



# Evaluating Deaf People Who have Sexually Abused

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## Goals and Objectives

1. Provide Basic Knowledge of Deaf Culture and the role of American Sign Language in Psychological Evaluation
2. Recognize the difficulties in psychological testing Deaf sexual offenders
3. Learn effective ways to evaluate sexual offenders who are Deaf.

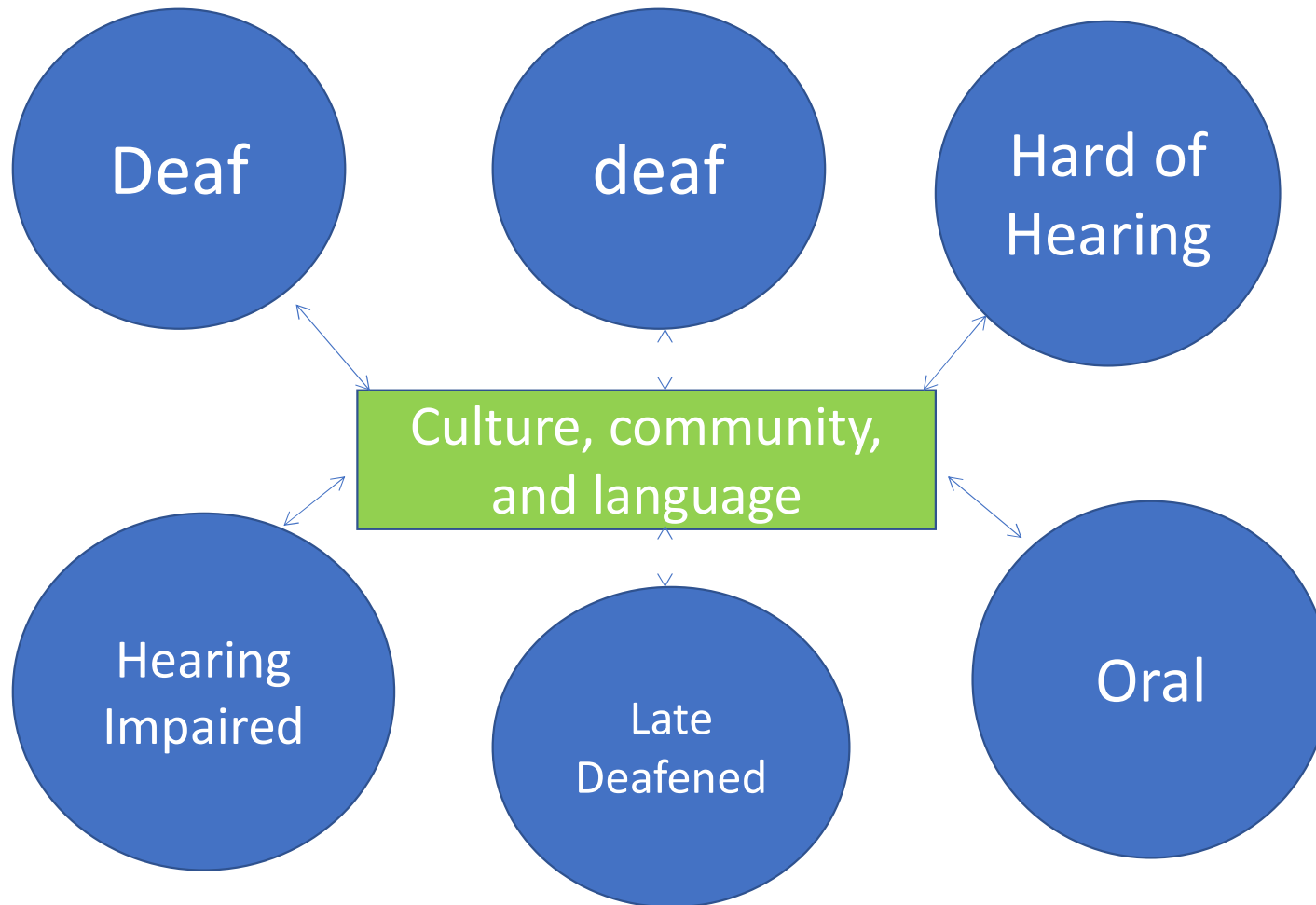
# Deaf Culture and American Sign Language

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An Introduction



# Deaf Culture and the Deaf Community





## Deaf Culture and the Deaf Community

- “D”eaf vs. “d”eaf
- Viewed with focus on sociocultural aspects
  - *Similar to other minority groups*
- Community involvement and positive self-identity
  - Language, heritage, art, shared experiences of oppression, etc.
    - *Similar to other minority groups*
- In a “hearing environment,” a deaf individual may be passive and withdrawn, while in the Deaf community they may be much more active and involved.
  - *Similar to other minority groups*



# What is American Sign Language (ASL)?

- Third most used *language* in the U.S.
- Based on the premise: “sight is the most useful tool a deaf person has to communicate”
  - Employs signs made with the hands
    - *and* movements of the body and face
- ASL is distinct and *independent* of English
  - *Rules* of grammar, production, and structure
- Other forms of signed communication
  - Fingerspelling
  - *Not every deaf person uses ASL*
    - *Or any signed communication*





# Let's talk about psychological testing...

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- Cognitive Testing
- Personality Testing
- Sexual Attitudes/Behavior Inventories
- Risk Assessments

\*\*Specific tests will be named, but this is for reference and may not include all the possible tests. There is no financial gain by discussing these tests



# Caution:

## Common Assumptions of the Deaf by Hearing Professionals

- Language
  - All Deaf people sign / know ASL
  - All Deaf people can “read lips”
- Pathology
  - How could a person with a disability be psychologically healthy?
  - Isolated, lonely
- Limited ability
  - “Disabled/Handicapped”
  - Needing help or saving
  - Inferior to hearing (audism)





# Background Information: Things to Consider...

## Developmental Issues

- Language / Social Delays
- Other impairments

## Language Acquisition

- Language vs. Communication
- Age
- Environment

## Socialization

- Family
- Peers
- Social networks and support

## Education

- How long
- Residential
- Mainstream
- Ability to read English

## Culture

- Identity and Identification
- Multiple cultures
- Activity / Involvement



## Common Challenges in Clinical Interviews with Deaf Offenders

- Misinterpreting cultural phenomena as evidence of pathology
  - “Normal” vs. normal-for-Deaf affect, body language, “vocals”, nodding
- Limited knowledge of personal and historical information:
  - Communication with family, peers, legal system
- Knowledge of current information may be limited by:
  - Explanations of current situation, purpose of evaluation
  - Awareness of, ability to access, ability to read relevant documents and records
- Frustrations with communication misinterpreted as:
  - Noncompliance, Anger problems, Avoidance, Impairment
- Mistrust of hearing law, legal, and clinical professionals
  - Based on previous experience

# Common Challenges and Considerations in Psychological Evaluation

## Language

- Does the person have language?
  - Vs. communication
  - Vs. ?
- What is the primary language or communication?
  - Ability level?
- Use of Interpreters
  - How does this affect data gathering?

## Reading English

- Average around 5<sup>th</sup> grade
- Read and respond, Self-report, objective measures

## English to ASL Translations

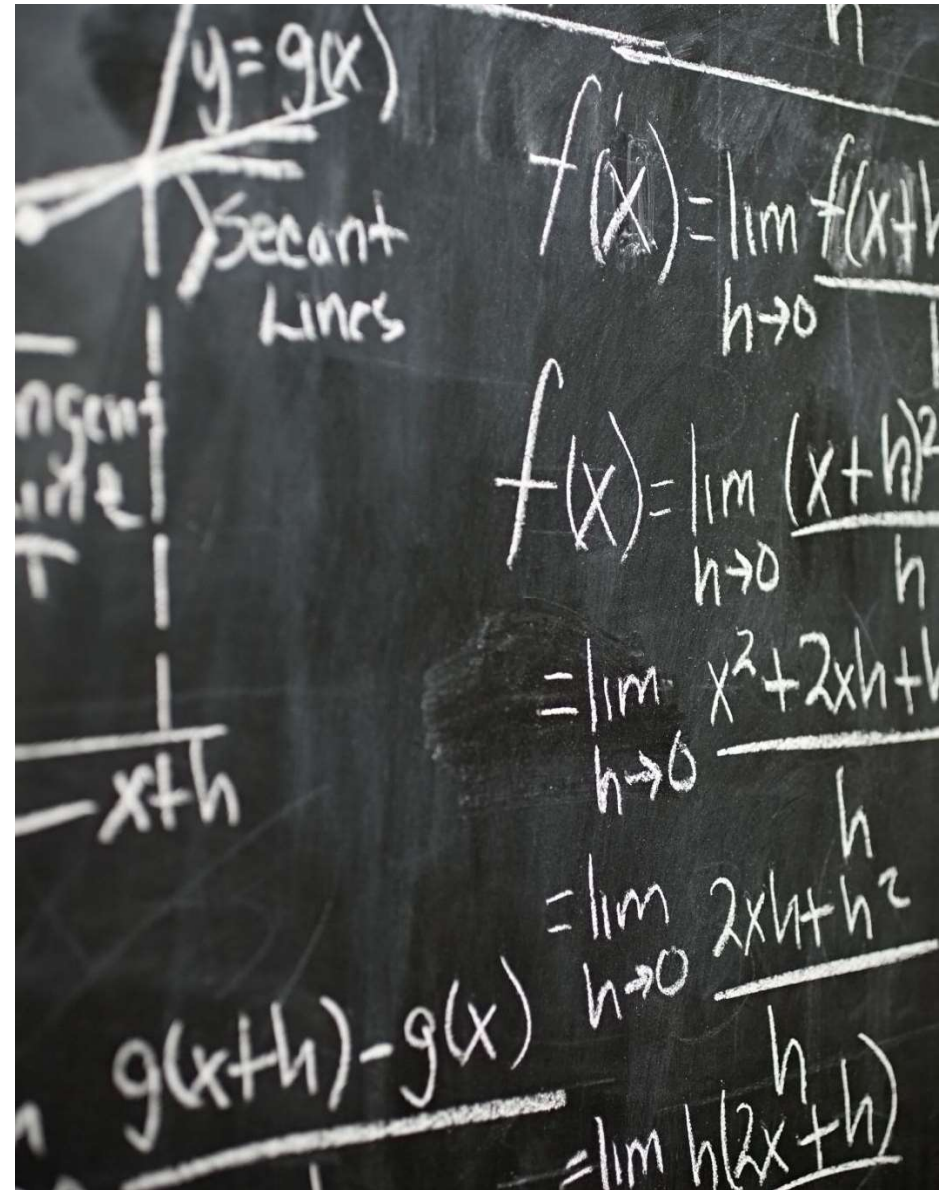
- Many English words have no ASL equivalent
  - Apple, Table, Penny
  - “Right”
  - “I often feel down hearted and blue”

## Environmental Context as Pathology

- “No one seems to understand me”
- “I have often felt that strangers were looking at me”
- “I am bothered by people outside, on the streets, in stores, etc., watching me”

# Cognitive Tests

- Let's be honest...there are very few norms or the Deaf in tests
- FSIQ must be used with caution
  - Verbal tasks
    - Deaf means tend to be 3 - 4 points lower than that of hearing peers
  - Performance tasks similar to hearing peers
    - ...if administered by a knowledgeable professional
- Test of “nonverbal” intelligence
  - The Test of Nonverbal Intelligence-Third Edition (TONI-3) is a norm-referenced nonlinguistic problem-solving ability assessment tool used:
    - “With individuals who are deaf or hearing impaired”
      - Breadth and depth?





# Personality Assessment

- Again...no specific norms...\*
  - Validly Scales
    - Inconsistency may be related to language difficulties
    - Skipped items may be the result of reading inability
  - Clinical Scales
    - False elevations of isolation, paranoid, depressive, anxious, and psychosis based on response algorithms which do not factor-in (Deaf) context
    - Questionable ability for these measures to be accurately translated and come across as a literal translations.
      - Blue vs. sad

\*Yet...I'm working on it...



# Sexual Attitudes/Behavior Inventories

Again....no specific norms....are you sensing a theme?



Consider:

Multiphasic Sex  
Inventory (MSI)

Sexual Adjustment  
Inventory (SAI)

Garos Sexual  
Behavior Inventory  
(GSBI)

Hypersexual  
Behavior Index (HBI)

Internet Sex  
Screening Test  
Revised (ISST-R)



# Sexual Attitudes and Behavior Inventories

- Consider what we discussed with Deaf culture
  - Each culture has its own understanding and context about sex
  - Tangent: Victim/Survivors of a sexual offense who are deaf have a unique set of experiences:
    - Double stereotype
    - Small community, impact if perpetrator is also deaf
    - Added barrier of communication
      - Some deaf victims of sexual assault also believe they cannot rely on interpreters to accurately represent their words and experiences.
      - Service agencies that do not have qualified interpreters on site often use the victim's family or friends to assist in interviews, which can further inhibit a sexual assault victim's candor.



# Sexual Attitudes and Behavior Inventories

Think about your own sexual experiences:

- How much do you rely on your sense of hearing?
  - Gives indication of pleasure of your partner
  - Also, ensuring clear communication about consent or boundaries to stop
  - If focus on visual cues, may need different positions/lighting

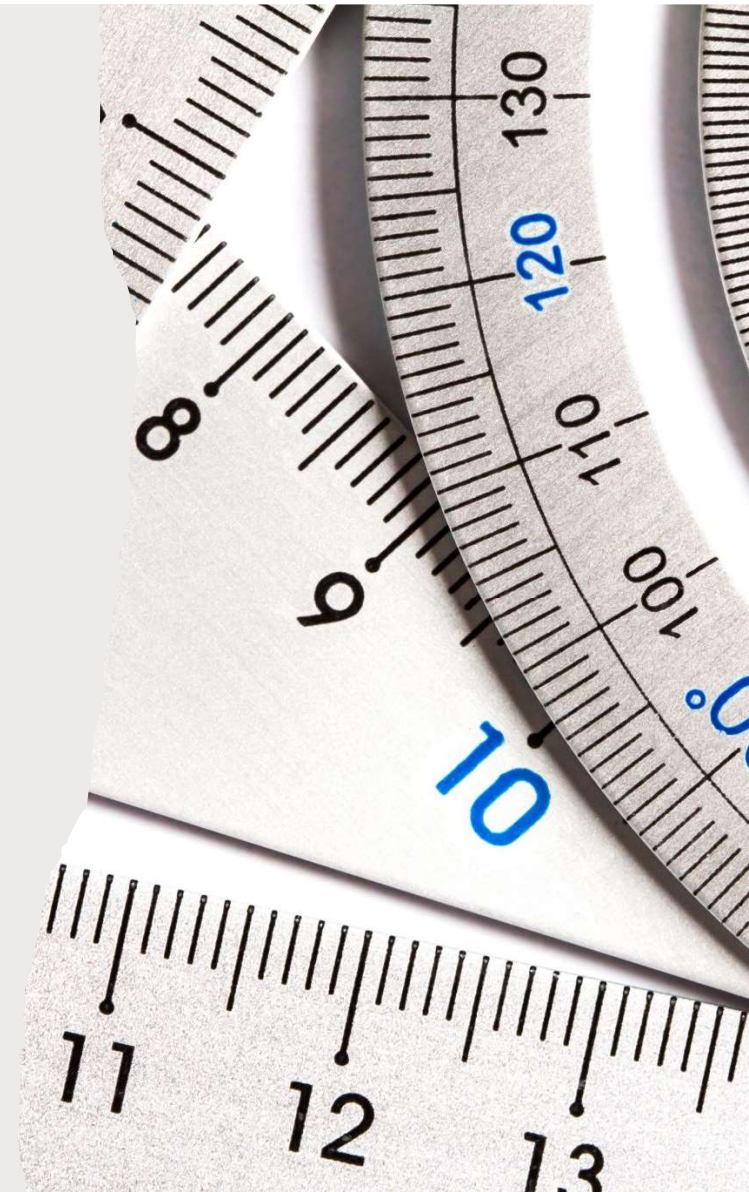
So, when asking questions about sexual behaviors, need to know the context of how it was handled in their family/community.

- This may be a 'duh statement, because we ask about this in PSE already; however, depending on their context/environment and how communication was handled, you want to be clear as what they know or don't know, especially terminology on the inventories.



# Risk Assessment Tools

- Again....no specific norms....
  - Consider:
    - STATIC-99R
    - STATIC-2002
    - STABLE-2007
    - CPORT/CASIC
- No meaningful re-offense studies on Deaf sexual offenders, leading to questions as to the likelihood to persist in sexual crimes.
- No meaningful re-offense studies on factors that would drive a re-offense process, and which would mitigate risk for harm.
- It may be possible that some factors typically associated with increased and decreased risk do not function similarly with members of the Deaf community.
  - To this degree actuarial instruments based upon these tools may not accurately assess risk.



## Ethical and Professional Considerations: APA

- Are clinicians without specialized training who work with Deaf persons are violating ethical standards of their discipline?
  - Standard 2.01, Boundaries of Competence
    - psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.
      - (American Psychological Association, 2002)
  - However, what constitutes adequate competence to work with deaf people and who should be the judge of this competence?
    - » Process for credentialing clinicians?



# APA Code of Conduct 9.02: Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

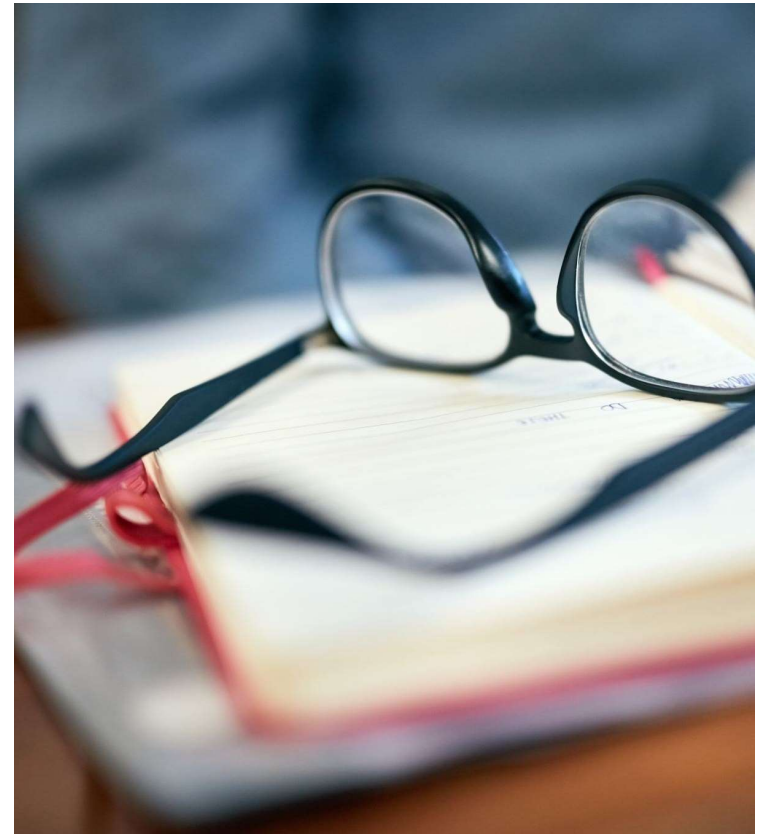
(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.





# Ethical and Professional Guidelines: ATSA

- Evaluations: D. #23: Special Considerations:
  - Members acknowledge and attempt to address any biases or assumptions based on age, cultural differences, socioeconomic differences, education, language, level of intellectual functioning, and mental or physical disability.
  - 23.03: Okay to use an interpreter: Need to note that one was used. The interpreter should be professionally trained (i.e. you cannot use family and friends).
  - 23.04: Use instruments that are appropriate to the culture, socioeconomic status, education, language, and level of intellectual functioning.
  - 23.07: If using alternative methods (taped versions), the test reliability and validity may be different





# Utilizing ASL Interpreters in Psychosexual Evaluations



- Ideally:
  - Certified by the Registry of Interpreters for the Deaf (RID)
    - With experience in psychological evaluations
    - With experience in legal interpreting
- Who/what should NOT be used:
  - Individuals that “can sign” because they “had a few sign language classes back in XXXX”
  - Family members (esp. in DV/CPIS cases) **regardless of signing ability**
  - Any dual role individuals (clinicians, staff) **regardless of signing ability**
  - Other suspects/inmates/patients **regardless of signing ability**
  - Writing back and forth - key pads, note pads, texting
  - Lip/speech reading
    - Unless clearly stated as preferred communications **by the Deaf individual**
- Other considerations
  - On-site vs. over-the-phone vs. video remote interpreting
  - Meet with the interpreter before the session:
    - Nature of the psychosexual evaluation and terms
    - Level of experience and comfort with emotional reactions or interpreting specifics about sex

# Do's...and a Don't

- Do ask clients their preferred communication method
  - Don't make assumptions about their needs
- Do ensure Cultural and Linguistic Competency and Access
  - Be aware of your own potential biases
- Do consider the validity of your measures
  - Special testing accommodations
  - Availability and use of culturally sensitive measures
- Do consult, ask questions, refer
- Do empower
  - Provide resources, information on rights, choice





## Questions to ask yourself before doing an evaluation with a Deaf offender?

- Do I have competency in not only the assessment skills, but in the cultural and language skills
- Do I have anyone to consult with?
- Thank goodness I was connected with David. This is how I documented the communication in my evaluation:
  - Consultation via personal communication with David Feldman, Ph.D., Licensed Psychologist. He is a Full-Time Faculty, Department of Clinical and School Psychology at Nova Southeastern University. He has expertise in the deaf community and offenders on October 11, 2021;

**Questions?**

