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Exploring Negative Sexual Experiences, Attitudes, and Behaviors by Auditory Status

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**Exploring Negative Sexual Experiences, Attitudes,
and Behaviors by Auditory Status**

By

Taylor Victoria Vogt

A Thesis Submitted in Partial Fulfillment

Of the Requirements for the Degree of

Master of Science

in

Criminal Justice

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As a member of the Deaf and hard of hearing community, having the opportunity to complete this type of research was especially rewarding. In addition, working as a Governor's Office appointee and witnessing the Enough is Enough legislation pass, is something I will never forget. Thank you to all that helped me along this incredible academic journey.

Abstract

Sexual assault is a significant problem on college campuses across the United States and an extensive amount of research has been conducted to address the issue. However, only a limited number of empirical studies have examined sexual victimization among the Deaf and hard of hearing population. Using a survey instrument with a sample of Deaf, hard of hearing and hearing students (n = 3,970) at the Rochester Institute of Technology, this study examined the associations between auditory status, prior sexual victimization, rape myths and behaviors. The results showed that Deaf and hard of hearing students are more likely to experience sexual victimization than hearing students. Findings also indicate significant differences between Deaf and hard of hearing students (DHH) and hearing students in regard to rape supportive attitudes and behaviors. Finally and unexpectedly, the analyses found that previous sexual victimization increased rape supportive attitudes towards and behaviors associated with date rape. Implications and directions for further research are discussed.

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Introduction

Over the past three decades, studies have focused attention on sexual victimization on college campuses. To date, only a limited number of empirical studies have focused on sexual victimization among students who are Deaf or hard of hearing (Anderson & Leigh 2011; Joseph, Sawyer, & Desmond, 1995). Previous studies examining auditory status and sexual victimization have been limited to interpersonal violence victimization (Anderson & Leigh, 2011; Porter & McQuiller Williams, 2011b; Obinna & Krueger, 2005), to the exclusion of other factors, such as rape attitudes and the impact of prior sexual victimization on attitudes and behaviors that increase the risk of date rape.

Examining differences in attitudes and behaviors related to rape along with the risk of negative sexual experiences through the lens of auditory status would help expand the research and fill in the gaps within the literature. Using a survey instrument with a sample of Deaf, hard of hearing and hearing students at the Rochester Institute of Technology, this study examines the associations between auditory status, prior sexual victimization, rape myths and behaviors. The Rochester Institute of Technology shares its suburban campus with a large population of Deaf and hard of hearing students, roughly 1,200. The National Technological Institute of the Deaf (NTID) is the first and largest technological institution specifically for the Deaf and hard of hearing students (NTID Website).

Understanding the different risk factors of sexual victimization is crucial to students' safety. Studies concerning date rape and sexual victimization allow college and university officials to write and change policy to provide better and more effective safety and resources for the student body.

Chapter One: Literature Review

1.1 Defining Rape, Sexual Victimization & Sexual Assault

For this study, sexual victimization and sexual assault are used interchangeably and are defined as unwanted sexual contact, attempted rape, sexual coercion, and date rape (Fisher, Cullen, & Turner, 2000). Overall, the victimization rate for date rapes against college women is 27.7 rapes per 1,000 female students. All forms of sexual victimization need to be addressed on college and university campuses (Fisher, Cullen, & Turner, 2000, p. 10).

Rape is the most common violent crime on college campuses. Addressing acquaintance rapes on college campuses is crucial to students' safety (Sampson, 2011, p. 7). To some, the scope of the problem of date rape on college campuses may be unclear. Women ages 16 to 24 experience rape at a rate four times higher than the assault rate of all women (Sampson, 2011, p. 8). Therefore, women's most vulnerable years are the ones spent in high school and college. Sampson (2011) highlights how women who are in college are at greater risk for rape and other forms of sexual assault than women who are not in college (p. 8).

For the purpose of this study, date rape is defined as "nonconsensual sex between two people who are dating, whether it's a first date or an established relationship" (Schultz, Scherman, & Marshall, 2000, p. 193).

Nature and scope of college date rape

College campuses tend to be hot spots for certain criminal behavior, including sexual assaults. According to research, 19% of undergraduate women experienced some form of attempted or completed sexual assault since beginning college (CDC, 2013). Fisher, Cullen, and Turner (2000) reported that about 90% of victims of sexual assault know their attacker or

offender. According to the Center of Public Integrity, one in five women are sexually assaulted during their collegiate academic years. Other studies have found that the sexual victimization rates for college women are between 15% and 25% (Koss, Gidycz, & Wisniewski, 1987; Rubenzahl & Corcoran, 1998). When looking specifically at rape, 14%-22% of college women have reported rape (Abbey, BeShears, Clinton-Sherrod, & McAuslan, 2004; Cloutier, Martin, & Poole, 2002; Kahn, Jackson, Kully, Badger, & Halvorsen, 2003; Littleton, Radecki Breitkopf, & Berenson, 2008; Masho, Odor, & Adera, 2005). In these studies, rape is broadly defined and includes “unwanted sex with the use of force, threats, or as a result of alcohol or other substance abuse—taken willingly or not” (Abbey et al., 2004).

The difference between date rape and acquaintance rape

Within sexual assault and victimization research, there are differences in the definitions of date rape and acquaintance rape. Sampson (2011) notes that 90% of college women who are victims of rape or attempted rape know their attacker and the attacker is usually a classmate, friend, boyfriend, ex-boyfriend, or other acquaintance (p. 9). Sampson (2011) notes that most acquaintance rapes do not occur on dates, but usually at common places such as a party or studying in a dorm room (p. 9). Date rape is a rape that occurs at the end of date and thus is not the best term to describe the majority of acquaintance rapes of college women. Date rapes account for only 13% of college rapes and make up for 35% of attempted rapes (Sampson, 2011, p. 9).

There are five types of acquaintance rapes: party rape (which can include gang rape), date rape, rape in a non-party and non-date situation (e.g., studying together), rape by a former intimate, and rape by a current intimate (Sampson, 2011, p.11). Along with the types of acquaintance rapes, there are risks and harms that result from any form of sexual assault or

victimization that should be addressed by higher education institutions. For example, some of the risk factors are age, time of day, location, and effects may include victim injuries (e.g., black eyes, bruises, chipped teeth), and the fear of rape and repeat victimization (Sampson, 2011, p.12).

Researchers estimated that 50% to 95% of rapes on college campuses are perpetrated by a friend or an acquaintance (Koss, Gidycz, & Wisniewski, 1987). Another study found that in a sample of 935 undergraduate females, 27% reported unwanted sexual experiences and 91% said that the negative sexual acts were committed by boyfriends, friends or acquaintances (Gross, Winslett, Roberts, & Gohm, 2006). A study done at a mid-western university, reported that 100% of the males who admitted forcing sex upon a female knew the victim as an acquaintance or a friend (Dull, 1987, p. 176). Some studies have supported findings that indicate women are in greater danger to be raped or sexually assaulted by a friend, fellow student, or acquaintance than by a stranger (Gelles, 1997; Medea & Thompson, 1974; Meyer, 1984).

When working with higher education universities and colleges, it is important to have the administration, the faculty and staff involved in reducing the number of sexual assaults and address the issues and culture surrounding rape. In the 1990's, societal attitudes surrounding rape were improving, however in the university and college sphere, officials were still treating stranger rape as "real rape" and acquaintance or date rape as less harmful and severe (Sampson, 2011, p.13). Not only are the college and university officials confused as to the attitudes surrounding rape, both college women and men are undereducated and have little understanding of the harms of both stranger rape and acquaintance or date rape (Sampson, 2011, p. 13).

Sexual Assault Policies

In the early 1980's, campus crime was "one of the best kept secrets in the country", (Carter & Bath, 2007, p. 28). Today, higher education institutions have taken better steps to provide safety for their students, faculty, staff and guests. Many of the improvements have been inexpensive and are quite significant (Carter & Bath, 2007, p. 28).

The United States Congress and the federal government have enacted policies to help victims, prevent future victims and assist universities and colleges with prevention programs. In 1987, the Security On Campus Inc. was formed by two parents, Howard and Connie Clery, who had lost their daughter to a brutal rape and burglary in her college dorm at Lehigh University (Carter & Bath, 2007, p. 29). The Clery's dedicated the rest of their lives to teaching and educating parents, students and schools about the dangers of campus crime.

In 1990, the Crime Awareness and Campus Security Act was passed and signed by President George H. W. Bush (Carter & Bath, 2007, p. 29). Later it was amended in 1992 and 1998 (Fisher, Cullen & Turner, 2000). In 1998, the amendments changed the name to the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Fisher, Cullen & Turner, 2000). Under the Clery Act, all institutions, both public and private, that are able to participate in any federal student aid program under Title IV of the Higher Education Act of 1965 must be subject to the reporting requirements in the Clery Act (Carter & Bath, 2007, p. 30). All policies are an attempt to get universities to assist victims of all crimes and to publish and make easily accessible the school's crime statistics (Fisher, Cullen, & Turner, 2000). Policies should also lead to more education. Proposing that college female students obtain the proper knowledge and information regarding their risk for sexual assault would hopefully minimize the likelihood that they would become a victim. Advances in policy, funding for programs, and

better education improves safety and decreases the likelihood of students becoming victims of sexual assault. Colleges across the country can use these improvements to better protect their students.

Attitudes and behaviors regarding rape

The advances in research concerning date rape have led to more research about attitudes and behaviors related to rape. Brownmiller (1975) and Burt (1980) were the first two to identify, label and study rape myths that have arose from our patriarchal society and culture. Burt (1980) writes, “rape myths are prejudicial, stereotyped, or false beliefs about rape, rape victims and rapists (p. 217). Lonsway and Fitzgerald (1994) argued that rape myths are “attitudes and beliefs that are generally false but widely and persistently held, and that serve to deny and justify male sexual aggression against women” (p. 134). Brownmiller (1975) believed and argued that rape was a not a crime of “irrational, impulsive and uncontrollable lust but a deliberate, hostile, violent act of degradation” and that it was important to critically study our culture and the elements of our beliefs that foster and reinforce popular rape myths in order to change society and dismantle the power of rape myths (Brownmiller, 1975; Ward, 1995, p. 24). Brownmiller (1975) argued there were four fundamental misconceptions about rape: (1) all women want to be raped, (2) no woman can be raped against her will, (3) she was asking for it and (4) if you are going to be raped you might as well as enjoy it (Ward, 1995, p. 24). Different forms of these four misconceptions are commonly seen in literature and research surrounding sexual assaults and attitudes.

McGee, O’Higgins, Garavan, and Conroy (2011) discuss three categories of rape myths in their research. First, is the “real rape” stereotype which has made it difficult for acquaintance and date rapes to be taken as seriously as stranger rapes which many believe is “real rape”

(McGee et al., 2011, p. 3581). A second rape myth is that false accusations are prevalent (McGee et al., 2011, p. 3581). In a study that was done in eleven European countries, it was concluded that the number of false allegations was between 2% and 9%, which is very low (McGee et al., 2011, p. 3582). The last group of rape myths is “victim blaming”, which provides that if women are wearing revealing clothes they must be asking for it (McGee et al., 2011).

Rape myths and attitudes are likely to change over time due to changes in culture, awareness, the influence of media, and social media. However, rape myths or attitudes and behaviors regarding sexual assault contribute to a false idea of the precipitating factors or relevant details to what constitutes rape (McGee et al., 2011). McGee et al. (2011) conducted a national telephone survey in Ireland about sexual abuse and violence. The administrators asked the respondents to indicate their agreement with statements relating to rape, rape victims and perpetrators of rape and sexual violence. Ten of the 20 rape-supportive beliefs were endorsed by at least 20% of the sample (McGee et al., 2011).

Many date rape studies have examined attitudes supportive of sexual assault in college samples (Cowan & Campbell, 1995; McMahan, 2010; Smith, McQuiller Williams & Porter, 2013) and behaviors that increase the risk of perpetrating sexual assault (Blumberg & Lester, 1991; Cowan & Campbell, 1995; Foubert & Newberry, 2006; McMahan, 2010; Smith, McQuiller Williams, & Porter, 2013). Hinck and Thomas (1990) “found that college students with previous rape education had less adherence to rape myth beliefs” (McMahan, 2010, p. 5). Hinck and Thomas (1990) found that rape myths may exist in various other less obvious forms especially in regards to victim blaming (McMahan, 2010). More specifically, McMahan (2010) examined the beliefs and behaviors with college student-athletes and found

that respondents “would not directly blame the victim for her assault but expressed the belief that women put themselves in bad situations” (p. 5).

Most research into rape myths has shown that men are more likely to endorse myths than women (Burt, 1980; Ching & Burke, 1999; Cowan, Campbell, & Robin, 1995; Franiuk, Seefeldt, Cephress, & Vandello, 2008; McGee et al., 2011). Rennison (2002) reported that men commit 99% of rapes. Additionally among college men, 9% admit committing rape or attempted rape (Ouimette & Riggs, 1998). Therefore, many rape prevention programs are targeted toward men.

Patitu (1998) did a lengthy study that looked at attitudes towards rape victims among the college student population. Patitu (1998) tested 25 different attitudes based on gender and her results concluded that there are definite differences (p. 52). Men reported a higher score, meaning they had more unfavorable attitudes towards rape victims. Patitu (1998) highlights the importance of colleges and universities to work toward changing the stigmas attached with being a rape victim and learn better ways to protect both women and men.

Blumberg and Lester (1991) compared high school and college aged students and their attitudes towards rape. The results showed that high school males believed more strongly in rape myths and blamed the victims more compared to college-aged males. It is possible that with additional education one’s view of rape and sexual victimization would change, evolve, and become more desirable.

Research of rape supportive attitudes and behaviors often generates mixed findings. Giacomassi and Dull (1986) concluded that rape myths support sexual and racial stereotypes. Results of their study showed that men possessed higher levels of support for rape myths than women and that black males reported the greatest support for rape myths. Lefley, Scott,

Llabre, and Hicks (1993) looked at three ethnic groups, Black, Hispanic and White, and found that Hispanics displayed a higher support for rape myths towards victims than Blacks and Whites. Lastly, Kalof and Wade (1995) in their study of over 300 college students that there were no significant differences between white men and black men in rape myth support.

Despite this growing body of literature, limited information is available regarding attitudes and behaviors associated with date rape and auditory status. In addition, no study has explored the impact of auditory status and prior sexual victimization on attitudes and behaviors associated with date rape. It is highly important to expand the research regarding auditory status and sexual victimization because research suggests having a disability is a significant factor in sexual victimization (Andrews & Veronen, 1993; Smith, 2007; Sullivan, 1987).

Prior sexual victimization

Although a number of studies have examined attitudes and behaviors toward rape (Burt, 1980; Carmody & Washington, 2001; Jenkins & Dambrot, 1987), limited information is available on the effect of deafness and prior sexual victimization on attitudes and behaviors regarding date rape. In hearing populations, there are no significant differences between victims and non-victims of previous sexual victimization and their endorsement of rape myths (Burt, 1980; Carmody & Washington, 2001; Jenkins & Dambrot, 1987).

One purpose of this exploratory study is to enhance our understanding of the influence that prior victimization on attitudes and behaviors regarding date rape. By examining attitudes, behaviors, and prior sexual victimization experiences by auditory status, this study can provide much needed empirical research to aid rape prevention and outreach programs for all demographic groups.

1.2 General Victimization among the Disabled

Women on college and university campuses are not the only subgroup that is at a higher risk for sexual victimization. Some research indicates that disabled persons are at a higher risk of sexual victimization than persons who are not disabled (Andrews & Veronen, 1993; Smith, 2007). The definition of a person with a disability varies depending on the source. The National Crime Victimization Survey (NCVS) “defines a disability as a long term (six months or more) sensory, physical, mental or emotional condition that makes it difficult for a person to perform daily activities” (Turner et al., 2011, p. 1). The NCVS classifies disabilities according to six limitations: hearing, vision, cognitive, ambulatory, self-care, and independent living (Harrell, 2012, p.1). Examples of some disabilities that fall under these criteria are depression, conduct disorder, limitations in hearing, sight or mobility, as well as, developmental and learning disabilities such as autism or cognitive disabilities (Turner et al., 2011, p. 1).

The Individuals with Disabilities Education Act (IDEA) is a federal law that allows children who have a disability to get access to the proper services and education. The IDEA defines a child with a disability as “a child with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbances, orthopedic impairments, autism, traumatic brain injury, other health impairments or specific learning disabilities” (Child Welfare Information Gateway (CWIG), 2012, p. 2).

According to the U.S Department of Justice, persons aged 12 and older who have a disability or disabilities “experienced an annual average of about 923,000 nonfatal violent crimes during a 2-year period from 2010-2011” (Harrell, 2012, p. 1). Victims who are ages 12 to 15 and have a disability have a higher average annual unadjusted rate of violent victimization than

person's ages 12 to 15 that do not have a disability, 76 per 1,000 and 30 per 1,000 respectively (Harrell, 2012, p. 3). People between the ages of 16 and 19 with disabilities have an average annual adjusted rate of violent victimization of 123 per 1,000 compared to non-disabled 16 to 19 year olds, 37 per 1,000 (Harrell, 2012, p. 3). Lastly, from 2010 to 2011, the average annual unadjusted rate of violent victimization among those with a disability, ages 20 to 24, went from 74 per 1,000 in 2010 to 110 per 1,000 in 2011 (Harrell, 2012, p. 3).

In 2010, the age adjusted violent victimization rate showed that people with disabilities have a rate almost twice the rate of non-disabled persons, 28 per 1,000 and 15 per 1,000 respectively (NCVRW, 2013, p. 14). Also in 2010, intimate partner violence accounted for 13% of violence against a person with a disability, which was similar to the percentage of violence against a person without a disability, 14% (NCVRW, 2013, p.14). There were 46 anti-disability hate crimes reported in 2010; 22 were against physical disabilities and 24 were bias crimes against those with a mental disability (NCVRW, 2013, p.15). Lastly, more than one-half of violent crimes against those with a disability are against those with multiple disabilities (NCVRW, 2013, p.15). There is a relationship between disabilities and victimization including sexual victimization. This relationship needs to be addressed in order to address crimes against those who have disabilities to address parental and familial risks/factors, caregiver or education factors, societal factors and support programs for those who are victims and might not understand they are victims.

1.3 Sexual Victimization among the Disabled

Women with disabilities are four times more likely to experience sexual assault than women without a disability (Martin, Ray, Sotres-Alvarez, Kupper, Moracco, Dickens, et al., 2006). Smith (2007) used data from the Center of Disease Control (CDC) and the Behavioral

Risk Factor Surveillance System (BRFSS) annual state wide random survey. The database contained 356,112 subjects and 49,756 of them were women with a disability of activity limitation (Smith, 2007, p. 19). The purpose of the study was to evaluate the differences in the rate of sexual and physical violence experienced by women with disabilities and those without disabilities. In this study, women with disabilities were significantly older, less educated and less likely to have employment (Smith, 2007, p. 21). The study found that women with disabilities were at a higher risk “of experiencing all forms of abuse” than women without disabilities and men with disabilities (Smith, 2007, p. 22). In addition, gender and disability increase the risk of unwanted sexual abuse (Smith, 2007, p. 22).

Some research suggests that women with disabilities are less likely to report assaults than non-disabled women, due to comfort level of conversing about sexual issues, or the reliance on the perpetrator for routine activities (Martin et al., 2006, p. 824). Andrews and Veronen (1993) describe eight reasons for why women with disabilities are at a higher risk for victimization:

(1) increased dependency on others for long-term care, (2) denial of human rights that results in perceptions of powerlessness, (3) less risk of discovery as perceived by the perpetrator, (4) difficulty some survivors have in being believed, (5), less education about appropriate and inappropriate sexuality, (6) social isolation and increased risk of manipulation, (7) physical helplessness and vulnerability in public places, and (8) values and attitudes within the field of disabilities toward mainstreaming and integration without consideration for each individuals capacity for self-protection. (Smith, 2007, p. 17)

1.4 General Victimization among the Deaf and Hard of Hearing

The Deaf and hard of hearing (DHH) community is a tight knit community that has a very strong presence in Rochester, NY and at RIT/NTID. There are nearly two million U.S Citizens who are Deaf and about 22 million people who are hard of hearing (Vernon & Greenberg, 1999). Unfortunately, there is little research examining victimization, maltreatment and sexual abuse within the DHH population.

Deafness and hearing loss are both considered disabilities. Some may feel that being Deaf or hard of hearing is not a disability but in research terms, it is. Sullivan and Knutson (1998) conducted a study that examined maltreatment and youth with a disability. The most common form of maltreatment was neglect, followed by physical abuse then sexual abuse. Problems with communication make it difficult for children and youth who are DHH or have communication and language disorders to report or verbalize their abuse (Sullivan & Knutson, 1998, p. 297).

With a sample size of 3,001 abused individuals and 880 non-abused, DHH youth comprised 6.1% of the abused population (Sullivan & Knutson, 1998, p. 299). Boys and girls had similar maltreatment patterns, with the exception of sexual abuse, where girls were victimized at a higher rate than boys. Youth who have behavior disorders were among those with the highest risk of victimization, followed by speech and language disorders and then hearing impairments (299). Sullivan and Knutson (1998) also found that a significant percentage (41.6%) of Deaf and hard of hearing youth experienced neglect when compared to nondisabled youth (29.8%) (p. 300). Deaf and hard of hearing youth also experienced a significantly higher rate of physical abuse than nondisabled maltreated peers (Sullivan & Knutson, 1998, p. 300).

Another study examining sexual victimization within underrepresented groups, specifically at the college level was done by Porter & McQuiller Williams (2011a), which found that 9.5% of the sample reported some form of sexual abuse by their partner. However, the most prevalent type of abuse was psychological abuse. Members of the gay, lesbian, bisexual or other (GLBO) and the DHH community were twice as likely to suffer psychological abuse at the hands of their partner. Similarly, both DHH and GLBO were two and half times and three times, respectfully, were at risk to suffer physical abuse. The results show that members of

underrepresented populations are more likely to experience victimization than those in the mainstream population.

Research is needed to understand the cultural and societal influences that could result in higher rates of sexual victimization among underrepresented groups on college campuses and this study seeks to answer some of these questions.

1.5 Sexual Victimization among the Deaf and Hard of Hearing

Few empirical studies have examined sexual victimization against persons that are Deaf and hard of hearing. According to one study of college students at Gallaudet University, 25% of DHH people have reported forced sex in their lifetime (Joseph, Sawyer, & Desmond, 1995). As noted earlier, children with a hearing disability have been found to suffer high rates of physical and sexual victimization. Sullivan, Vernon and Scanlon (1987) found that 50% of Deaf girls and 54% of Deaf boys have been sexual abused within their research population.

Finkelhor (1996) estimated that 25% of girls and 10% of boys have been sexually abused. Some possible factors for the higher rates of abuse include geographic isolation of residential schools, lack of knowledge that Deaf children have concerning sexuality and the belief of offenders that the threat of being reported is small (Porter, Yuille, & Bent, 1995).

Johnston-McCabe, Levi-Minzi, Van Hasselt and Vanderbeek (2011) examined a sample of 46 Deaf and hard of hearing women who were receiving outpatient mental health services. McCabe and colleagues (2011) found that nearly three quarters (71%) of the sample reported experiencing psychological abuse or emotional abuse, and 56.5% indicated that they had been victims of some sort of physical violence in an intimate relationship (67). Lastly, sexual violence victimization was reported by one-quarter (26.1%) of the participants (McCabe et al., 2011, 67). The results for Deaf and hard of hearing participants were higher (26.1%) compared to the

hearing population. Russell (1982) noted that 14% of victims were forced into sexual intercourse or other forms of sexual victimization during the course of their marriage (McCabe et al., 2011).

Sullivan, Vernon and Scanlon (1987) were pioneers in sexual abuse research among Deaf and hard of hearing students and their work is cited in numerous other articles. Three studies regarding Deaf youth and sexual abuse paved the way for future research and continue to show that more research is needed among higher school aged individuals. All Deaf 9th graders were interviewed separately and 50% of them reported having been sexually victimized (Sullivan et al., 1987). A second example of high sexual victimization rates among Deaf youth was shown when police investigators interviewed 150 children at a residential school for the Deaf. The results showed that seventy-five children had been sexually abused and nineteen reported they were victims of incest in their homes. The last study examined incoming freshman at a postsecondary education facility for the Deaf and hard of hearing. The 322 students that were surveyed attended both mainstream and residential schools. Of the 322 students, 37 (11.1%) indicated they had been victims of sexual abuse and of the 37 students, 24 had also reported physical abuse (Sullivan et al, 1987). Lastly, the Center for Abused Handicapped Children at the National Institute for Communication Disorders in Children found that 100 Deaf children were victims of physical and/or sexual abuse (as cited in Sullivan et al., 1987).

Anderson and Leigh (2011) report using research done by the Abused Deaf Women's Advocacy Society (ADWAS) that provides that roughly 25% of all Deaf women are victims of intimate partner violence (IPV). IPV refers to acts of physical assault on a partner in a dating or marital relationship (Anderson & Leigh, 2011; Smithey & Straus, 2004). Used broadly, IPV refers to "any behavior that demeans or controls the partner, including sexual coercion and psychological attacks" (Anderson & Leigh, 2011, p. 822; Smithey & Straus, 2004). The figure

of 25% is similar to the annual percentages rates for women in the general population (16% to 30%). Deaf and hard of hearing women may be less likely to report abuse due to lack of communication. According to the ADWAS (2000), battering of Deaf people is “probably one of the most underreported crimes in America” (Anderson & Leigh, 2011).

Anderson and Leigh (2011) examined IPV among female, Deaf and hard of hearing undergraduate women aged 18 to 25 years old. Results showed that the participants on average experienced 8.51 sexually coercive behaviors. These behaviors included being coerced, experiencing verbal threats and being physically forced into unwanted sexual acts.

Chapter Two: Deaf Culture

2.1 Deaf and Hard of Hearing Population

This study examines auditory status, rape attitudes and behaviors, and prior sexual victimization. Accordingly, it is important to understand what is meant by auditory status. Deafness is a disability that is seen by many activists and supporters as one that does not need fixing (Ringo, 2013).

There are different ways to define deafness, which include scientifically, socially and culturally. Unlike some other disabilities, deafness has a criterion to determine if one is “deaf enough” to identify into the cultural and sociological community (Davis, 2007). Some criteria might be decibel level, how much hearing one has lost, how they lost their hearing, what mode of communication one chooses or where one went to school: mainstream or residential. Deaf culture is a topic of rising discussion and debate among Deaf supporters and mainstreaming supporters (Davis, 2007). First, it is important to know who is considered deaf, Deaf, and who is considered hard of hearing since they are defined differently.

How to define deafness

There are two common ways to define deafness in the hearing community and the Deaf community: medically based on an audiogram or culturally based on the community one identifies with culturally. There are four types of hearing loss: conductive, sensorineural, mixed and central (National Discrimination Center for Children with Disabilities, 2010). A conductive hearing loss is usually damage to the outer or middle ear and frequently people with this type of loss can wear hearing aids or be helped medically. A person with a sensorineural hearing loss is a result of damage to the sensory hair cells in the inner ear. Usually the loss is mild to profound and wearing a hearing aid successfully is case dependent. A mixed hearing loss is a combination of conductive and sensorineural damage. Central hearing loss is damage to the nerves or impairment of nuclei within the central nervous system. Also, deafness can be the result of damage to nerves to the brain or the brain itself (National Discrimination Center for Children with Disabilities, 2010).

The number of Americans with a hearing loss has doubled during the last 30 years and the technology to assist those that want amplified hearing has expanded greatly (ASHA, 2013). In 2000, it was projected that “28.6 million Americans had an auditory disorder” (ASHA, 2013). In the 2000-2001 school year, of 1.2% of all children with disabilities, about 70,767, were receiving services for a hearing loss (ASHA, 2013). The number of Deaf and hard of hearing individuals is much higher because at times individuals may have more than one disability and might be categorized differently.

Deaf vs. hard of hearing

The IDEA defines deafness and hearing loss separately. According to the IDEA, deafness is defined as “hearing impairment that is so severe that the child is impaired in processing

linguistic information through hearing, with or without amplification” (National Discrimination Center for Children with Disabilities, 2010). A person with a hearing loss or impairment is defined by IDEA as having, “an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance” (National Discrimination Center for Children with Disabilities, 2010).

These are also scientific and legal ways of defining deafness for a person who has a hearing loss or impairment. As noted earlier, these definitions are also the definitions to classify a person as having a disability. Within the hard of hearing community, there are new terms that are more politically correct to use than hearing handicapped, which used to be the term chosen by most. Now, it is more correct to say hearing-challenged and hearing impaired (Barrow, 2008, p. 9). Those that identify as hearing impaired usually describe them as with limited hearing and medically “broken or defective” ears (Barrow, 2008, p. 8).

Socio-cultural view

The socio-cultural definition of deafness takes a different path than the traditional audiological and scientific perspectives. Author Lennard Davis (2007) describes Deaf individuals as a “colonized, ethnic linguistic minority” (p. 3). This definition has been widely accepted by scholars and taught at institutions such as Gallaudet University and the National Technological Institute of the Deaf (NTID) (Davis, 2007). This definition has removed the stigmas of disabled or handicapped and has allowed Deaf people to be a sociological group or community. However, with being an ethnic minority, there are negative consequences such as racial politics and audism, which will be discussed later. Another issue with the ethnic and linguistic way of defining Deafness is that there is a rigid criterion for distinguishing between Deaf and non-Deaf (Davis, 2007, p. 3). The ethnic model also proposes that there is a “pure”

Deaf person, whom Davis (2007) argues, “imitates the worst aspects of racial profiling” (p. 4). The last point Davis (2007) makes is that a key component of an ethnosis is the idea of a kinship system not solely being united through language, history and culture. Since 90% of Deaf people are born to hearing families, the passage of deafness is a non-kinship system, argued by many (Davis, 2007).

Deaf culture vs. hearing culture

Deaf culture has a long history, has national support and is constantly battling the need of others to “fix” Deaf and hard of hearing individuals. Deaf culture was a concept coined in the 1970’s and meant that Deaf communities had their own ways of life through American Sign Language (ASL) (Ladd, 2003, p. xvii). Barrow (2008) notes that deafness is a socially constructed ideological school of thought (p. 24). There are two schools of thought: the linguistic ethnic minority mentioned earlier, and the deafness as a disability model (Barrow, 2008, p. 24). Both require a division into groups: mainstream vs. disabled, or mainstream vs. subculture (Barrow, 2008, p. 24). In the end, Deaf people are segregated and labeled as different.

People with a hearing loss can identify as deaf or Deaf, with a capital “D”. Those that see themselves as deaf, lowercase “d”, are usually people who lost their hearing early or later in life and have no interest in learning ASL or communicating with deaf communities and cultural groups (Ladd, 2003, p. xvii). If one assimilates as being Deaf, then that person is considered separate from the hearing culture and a strong member of the Deaf culture (Tucker, 1997, p. 31). Individuals that see themselves as deaf have assimilated into the hearing society and do not view themselves as a separate culture (Tucker, 1997, p. 31). Therefore, those that are deaf could be audiologically deaf but not socially Deaf (Sheetz, 2001, p. 21).

Deaf individuals that see themselves as Deaf define their deafness as a cultural identity and not a disability and believe that this identity must be maintained and nourished (Tucker, 1997, p. 31). One of the main attributes holding together the Deaf culture is their own separate language. American Sign Language (ASL) is not universal yet it is concrete, visual and has its own syntax and grammar (Tucker, 1997, p. 31). Another pillar in the Deaf culture is segregated state schools, often times residential schools strictly for Deaf youth. A third pillar would be the Deaf clubs and organizations that foster the growth and expansion of Deaf culture and fight for civil rights. Often times, Deaf individuals work and socialize in similar all Deaf clubs which help maintain the progression of Deaf culture (Tucker, 1997).

The National Association of the Deaf (NAD) is large nonprofit organization strictly for Deaf and hard of hearing Americans and is a prime example of Deaf culture. It is a civil rights organization that opened its doors in 1880 (NAD, 2013). They advocate for a wide variety of issues for those who face difficulties in society as a result of their hearing loss such as, access to technology, education, justice, employment, ASL, and transportation (NAD, 2013).

Membership & Identity. Paul Higgins (1980) discusses how people or “outsiders in a hearing world” join a Deaf community or Deaf culture. Membership is not absolute and must be achieved. Being Deaf, capital D or deaf, lower case, is not a sufficient condition for validation in the Deaf community (Gregory & Hartley, 1990 p. 23). There are three ways in which one can achieve membership within a Deaf community: identification, shared experiences, and participation (Gregory & Hartley, 1990, p. 23). Deaf people who want to be in the Deaf community must feel a sense of identity and connection with other Deaf people. Many Deaf people feel uneasy and are not confident in their interactions with hearing people. This is part of a shared experience shared by other Deaf members and it helps strengthen the basis for

identification with the Deaf world (Gregory & Hartley, 1990, p. 26). Active participation is the last, yet least important, criteria for membership within the Deaf community. The Deaf community is not expanded just based on symbolic interactions and shared experiences; it is also created through marriages, relationships, parties, clubs, religious organizations and even published materials (Gregory & Hartley, 1990 p. 29).

Often times Deaf activists and supporters say “Deaf is Dandy”, similar to how African Americans used to say, “Black is Beautiful” (Tucker, 1997, p. 31). According to NAD, Deaf people want to be Deaf and “claim the right to their own ethnicity, with [their] own language and culture, the same way Native Americans or Italians bond together” (Tucker, 1997, p. 31). Deaf culturists feel that there is no need for change or technological advances such as hearing aids or cochlear implants.

Audism. It is important to understand the relationships between hearing people and Deaf people and the context in which that relationship exists. For example, the relationship between White and Black people exists in the context of racism (Ostrove & Olivia, 2010, p. 106). The context for hearing and Deaf people can be understood in the context of audism. Audism is defined as the “notion that one is superior based on one’s ability to hear or behave in the manner of one who hears” (Ostrove & Olivia, 2010, p. 106). Obstacles that result from “systematic discrimination of individuals based on hearing ability” make it difficult for effective relationships between hearing and Deaf individuals to exist (Ostrove & Olivia, 2010 p. 107). Not only are DHH individuals stigmatized in the greater society, within the DHH community there is also segregation. An example of audism could be when a hard of hearing person who uses his or her voice (is oral) begins communicating with another Deaf person and the Deaf person dismisses the hearing person due to their communication method of choice.

Specific differences in cultural values. When comparing the cultural values of the Deaf community and the hearing community there are stark differences and some similarities. The cultural values that are evident in the Deaf community are what separate them most from the hearing community. Language is a key component of the Deaf community. ASL is the primary mode of communication and most chosen by members of the Deaf community in the United States. The concept of Total Communication was very popular in the 1970's. This meant that whatever mode of communication best fit the child was the one they should use (Ladd, 2003). This concept is fought by often by Deaf activists who stress the importance and maintaining of ASL in the Deaf community. Speaking is the second cultural value that distinguishes hearing communities and those that identify as Deaf. In the Deaf community and culture is it inappropriate to speak or to use one's voice (Gregory & Hartley, 1990 p. 42). Exaggerated speaking is not encouraged and to some it is seen as disrespectful of other Deaf people (Gregory & Hartley, 1990 p. 42). A third difference seen in the Deaf culture is that Deaf people enjoy the company of other Deaf-minded people. Therefore, it is common to see Deaf people stay late after a party or social gathering or be the last one to leave a restaurant (Gregory & Hartley, 1990 p. 43). The companionship, support and trust they feel keeps the strength of the Deaf culture going.

Dr. Linda Siple of NTID, presented on the specific differences between Deaf culture and hearing culture. She expands the list of cultural values that are different for each culture (Table 1).

Table 1: Cultural Values (Siple, 2001, PPT)

Hearing Culture	Deaf Culture
Individualism	Collectivism
Privacy	Open Communication
Equality	Oppression
Materialism	Not as Important
Progress & Change	Traditions
Science & Technology	Opposition to Science & Technology
Work & Leisure	Goal of the Group
Competition	Cultural Pride

Individualism in the hearing culture simply means that personal goals take priority over other groups, such as family, friends, or employers (Siple, 2001). Collectivism in the Deaf culture puts an emphasis on the differences between Deaf and hearing, an emphasis on the needs of a group, and the shared values, beliefs and norms as defined by the group (Siple, 2001). Seeing these two concepts in action can help distinguish Deaf culture from hearing culture. In a meeting setting, for example, if a person were to arrive late, a hearing person would just ignore the behavior, but a Deaf person would try to help that person catch up. Therefore, in a meeting setting, open side conversations are tolerated among Deaf people but are not in the hearing culture. If people were not paying attention in a meeting setting within the Deaf culture, that is not tolerated and the meeting would stop until all members are actively paying attention. In contrast, in a hearing culture, this behavior is tolerated and somewhat ignored (Siple, 2001). Closely related to collectivism is the importance of open communication; having secrets and withholding information goes against that interconnected goal of collectiveness. Both cultures

have their own ways of seeing things and have their own norms and beliefs. What is important and is that both cultures learn to live coincide with each other. Mutual respect and understanding is built and relationships stay positive.

2.2 Can Culture Predict Group Differences?

Research in many fields of study have tested and concluded that there are many differences across culture that can lead to both positive and negative actions. For example, criminological research looking at gangs as a sub-culture have shown that values and morals have transferred from generation to generation allowing negative and positive definitions to transfer (Fine & Kleinman, 1979). Members of the Deaf culture or community are able to transfer their morals and values similarly like other cultures.

Moral development

Linguistic and audiological factors affect the developmental process for children in and out of the educational arena because of their lack of ability to communicate with others. Therefore, social growth, language development and education are all interdependent within children and youth that are Deaf; many people suffer from social and educational handicaps (Sheetz, 2001, p. 191). Some research regarding moral development and deafness has examined whether or not that is why there might be a social lag in attitudes and behaviors. A study done at NTID by DeCaro and Emerton (1978) used a written version of Kohlberg's moral reasoning questionnaire to the entire freshman class of NTID (Sheetz, 2001, p. 192). The questionnaire was also given to 44 randomly selected students. The researchers found that 80% of the sample scored lower than the average score. The students scored at the Preconventional Level (Sheetz, 2001, p. 192). A more recent study found that Deaf students were reasoning at a stage of 1 and 2 when the average child reasons at stages 2, 3, and 4 according to Colby and Kohlberg (1981)

(Sheetz, 2001, p. 194). The lag in reasoning skills could potentially be explained by a lack of assimilation to English language, restricting opportunities for social interaction, limited exposure to reasoning and explanations of other people's perspectives and feelings and the limitation of their role-taking ability (Sheetz, 2001).

Social interaction

When examining deafness and their ability to reason and the differences in attitudes and values between cultures, it is important to look at social interaction and social learning. It is argued that Deaf children and students are constantly in a state of marginality, and it prevents them from enculturation and socialization (Sheetz, 2001, p. 202). Enculturation can be defined as the process of integrating characteristics from different cultures. Since Deaf individuals are unable to communicate as clearly and easily with hearing students, they often find themselves in conflict and getting frustrated easily. Therefore, they ultimately conform to that person's views, avoid conflict, avoid communication with others, and their ability to develop their moral reasoning skills decreases due to lack of exposure to different values and beliefs (Sheetz, 2001). Peterson and Peterson (1989) believe that Deaf individuals must confront this conflict and therefore be able to grow and develop cognitively and socially (Sheetz, 2001, p. 202). In summary, it is important for Deaf children and parents that are both Deaf and hearing to encourage their youth to face the difficulties of communication head on and to encourage discussion of social and cognitive issues to further the development of their own moral reasoning and to foster the sustainability of positive values and attitudes.

Residential schools

There is one more area of research that is often used to discuss certain educational, social and cognitive delays faced by some Deaf youth and adults. Residential schools are very common

in the Deaf culture and many students are unaware of some of the risks with attending. Residential schools do not afford Deaf children the same social contacts with their peers that hearing students in mainstream schools do. In adolescent years, young adults make important decisions as to how they view their deafness. Three possible avenues include: 1) complete assimilation into the Deaf culture, 2) deny deafness and seek membership and identity within the hearing culture, and lastly, 3) float in between both worlds (Sheetz, 2001, p. 8). Within this subculture of the Deaf community, they might have limited exposure to other community contacts, other students of different races, or ethnic backgrounds therefore limiting their ability to develop their own morals and views. One area of concern that needs further expansion in the literature is sexual issues in the Deaf community. Neyhus and Austin (1978) found that oftentimes, Deaf individuals rely on Deaf peers, stereotypes in media and on television for information on sexuality, sexual health and are ill-informed (Sheetz, 2001, p. 83). Not only will their information be limited, their sexual development could also be restricted. In residential schools, education about sexual issues is limited and students are not exposed to the truth about sex. This makes it extremely difficult for Deaf and hard of hearing youth to formulate their own questions, values, and morals based on their exposure to life and the education they are given (Sheetz, 2001).

Research is limited within the Deaf culture and especially limited when examining attitudes of rape and sexual victimization. Some progress has been made with research explained previously. However, the current study will expand on these current issues and fill some important gaps in DHH research.

Chapter Three: Theory

This chapter explores disability theory, feminist theory and feminist-disability theory in relation to Deaf culture and the victimization experiences of Deaf and hard of hearing college students. These theoretical perspectives will be used to help examine any possible relationship between auditory status and negative sexual experiences and negative rape attitudes and behaviors. Theories about sexual victimization, Deaf culture and disabilities are expanding with from past ideas and results based on research (Burt, 1980; Carmody & Washington, 2011; Jenkins & Dambrot, 1987; Joseph, Sawyer & Desmond, 1995; Martin et al., 2006; Sullivan, Vernon & Scanlon, 1987). Theory can evolve based on the present culture or makeup of society, which can in turn influence the type of research being executed.

3.1 Feminist Theory

Since the early 1970's, feminist theory has been dominate among theoretic models relating to domestic violence, program interventions and advocacy efforts (McPhail, Busch, Kulkarni, & Rice, 2007). The feminist model explains that IPV is a result of male oppression of women, specifically, a male dominated society where the perpetrators are majority men and the victims are women (Dobash & Dobash, 1979; Walker, 1979). Violence within intimate relationships is a result of historical gender differences in power and control, that results in physical and psychological abuse, economic abuse and intimidation by men of women (McPhail et al., 2007). Feminists challenge male entitlement and lobby for public solutions and the establishment of programs and support options. The Feminist Majority Foundation (FMF) was founded in 1987 and it is a leader in lobbying for women's equality, reproductive health, and non-violence (FMF web). The FMF is currently challenging the Federal Bureau of Investigation's (FBI) definition of rape and to encourage the FBI and other law enforcement

agencies to test the backlog of rape evidence kits. Also, feminists lobby on behalf of all women for reproductive rights, establish organizations such the National Organization for Women (NOW), and are a voice for women to lawmakers and policy makers.

In the early stages, feminist theory looked mostly at gender as the main indicator in abuse. Since then the feminist perspective now acknowledges the validity and importance in researching the relationship of abuse and the effects of other systems of oppression such as race, class, origin, sexual orientation, age and disability (McPhail et al., 2007; Collins, 2000).

Early on, feminist theorists were concerned with defining sexual violence and rape, the nature, causes and the consequences of rape because it raised social and political consciousness about sexual violence (Ward, 1995, p. 22). The theoretical perspective of rape is derived from the broader feminist theory that emphasizes gender differences in power and that has an effect on social interaction (Ward, 1995). A major theme is that rape a “direct function of the degree to which women are socially, politically and economically powerless in comparison to men” (Ward, 1995, p. 22).

There are many different facets within the feminist framework. Some scholars within this discipline focus their attention on gender roles and the socially constructed definitions and rules women and men have abided by for centuries (Rose, 1977; Russell, 1975; Ward, 1995). Others focus on the notion that women are property and men are entitled to ownership (Millett, 1969; Ward, 1995). Lastly, more recently scholars have been focusing on the attitudes and myths that surround rape and sexual victimization such as; victim blaming or when a woman says maybe she really means yes (Cowan & Campbell, 1995; McGee et al., 2011; McMahan, 2010; Smith, McQuiller Williams, & Porter, 2013; Ward, 1995). Some of the major leaders and theorists of the feminist theory are Ward (1995), Mehrhof and Kearon (1972), LeGrande (1973),

Brownmiller (1975), Davis (1975), Clar and Lewis (1977), Rose (1977), Groth (1979) and Dworkin (1981) (Ellis, 1989, p. 10).

For the purpose of this research, feminist theory will be used to evaluate the attitudes and behaviors in relation to our sample. There are still structural inequalities and traditional gender roles that influence the endorsement of rape myths and undesirable behavioral attitudes regarding sexual victimization. The current research will hopefully address this theory and show whether or not the influence of these traditional gender roles is evident among different auditory groups.

Many view the prospects of rape “as more or less a direct function of the degree to which females are politically and economically powerless relative to men” (Ellis, 1989, p. 10). It has been argued that if disparities both politically and economically decrease between men and women, the risk of rape will decrease. However, some feel that the opposite will happen, men will then feel frustrated and it will increase women’s risk of sexual victimization as a result of men attempting to re-establish male dominance (Ellis, 1989, p. 11). The theory that risk of rape will increase with a decrease in inequality is known as the backlash theory (Avakame, 1999). There has been little support for this theory and feminist theorists “tend to agree that if all status differences between men and women were eliminated, rape would also stop” (Pazzani, 2007, p. 723).

The theory that men are more powerful and superior to women dates back to prehistoric times according to Brownmiller (1975). Feminist theory is considered the “dominant social explanation” of rape and is used the most to explain group differences in the risk of rape (Austin & Kim, 2000, p. 205). More recently, feminist writers have been investigating the attitudes and the myths that surround rape and sexual victimization. Unfortunately, despite a lot of progress women have made today in terms of politics, economics and socially, dating relationship

attitudes still reflect the traditional and gender-stereotyped norms about males and females (Bouffard & Bouffard, 2011).

The traditional gender roles for women are passive, fragile, and submissive and women are responsible for child rearing, household chores, and preserving positive family relationships (Angelone et al., 2012, p. 2586). Non-traditional gender roles assert that women and men should be equal and share the responsibilities of the household, embracing sexuality, including beliefs that women have control of their own body and lives (Angelone et al., 2012). Research has shown that those who believe in traditional gender roles tend to accept and endorse date rape myths and socially undesirable attitudes more and are less likely to view unwanted sexual activity as traumatic (Angelone et al., 2012). These same individuals have failed to adapt to the new gender roles and are also more likely to rationalize the behavior of the offender.

It is important to look at the different factors of a culture and how cultural norms and beliefs can influence rape and the resulting effects on people and communities. Feminist and disability theory discuss how rape and sexual assault is about power and dominance, therefore one might argue that those with disabilities or life altering handicaps are even more at risk. These individuals might be at a disadvantage (1) because they cannot fight off an attacker as well or even be able to verbalize what happened to them and (2) because they are an easier target for sexual assault due to their disability, whether that be physical, mental, cognitive, or auditory (Sullivan & Knutson, 1998).

Attitudes and beliefs

Many feminist writers argue that rape myths are prevalent in patriarchal societies and the need to denigrate women is at the core of these misconceptions and myths. In a study done during the mid-70's by Herbert Field, he concluded that out of 400 college students at a

southeastern university, 7% of women and 17% of men “concurred that if a women were going to be raped, she might as well try to enjoy it” (Ward, 1995, p. 38). Unfortunately, as noted early, the traditional gender roles and patriarchal society still are quite prevalent in today’s culture and among young adults and maybe even more in the collegiate settings. In the 1980’s, the percentage of students who agreed, “It would do some women good to be raped” dropped 5% (Ward, 1995, p. 39). The common myths about rape cited by many feminist writers such as responsibility, credibility, and blame are still evident and illustrated today (Ward, 1995, p. 39). From a social psychology stand point, some feminist theorists believe that attitudes surrounding rape victims are probably linked to their attitudes about women in general (Ward, 1995, p. 50). Ward (1995) also suggests that a woman’s place and status in society could reflect differences in attitudes towards rape victims (p. 64).

The current research will examine the differences in attitudes among college students and comparing men and women’s attitudes. Since women who are between the ages of 15-24 are most likely to be a victim, it is important to understand the rape supportive attitudes. Rape on college and university campuses has become a public health issue and research by Anderson and Leigh (2011), Burt (1980) and others has shown that “rape tolerant attitudes are one of the most common contributors to the high prevalence of rape among college students” (Ching & Burke, 1999, p. 2).

Burt (1980) has devised a theoretical model that is used to help explain the factors that influence rape myth acceptance. There are four variables: background, personality, experience and attitude. Some of the variables influence each other and some do not, however all four variables impact rape myth acceptance.

The four antecedents were selected by Burt (1980) as a result of investigating previous research done by feminist writers and researchers. Each cluster has variables that have been previously tested in other research. In Figure 1, each cluster has its own set of variables labeled with acronyms. Below in Table 2, the acronyms are explained.

Table 2: Acronyms for Burt’s (1980) Feminist Theoretical Model

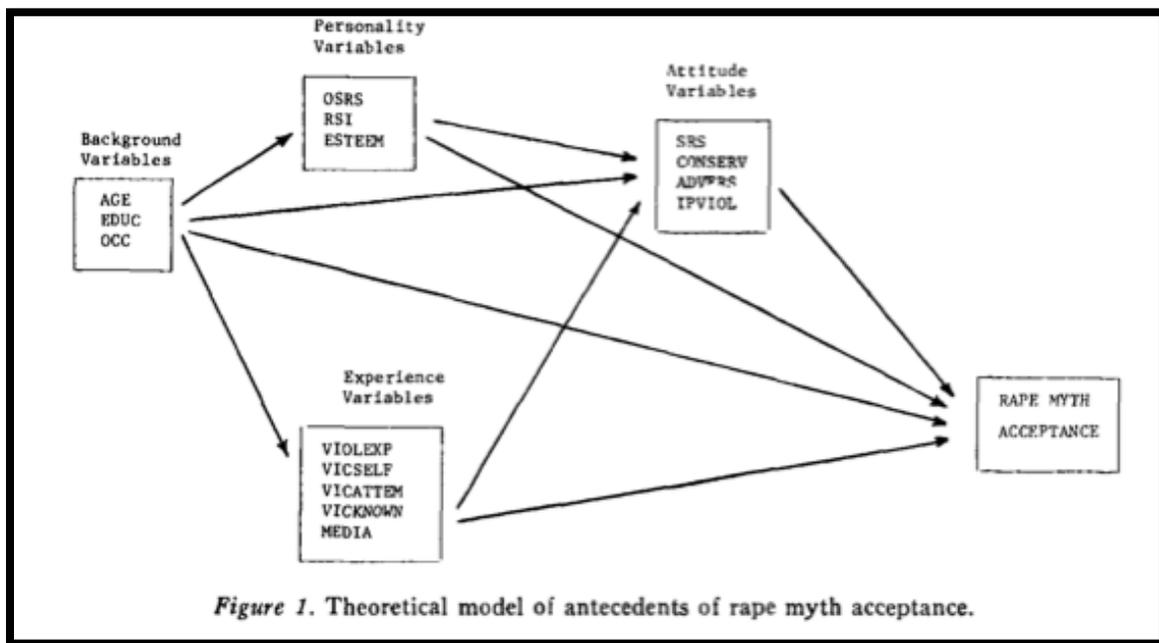
Acronyms Listed in Figure 1	Meaning
Background Variables	
AGE	Age
EDU	Education
OCC	Occupation
Personality Variables	
OSRS	Own Sex Role Satisfaction
RSI	Romantic Self Image
ESTEEM	Self-Esteem
Experience Variables	
VIOLEXP	Experience with Inter-familial violence
VICSELF	Victim of completed sexual assault
VICATTEM	Victim of attempted sexual assault
VICKNOWN	Number of sexual assault victims known
MEDIA	Exposure to media treatments of sexual assault
Attitude Variables	
SRS	Sex role stereotyping
CONSERV	Sexual Conservatism
ADVERS	Adversarial sexual beliefs
IPVIOL	Acceptance of Interpersonal Violence

The attitudinal variables were chosen as a result of research that found that sex role stereotyping varies directly with rape myth acceptance (Field, 1978; Klemmack & Klemmack, 1976). Burt’s (1980) research has not investigated the effects of personality on rape myth acceptance. Burt (1980) included these variables on the theory that “if much victim rejection occurs because people engage in defensive attribution, then people who feel stronger and more

confident in themselves might be expected to rely less on this mechanism” (p. 219). In terms of experimental variables, these were chosen by Burt (1980) to test if there was any linear relationship to attitudes. Variables about media exposure are a result of previous feminist beliefs that the United States is a rape culture society. Lastly, in previous research, a relationship between rape and violence was growing and Burt (1980) theorized that the more a person was exposed to violence, the more likely one would accept interpersonal violence and rape myths.

In Figure 1, all variables to the left of a given variable were assumed to affect that variable causally. For example, personality and experiences were most likely to affect attitudes than vice versa (Burt, 1980, p. 220). Background variables were before all others variables in the sense of time therefore it is on the extreme left (Burt, 1980, p. 220). There are not always causal relationships between all the variables. Personality and experience do not have a line drawn between them; hence there is no relationship (Burt, 1980, p. 220).

Figure 1: Theoretical model of antecedents of rape myth acceptance (Burt, 1980, p. 220).



Understanding the different variables and antecedents that affect or influence rape myth acceptance is crucial for determining which programming works and educating teens and young adults about rape, rape myths and dating/interpersonal violence. Burt's (1980) research resulted in conclusion that many Americans believe rape myths and that attitudes are strongly connected to other variables such as sex stereotyping, distrust of the opposite sex (adversarial sexual beliefs), and acceptance of interpersonal violence (p. 229).

A common notion in much of the literature is the "not sex" paradigm, that rape is an act motivated by gender power dynamics rather than by offenders seeking sex (Spivak, 2011). The California Coalition Against Sexual Assault asserts, "women are raped because misogynist men take out their aggression on women in general" (Spivak, 2011, p. 11). Most men do not see their sexual assault behavior as criminal nor as rape and therefore they are usually able to justify their behavior (Bouffard & Bouffard, 2011, p. 629). A patriarchal society provides justifications that center on rape myths and attitudes and allows men to maintain a rape free image (Bouffard & Bouffard, 2011). The "not sex" paradigm also can be used to explain that recent research and literature is confirming the feminist perspective that rape is not about sex, it is about power, and used to control and humiliate the other person (Spivak, 2011, p. 37). A common myth about rape is that it is a sexual crime, committed for sexual gratification, when in fact, rape is a crime of violence and aggression (Spivak, 2011, p. 37). This idea that rape is a crime of violence not a primarily a sex crime was first brought to the social sciences academic realm by Griffin (1971), Greer (1970) and Millett (1971) and later argued by Brownmiller (1975) (Thornhill & Palmer, 2000, p. 124). Eventually, the act of rape as a "political act that indicated nothing about male sexuality" became the focal point for the feminist theory (Thornhill & Palmer, 2000, p. 124). The feminist view is still popular among feminist thinkers and writers and has influenced the mind of

current intellectuals and scholars. Like many theories and ways of thinking, there are degrees along a spectrum that people fall under. Even with feminism, there are radical feminists who disagree with the “not sex” theory and there are social constructionists such as Dworkin (1981) who believe that sex was socially constructed from sexism and is used for male dominance and violence. Spivak (2011) mentions that the “not sex” perspective still permeates in academic discourse for example, in textbooks.

Research suggests that rape victims actually undergo secondary victimization meaning that they actually suffer from people surrounding them that tend to see them as partially responsible for what happened (Burt, 1988; Campbell, Sefl, Barnes, Ahrens, Wasco & Zaragoza-Diesfeld, 1999; Pollard, 1992; Stahl, Eek & Kazemi, 2010). In general, the propensity to blame victims is a result of mythological beliefs about rape and rape victims that are predominantly accepted by men (Burt, 1980; Longsway & Fitzgerald, 1994; Stahl, Eek & Kazemi, 2010). Some research suggests that rape myth acceptance and victim blaming is driven by hostility towards women (Lonsway & Fitzgerald, 1995). Stahl, Eek and Kazemi (2010) argue that there is another motive that contributes towards victim blaming based on the system justification theory. They argue that rape victims are a threat to the status quo meaning they “threaten system justifying beliefs that contemporary society offers a “level playing field” for men and women” (p. 240). As a result we see the negative reactions towards rape beyond a hostility towards women.

Angelone, Mitchell, and Lucente (2012) did a study in which they examined gender roles, relationship length and perpetrator motivation to help better understand the attitudes of date rape and sexual victimization. In this study, Angelone et al. (2012) describe two different categories of factors that affect date rape and sexual victimization: situational and observer variables.

Situational factors are the environmental contexts that the assault occurs within as well as of the personal characteristics of the victim and the offender (Angelone et al., 2012, p. 2,583). The type of relationship between the victim and the offender is likely to influence the perception of the assault as consensual or not. The closer the relationship, the less likely observers are to “perceive the assault as consensual and the less likely they are to view the incident as a serious concern” (Angelone et al., 2012, p. 2583). In terms of victim characteristics, those who are attractive, dress provocatively, sexually promiscuous, acquainted with offender, or intoxicated are attributed more blame for the sexual assault (Angelone et al., 2012, p. 2584). There are three sexual motivations for the need for men to act out in a sexual way without a women’s consent: power/control, anger, vindictiveness (Angelone et al., 2012, p. 2584). Power and control as noted earlier is seen as the main reason for rape and sexual victimization. Anger could be directed to women as a whole, or specific women, while vindictiveness could be the means of seeking revenge for injustice by women or seeking revenge on specific women for a reason unknown to others.

The most universally observed variable is gender and there are differences in perceptions and attitudes by comparing the viewpoint of males and females. For example, in general, men “attribute more responsibility to the victim, are more likely to perceive the victims’ behavior as inviting the sexual activity and provoking the assault and perceive the victim as experiencing more pleasure from the assault” (Angelone et al., 2012, p. 2585). Females have more empathy, and support for the victim and prosecution; they also see the crime as more serious (Angelone et al., 2012). Muehlenhard, Friedman, and Thomas (1985) examined gender roles and social attitudes of rape. They concluded that rape was more likely to occur when the following occurred: the women initiated the date, the man paid for the date, and they went to the man’s

apartment to talk. Therefore, traditional beliefs “were associated with greater rape justifiability” (Angelone et al., 2012).

The feminist theory looks at a multitude of factors that influence sexual victimization; social constructs, political and economic oppression, attitudes and rape myths, gender roles and victim blaming. All of which have been tested and researched as influencing sexual victimization.

3.2 Disability Theory

The research among Deaf and hard-of-hearing and those who are exposed to or were the victim of interpersonal violence is limited (Anderson & Leigh 2011; Burt, 1980; Carmody & Washington, 2001; Jenkins & Dambrot, 1987; Porter & McQuiller Williams, 2011b). The need for more research is critical to the prevention of IPV and the development of programs to help intimate partner violence and sexual assault victims. The influence of feminist theory is important when looking at women with disabilities.

Brownridge (2006) argues there is a lack of information and research about women with disabilities and their risk of abuse, experiences of abuse, and barriers to seeking help (Brownridge, 2006). The lack of information and research contributes to the problem of the “invisibility” of victimization of women with disabilities, meaning that the lack of attention this topic has received in the academic world shows that women are invisible or are not an important topic in society (Brownridge, 2006, p. 805). Hightower and Smith (2003) concluded that persons with disabilities are 50% more likely to encounter abuse compared to people without disabilities. This, like other studies, was a very high estimate. Newman, Christopher and Betty (2000) state that since the prevalence rate and risk of victimization for people with developmental disabilities is higher compared to those who do not have disabilities is still up for debate, it would be

prejudicial to assume this notion is correct until further research can corroborate previous research.

The argument that women with disabilities are especially more vulnerable to interpersonal violence, sexual victimization is the framework for the feminist disability theory. Garland-Thomson (2002) uses both feminist theory and disability theory frameworks in her studies and compares and contrasts both frameworks. In one of her studies, she makes the fundamental point that she is trying to broaden the traditional feminist thinking by adding disabilities into the discussion to expand her research to contain new ideas being discussed in this realm of academia. By including disability variables into the feminist theory, she argues, just like gender, disability is “a concept that pervades all aspects of culture: its structuring institutions, social identities, cultural practices, political positions, historical communities, and the shared human experience of embodiment” (Garland-Thomson, 2002, p. 4).

When we merge two ideas or theories it allows new researchers to open the door for new theories, ideas and questions. Similar to this study, we are examining variables of auditory status, prior victimization and attitudes and behaviors with sexual assault. We are taking separate research questions and combining them into one with the hopes of uncovering a new way of looking at the topic of sexual assault on college campuses, specifically in the Deaf and hard of hearing community.

3.3 Feminist-Disability Theory

The feminist disability view introduces a new topic which allows people to be better understand the identify aspects of both theories of disability and the cultural concept behind them (Garland-Thomson, 2002, p. 5). The main premise of feminist disability theory is that a disability is not inferior, inadequate or a misfortune (Garland-Thomson, 2002, p. 5). Instead,

disability is a result of culturally infused narrative similar to how we understand race and gender (Garland-Thomson, 2002, p. 5).

The ability/disability system identifies and compares people based on more ideological reasoning rather than biology; it examines the unequal distribution of status, resources and power (Garland-Thomson, 2002). The notion that disability is a part of a “culture system that stigmatizes certain kinds of bodily variations” is what feminist disability theorists want to change (Garland-Thomson, 2002, p. 5). Disability has four aspects: (1) system for understanding and defining bodily variations, (2) relationship between bodies and their environment, (3) a set of practices, and (4) a way of describing the instability of the embodied self (Garland-Thomson, 2002, p. 5). This way of defining and understanding disability excludes the impairments, changes, ambiguities that we usually think of when of disabilities.

Barranti and Yuen’s (2008) research explored IPV among women with disabilities. There is a history of lack of research when investigating the relationship of sexual victimization, IPV and women with disabilities. This is a result of the social construction of disability and the definitions, terms, and ideas people have created, therefore they were not the subject of research studies as often. In the past, society has labeled certain groups with negative connotations and that has led to their decreased presence in research. Marginalizing or not focusing on the importance of women with disabilities within victimization abuse studies has led to increases in their vulnerability to IPV victimization (Barranti & Yuen, 2008).

Women with disabilities have been typified as asexual, unable to be mothers and are most likely not expected to be involved in intimate relationships such as marriage or dating significant others (Barranti & Yuen, 2008). Such dehumanizing and devaluing views have contributed to vulnerability to victimization and their invisibility when seeking help (Barranti & Yuen, 2008, p.

118). Oftentimes, women then feel that they have relationship unworthiness or they feel that they are not valued members of their relationship or potentially their community. This notion can prevent women, especially women with disabilities who might have cognitive challenges, from understanding their abuse. Their inability to understand their abuse or continued abuse affects their ability to report their abuse because they may not see the abuse as inappropriate (Barranti & Yuen, 2008). This idea highlights the fact that women with disabilities and women without disabilities potentially can react differently to their abuse and their ability to seek help or assistance may be limited if there are disabilities that limit verbal skills, or cognitive understanding.

In the 1990's there was groundbreaking research that showed that there were differences in abuse and IPV victimization between women with and women without disabilities (Barranti & Yuen, 2008, p. 118). Results showed that women with disabilities reported experiencing abuse longer durations than nondisabled women (Barranti & Yuen, 2008, p. 119). Most women reported that their abuse was linked to their disability and that they were more likely to be victimized by a healthcare provider, caregiver and an attendant (Barranti & Yuen, 2008, p. 119). This is also known as the abuse of the helping relationship.

There are many barriers that women with disabilities have that make it difficult for them to reach services and seek help for the abuse. There might be physical or cognitive impairments and limitations that may make it difficult for them to fight off an attacker and escape. Oftentimes, it is the caregiver or the person responsible for the victims' resources and needs that allows the abuse to last longer since the perpetrator holds all the control. Lastly, the lack of independence and the socialization of compliance and submission can hinder women's ability to seek IPV help (Barranti & Yuen, 2008, p. 120).

It is important that we expand the outdated model and increase research on gender, disabilities and IPV to better serve a significant part of our population that is at risk. A new way of viewing disability as noted earlier is to look at the similar concepts drawn from the feminist framework. The research that is presented in the next section of this paper will be the first step in the direction of filling existing gaps in literature and research regarding Deaf and hard of hearing college students and sexual victimization.

Chapter Four: Methodology

The present study attempts to examine the associations between auditory status, prior sexual victimization and rape attitudes and behaviors. Previous research about college date rape and sexual victimization has failed to analyze auditory status. The current research will fill gaps in the literature by using auditory status as a main variable.

4.1 Research Questions

The following questions are derived from the thorough examination of previous research literature to identify gaps in our understanding:

- Are there differences in attitudes and/or behaviors surrounding rape by any combination of auditory status (Deaf, hard of hearing and or hearing)?
- Are there gender differences within the Deaf and hard of hearing community concerning rape supportive attitudes and behaviors?
- Can disability, feminism, and/or feminist disability theory explain differences in rape supportive attitudes and behaviors?

4.2 Hypothesis

This study will first examine the relationship between auditory status and sexual victimization followed by an investigation of the relationship between auditory status and undesirable attitudes and behaviors, specifically victim blaming.

- If auditory status is related to sexual victimization, it is expected that individuals who are Deaf or hard of hearing are more likely to have a negative sexual experience than hearing students during their college years.
- If auditory status is related to rape supportive attitudes and behaviors then Deaf and hard of hearing students and hearing students are more likely to subscribe to rape supportive attitudes and behaviors.

4.3 Procedure & Sample Characteristics

The data was obtained through pen and paper surveys that were administered to students at the Rochester Institute of Technology in 2000, 2002, 2004, and 2006. Forty classes, each year, were selected at random. The instructors and students that were surveyed agreed to participate. The data was compiled into one large data set and used for all statistical tests undertaken in this study. The total number of cases varied depending on the variables used because there were missing cases in the dataset. Table 3 provides a list of independent variables used in this study.

Table 3. Variable List

	N	Mean	%	Min/Max	Standard Deviation
GENDER	3,970			0/1	.49
<i>Female</i>	1,673		42.1%		
<i>Male</i>	2,297		57.9%		
AUDITORY STATUS	3,960	2.65		1/3	.72
<i>Deaf</i>	587		14.8%		
<i>Hard of Hearing</i>	218		5.5%		
<i>Hearing</i>	3,155		79.7%		
HEARING POP	3,960	.80		0/1	.41
<i>Deaf & Hard of Hearing (0)</i>	805		20.3%		
<i>Hearing Population (1)</i>	3,155		79.7%		
SEXUAL VICTIMIZATION					
<i>Verbthreat</i> (Verbal threats of sex against your will)	Total: 3,962 Yes: 115	.03		0/1	.24
<i>Sxtouch</i> (sexual touching against your will)	Total: 3962 Yes: 269	.07		0/1	.32
<i>Attsex</i> (Attempted penetration against your will)	Total: 3,964 Yes: 105	.03		0/1	.19
<i>Sexpenetration</i> (Completed penetration against your will)	Total: 3,962 Yes: 77	.02		0/1	.17
<i>Ever_Neg_SES</i> (Ever negative sexual experience scale)	Total: 3,957 Yes: 349	.09		0/1	.28

4.4 Measures & Scales

Independent variables

Table 3 provides the name, description and basic descriptive details regarding the key variables used in this study. All variables were self-reported. The variable, auditory status, had three options: Deaf, hard of hearing, or hearing. For the purpose of this study, combining both Deaf and hard of hearing was used to pool two smaller groups into one larger group. By recoding

auditory status from three categories to two categories, it allows us to analyze and compare different variables against the hearing population variable. Therefore, auditory status was recoded into Hearing_POP, which has the two options of Deaf/hard of hearing (DHH) or hearing. DHH was recoded to equal 0 and hearing was recoded to equal 1.

Dependent variables

The College Date Rape Attitude and Behavior Survey (CDRABS), designed by Lanier & Elliot (1997), is a questionnaire that consists of questions that allow researchers to evaluate the risks associated with date rape. This study analyzes thirteen attitudinal items and six rape related behavioral items. The attitudinal items are recorded based on a 4-point Likert scale: 1= strongly disagree, 2=disagree, 3=agree and 4=strongly agree. However, attitudes listed below and marked with an asterisk are coded in a reverse 4-point Likert scale (1= strongly agree, 2 = agree, 3= disagree, 4 = strongly disagree).

- Males and females should share the expenses of the date*
- I believe that talking about sex destroys the romance of that particular moment
- If a woman dresses in a sexy dress she is asking for sex
- In a majority of date rapes the victim is promiscuous or has a bad reputation
- A man is entitled to intercourse if his partner has agreed to it but at the last moment changed her mind
- Many women pretend they do not want sex because they do not want to appear easy
- A man can control his behavior no matter how sexually aroused he feels *
- I believe that alcohol and other drugs do not affect my sexual decision making skills *
- When a woman says no to sex what she really means is maybe
- Women often lie to about being raped to get back at their dates

- It is okay to pressure a date to drink alcohol in order to improve one's chance of getting one's date to have sex
- When a woman asks her date back to her place, I expect that something sexual will take place
- Date rapists are usually motivated by overwhelming unfulfilled sexual desire

Each of the thirteen *attitudinal items* were then re-coded into two categories: 0= desirable attitude and 1= undesirable attitude. If a respondent selected a 1 or 2 when answering the attitudinal questions they were then recoded into desirable behavior. If the student marked a 3 or 4 it was then coded into undesirable behavior. The variable *Attitude_Scale* is an additive scale that consists of all thirteen attitudinal items and has a relatively high internal consistency ($\alpha = .862$).

The same process was employed with the six behavioral questions. The behavioral items were scored using a 5 point-Likert scale technique (1=always, 2=most of the time, 3=sometimes, 4=rarely and 5= never). However, behaviors listed below and marked with an asterisk are coded in a reverse 5-point Likert scale.

- I stop the first time my date says "no" to sexual activity*
- I stop sexual activity when asked to if I am already sexually aroused*
- I have sex when I am intoxicated
- I have sex when my partner is intoxicated
- When I want to touch someone sexually I try to see how he/she reacts
- When I hear a sexist comment I indicated my displeasure*

The *Behavior_Scale*, similar to the *Attitude_Scale*, added up the sum for each respondent for each of the six behavior questions. Each of the behavioral items were re-coded into two separate

categories, 0= desirable behavior and 1=undesirable behavior. If a respondent marked a 1 it was recoded to a desirable response. If the student responded with a 2, 3, 4 or 5 then their answer was coded as undesirable behavior. The *Behaviors_Scale* has an alpha score of .766 and a moderate internal consistency.

Lastly, the variable *Ever_Neg_SES* is the main dependent variable used in this study. The four sexual victimization questions, evident in the variable list, were combined to create the variable *Ever_Neg_SES*. Each of the four sexual victimization questions; verbal threats, sexual touching, attempted penetration and completed penetration are originally scored using a 4-point Likert scale (0=never, 1=once/twice, 2=three to ten times, 3= ten or more times). All four sexual victimization questions were recoded and combined to produce the variable *Ever_Neg_Ses*. If a person scored a 1, 2 or 3 on any of the original four sexual victimization questions, they were categorized as a “yes”, which was coded as a “1”, to having a negative sexual experience. If a person scored a 0 on any of the four sexual victimization questions, they were categorized as “Never” and were coded as a “0”. The responses to these four questions make up the sexual victimization scale, which has a Chronbach’s alpha score of .694, which falls slightly below the “acceptable” category. However, reliability analysis scores are generally lower for composite measures with a small number of indicators.

Chapter Five: Results

5.1 Sexual Victimization

Out of all the respondents, 2.9% (n=115) reported verbal threats of sex against their will and 6.8% (n=269) reported sexual touching against their will. In terms of attempted penetration and actual sexual penetration students responded 2.6% (n =105) and 1.9% (n=77) respectively.

Bivariate analysis

Based upon one of the research questions, several chi-square tests were performed to examine negative sexual experiences by auditory status (see Table 4).

The analysis found that the prevalence of negative sexual experience is significantly greater for Deaf and hard of hearing students as compared to hearing students on three items. When analyzing the percentages below in Table 4, compared to hearing respondents, DHH subjects were: a) 3.2 times more likely to experience verbal threats of sex, b) about 2 times more likely to experience unwanted sexual touching and c) 2.6 times more likely to experience completed rape. However, there were no statistically significant differences between DHH and hearing students in terms of attempted rape. Finally, when examining the *Ever_Neg_SES* scale (see Table 5), DHH students (14.6%) were twice as likely to have a negative sexual experience compared to hearing respondents (7.3%).

Table 4. Chi-Square Tests Differences in Negative Sexual Experiences by Auditory Status

	Auditory Status		X ²
	DHH	Hearing	
Verbal Threat of Sex (n=3952)	6.4% (n=51)	2.0% (n=64)	42.24***
Unwanted Sexual Touching (n=3952)	10.8% (n=87)	5.7% (n=181)	26.32***
Attempted Rape (n=3954)	3.4% (n=27)	2.5% (n=78)	1.90
Completed Rape (n=3952)	3.9% (n=31)	1.5% (n= 46)	19.20***

***p<.001, **p<.01, *p<.05

Table 5. Negative Sexual Experience by Auditory Status (n= 3,947)

	Auditory Status		X ²
	DHH	Hearing	
Ever Negative Sexual Experience	14.6% (n=117)	7.3% (n=231)	42.10***

Attitudinal items

Table 6 shows the differences in rape supportive attitudes between DHH and hearing respondents. There were no statistically significant differences between DHH and hearing students for seven of the thirteen attitudinal items. Deaf and hard of hearing students were significantly more likely to subscribe to rape supportive attitudes compared to hearing students for three of the attitudinal items. The analysis showed that DHH students were statistically significantly more likely to believe that a man is entitled to intercourse if his partner has agreed but at the last moment changed their mind (Attitude Five), that a man cannot control his behavior no matter how sexually aroused he is (Attitude Seven) and that alcohol and drugs do not affect sexual decision making (Attitude Eight). Although DHH students were significantly more likely to subscribe to rape supportive attitudes on three items, hearing students were also significantly more likely to support rape supportive items than DHH. These results showed that hearing respondents were more likely to believe that women pretend they do not want sex because they do not want to appear easy (Attitude Six), that when a women says no she really means maybe (Attitude Nine) and when a date asks a guy back to her place after the date, sex is expected (Attitude Twelve).

Table 6. Proportion of Undesirable Responses within Attitudes

ATTITUDINAL ITEMS	Auditory Status		X ²
	DHH	Hearing	
<i>Attitude 1</i> N= 3921	40.0 (n=319)	43.0 (n=1342)	2.24
<i>Attitude 2</i> N= 3926	34.3 (n=272)	34.6 (n=1083)	.03
<i>Attitude 3</i> N= 3925	30.8 (n=244)	32.0 (n=1002)	.41
<i>Attitude 4</i> N= 3921	33.2 (n=263)	30.1 (n=942)	2.86
<i>Attitude 5</i> N= 3928	37.4 (n=298)	30.9 (n=967)	12.32***
<i>Attitude 6</i> N= 3927	40.4 (n=322)	47.4 (n=1483)	12.46***
<i>Attitude 7</i> N= 3919	48.1 (n=383)	41.5 (n=1297)	11.24***
<i>Attitude 8</i> N= 3912	49.4 (n=388)	41.6 (n=1300)	15.78***
<i>Attitude 9</i> N= 3925	34.0 (n=271)	38.0 (n=1189)	4.37*
<i>Attitude 10</i> N= 3922	35.7 (n=284)	32.7 (n=1021)	2.70
<i>Attitude 11</i> N= 3931	32.5 (n=259)	34.4 (n=1079)	1.00
<i>Attitude 12</i> N= 3923	34.0 (n=270)	47.3 (n=1478)	45.31***
<i>Attitude 13</i> N= 3906	42.2 (n=336)	41.6 (n=1293)	.09

***p<.001, **p<.01, *p<.05

Behavioral items.

After seeing that there were some statistically significant differences between different groups based on auditory status for the attitudinal items, it was crucial to also analyze the behaviors. Below in Table 7, it is evident that DHH students were more likely to subscribe to two of the six rape supportive behaviors compared to hearing students. DHH students were significantly more likely to not stop the first time a date says “no” (Behavior One) or stop if

already sexually aroused (Behavior Two). Compared to DHH students, hearing respondents were more likely to have sex when intoxicated (Behavior Three) and more likely to touch someone sexually and see how he or she reacts first (Behavior Five).

Table 7. Proportion of Undesirable Behavior Responses DHH & Hearing

BEHAVIORIAL ITEMS	Auditory Status		X ²
	DHH	Hearing	
<i>Behavior 1 (n=3929)</i>	41.8 (n=333)	33.8 (n=1058)	18.05***
<i>Behavior 2 (n=3915)</i>	39.6 (n=313)	33.3 (n=1040)	11.21***
<i>Behavior3 (n=3927)</i>	74.0 (n=589)	78.8 (n=2466)	8.35*
<i>Behavior 4 (n=3922)</i>	74.7 (n=592)	77.3 (n=2419)	2.28
<i>Behavior 5 (n=3907)</i>	75.1 (n=597)	78.5 (n=2444)	4.34*
<i>Behavior 6 (n=3920)</i>	85.2 (n=675)	87.2 (n=2729)	2.25

***p<.001, **p<.01, *p<.05

Logistic regression.

Table 8 shows the output for the logistic regression on CDRAB items. The variables auditory status (*Hear_Pop*), gender (*Female*), and Negative Sexual Experience (*Ever_Neg_Ses*) were used in this analysis.

Table 8. Logistic Regression with CDRAB Items

ODDS RATIO				
Dependent Variable	Female	Victim	Hearing	X ²
ATTITUDINAL ITEMS				
<i>Attitude One (N=3909)</i>	1.14	1.30**	1.16**	12.28***
<i>Attitude Two (N=3914)</i>	.75***	1.37*	1.01	21.42***
<i>Attitude Three (N=3913)</i>	.57***	1.93***	1.05	79.54***

Table 8. Logistic Regression with CDRAB Items (continued)

ODDS RATIO				
Dependent Variable	Female	Victim	Hearing	X ²
<i>Attitude Four (N=3909)</i>	.64***	1.31*	.83*	44.76***
<i>Attitude Five (N=3916)</i>	.71***	1.17	.73***	39.97***
<i>Attitude Six (N=3915)</i>	.86*	.93	1.29**	18.01***
<i>Attitude Seven (N=3907)</i>	.92	1.11	.76***	13.86***
<i>Attitude Eight (N=3901)</i>	1.16	1.19	.74***	25.22***
<i>Attitude Nine (N=3913)</i>	.74***	1.65***	1.20**	36.76***
<i>Attitude Ten (N=3911)</i>	.69***	1.29*	.85*	32.71***
<i>Attitude Eleven (N=3919)</i>	.66***	1.45**	1.07	41.26***
<i>Attitude Twelve (N=3911)</i>	.71***	1.11	1.73***	75.52***
<i>Attitude Thirteen (N=3894)</i>	1.01	.92	.98	.59
BEHAVIORIAL ITEMS				
<i>Behavior One (N= 3919)</i>	.51***	1.70***	.68***	119.12***
<i>Behavior Two (N=3906)</i>	.55***	1.50***	.73***	87.67***
<i>Behavior Three (N=3917)</i>	.98	1.15	1.32 ***	9.39**
<i>Behavior Four (N=3913)</i>	.97	1.28	1.17	5.49
<i>Behavior Five (N=3906)</i>	.85*	1.40*	1.20	12.14**
<i>Behavior Six (N=3919)</i>	.87	1.01	1.14	3.66

***p<.001, **p<.01, *p<.05

Gender. When controlling for all other variables, there were a number of statistically significant differences. Compared to males, females were statistically significantly less likely to believe in nine of the thirteen-attitudinal items: (a) believe in talking about sex destroys the romance (Attitude Two); (b) a women who dresses sexy is asking for it (Attitude Three); (c) majority of date rape victims are promiscuous (Attitude Four); (d) a man is entitled to intercourse even after the partner has agreed but then changed his/her mind (Attitude Five); (e) women pretend they don't want sex because they do not want to appear easy (Attitude Six); (f) when women say no they really mean maybe (Attitude Nine); (g) women often lie to get back at their dates (Attitude Ten); (h) it is okay to pressure a date to drink alcohol in order to improve one's chance of sexual activity (Attitude Eleven); (i) and when a woman asks her date back to her place, sexual activity is expected (Attitude Twelve).

Finally, women were less likely to subscribe to three of the rape supportive behavioral items than men. Males are less likely to stop their action when their date says "no" (Behavior One), stop sexual activity when asked to even if they are already sexually aroused (Behavior Two) and are more likely to touch someone sexually to see how he/she reacts (Behavior Five).

5.2 Prior Negative Sexual Experiences

When the model controls for all other variables, the negative sexual experience variable produced unforeseen findings. If one had been sexually victimized, the odds of possessing one of the following rape supportive attitudes increased: (a) males and females shouldn't share the expense of a date (Attitude One); (b) sex destroys romantic situations (Attitude Two); (c) when a women dresses sexy, it is an invitation for sex (Attitude Three); (d) date rape victims are most likely promiscuous (Attitude Four); (e) women who say "no" really mean maybe (Attitude Nine); (f) victims often lie about rape to get back at their dates (Attitude Ten); (g) and it is okay

to pressure a date to drink alcohol to improve one's chance of partaking in sexual activity (Attitude Eleven).

When examining the behavioral items, the data showed that those who experienced a prior negative sexual experience increase their odds of: (a) pursuing sex even when the partner says no (Behavior One); (b) not stopping the sexual activity when asked even if already aroused (Behavior Two); (c) and when they touch someone sexual they gauge his/her reaction (Behavior Five).

Auditory status

The results showed that there were some significant differences in rape supportive attitudes and behaviors by auditory status. The model showed that compared to hearing individuals, DHH students are more likely to subscribe to the following attitudes: (a) the majority of date rape victims are promiscuous (Attitude Four); (b) a man is entitled to intercourse if his partner has agreed to it but at the last moment changed her mind (Attitude Five); (c) a man can control his behavior no matter how sexually aroused he feels (Attitude Seven); (d) believe that alcohol and drugs do not affect my sexual decision making skills (Attitude Eight) and (e) victims often lie about rape to get back at their dates (Attitude Ten).

The results also showed that compared to hearing individuals, DHH respondents were less likely to subscribe to the following attitudes: (a) males and females shouldn't share the expense of a date (Attitude One); (b) women pretend they don't want sex because they do not want to appear easy (Attitude Six) and (c) when a woman says no she really means maybe (Attitude Nine).

The model also showed that DHH respondents are less likely to stop the first time when their date says "no" (Behavior One) and less likely to have sex while intoxicated (Behavior

Three). In addition, DHH respondents are more likely to stop when already sexually aroused (Behavior Two).

Linear regression

Table 9 presents the results of the ordinary least squares regression analysis of the attitudes scale and the behaviors scale and table 10 contains the CDRAB Scale. All three scales had statistically significant models with the chosen independent variables.

Table 9: OLS Regression on CDRAB Subscales

	Attitude Scale			Behavior Scale		
	b	SE	β	b	SE	β
Female	-1.73***	.26	-.11	-1.31***	.18	-.12
Victim	1.68***	.46	.06	.89**	.31	.05
Hearing	.05	.32	.00	-.38	.22	-.03
Intercept	29.53***			16.33***		
R ²	.03***			.02***		
N	3,742			3,834		

***p<.001, **p<.01, *p<.05

Table 10. OLS Regression on CDRAB Scale

	CDRAB Scale		
	b	SE	β
Female	-3.14***	.41	-.13
Victim	2.58***	.72	.06
Hearing	-.56	.50	-.02
Intercept	46.08***		
R ²	.02***		
N	3,659		

***p<.001, **p<.01, *p<.05

The model with the highest R² was the CDRABS scale, with 1.8% of the variance being explained by female, victim or hearing. Based on the BETA values for all three scales, gender is the strongest variable. If one is a victim of a negative sexual experience their score on the

attitude scale increases by 1.68 and .89 on the behavior scale. The score on the CDRAB scale increases by 2.58 if you are a victim of a negative sexual experience. Differences in attitudes and behaviors due to hearing status were evident in earlier statistical analysis but it was not a statistically significant predictor in any of the OLS analysis. Gender was a strong predictor and actually decreased ones score on the attitude, behavior and CDRABS scales. Therefore, females have a score of 1.73 less than males on the attitude scale, 1.31 less than males on the behavior scale and 3.14 less than males on the CDRABS scale.

Chapter Six: Discussion/Limitations

The purpose of this exploratory study is to enhance our understanding of the influence that auditory status, gender, and prior victimization has on attitudes and behaviors regarding date rape.

According to the results of this study, DHH individuals are 2.5 times more likely to experience a negative sexual experience and are 2.6 times more likely to experience completed rape than hearing students. This confirms Hypothesis 1. These findings are also consistent with previous research, which has found that DHH college students are more likely to experience sexual assault than hearing students (Anderson & Leigh 2011; Porter & McQuiller Williams, 2011a). Moreover, these findings also provide support for disability theory. This indicates that colleges should be made aware that Deaf and hard of hearing students may be more isolated and/or have unequal access to resources when compared to other students.

The findings also indicate that differences by auditory status are reflected in some attitudes and behaviors. These findings provide partial support for Hypothesis 2. Specifically, DHH students were more likely to believe that a majority of date rape victims are promiscuous, that drugs and alcohol do not affect sexual decision making, that men are entitled to intercourse

even if their partner changed their minds at the last minute, that a man cannot control his behavior no matter how sexually aroused he feels and that victims often lie about rape to get back at their dates compared to hearing students.

Regarding behaviors, the results showed that DHH students were more likely to not stop once a date said no or once they were already sexually aroused. One possible explanation for these findings could stem from communication barriers and delays in sexual literacy for the DHH. Davis (2007) suggests members of the Deaf community have their own culture, language and history and therefore depending on their involvement in the Deaf community may interpret different sayings, phrases, actions, feelings differently. This may be applied directly to issues of sexual communication between partners. In addition, previous research has found that compared to hearing peers, DHH often have limited sexual education and knowledge and often rely on Deaf peers and stereotypes in media and on television for information on sexuality and sexual health. This more limited sexual knowledge can in turn impact attitudes and behaviors, and highlight the need for targeted sexual health and education.

The findings also show that men were more likely to subscribe to rape supportive attitudes and behaviors than women. This is consistent with previous research (Brownmiller, 1975; Burt, 1980; Ching & Burke 1999; Cowan & Campbell, 1995; Franiuk, Seefeldt, Cress, & Vandello, 2008; McGee et al., 2011; Patitu, 1998; Ward, 1995). This finding also supports feminist theory whereby it is posited that traditional gender roles are more typically held by men than women and proscribe why women are often not believed or blamed for rape if they fail to conform to traditional stereotypes regarding sex and sexuality (Angelone, 2012).

Regarding prior sexual victimization, findings indicated that those that experienced previous were more likely to hold rape-supportive attitudes and engage in behaviors associated

with date rape than non-victims. This is inconsistent with previous studies (Kalof, 2000; Koss & Dinero, 1989) that have found no difference in attitudes and behaviors for victims and non-victims. One potential explanation for this inconsistency can lie in feminist theory.

Research shows that a majority of the perpetrators of sexual victimization are males (Dobash & Dobash, 1979; Walker, 1979) and the feminist theory is anchored in the concept that there are gender differences in power and control that result in abuse of women whether that be psychological, physical, economic or intimidation. Moreover, it has been suggested that as a result women's socialization, "women may accept the blame for their own victimization because they are "gatekeepers" in sexual interactions" (Carmody & Washington, 2001 citing Brownmiller, 1975). Thus, in the current study, rape survivors may experience guilt (accept blame) for their own victimization and report some rape supportive attitudes.

Another potential explanation for this finding is the possibility that survivors did not view themselves as victims. Research provides that negative sexual acts are most likely committed by someone the victim knows closely and that the closer the relationship the offender is to the victim, the more likely the victim will view the assault as consensual rather than a serious concern (Angelone et al., 2012; Dull, 1987; Gross, Winslett, Roberts, & Gohm, 2006; Koss, Gidycz, & Wisniewski, 1987).

As with all research there are limitations. One limitation of the current study is a lack of longitudinal effects. To expand the current research, we could have followed the population in the study and surveyed them more than once throughout their collegiate education. There was limited research previously done specifically on this topic as mentioned before which made it difficult to compare our results with previous findings. Second, the self-reported data could not be independently verified. To obtain the data used in the research, a self-reported survey was

distributed to select classes, which ultimately cannot be verified. Respondents may forget certain moments in the past that would affect their answers, exaggerate their responses or fail to answer truthfully on purpose.

Future research should continue to explore this line of inquiry. It could be beneficial to examine students at other colleges or universities that have a significant population of Deaf and hard of hearing students to compare results. This would allow for a larger sample and to further examine the relationship between sexual victimization and auditory status.

Chapter Seven: Conclusion/Policy Implications

Given the results of this study, it is critical for college administrators and others working with college populations to critically examine ways the school can make it safer and protect its students, especially the vulnerable populations. There has never been a better time to expand on sexual victimization research especially among under represented populations given the recent attention into sexual victimization on college campuses. In July of 2015, Governor Andrew M. Cuomo along with the state legislature passed the most aggressive policy in the country to combat sexual assault and hold universities and colleges across the state more accountable (Enough is Enough). Enough is Enough requires colleges to “adopt a set of comprehensive procedures and guidelines, including uniform definition of affirmative consent, a statewide amnesty policy, and expanded access to law enforcement” (Enough is Enough, 2015). This legislation has had a major impact on NYS colleges and has a goal of keeping all students safe, providing better access to services and law enforcement so perpetrators of said crimes are not able to harm others in the future. The policy allows victims to come forward to staff at the colleges without fear that they are in trouble, which could potentially cause the victim to blame himself or herself for the assault. Enough is Enough shows that leadership in Albany cares about

all of its college students in NYS and it is now the individual colleges and universities chance to examine their own policies with the end goal of reducing sexual victimization and keeping students safe.

The results of this study have shown that students that are Deaf and hard of hearing are more likely to experience sexual assault than hearing students and that the endorsement of rape myths are still prevalent among college students regardless of auditory status. In order to make a significant impact on sexual victimization on college campuses, more specific knowledge about the prevalence and risk factors of sexual assault and rape supportive attitudes is needed. Such information will also facilitate the development of approaches to prevent such abuse, and support and treat survivors.

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