Psychological Association, 2008). It occurs because girls are expected at this age to conform to the societal gender roles and expectations, and they face even more pressure after elementary school years to conform (American Psychological Association, 2008; Slater, Guthrie & Boyd, 2001). As a result, teen girls' self-esteem decreased significantly, and they find themselves experiencing anxiety and stress, depression, body dissatisfaction, and distress over their appearances. Their struggles often manifest as low academic performance, eating disorders, and higher rates of attempted suicide (Slater, Guthrie & Boyd, 2001). In turn, this impacts their ability to foster and maintain healthy relationships and leads to unhealthy and risky behaviors that affect their overall well-being. Researchers consider those symptoms and challenges resulting from psychological manifestations of gendered beliefs and expectations placed on girls (Slater, Guthrie & Boyd, 2001, Miles-McLean et al., 2015, Oswald, Franzoi, & Frost, 2012).

**Sexism.** Researchers have found that most teens in the United States experience sexism from their peers and adults (Hill & Kearn, 2011; Leaper and Brown, 2018; Leaper & Robnett, 2018). The researchers also found a strong correlation between sexism and its impact on girls' mental health and overall well-being (Young Women's Trust, 2019). Sexism is a set of negative attitudes, beliefs, and behaviors that stigmatize and devalue based on a person's gender (Young Women's Trust, 2019). Sexism is manifested through prejudice and discrimination (Bigler & Liben, 2007). Prejudice is based on attitudes, whereas discrimination is based on biased actions developed from their discriminatory beliefs. For instance, a boy who believes sports should not be for girls, which is a prejudice, may harass girls who play sports, and this discriminatory action is discrimination (Leaper & Robnett, 2018). It is important to note that there are different forms

of sexism. The other forms of sexism, traditional and modern sexism, hostile and benevolent sexism, and how they impact teen girls will be further discussed below.

**Traditional and Modern Sexism.** Traditional sexism focuses on the endorsement of traditional binary gender roles and the differential treatment of females and males. A traditional sexism belief is that girls should not be allowed to play sports and advise against it because doing so is “unfeminine.” As for modern sexism, it errs on the view that sexism is no longer an issue in today’s society. Those who subscribe to modern sexism may believe that having more girls involved in sports is unnecessary because gender equality has already been achieved. Therefore, it is no longer an issue to be addressed (Leaper & Robnett, 2018). Research has shown that traditional sexism is every day among teens in the United of States, and boys adhere increasingly to traditional attitudes at this time of their lives (de Lemus et al., 2010; Galambos et al., 1990; Gibbons et al., 1991; Signorella & Frieze, 2008). Research on modern sexism has been limited solely to undergraduates and other adult samples; however, one recent study from Spain measured modern sexism in a sample of teens (Garaigordobil & Aliri, 2012 cited in Leaper & Robnett, 2018). Findings from the study indicated that boys adhered to modern sexism more than girls, which was also the pattern in adults. These findings clearly showed that boys internalize the notion of traditional sexism and modern sexism. Through socialization, the girls’ experiences and perception of themselves are impacted by traditional and modern sexism.

**Hostile and Benevolent Sexism.** Hostile sexism is an overt negative attitude about girls and women who do not adhere to gender norms. This may include negative views towards girls and women who display more assertiveness or other traits considered ‘unfeminine’ (Glick and Fiske, 2001). Benevolent sexism refers to attitudes and beliefs that males and females are different yet complementary. For instance, girls are better than boys in providing emotional support or are

expected to open the door for girls, but girls shouldn't do this. Those examples manifest as benevolent sexism (Glick and Fiske, 2001). Behaviors that adhere to benevolent sexism tend to be generally accepted and is not perceived as a problem even when the same individuals subscribing to benevolent sexism disapprove of hostile sexism. Benevolent sexism perpetuates the ongoing belief that girls and women need protection as they cannot protect themselves. In this way, benevolent sexism is closely connected to hostile sexism in that they work to continually keep girls and women in positions of low status in the society (Leaper & Robnett, 2018).

Benevolent sexism may manifest as a belief of women as less capable than men, in parents giving different treatment to sons over daughters, and result in workplace sexual harassment, gender inequality pay, and sexual objectification of women's body parts (American Psychological Association, 2007; Worell & Remer, 2003, Zymanski & Henning, 2007). A study from U.K., showed how sexism is a global issue for women (Hackett, Steptoe & Jackson, 2019). The study revealed that young women aged 16-30 who experienced sexism are five times more likely to have depression than those who had not experienced sexism. The study also followed the women four years later, and those who experienced sexism still reported psychological distress, dissatisfaction with life, and long-standing illness (Young Women's Trust, 2019). This clearly shows that sexism distorts the women's and girls' perception of their appearance and negatively impacts their sense of self and worth. Sexism has a long-lasting effect and is detrimental to girls' and women's mental health, making them more susceptible to relational violence.

**Intersectionality.** To understand teen girls' experiences, we must look at different factors that contribute to girls' identity formation and experiences in today's society (CDC, 2011; Lormand

et al., 2013; Roberts, Tamene, & Orta, 2018). Hill Collins & Blige (2016) define intersectionality as follows:

“Intersectionality is a way of understanding and analyzing the complexity in the world, in people, and human experiences. The events and conditions of social and political life and the self can seldom be understood as shaped by one factor. Many factors generally shape them in diverse and mutually influencing ways. When it comes to social inequality, people’s lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality as an analytical tool gives people better access to the complexity of the world and themselves” (p. 11)

The term *intersectionality* was coined by Kimberlé Crenshaw (1989) and, as defined above, it is a theoretical framework that looks at how multiple social identities such as gender, race, sexual orientation, socioeconomic status, and disability intersect and create complex interactions and experiences with the society (Crenshaw, 1989, Bowleg, 2012). There are variations in teen girls’ experiences across race, sexual orientation, socioeconomic status, and disability because of intersectional experiences. For instance, Adams, Kuhn & Rhodes (2006) found that Western European girls and Latina girls’ self-esteem were lower than that of boys within their group, but this was not true for African American girls as they had higher self-esteem than African American boys. Also, Asian American girls have lower self-esteem than white girls (Rhee, Chang & Rhee, 2003). Those statistics showed us that each population has different experiences of the impact and effect on their self-esteem and, in turn, it may correlate to different relational experiences. A study from Lormand et al. (2013) has shown that the prevalence of experiencing teen dating violence increased to between 20%-50% within the population of teens from urban and predominantly ethnic minority communities. It points to the intersection of societal experiences stemming from gender, race, and class in playing a role in shaping the teens’ relational experiences. Thus, Deaf teen girls must recognize intersectionality's

role in shaping their overall experiences and specifically their dating experiences. This will be explained further in the next section of this chapter.

**Body Image.** Several studies have found that teen girls internalize body image ideals to a greater degree and reported a higher rate of body dissatisfaction in contrast to teen boys (Hargreaves & Tiggemann, 2004; Jones, 2001; Presnell et al., 2004). A strong message is sent to young girls that their physical appearance is the most important and that the ‘feminine ideal’ requires constant work on the body (Ahern et al., 2011; Swami & Smith, 2012). The feminine ideal is a socially constructed opinion and is based on beauty standards. For example, in the United States, beauty standards are usually suntanned skin, a narrow facial shape, high cheekbones, long eyelashes, and fuller lips (Kasbee, 2018). Whether girls are conscious of it or not, most strive to attain and maintain the beauty ideals that the society perpetuates and encourages through different messages across environments and media. The beauty standard is centered on mostly West European features, which indicates a crucial intersectional aspect to the racialized beauty standard. For instance, African American girls and women are impacted by this beauty standard, and one of the most revealing effects is their attempt to achieve “white girl’s hair” as a way to achieve social and economic mobility and to transcend the oppressive racial boundaries (Johnson & Bankhead, 2014). Many African American girls’ body image is influenced and skewed by the West European beauty standard.

Furthermore, it has been shown that the exposure to media and magazine images of models, which heavily favors West European beauty standards as well as what is considered desirable by men and boys, correlates to lower body satisfaction and self-esteem in teen girls (Clay et. al, 2005; Daniels et al., 2016). Even as young as five-year-old girls show these patterns of lower body satisfaction and self-esteem (Dohnt & Tiggemann, 2006, Murnen et. al, 2013),

resulting in detrimental effects caused by changing the girls' perspective and attitudes toward their bodies and physical appearance (Cash & Smolak, 2011). Negative thoughts, feelings, and perceptions toward their bodies have been linked to a range of disordered eating and weight-related outcomes such as frequent dieting, bulimic symptoms, and diet restrictions.

**Self-Esteem.** Young girls' self-esteem is impacted by different factors such as beauty standards, gender roles and expectations, and social statuses. Generally defined, self-esteem concerns one's overall evaluation of self and how others perceive them. The social comparison begins to increase during young girls' lives, affecting both their selective and global self-esteem. They base their selective self-esteem on their peers' opinions and reactions. It is also shown that they focus on their peers' views and responses more often as they begin to recognize and experience the discrepancy between their ideal self and the actual self-due to their increased cognitive abilities and experiences (Quatman & Watson, 2001). Physical appearance, romantic attractiveness, sexual identity and behavior, and academic skills are among the domains that encourage self-revaluations. Because of these factors, teen girls experience drastic changes in their self-esteem. Their self-esteem continues to be consistently low throughout their teen years than teen boys (Shipman, Kay & Riley, 2018).

**Peer Pressure.** The development and maintenance of friendships are considered an essential developmental task in adolescence, and supportive friendships bring many benefits for teen girls' growth, such as support, intimacy, loyalty, and trust (Reynolds & Repetti, 2006). During the teenage years, socialization with their peer group becomes prioritized, and they begin to interact with the peer group more than with their parents (Basow, 2006). Peers play a critical role in teen girls' development of interpersonal competence during this time. Teen girls' skills in forming and maintaining friendships have a long-term impact on psychological health and well-being

(cite). Teen girls accepted by their peers and who have supportive or positive friendships are found to have higher self-esteem, be more socially skilled, and be more academically successful (Reynolds & Repetti, 2006). Positive friendships also help to buffer any negative experiences with parents or other peers. Peers can also manifest as positive role models and help teen girls model healthy behaviors (Rose & Rudolph, 2006). Unfortunately, not all teen girls experience positive friendships. The impact of negative socialization experiences with their peers can take toll on teen girls' psychological health and well-being. Poor friendships are often associated with low self-esteem, academic failure, risky behavior, depression, and anxiety in teen girls (Reynolds & Repetti, 2006, cited in Choate, 2013). Issues also develop when girls learn to suppress their real thoughts and feelings to be liked and accepted by a particular peer group. By suppressing one self's real thoughts and feelings, the behavior often manifests through not directly expressing ideas or beliefs, hesitating to express anger, and learning to do what is needed to fit in with others, or conform, instead of expressing their selves authentically. It is also known as "self-silencing" or "loss of voice," which means teen girls may learn to wear a mask, failing to care for their own needs and express authentically (Choate, 2013).

Peers are also the source of teen girls' stress in the context of different transitions and peer group structures as friendship groups may often fluctuate and become more fluid, forcing them to conform with other groups continually. In Schneider & Stevenson's 1999 study cited in Choate (2013), the researchers asked teen girls to name all of their friends' names. The researchers returned to ask the same girls two years later to create another list of new friends to discover that 75% of names on the new list were not on the original list. It shows that friendships are ever-changing for girls, and girls may change friendships due to rejection and acceptance. Girls may also experience bullying based on their appearance, race, gender identity, disability, or

perceived self-confidence and achievements. Girls reported they often do not trust their peers and feel disconnected from their peers or/and classmates (Stratus, 2006, cited in Choate, 2013). This process becomes challenging for girls to develop healthy, intimate friendships and view other girls as competitors rather than as resources of support and growth. It results in a long-term negative impact on their psychological health and well-being.

**Social Media.** The long-term effects of social media use on teens are not fully understood yet; however, few researchers did track different young children and teens' habits to assess if there are any potential negative mental health-related to social media use and online activity behaviors. According to Choate (2013), the 2019 report from The Lancet Child & Adolescent Health on the association between social media use and mental health revealed a connection between lack of sleep and cyberbullying to social media and psychological distress. The correlation between the lack of sleep and cyberbullying is high at 60%, and girls are affected disproportionately. The authors of the study also stated that teens spend more on-screen time, which takes away their sleep and exercise, which accounts for the harmful effects of social media use and poor online activity behaviors such as cyberbullying. Based on the 2019 report from Common Sense Media, the calculated total time for teens' use of screens from ages 13-18 years old is 7:22 hours per day. The calculated time does not include homework or schoolwork. According to the report, most teens spent watching T.V., playing games, and browsing social media/other websites. When scrolling through social media, teens are exposed to various types of content such as posts from their friends and family members, celebrities and influencers, and targeted ads from different brands or companies that sell products and services online. Additionally, many screen times also happen at night, which takes them away from getting enough sleep, impacting their healthy development (Common Sense Media, 2019). The content they come across, and their

interactions online may seem trivial; however, researchers have studied and shown that more than 10,000 adolescents found social media use affects teen girls' mental health more disproportionately negative than it did with teen boys (Common Sense Media, 2019). Girls tend to use social media as a tool for self-expression about their feelings and judgements about others and their social experiences. It has been attributed to earlier social skills development among girls due to the pressure of societal expectations placed on them to be more socialized and in touch with their emotions (Gonzalez & Frey, 2020). The topics that teen girls aged 14-16 post about on social media are often focused on political and religious beliefs, personal problems, dating life, emotions, family and accomplishments, and they post more about these topics than the boys from the same age group (Anderson & Jiang, 2018). These studies clearly show that girls have different behaviors when using social media and they are more likely than boys to express and post about their personal problems, feelings, and beliefs. If not used healthily or do not receive positive support from their peers, those behaviors can impact girls' mental health and form healthy relationships.

**Sexuality and Sexual Decision-Making.** Researchers have found that teen girls make sexual decisions not only based on health outcomes but also on social outcomes such as attitudes about sexual pleasure, social stigma, guilt or embarrassment (Callahan, Tolman, & Saunders, 2003; Bleakley, Hennessy, & Fishbein, 2009, Mollborn, 2017; Guzzo, Lang & Hayford, 2019; Tolman, 2002). A two-year longitudinal 2015 to 2017 reported that 75% of girls had their first sexual intercourse with a steady partner between 15 and 19. Other findings showed that among teen girls aged 15-19, 42% reported that they never had sex and that males are more likely to have sex than females before 17 (Abama & Martinez, 2017). The findings from a study by Guzzo, Lang & Hayford (2019) pointed to the vital role of perceived social disapproval in impacting the girls'

sexual behavior. The girls perceived negative parental and peer reactions to sexual activity more severely than worries about pregnancy and Sexually Transmitted Infections (STIs). The study suggested that it may be because of how pregnancy and STIs are perceived as preventable, leading to minimization of the worries connected with pregnancy and STIs. The disappointment, embarrassment, or shame are perceived to have a more long-lasting effect among the girls, as they appear to view that as a more serious concern than pregnancy and STIs. In other words, the girls' evaluation of their risks with pregnancy and STI were low (Guzzo, Lang & Hayford, 2019). With consideration to social, emotional, and gender expectations for girls, their sexual desires are influenced by the conflicting messages and information they get from peers, partners, parents, schools, and the media. This means that the girls' sexual desires are influenced by societal expectations and pressure centered on their gender and sexuality. The information they get from peers, partners, parents, schools, and the media may not match accordingly, and they become unclear on how they want to identify and how they feel about it. Therefore, it is not surprising that perceived negative parental response is the source of girls' concerns as they pertain to making sexual decisions. It is also suggested that parents may have more negative attitudes about sex in which shapes the girls' sexual decision-making (Bleakley, Hennessy, Fishbein & Jordan, 2009).

## **Teen Dating Violence Among Teen Girls**

### **Introduction**

The Centers for Disease Control and Prevention (CDC) stated that teen dating violence (TDV) is a type of dating violence, and it consists of four types of violent behavior: physical violence, sexual violence, psychological aggression, and stalking (2011). Physical violence is when a teen hurts or attempts to hurt a partner by kicking, hitting, or using another kind of

physical force. Sexual violence is an attempted force or forcing a partner to engage in a sex act, sexual touching, or a non-physical sexual event (i.e., sexting) when the partner does.

Psychological aggression is when verbal and non-verbal communication intends to hurt another person mentally and emotionally occurs. Stalking is a pattern of consistent, unwanted attention and contact by a partner that leads to fear or concern for one's safety or the safety of someone close to the partner/victim. TDV is a serious public health concern among teen girls, with nearly 1 in 11 female high school students reporting having experienced physical dating violence in the last year (CDC's Youth Risk Behavior Survey & the National Intimate Partner Violence Survey, 2019). 26% of women who experienced contact sexual violence, physical violence/or stalking by a partner in their lifetime first experienced these or other forms of violence by that p, shaping 18. Girls are more likely to experience and suffer serious injury from TDV, such as choking, burning, or being beaten (Tjaden and Thoennes, 2000).

**Consequences of TDV.** TDV is associated with a serious spectrum of social, emotional, physical, and mental consequences occurring at a crucial time during their development (Exner-Cortens, Eckenrode, & Rothman, 2013). Powers and Kerman (2006), cited in Texas School Safety Center (2013), showed that developing intimate relationships and intimacy is vital in healthy social development. TDV creates a negative impact on developing social and intimate relationships that carry over into adulthood (Texas School Safety Center, 2013). TDV does not only harm teens' social development but also includes negative physical and mental consequences. For instance, lack of self-esteem, bruises, broken bones, cuts, and depression are associated with TDV. Teen girls who have experienced physical or sexual abuse are six times more likely to become pregnant and twice as likely to contract STI than girls who have not experienced those kinds of abuse (Dating Abuse Statistics, n.d.). The victims of TDV with

trauma symptoms may fail to recognize, ignore, or downplay signs of real danger in their relationships (Lewis & Fremouw, 2001). They may be more likely to enter into or stay in unhealthy relationships, with feelings of unworthiness and unattractiveness that prevent them from seeking or attracting more fitting/healthy partners.

Additionally, trauma symptoms may stop victims from seeking support and using available resources (Lewis & Fremouw, 2001). As a result, they experience re-victimization, or what is known as *the cycle of abuse* (Smith, White & Holland, 2009). For instance, frequent occurrences of TDV are found among 9-12 graders, and the occurrences peak at the age of 17-18 years old. Of those victimized, over 30% report continued victimization, from early teen years into early adulthood (Halpern, Spriggs, Martin, & Kupper, 2009). It shows that the likelihood of re-victimization is high and may increase the risk for perpetuating the intergenerational interpersonal violence.

**TDV Predictors.** Findings show that the likelihood of teens experiencing dating violence is higher among the following populations: Those who are experiencing or have experienced stressful life events, have had a previous history with sexual abuse or sexual victimization, have been exposed to the neighborhood and community violence, are engaged in risky behaviors such as substance abuse, alcohol use, and violence, date at an early age and engage in sexual activity before the age of 16, struggle with behavior problems in other areas, were exposed to peer dating violence, believe in rape myths and accept dating violence and violence against women as a normal daily-occurring phenomenon, have a poor parental relationship, experience low self-esteem, anger, and depressed mood, and possess low conflict resolution or management skills (CDC, 2005; Halpern et al., 2009; Offenhauer & Buchalter, 2011; Lewis & Fremouw, 2001). To tie predicting factors for TDV with deaf girls' experiences, some of the contributing factors

leading to TDV are different due to the intersectional experience of being Deaf as it pertains to a very complex social, cultural, and political phenomenon associated with power and control, especially if teens are involved with hearing dating partners. This will be further discussed in the section of ‘Deaf Teen Dating Violence’ later in this chapter.

## **Challenges Specific to Deaf Teen Girls**

### **Stigmatization of Deaf Women**

Deaf people experience a form of oppression referred to as “audism” (Bauman, 2004, p. 240). This form of oppression is not well-known or understood as it was coined only recently in 1975 by Tom Humphries in an unpublished essay (Humphries, 1975). Since 1975, there has only been limited research on the topic and even less research on how audism impacts mental health and overall well-being for Deaf teen girls. The manifestations of audism include Deaf people’s intelligence being judged and their abilities to navigate everyday life within their society questioned. It is a widespread ideological stance that Deaf people need to speak and hear to fit in with the hearing world and succeed (Humphries, 1975; Bauman, 2004; Brueggeman, 1999, p. 240). To date, all of the research on audism center on the manifestations of audism, but do not examine the impact of the manifestations on the overall well-being of Deaf people as it is well-known and understood that the impact of any oppression on a given population is very detrimental to their well-being, physical and mental. It is also safe to work from the premise that experiencing audism correlates with a negative impact on Deaf people’s well-being while creating perceived and real barriers for them, thus wielding a negative impact on Deaf teen girls as well.

Intersecting with audism, Deaf girls and women also experience sexism. Deaf girls and women of color also experience the intersection of racism with audism and sexism. As discussed

earlier, sexism is a set of negative attitudes, beliefs, and behaviors that stigmatize and devalue females (Bigler & Liben, 2007). Sexism impacts young girls' and women's self-esteem and self-concept and overall and psychological well-being (Young Women's Trust, 2019). Sexism manifests itself through various mechanisms, including labeling, stereotyping, separation, and status loss, and without actively naming or challenging sexism, it is nearly impossible to stop one from perpetuating sexism (Link & Phalen, 2001). Moreover, Deaf women may often struggle because they are continually trying to develop strategies for dealing with sexism. However, if one does not know how to deal with sexism, they often struggle with their psychological health and overall well-being. It has shown that experiencing sexism lessens one's life chances in terms of employment, income, longevity, and social connection (Green et al., 2005; Cooney et al., 2006; Lundberg et al., 2008), and this creates a long-term impact on females.

**Language Deprivation.** Language deprivation occurs when deaf children grow up “without any access to fully accessible language” during their foundational language development years, which is between the ages 0-5 (Glickman & Hall, 2019, p.2). Unfortunately, language deprivation is a common phenomenon for deaf children due to strong resistance against American Sign Language (ASL) in our society (Lane, 1992). The resistance against sign language is manifested in a system of medical intervention and education that is overly-focused on normalizing Deaf children through the implementation of an oral approach. An oral approach involves a heavy focus on auditory rehabilitation and speech therapy (Lane, 1992). The implication of this on Deaf children's psychological well-being is not well documented through research. Still, it is essential to recognize that auditory rehabilitation and speech therapy is based on the premise that they are deficient and require such intervention. The oral approach also operates from the premise that using a signed language is not adequate for Deaf children's

success and well-being. It is a widespread phenomenon that Gulati (2019) labeled this phenomenon as Language Deprivation Syndrome, and he associated this phenomenon with a whole set of negative symptoms that include: “social, emotional, intellectual, and other consequences (p. 24). For Deaf children and adults, Language Deprivation Syndrome is often the root of incomplete neurodevelopment that is impacted by the lack of cognitive stimulation that comes from acquiring language. This is the most critical during the development of the first five years of a child’s life (Mayberry & Lock, 2003). During this critical period, there is a high degree of brain plasticity. The brain plasticity helps develop neuro-linguistic structures in the brain, especially those related to developing grammar and second language acquisition (Skotara et al., 2012). Thus, this period is the most critical fundamental and biological impact on the brain and healthy development. When an accessible language is not used at a specific early time in brain development, it affects the brain's neuro-linguistic structures, which impacts children’s ability to understand grammar and other critical thinking skills that require development in the brain (Mayberry et al., 2011). In turn, this impacts the social and emotional development required for developing healthy relational and peer skills.

For Deaf people, even after experiencing language deprivation, limited language acquisition is possible; however, the same kind of fluency as a ‘native signer’ (one who has access to sign language since birth) will never be attainable. For instance, a brain imaging study of deaf adults who could not communicate in spoken English and used American Sign language (ASL) for around 30+ years but were exposed to ASL at different times (birth to 3 years, 4-7 years, and 8-14 years), showed that age of acquisition affects their ability to understand language structure and grammar (Mayberry et al., 2011). The study shows how deaf children must acquire sign language at an early age, especially during the critical period.

Additionally, Pettito and Marentette (1991) showed that Deaf babies who acquire language at birth develop language milestones closely comparable to hearing babies. The language environment in which Deaf babies have raised impacts their language acquisition and brain development. When the “only spoken languages” are followed, not only Deaf children will be deprived of their natural language, but also may develop poor self-image and low expectations about themselves (Ridgeway, 1993). It occurs because of how language deprivation comes with a lack of access to their natural language and also a lack of role models in the form of other Deaf adults, cultural connections with people who share their experiences, and connections to their community that will support the formation of a strong sense of self and Deaf identity.

**ASL and Learning English.** There is a strong belief that ASL will interfere with Deaf children’s ability to learn English based on how ASL is not a language but instead as gestures and pantomiming (Ladd, 2003). Yet, children who sign ASL since birth have a greater understanding of English and have a higher literacy rate than those who did not sign at birth (Drasgow, 1998; Wilson, Teague, & Teague, 1984; Wurm, 1986). It also has been found that sign language increased learning, leading to overall greater motivation for reading (Cooper, 2002, p. 116). It means that through sign language, Deaf children will be able to learn English more quickly than with English-based methods, which have previously been proven to be ineffective (Cooper, 2002; Liddell, 2003). The crux of the resistance towards the acquisition of sign language for Deaf children is the oralist view perpetuated by the vast majority of medical practitioners and educators and our society. The message sent is that the exposure and use of ASL or other signed languages by Deaf children will interfere with their child’s abilities in speech and lip-reading. This misinformation leads the parents to be concerned with their Deaf children’s ability to fit in

with hearing society if they are exposed to and acquire ASL, and, in turn, leads parents to become reluctant to expose their children to Deaf role models or mentors from within the Deaf community (Gannon, Butler, & Gilbert, 2012). Also, the use of oral methods encourages the misinformed notion that Deaf children are will be able to fit in with hearing society if they think and behave in the ways of hearing people and children. It leads the parents of Deaf children to believe that they will have a “normal” life in which they will be able to speak, lip-read, and interact with hearing people (Gannon, Butler, & Gilbert, 2012). It is important to note that these parents often do not intend to harm their Deaf children. Given the misinformation about Deaf people and their language acquisition, parents seek to give their Deaf children a “better” quality of life but fail to recognize and unlearn the social discourse’s message of Deaf children needing to be normal to lead successful lives.

**Deaf Identity and Self-Esteem.** A positive Deaf identity is vital for life satisfaction and overall well-being (Hintermair, 2008). To attain a positive and robust Deaf identity is a quiet journey itself due to shame rooted in the societal views of what it means to be Deaf (Holcomb, 2013). The struggle also is due to a lack of Deaf role models that can model a healthy Deaf identity. Identity is a constant change through life experiences, socialization, and role modeling throughout a lifetime (Hintermair, 2007). In a person’s lifetime, one continues to construct and reconstruct their self-concept and identity as they integrate new information and experiences about oneself. Deaf people have many intersecting identities, from age to gender to race and ethnicity, which play a role in shaping each Deaf person’s identity. Many Deaf people struggle with their identity and different views of their identity as a Deaf person. One view may be that deafness is considered a deficiency that needs to be corrected, while others view being Deaf as an essential and positive facet of their lives.

Given that around 96% of Deaf children are born to hearing parents (Mitchell & Karchmer, 2004), a study by Hall et al. (2018) shows a strong correlation between parental hearing status and associated developmental language choices and the deaf population health. Specifically, hearing parents correlated with lack of access to family communication, which is an integral aspect for positive identity development, and this, in turn, adversely affects adult health outcomes (Hall et al., 2018). Access and exposure to positive Deaf model roles and mentors will help mitigate the impact of audism on their overall health (Cawthon et al., 2016). Still, it is not often accessible for Deaf children due to ignorance about the Deaf community and its values (Holcomb, 2013). For Deaf children to develop a strong sense of well-being and self-esteem is challenged continuously by the socio-cultural environment they are raised in due to audism and the lack of understanding about the importance of signed languages and the Deaf community.

**Access to Education.** Access to education is one of the essential tools for both social and emotional development. For the vast majority of Deaf people, their access to education is impoverished. Very few have opportunities to be in an educational environment where they are introduced to academic topics and concepts through a fully accessible natural language by native or near-native signers. For Deaf children, there are two main types of schooling: residential (boarding school or special state schools) and mainstream (incorporated within a regular school setting). A recent survey showed that approximately 80% of Deaf children are placed in a regular school setting, and 75% of Deaf children receive instruction via speech (Hoffmeister, 2010; Karchmer & Mitchell, 2003).

In contrast, 70% of Deaf children who are placed in Deaf classrooms (self-contained classrooms) within a regular school and 90% of Deaf children in residential schools receive at least *some* instruction in sign language (Karchmer & Mitchell, 2003). However, the critical

aspect of these statistics is that they indicate that the vast majority of Deaf children do not receive full and consistent access to education through a fully accessible natural signed language. As discussed in the previous section, accessing communication within the family and social settings is an important protective factor for ensuring the well-being and overall positive health. When Deaf children do not have full access within their educational environments, they lose opportunities for accessing vital information and knowledge as it pertains to healthy self-development. Furthermore, not having access on top of language deprivation also means that they are unlikely to have full socialization experiences within their educational environment that is critical for developing a healthy sense of self and healthy socialization skills. During the teenage years, having social and emotional support has been shown as the most crucial tool and resource to develop and maintain healthy relationships. Therefore, for Deaf teens without access to the natural and primary language, culture, community as well as their peers, they lack the critical model of healthy communication and relationship (Bisol et al., 2008; Fellingner et al., 2005; Kvam, Loeb, & Tambs, 2006).

**Communication Barriers.** Deaf people face communication barriers daily in many, if not all, areas of their lives. As discussed earlier, Deaf people often come from hearing families, are subjected to oralism, and in turn, this leads to language deprivation, lower literacy skills, and poor social skills. It also means that Deaf people may not have strong communication with their hearing families and peers (Hardin et al., 2014, p.110), negatively impacting their sense of self. Furthermore, they may also grow apart from their families and peers because they cannot comfortably and fully use and access spoken language and because their parents cannot sign to communicate with them (Hardin et al., 2014). It creates a natural division in their relationships. As emphasized earlier, the teenage years are critically formative years for cognitive, social, and

emotional developments, and the quality of communication is strongly connected to those developments. If teens don't receive or have quality communication and social relationships, it is linked to long-term health consequences, especially for teen girls. For instance, research shows that self-reported cross-sex friendships in teen years are predicted less risk of adult metabolic functioning issues in particular for females (Ehrlich, Hoyt, Sumner, McDade, & Adam, 2015). Another important thing to note is that quality communication with family is the key to achieving appropriate developmental milestones and psychological well-being. Deaf children who struggle to express and form close relationships with their family members are four times more likely to develop mental health disorders than those who can express and communicate (Fellinger, Holzinger, & Pollard, 2012). Therefore, Deaf teen girls must have full access to a natural language and daily communication to develop a healthy sense of self and develop social skills. If they are not able to communicate their needs, develop a healthy model of communication, and to have positive relationships, they are at a higher risk of experiencing sexual violence and are less likely to disclose, and, in turn, are likely to remain in the cycle of abuse well into adulthood.

Furthermore, the pervasive prevalence of audism in our society means that Deaf people have to contend with people's biases about what it means to be Deaf every day, and this is also true within the educational environment. Studies have shown that teachers working with Deaf students are more likely to perceive their Deaf students to be more secondary or less important than hearing students (Lane, 1992). Deaf and hard of hearing education programs tend to rely heavily on behaviorist classroom management, which usually means less room for student engagement (Teller & Harney, 2005). These teacher-biases stem from the ideological stance and view that Deaf students are not capable, impacting their academic progress and achievement.

Deaf people struggle to have a healthy relationship, mainly due to the biases that convey the superiority of hearing people and children (Sullivan et al., 1987; ADWAS, 2000).

As dating violence stems from power and control, this can impose a significant risk factor for dating violence and re-victimization for Deaf teen girls. A study from Kvam (2004) showed that Deaf children who have been abused usually have stricter mothers and poor relationships with their fathers than those Deaf children who did not experience abuse. Interestingly, this type of family dynamic where parents are overly strict with their Deaf children because of their view that they must be monitored more closely than that of hearing children leads to the development of a paternalistic relationship where too much trust is placed on adults by the Deaf children, which can also lead to a higher risk for dating violence.

**Access to TDV Information.** Everyday social information conveyed through movies, T.V., radio, public service announcements, and overheard conversations are not fully accessible to Deaf people. Pollard and Barnett (2009) refer to this lack of access to “fund of information deficit” (p. 182). The fund of information deficit is the limitation in Deaf people’s acquired knowledge compared to the hearing population, regardless of normal I.Q. and educational attainment (Pollard & Barnett, 2009, p. 182). Everyday social information also covers crucial public health information, including mental health and dating violence awareness, leading to a gap in Deaf children and adults’ development of funds of knowledge/information of their overall health (Pick, 2013).

The low literacy rates of Deaf people are caused by language deprivation and the lack of access to ASL that impacts them in numerous ways, especially when accessing health, mental health-related, and TDV information. Pollard and Barnett (2009) found that most health information available to the public is written in English. There is minimal available health

information in non-English languages, especially in ASL (p. 183). This is very significant when considering that a large percentage of Deaf adults' literacy skills are below the 9th-grade level. Based on a study with 57 Deaf adults, 27 females and 29 males, found that 31.6% were below the 9th grade level of literacy understanding and many high school graduates (29.6%) fell below the 9th-grade level (Pollard and Barnett, 2009). The gap in literacy skills is not because they are Deaf, but because of the lack of access to language, communication, and education. It is further evidenced by research findings that those who signed at birth showed higher literacy rates and can understand written English material better than those who did not sign at birth (Pollard & Barnett, 2009). As mental health information is often written in a grade level beyond 9th grade, it is often difficult for many Deaf people to access due to the complex terminology and concepts that they have not had previous exposure to. Also, most mental health information is targeted to the general population of hearing people, which is not as directly applicable to the Deaf population. There is an overall lack of public health information, including mental health and dating violence awareness, conveyed in ASL or other natural signed languages.

With those barriers in mind, it means that Deaf teen girls face a lack of access to information related to dating violence, healthy communication, and self-esteem. Without access, dating violence prevention becomes almost impossible. What does it take for Deaf teen girls to have full access to dating violence prevention information? Some believe that captions alone on videos or T.V. are enough as a standalone to convey information; yet, the literacy rate among Deaf people is low. The captions cannot convey the full emotional impact of the information that is conveyed.

In most cases, an ASL translation of any English material is considered to be the best solution. While this solution might be a good step forward from no access to information in a

fully accessible language, it is still not enough for full access. Translation of English-based materials is a complex task, especially with health and mental-health related words that have many profound meanings and are not commonly known or used among Deaf people.

Furthermore, as Pollard and Barnett (2009) briefly stated, translated information “alone does not bridge cultural, social, and life experience differences that frequently exist between the source material’s target audience and the translated material’s targeted audience” (p. 233). This being said, ASL is its language and just translating from English into ASL is not adequate. Information on dating violence prevention needs to be conveyed in ASL, and the life experiences of Deaf people must be considered and incorporated into the dating violence prevention materials.

Another barrier to TDV and its prevention’s information and resources among Deaf teen girls stems from ‘Trauma Information Deprivation’ (Schild & Dlaenberg, 2012, p.123). Trauma information deprivation occurs when an event is experienced as more traumatic because information or knowledge about the event is limited or not present. Schild & Dlaenberg (2012) found in a study of 79 Deaf people (45 women and 34 men) who had experienced minor earthquakes and had very little to no accessible information about the event caused them to view the event as more traumatic than that of hearing people even if there were no physical injury or destruction. Trauma information deprivation points to the importance of having access to information. With respect to dating violence, it is safe to assume that trauma information deprivation may also play a role in making their dating violence experience a more traumatic and confusing event, leading to more serious consequences associated with dating violence for Deaf teen girls.

With consideration to the socio-cultural factors covered in this section, a possible approach to convey information and resources related to dating violence is to, whenever needed

and possible, create the information from scratch with the Deaf teen girls' population in mind, rather than to translate the materials from English into ASL (Pollard and Barnett, 2009).

However, a setback with this is that there is a lack of research on the health and mental health of Deaf teen girls, which creates challenges as to how to make the information directly relevant to Deaf teen girls. To mitigate this, Pollard and Barnett (2009) suggest using a combination of pre-existing and valid English material and materials that incorporate culturally, linguistically, and socially sensitive content geared towards Deaf people.

### **TDV Prevention Programs**

**Primary and Secondary Preventions.** It has shown that there are two subtypes of dating violence prevention programs. The primary preventions focus on dating violence before it occurs, often through a sizeable targeted population through implementing a curriculum within a school setting (Cornelius & Resseguie, 2007). The primary preventions also focus on the high-risk population who are likely to experience dating violence or intimate relationship violence later on in their lives. It seems that primary preventions are successful only when the group's experiences with dating violence are precluded (Cornelius & Resseguie, 2007). In contrast, the secondary preventions focus on addressing dating violence that already has happened. However, the success of secondary preventions are often unclear and not easily measured unless the victim leaves their violent relationship. There are different kinds of targeted populations in these prevention programs. In some cases, they focus on addressing both the primary and secondary dating violence (Cornelius & Resseguie, 2007; Foshee et al., 1996).

**School-Based Interventions.** As discussed above, prevention programs often focus on a large, targeted population found within schools. Most states make the preventions as law and incorporate dating violence education into health curricula for grades 7-12 (California

Partnership to End Domestic Violence, 2015). Most dating violence education covers the characteristics of a healthy and unhealthy relationship, attitudes about violence, stereotyping, conflict management and problem-solving, skills-based, and gender-neutral approach (O’Keefe & Aldridge, 2005). It also has shown that the programs are mostly based on a group format, and the length differs from less than a day to more than 20 sessions (Foshee et al., 2005). Most importantly, these preventions' most goal is to prevent teens from re-victimization and teach them how to seek support. Additionally, this also creates a space for teens to develop their source of support and trust among peers and teachers when needed (O’Keefe & Aldridge, 2005).

**Websites.** Many websites provide information and resources for teen dating violence for teens, parents, and educators. A quick google search will lead people to many websites that are specifically designed for teen dating violence information and prevention, such as [Loveisrespect.org](http://Loveisrespect.org), [Nationalsafeplace.org](http://Nationalsafeplace.org), [DatingMatters.org](http://DatingMatters.org), and [Futureswithoutviolence.org](http://Futureswithoutviolence.org). These websites consist of quizzes related to healthy dating, tips and infographics, safety planning, and resources. This is an excellent way for the general audience of teens, parents, and educators to find resources and information related to dating violence; however, very few, if any, prevention programs are created specifically for the population of Deaf or Deaf teen girls. There are very few websites specifically focused on Deaf women and people related to intimate relationship violence, such as [DeafHope.org](http://DeafHope.org) and [ADWAS.org](http://ADWAS.org). Other websites focus Deaf population; however, those two sites are among the very few that provide accessible educational information, survivors’ real-lived experiences, and resources related to dating violence that can be used as tools for self-assessment and to help Deaf people learn about dating violence.

## **Conclusion**

The limited amount of research and information regarding Deaf teen girls is linked to the lack of education, communication, health, and mental health services for the Deaf community. The high rate of Deaf women who have experienced dating or relational violence shows us that there is a huge need for more research on the population of Deaf teen girls to understand the experiences of Deaf teen girls better and, in turn, how we can prevent them from experiencing re-victimization that occurs during early adulthood. It constitutes a high-risk population and deserves specialized services to shed light on Deaf teen girls' experiences and fight against the cycle of abuse. Deaf teen girls must have access to natural language to communicate with their peers, caregivers, parents, teachers, and counselors to have conversations with those who can guide them to a better healthy communication model, conflict resolution, and relationship. Deaf teen girls deserve full access to culturally sensitive, appropriate information about teen dating violence to cultivate healthy dating experiences, relational experiences and mitigate the risk of re-victimization. This project hopes to bridge some of the barriers by providing information in a fully accessible manner to educators and counselors who teach and interact with Deaf teen girls regardless of hearing status and with different options of engaging in activities found in the curriculum.

## CHAPTER 3

### **Introduction**

This project is an educational curriculum that covers 7 sessions of psychoeducation, discussions, activities and prevention information to Deaf teen girls. The curriculum will be titled *Dating Violence Prevention for Deaf Teen Girls (DVPDTG)* and will cover different topics that are important for understanding, preventing and mitigating dating violence. This project acknowledges the communication barriers Deaf teen girls experience and their access to prevention information. Psychoeducation on dating violence and healthy dating experiences is a key factor for the Deaf teen girls to be able to successfully navigate relationships and communication. Instilling tools to identify and process emotions and for healthy communication among Deaf teen girls is an important in order to mitigate the chance of dating violence as well as the effects if dating violence has already happened.

### **Development of Project**

The project will be using in part translated materials from English into ASL, but also reconstructed materials to fit in with the cultural and social needs of the Deaf community (Pollard et. al, 2009). Due to very limited resources and information in ASL for Deaf people, it is recommended that we collect materials and information from English sources and adapt them to create Deaf friendly content to educate and guide Deaf teen girls.

The resources used in this project are materials in English that were created for hearing teens related to dating violence and/or healthy dating. Other resources used that are from the websites centered on sharing and understanding healthy, unhealthy and abusive dating scenarios and from websites centered on violence prevention services that offer materials and resources that can be used during our sessions. They include [deaf-hope.org](http://deaf-hope.org), [loveisrespect.org](http://loveisrespect.org), and

@sitwithsharon Instagram page. The websites provide Deaf teens, parents, educators and counselors with informational resources and education about dating and relationship violence, and some are specifically centered on understanding power and control, which is critical for Deaf teen girls (DeafHope, 2006).

There are two phases for developing this curriculum as follows:

- 1) **Organization and Collection:** The curriculum is organized to allow the participants to gradually build their connection with each other while developing basic skills needed to successfully navigate relationships and dating, working from having them understand their selves to understanding the systemic pressures that come with power and control and then to recognizing and understanding healthy and unhealthy relationships and the various ways they can safely navigate through them. After the framework is developed, materials and resources applicable to dating violence and/or healthy dating available online are selected and collected with the Deaf teen girls' societal experiences in mind.
- 2) **Development of Curriculum:** Working off our understanding of the possible gaps that Deaf teen girls may bring with them due to the societal barriers created by audism, the curriculum is developed and designed to introduce and build awareness related to feelings, healthy communication, and listening skills and to be connected to explorations of self-esteem and self-image before moving on to examining power and control and the spectrum of dating/relationships. The curriculum is wrapped up with a session on dating violence prevention.

### **Intended Audience of the Project**

The curriculum is developed for Deaf teen girls aged 14-16, who may experience language deprivation and communication barriers. They may not have parents who are able to

communicate with them or who have been exposed to appropriate cultural dating violence prevention education and resources. This curriculum may also be beneficial to older Deaf girls who may have been exposed to experiences of dating violence, oppression and trauma. It would not be appropriate for Deaf girls who are below 12 years old as the video and content may utilize concepts that are sensitive or advanced for that age range. However, it is always helpful to share resources with parents of Deaf girls, counselors, and educators to help spread awareness about the unique dynamics of power and control that Deaf women face in their relationships and what Deaf women often experience in our society.

### **Personal Qualifications**

As a Deaf woman and as a graduate student of California State University, Northridge's Masters of Science in Counseling with an Option in Marriage and Family Therapy, I bring with my personal and lived experiences as well as my social and academic knowledge of the Deaf community and their needs in the areas of mental health and wellness. I am also a survivor of a domestic violence relationship and, because of my lived experience, I am able to assess what information and resources should be implemented and utilized based on what I wish I knew and what is needed the most among Deaf teen girls as well as in the Deaf community. I have dedicated about one and half years at two different non-profit organizations serving the Deaf and Hard of Hearing population: Five Acres and Peace over Violence's Deaf Services during my traineeship. My experiences in both places have made it clear to me that many Deaf women face dating or relationship violence in their lifetimes. They often express that they wished they had someone they could communicate with in signed language in order to get support to navigate their life as well as relational/dating experiences they have had to endure. They also expressed that they felt like no one understood them and their experiences because of the structural power

and control inherent in our society that affects Deaf-Hearing relationships and because of the failure on many to fully understand how oppression contribute to the low self-esteem among Deaf people. In turn, they continue to enter abusive relationships and find themselves struggling to break away from the cycle of abuse.

### **Project Structure and Content**

The curriculum incorporates specifications to organize content related to self-esteem and self-image, healthy communication, spectrum of dating/relationship, power and control as well as information that is culturally sensitive for Deaf teen girls. In the curriculum, I created a few options for Deaf teen girls to choose how they may want to express themselves. Due to language deprivation and communication barriers, written English may not be comfortable for them to work with and they may prefer to express in ASL or in an art form. It is especially important to respect how they prefer to express themselves and, in turn, this may encourage them to process their feelings and experiences without needing to filter themselves in order to fit in with the hearing society. In needing to filter themselves because of poor grammar skills or such, the girls may feel inhibited to be fully expressive and to be authentic with how they want to say or feel. This may impact their comfort with learning new information and engaging with their peers.

### **Project Outline**

#### Session 1- Introduction to Dating Violence Prevention for Deaf Teen Girls

- Introduce facilitators + group.
- Discuss group rules.
- Discuss group format.
- Introduce and discuss meaning of group.

#### Session 2- Feelings 101

- Define feelings
- Discuss how we develop awareness about our feelings.
- Discuss how there are no bad or good feelings, only reactions.
- Discuss how feelings come and go.
- Provide and explore Feelings Wheel.

- Discuss how feelings lead to reactions and behaviors.

#### Session 3-Healthy Communication

- Discuss what good communication is.
- Discuss how good communication involves listening skills.
- Discuss what bad communication is.
- Introduce to I statements and how to utilize.
- Introduce to the concept of asking questions instead of making assumptions.
- Discuss how it is okay to take a break in an argument.
- Discuss how to accept mistakes and apologize.
- Explore and develop listening skills.

#### Session 4-Self-Esteem and Self-image

- Define self-esteem.
- Define self-image.
- Discuss how self-esteem and self-image differs.
- Explore and discuss feelings, perspectives and experiences centered on Audism + Sexism + Racism.

#### Session 5-Power and Control Wheel

- Define dating and/or relationship violence.
- Explore and discuss all the aspects of dating and/or relationship violence.
- Discuss the impact of each aspect of dating and/ or relationship violence.
- Explore how dating violence may impact expression, self-esteem and self-image.

#### Session 6-Stay, Talk or Break up

- Explore and identify different dating and relationship scenarios that belong to the categories of healthy, unhealthy and abusive aspects.
- Discuss how and why the scenarios belong to the specific categories of healthy, unhealthy and abusive relationship.

#### Session 7 –Dating Violence Prevention

- Discuss why it is hard to break up
- Discuss why it is hard to ask for support
- Discuss the attached infographic of struggles to end relationship for good
- Explore feelings of unworthiness, shame and lack of support system
- Develop a list of people to seek for support and the potential reasons why it may be hard to reach out to their chosen people.

The full curriculum can be found in Appendix.

## CHAPTER 4

### **Summary of Project**

The purpose of this project is to educate Deaf teen girls about dating violence and the important components that may contribute to the violence. It is critical that a prevention program is designed in an accessible, culturally sensitive way, and with some opportunities for self-expression. The project covers information about dating violence awareness for Deaf teen girls and consists of seven sessions that include explorations and discussions of the following: feelings, healthy communication, self-esteem and self-image, the unique dynamics of power and control within relationships, identifying what is healthy, unhealthy and abusive dating or relationship experiences, how to navigate the barriers of breaking up, and how to ask for support as a part of the prevention of dating violence. Those sessions allow Deaf teen girls to express through various mediums, including discussions, art, and writings depending on their preferences and needs.

### **Summary of Formative Evaluation Results**

The formative evaluation of the curriculum is constructed in ten questionnaires with the last two questions asking for an open feedback and personal insight on the potential growth of the project. The formative evaluation was given to two experts, Peggie Reyna and Laura Ripplinger, who have been involved with domestic and sexual violence prevention for the Deaf, Elders and Disabled population at Peace Over Violence non-profit organization for over thirty years. Peace Over Violence is located in Southern California in two areas: Downtown Los Angeles and Pasadena. With their knowledge about domestic and sexual violence especially within the Deaf community, their perspectives and feedback will be a great addition to the

project. In the next section, the ten questions will be presented and, lastly, the results from the questionnaire will be shared.

The ten questions in the questionnaire are as follows: “Do the objectives seem reasonable and attainable for Deaf Teen girls related to Dating Violence? Is the content accessible for Deaf teen girls? Do you consider this curriculum as an asset for dating violence prevention? Does it address the important factors related to dating violence? Does the curriculum give sufficient resources (as in the curriculum plan) to implement this curriculum? Do I need to consider more resources for the curriculum? Are there any gaps in the content that needs to be addressed? Do you see this curriculum being purposeful and easily implemented for teachers, counselors and educators to use? Do you see the potential growth in the curriculum? Please explain what the potentials are if there are any. Do you have additional feedback for the curriculum?” Please note how the questionnaires are developed to focus specifically on the accessible information and resources for Deaf teen girls and how the content is relevant to the objective of dating violence prevention.

Peggie Reyna stated that her initial thought about the project is how hopeful she feels about seeing this project be funded. Peggie also stated that the project is greatly needed, especially in middle and high school years, providing services for Deaf students. Peggie shared that she sees the project accessible for Deaf teen girls with all the contents that meet and addresses the objectives of dating violence prevention. Peggie thought that the project is extremely accessible and purposeful for teachers, counselors and educators to use. Peggie believes that the project has a lot of potential for use related to adult relationships and exploration of inter-generational violence.

Laura Rippilinger shared that audism is rarely addressed which is a huge need to be addressed and discussed among Deaf teen girls. Laura thought that the portion of the guidelines for facilitators that help them to know what kind of body language they look for and how they can support the group are crucial for the effectiveness of the project. Laura also saw the huge importance of a discussion and exploration of emotion vocabulary. She stated that it will open up so much for the group to explore their feelings and how they can connect to their experiences especially for the age group of 14-16 years old. In summary, both have expressed how they both witnessed a huge need for this project. Both also have expressed that their desire for this project to begin and evolve over time to meet the needs and socio-emotional developments of Deaf teen girls within the community and across all schools in the United of States.

### **Recommendations for Implementation of Project**

*Dating Violence Prevention for Deaf Teen Girls* curriculum can be used in different contexts. The curriculum can be adjusted to match the setting and environment such as in a therapy session, in an after-school program, or as a standalone educational prevention program. The curriculum can be implemented by anyone who is able to provide direct access to Deaf teen girls. This also includes teachers of the Deaf as well as those who work with Deaf teen girls in a variety of settings and contexts including education, therapy, etc. The curriculum will be easily accessible for everyone to find and view online when searching for information related to dating violence for Deaf teen girls and for the Deaf community. This curriculum will hopefully become an additional source of information that will contribute to greater understanding of Deaf teen girls' experiences. It is vital to have curriculum that is centered on socio-cultural experiences of Deaf teen girls and not on a harmful and negative medical model of what it means to be Deaf. In order to find information that is culturally sensitive about Deaf teen girls' experiences, one must

know how to filter the negative discourse the medicine field promotes for Deaf girls. The medical model often promotes the notion that being Deaf means negative and that needs to be ‘fixed’ (Edwards, 2012) and much of the curriculum that is designed for Deaf children is centered on this model, further contributing to the barriers in healthy communication, self-expression and relationship among Deaf teen girls. As this curriculum comes from the standpoint that Deaf people are not deficient but are a cultural and linguistic minority, it is hoped that this curriculum will help promote positive and healthy development in Deaf teen girls.

### **Recommendation for Further Research**

There is a huge need for more and further research on Deaf teen girls and the Deaf community in the area of mental health and dating violence. Currently, research literature that covers important aspects of culturally sensitive information and resources related to the Deaf community and the information of dating violence for Deaf teens is very limited. The limited research stems from the widespread subscription to the medical model and stance of Deaf people and their community (Ladd, 2003). Also, for most research, statistics on Deaf people is often not aggregated from other disability groups, which makes it even more difficult to discern the specific concerns associated with Deaf people and Deaf teen girls. A larger body of research on Deaf people and Deaf teen girls will help us better understand their experiences and, in turn, how we can better support them. It is already evident that Deaf women experience high prevalence of domestic violence and re-victimization is more likely to occur if not addressed in earlier years (Anderson & Leigh, 2011; Anderson & Kobek-Pezzarossi, 2014). There is a paramount need for more research with Deaf teen girls, specifically with prevalence of TDV, factors contributing to the high prevalence of TDV, and the impact of TDV. It is my hope that this project will bring attention to this problem. It is also my hope that this project will encourage more researchers and

possibly Deaf researchers themselves to research the population of Deaf teen girls and their experiences with dating violence.

### **Limitation of Project**

As discussed above, there is very little research that focus on the population of Deaf teen girls. For this reason, there is very limited research and data to support this project. A lot of research and resources, or information was not created with Deaf teen girls or Deaf women in mind. The lack of ability to clearly highlight the prevalence, impact and factors that contribute to teen dating violence in the Deaf community is a limitation of this project. Another limitation of this project is that it is designed for seven 60-minute to 90-minute sessions, which means that this is more of a short-term curriculum. As Deaf teen girls are at a higher risk than the general teen girl population for TDV, it may be critical to have a longer-term curriculum that is designed to be implemented within a school setting.

### **Conclusion**

The limited amount of research and information regarding Deaf teen girls are linked to the medical model and stance, communication barriers, limited health and mental health services for the Deaf community. The literature review establishes that there is a huge need for more research on the population of Deaf teen girls to better understand their experiences related to teen dating violence. The lacking of research that focus on Deaf teen girls contribute to the lack of dating violence prevention and education. This project hopes to bridge some of the barriers by making it possible for educators and counselors who teach and interact with Deaf teen girls to implement the curriculum. Deaf teen girls deserve to have a full access to their language to communicate with their peers, caregivers and parents; teachers, and counselors. Deaf teen girls deserve to have conversations without experiencing communication barriers that they often do in

the society. Deaf teen girls deserve to have a healthy model of communication and relationship.

Mostly important, Deaf teen girls deserve to have the ability to express themselves authentically.

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**DATING  
VIOLENCE  
PREVENTION FOR  
DEAF TEEN GIRLS  
CURRICULUM**

Ryssa Fleischer, B.A, MFT Trainee

## Acknowledgements

I would like to dedicate this curriculum to all people advocating for and supporting Deaf teen girls. To the person who advocates for culturally-relevant Deaf education, to the clinicians who support Deaf teen girls and women struggling to cope with their experiences related to audism, communication barriers, the unique dynamic of power and control that they face within their relationships, and to everyone else who has witnessed and supported a Deaf girl undergoing challenges that societal norms, pressures and expectations that have brought upon them, thank you. I acknowledge the challenges, uncertainties and limited resources you have faced and I am so grateful that, despite what the society tells you about us as Deaf women and people, you have taken the courageous stance to believe and fight back with, “We deserve to be here too”. It is you who shed light on dehumanizing experiences Deaf girls, women and survivors have endured and lived through in order to help them see that their world is still full of healthy possibilities.

## **Dating Violence Prevention for Deaf Teen Girls' Format**

### **Logistics**

Dating Violence Prevention for Deaf Teen Girls (DVPDTG) is for Deaf teen girls ages 14-16 who are entering or are currently in high school (9<sup>th</sup> to 11<sup>th</sup> grade). The girls may have experienced barriers to open, healthy communication, and expression as well as the lack of resources related to healthy dating. The limited access to resources in our society stems from not recognizing the importance that information is directly provided through American Sign Language (ASL). The society does not recognize the unique dynamics of power and control that occurs among Deaf girls (i.e.: blocking their access to support and resources). The society also does not recognize the impact of language deprivation on girls' self-esteem, expression and cultivation of healthy, fulfilling relational skills.

The girls participating in this curriculum must not be actively suicidal and must be ready to commit to 7 sessions. During the initial session, the girls will be explained that the group may trigger certain emotions and that it is important for the girls to talk about how they are feeling in the group. This group requires active participation. During the initial session, a brief summary of the group's goal will be explained. Each session is from one hour to two hours long, depending on the content and activities. It includes a 10-minute break to allow for the use of the restroom as well as time for the girls to build peer relationships among themselves. Each weekly session begins and ends with a 10-minute check-in and check-out in order to give space for the girls to process each week's activities and to provide them with an opportunity to discuss what they learned and their personal growth.

Each session consists of a psychoeducational piece, discussions, and an activity. This is a closed group to create a safe space for girls so that they can feel comfortable with each other and build trusting relationships.

### **Content**

Sessions will consist of discussions about various core issues involving emotion processing, teen dating, self-image, and other different scenarios that encourage awareness about healthy and unhealthy dating experiences. Utilizing psychoeducation, facilitators will discuss what dating or relationship violence looks like based on DeafHope's videos (<http://www.deaf-hope.org/>). The girls will engage in discussions about core issues including self-esteem, self-image, dating violence, and healthy communication. Utilizing different activities and discussions, facilitators will be able to support the girls through their journey within the group as they develop relationships with each other group and awareness about dating violence. Note: All worksheets can be found in the appendix.

### **Goal**

The goal of this prevention is for girls to learn how to develop and instill tools as they navigate dating and relationships with social support, coping tools, psychoeducation, and emotion/thought processing.

## **Guidelines for Facilitators**

This section addresses some things for facilitators to keep in mind when working with the group, especially when dealing with challenging issues such as trauma related to communication barriers, lacking social cues and skills, self-harming, and psychological distresses.

### **1. Develop a Trusting Relationship**

At this age, girls are still discovering about who they are, their likes and dislikes, and how to develop self-expression that are aligned with who they are and how they feel. Often, girls may feel like they can't be authentic in their relationships with others. For those who experience language deprivation, they may experience more barriers to their authentic self-expression. Also, rejection, shame and judgement may be the common theme of their experiences growing up due to the societal expectations and norms of what it means to be Deaf girls. The rejection, shame and judgment may also come from their own family members, friends, and community. In turn, this may hinder their ability to express and feel secure with themselves, and their ability to develop and foster healthy, fulfilling relationships. We can support girls in choosing healthy relationships with others, through modeling this in our relationship with them, especially with our ability to work through conflict and express our emotions directly and appropriately. If we can support girls through our connection to them and show them that it is possible to re-connect after disconnection, this will become a valuable experience and tool in developing healthy relationships with others during the times of conflict and uncertainties that dating brings.

### **2. Observe girls' body language and behavior: what is she telling you through her actions or lack of actions?**

By observing girls' body language and behavior, we can notice either connection or disconnection. This helps us to connect with them if we notice any disconnection and guide them to check in with themselves. This also will help girls to instill skills to observe their own emotions, thoughts and behaviors.

### **3. Recognize, Respect and Encourage Self-Expression.**

Girls may arrive to this group with little to no awareness about their feelings and how they are connected to their thoughts and how they influence their behaviors. The girls' disconnect with their feelings may stem from coping mechanisms that they have had to develop in order to get through the traumatic experiences stemming from language deprivation, communication barriers, and judgment and rejection many have experienced. The impact of language deprivation may hinder their connection to feelings, communication and self-expression which, in turn, may contribute to their behaviors. This does not mean we minimize the risks associated – it is helpful to assist girls to identify what they feel and experience in relations to their behaviors. This helps to normalize their response to their experiences and it also would foster their sense of self. By normalizing and guiding them, this builds their communication and relational skills. This can help the girls to gain a perspective and develop new coping skills that do not hurt themselves or others.

**4. Always provide creative alternatives for expression (signed videos, art, writing) or upon girls' preference and request.**

Please expand on the instruction of each option with some visual-tactile examples. For example, art can be used to express each week's self-reflection on the topic they learned or their overall experiences. Art can include different kinds or genres, such as writing poem, journaling, creative story-writing, painting or creating with different objects to represent their feelings and experiences. By limiting girls' options of self-expression, this may hinder their emotion processing and authenticity.

**5. Recognize How Healthy Coping Tools May Regress at Times.**

It is important to consider how it takes time for girls to develop new healthier behaviors to replace the old ones with. During this process, girls may return to their old behaviors and if we try to stop them, this, even though as an attempted support, can trigger guilt, suicidality and other more distressing symptoms. It is important to check in with ourselves often: "Who am I to assume they no longer need this behavior in order to navigate and manage new information and skills?". Some of the behaviors they may manifest may have been an effective component of their coping mechanisms to date.

**6. Refer to Counseling**

As discussed above, developing healthy coping tools may be difficult for some and if it causes serious distress, referrals are strongly encouraged. This should occur when you notice deep psychological distresses such as suicide eating disorders, PTSD, and depression or anything that may stop them from engaging healthily. It is critical that referrals to counseling and other support are accessible in through ASL. Having access to a natural fully accessible language is vital to lessen the re-traumatization related to communication barriers. Unless a preference of communication method has been expressed, please make sure all services are provided in ASL or other natural signed language.

## Session 1: Introduction to Dating Violence Prevention for Deaf Teen Girls

### Goal of Session

To set a safe space for girls to share their experiences by defining group rules and the format of the group. Begin to build rapport with the girls.

### Materials

Food and drinks (Be mindful of those who may have food allergies)

White board

Markers

Dry Easer

### Timeline

Begin by allowing the group to settle in, get something to drink and eat -5 minutes. Check in - 20 minutes. Group rules and questions - 20 minutes. Ice-breaker activity - 10 minutes. Dating Violence Prevention Introduction - 5 minutes. Check out - 10 minutes.

### Check-in

Facilitators will introduce themselves and have each girl introduce themselves. Facilitators will present with information related to them such as their favorite color, food, and so on.

### Group Rules

**Safe Space:** Respect each other. We want to have a safe space to share our experiences related to dating, friends, family and life. By respecting each other, we don't interrupt when someone talks. We don't talk about them outside of this group. Everyone deserves to have time to express themselves. Any rules you want to add?

**Questions:** We encourage you to ask questions anytime in the group. Any and all questions are welcome. If you struggle with something, you can ask the facilitators before the group session begins and/or during the break.

**Cell Phones:** No phones during session. We understand if you need to unplug at times especially if the topic is sensitive or overwhelming. Please let one of facilitators know and step outside. One of us will check in with you.

**Confidentiality:** Personal information and experiences will be shared in the group. Please don't discuss about others outside of the group. Whatever you want to share directly with the facilitators only will not be shared with the group. The only time this will be broken is when we sense a danger or harm such as if you say you are going to kill yourself or someone else, or if you report child abuse or elder abuse.

### Activities

**Facilitators:** Our goal in this group is to facilitate the girls on their own journey to develop awareness about healthy sense of self, emotion wellness, and dating experiences. We want the girls to have fun with dating and make healthy choices to develop healthy relationships in the future.

Facilitators will ask group members: What is dating? Is it fun or not fun? Is it important? What makes dating or relationship unhealthy? What about healthy? Prompt them to throw out any

word or concept they can think of. If they can't think of anything yet, this is also okay. There is no wrong or right answer.

### **Ice Breaker: 'Pass the Clapping'**

Have each girl stand in a circle including the facilitators. One of facilitators will look over and start by producing one clap facing either the girl on your left or on your right in hope to prompt the girl to copy and clap. This creates a circle of clapping and then one of facilitators should break the pattern by clapping twice another way. The circle can continue to copy or break the pattern of clapping. The goal for this activity is have fun and mistakes are bound to happen if one gets herself off guard with breaking the clap pattern. This activity is also to help the girls warm up to each other in the group.

This activity was taken from: Pass the Clap. (n.d.). Retrieved from <https://www.dramanotebook.com/drama-games/pass-the-clap/>

**Check-out:** Name one or two things they hope to learn from this group.

## **Session 2: Feelings 101**

### **Goal of Session**

To learn what feelings are and its importance as well as vocabulary associated with emotions, using the Emotion Wheel. Also, to learn how it may affect girls' thoughts and in turn, their behaviors by having them draw from their personal scenarios.

### **Materials**

White Board  
Markers  
Dry Easer  
Feelings Wheel Handout (Attachment 1)

### **Timeline**

Begin by allowing the group to settle in (5 minutes.) Check in 10 minutes. Psychoeducation 20 minutes. Break 10 minutes. Discussion 20 minutes. Check out 10 minutes.

### **Check-in**

Something fun or cool that happened for them this week; something hard for them this week.

### **Psychoeducation on Feelings 101**

**Feelings** gives us information about what we experience and guide us know how to react.

We sense our feelings from the time when we are born. As we grow up, we become more aware of our feelings and we communicate about it.

Feelings come and go. Many of us feel different feelings throughout our days. Some last for a few seconds while some may linger longer and becomes a mood.

Feelings can be heavy and hard or in between and/or easy. The intensity of feelings can depend on the situation and person. There are *NO* bad or good feelings. Feelings are just information but how we react, express and treat others on our feelings can be good or bad.

Introduce girls to Feelings Wheel – it shows the label of different feelings and how it feels inside of their bodies.

The Feelings Wheel was retrieved from <https://lindsaybraman.com/emotion-sensation-feeling-wheel/>

### **Discussions:**

*Have the group gather in a circle and discuss about one time they can remember one time they felt mad or sad. How did it feel to be mad or sad inside of your body? Pick one or two from Feelings Wheel. What happened or what caused you to feel this way? How did you react to this situation and feeling? Was it good or bad? What would you change for next time when you feel this way or experience the similar situation?*

*What if you are dating someone, does emotions affect your ability to communicate or engage in the relationship? Does it affect the problem-solving within dating experiences or relationships? Are there any markers of unhealthy problem-solving or communication within dating experiences or relationships? (i.e., controlling, one-sided conversation and problem-solving). What is it like if we are influenced by other substances such as alcohol or drugs? Does it support or impair our ability to engage in healthy choices and communication within dating experiences and relationships?*

**Check-out:** Something they learned during this session, something you want to learn next week.

## **Session 3: Healthy Communication**

### **Goal of Session**

To learn what healthy communication is and what it may look like in different scenarios. To learn how bad communication can impact girls' quality of connection or relationship.

### **Materials**

White Board  
Markers  
Dry Easer

### **Timeline**

Begin by allowing the group to settle in (5 minutes). Check in 10 minutes. Psychoeducation + questions 20 minutes. Break 15 minutes. Activity 15 minutes. Check out 10 minutes.

### **Check-in**

Something fun or cool that happened for them this week; something hard for them this week.

### **Psychoeducation:**

Communication is not all about talking, it is also about how you listen and express. Healthy communication is a 2-way street. It is easy to communicate and listen when things are good or when you feel happy. It gets harder when you feel upset or when things are hard. It is important to talk about how you feel without interrupting each other or judging each other's feelings because people feel and experience different things.

Bad communication is gossiping, controlling, making fun of, ignoring/not listening, or getting your way.

**Tips: Use "I Statements"** – Label how you feel and explain what causes the feelings with the person's behavior. Don't use "You" because it makes another person feel like they are blamed for and can lead to defensiveness hence bad communication. For example: "You make me feel this way" instead of "I feel this way"

**Ask questions** – If you don't understand what they are saying or why, ask questions instead of making assumptions about what or why they said.

**Take a break**- if you or they start to yell and get angry or defensive, ask for a break and agree on how long you will take a break. When the break is over, it is important for you to come back continue to talk in a calm way.

It is okay to make mistakes – everyone makes mistakes and it is okay to apologize if you make a mistake. It is helpful when you apologize using I statements and stating what hurt you've caused. For example, "I am sorry for hurting you".

### **Activity: Learning to Listen**

Have girls partner up with other girls and sit face to face. One partner will listen and rephrase what they've heard and why they felt that way from another partner. The talking partner will tell their partner about one time they felt happy, sad, and mad. Partners will switch.

### **Discussion:**

*When do you know the difference between being physically/verbally aggressive and when hard emotions are just raising high, are there any differences? What kind of body language, tone and behavior can you identify that differentiates? How will you ensure about your safety in those situations?*

**Check-out:** Something they learned during this session, something you want to learn next week.

### **Session 4: Self-Esteem + Self-Image**

#### **Goal of Session**

To learn what self-esteem and self-image is and how it may impact girls based on their connections to perspectives, thoughts and emotions.

#### **Materials**

White Board  
Markers  
Colored Markers  
Dry Easer  
Paper Plates  
Scissors  
Glue

#### **Timeline**

Begin by allowing the group to settle in (5 minutes). Check in 10 minutes. Psychoeducation + questions 20 minutes. Break 10 minutes. Activity 20 minutes. Check out 10 minutes.

**Check-in:** Something fun or cool that happened for them this week; something hard for them this week.

#### **Psychoeducation:**

**Self-esteem** is how we feel about ourselves. Do we feel confident? Do we feel bad about ourselves?

**Self-image** is how we think others see us. When we don't feel good about ourselves or how we look, we don't want others to see us and we act differently. Maybe we hide ourselves by sitting back in the classroom. Or we avoid making friends.

**Discussion:** *How do you feel being Deaf? Do you think people treat you differently? What about being a girl? Does people treat you different because you are a girl? How do you feel about it? Does it affect your self-esteem and self-image? Brainstorm and List all the examples the group can think of on a white board.*

#### **Activity: "Your Mask"**

All girls will make their own paper plate masks – The girls are instructed to cut out the shapes of eyes on their paper plates. The girls are also instructed to write and/or draw how they feel about themselves or see themselves on the back/inside of their masks. On the outside of their masks,

how they think people see them. This also can be designed with words and art that represents outside's perspective(s) of them.

The activity is adapted from Outside/Inside Masks. (2012). Retrieved from <http://arttherapydirectives.blogspot.com/2012/08/outsideinside-masks.html>

**Check-out:** Something they learned during this session, something you want to learn next week.

## **Session 5: Power + Control Wheel**

### **Goal of Session**

To learn about dating and/or relationship violence through DeafHope's Power and Control Wheel that also connects to their signed videos (in ASL). Girls also will learn about emotional, physical and verbal abuse within dating and/or relationship.

### **Materials**

White Board  
Markers  
Dry Easer  
DeafHope's Power +Control Wheel  
Computer or Laptop  
Projector  
HDMI plug

**Timeline:** Begin by allowing the group to settle in (5 minutes). Check in 10 minutes. Psychoeducation + Activity 30 minutes. Break 15 minutes when reaching to halfway through the Power + Control Wheel. Check out 10 minutes.

**Check-in:** Something fun or cool that happened for them this week; something hard for them this week.

### **Psychoeducation:**

Dating violence is NOT fun or good and Dating violence can happen to anyone. We can become aware of dating violence by learning about what it looks like or feels like.

**Activity:** Go through every aspect of Power and Control Wheel from DeafHope before going through the videos you click on every aspect of wheel on DeafHope's website. Please see the link below:

<http://www.deaf-hope.org/domestic-violence/power-and-control-wheel/>

**Discussion:** *Have you heard of power and control before? If so, from who and/or where? Emotional, Verbal and Physical abuse- how are they different? Which one seems to hurt the most? How do you think experiencing those affects feelings, self-esteem and self-image? What*

*if there are substances being involved? How will it be different from not being influenced? Is the danger the same?*

**Check-out:** Something they learned during this session, something you want to learn next week.

### **Session 6: “Stay, Talk or Break up”**

#### **Goal of Session**

To continue further understanding about dating violence and unhealthy communication styles based on different scenarios to guide girls to decide which is good and healthy or bad and unhealthy.

#### **Materials**

A projector  
Loveisrespect.org website/download the scenarios  
White board  
Markers  
Dry eraser

#### **Timeline**

Begin by allowing the group to settle in (5 minutes). Check in 10 minutes. Psychoeducation 20 minutes. Break 10 minutes. Activity 15 minutes. Check out 10 minutes.

**Check-in:** Something fun or cool that happened for them this week; something hard for them this week.

#### **Activity + Discussion:**

Ask girls to name three aspects they can remember from the wheel.

Go through 20 different dating scenarios with the group and have them identify if it is healthy, is not healthy or abusive. Why or why not? Put their answers on the white board.

Scenarios retrieved from <http://www.loveisrespect.org/wp-content/uploads/2016/08/highschool-educators-toolkit.pdf>

**Check-out:** Something they learned during this session, something you want to learn next week.

### **Session 7: Dating Violence Prevention**

#### **Goal of Session:**

Girls will explore why it may be challenging to end dating violence and how they can seek for support if they ever experience dating violence.

**Materials:**

White Board

Markers

Dry Easer

Paper

Colored Markers

Infographic of ‘Why it is hard to end relationship for good’ (Attachment 2)

**Timeline:** Begin by allowing the group to settle in (5 minutes). Check in 10 minutes. Psychoeducation 20 minutes. Break 10 minutes. Activity 15 minutes. Check out 10 minutes.

**Check-in:** Something fun or cool that happened for them this week; something hard for them this week.

**Psychoeducation:****Why is it hard to break up?**

People who experience dating violence may find themselves feeling confused, ashamed, worthless (low self-esteem) and feeling like no one would believe them. Some may feel like no one else will love them or they won’t find someone else. Some may love their partner but don’t know what to do about them. They may feel like something is wrong with them because their partners treated them badly.

\*Take a look at the infographic and go through each one of them with the group.

Infographic is found at: Peykar, S. (2020, November 3rd). You Might Struggle To End Relationship For Good If. Retrieved from <https://www.instagram.com/p/CHJQtwHjMUj/> [@sitwithsharon].

**Why is it hard to ask for support?**

People who experience dating violence may feel worried about others judging them. They may feel like they have no one to talk about it. They may feel like no one would understand what they experienced. They may feel confused on how, who and where to ask for support.

**Discussion:** Ask the group: *How do you think dating violence impacts self-esteem? In what ways can you think of? What do you think would happen if we tell our parents about it? What about teachers? Friends? Write down their examples and thoughts on a white board.*

**Remind the group that someone else’s behavior is not about us and love is not mean, love is the opposite of mean. Love is nice, respectful, and feels good even when things get hard. Fights never involves physical, emotional and verbal abuse.**

**Activity: Who is Your Home team?**

***Check in with the group if they prefer to share and express in ASL instead of writing or drawing.***

List all the supportive people they can think of (Parents, school counselor, cousins, friends, their favorite teacher). And where or how they can find them.

List all the potential reasons why it may be hard to tell their home team and have them come up with different approaches and solutions.

List all the risks that can be included such as being under influence (alcohol, drugs, so on) that prevents them from seeking for help, getting out of risky situations and avoid risky behaviors that have been posed upon them by others.

***Brainstorm + discuss different ways they can create a safe plan together that recognizes all the risk factors that are included from their lists.***

**Check-out + Wrap up:** Something they've learned from all the sessions.

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