

DISCREPANCIES IN SOCIAL WORK AVAILABILITY FOR DEAF AND HEARING  
POPULATIONS

---

A Thesis

Presented to

The Honors Tutorial College

Ohio University

---

In Partial Fulfillment

of the Requirements for Graduation

from the Honors Tutorial College

with the degree of

Bachelor of Arts in Social Work

---

by

Catron A. Arnold

April 2024

### **Acknowledgements**

I would be remiss to not extend my gratitude for the people that made the completion of this thesis possible. First, Dr. Jennifer Shadik, my Director of Studies throughout my experience within the Honors Tutorial College and Ohio University. Dr. Shadik provided meaningful guidance and endless support during my undergraduate career. Secondly, my tutorial advisors and honors professors through the years who assisted in crafting and narrowing the scope of my research with patience and wisdom. Notably, Dr. Sarah Garlington, Dr. Terry Cluse-Tolar, Professor Sarah Webb, Dr. Mingun Lee, and Dr. Charles Lester. I would also like to extend my gratitude to Professor Lori Woods who served as the professor for many of my American Sign Language classes and who worked tirelessly to provide the translations for my study. She ignited my passion for making our social services accommodating and introduced me to the Deaf Community with excitement and eagerness. Finally, I would like to thank Dr. Stefanie Day who served as my Thesis Advisor. Dr. Day provided incredible counsel and proved to be uplifting and encouraging at every twist and turn. Without these individuals, my family, and my friends this would have not been possible. Thank you.

## Table of Contents

Acknowledgements.....	2
Table of Contents.....	3
Abstract.....	5
Chapter 1: Introduction to Study.....	6
Chapter 2: Literature Review.....	8
Deafness.....	8
Social Work.....	10
Help-Seeking.....	11
Implication for Social Work Practice with the Deaf Community.....	12
Injustices Faced by Deaf Populations.....	12
Social Worker and Deaf Client Communication Barriers.....	13
Chapter 3: Methods.....	15
Inclusionary Criteria.....	15
Sampling.....	15
Instrument.....	17
Data Analysis.....	19
Chapter 4: Results & Discussion.....	21
Sample Characteristics.....	21
Test Statistic.....	22
Willingness.....	24
Confidence.....	26
Accommodations.....	28

Communication.....	31
Comfortability.....	33
Deaf Culture.....	36
Qualitative Reflection.....	37
Chapter 5: Conclusion.....	40
Limitations.....	40
Strengths.....	42
Future Research.....	43
Implications.....	43
Conclusion.....	44
References: References.....	45
Appendix A: Survey.....	49
Appendix B: Recruitment Letter.....	53
Appendix C: Recruitment Flyer.....	54
Appendix D: Consent Form.....	55

### **Abstract**

Social work is an occupation that is very diverse; a social worker can provide support in schools, hospitals, mental health agencies, domestic violence shelters, day habilitation units, private practices, homeless shelters and more. Regardless of the number of career paths that social work offers, social workers share the commonality of wanting to better the quality of lives of individuals. Due to systemic oppression, social workers often serve people who struggle disproportionately. The Deaf Community is a marginalized population that could greatly benefit from the resources that social workers offer. Are there adequate efforts being made to ensure that social workers can be accessed by all? The following research aims to uncover the discrepancies that lie in social work access for the Deaf Community in comparison to the hearing population. Data was collected from 20 Hearing and 20 Deaf and Hard of Hearing participants. The participants were given a quantitative survey with one qualitative component asking questions regarding their experiences with social services in Ohio. Results indicated, Deaf/Hard of Hearing individuals have more negative experiences with social services than Hearing individuals, though this finding was not statistically significant. More studies must be done in the future to expand on this research.

## Chapter 1: Introduction to Study

Deaf and Hard of Hearing populations are marginalized across the world. This group struggles getting the accommodations needed for everyday life and many hearing individuals take these accommodations for granted (Lane et al., 1996). Social workers could be beneficial as advocates and resource providers for the Deaf Community. However, there is little research on how readily available social work services are for this population. There are many barriers to deaf individual's access to social work. The social worker may lack adequate accommodations, be unable to communicate effectively with the deaf person, and may have little knowledge of Deaf Culture and Deaf-World. The deaf individual may lack knowledge of where to pursue social work services and may have minimal comfortability with seeking out services (Takayama, 2020).

As a social work major at Ohio University pursuing the Professional Deaf Resources Liaison Certificate, the need for social workers well-versed in the Deaf-World is apparent to the researcher. Following six American Sign Language (ASL) classes, two ASL Independent Studies, and two Deaf Culture classes, the myriad of injustices that face the Deaf Community are clear. These everyday injustices include inadequate accessibility, lower wages, higher rates of false incarceration, higher rates of domestic abuse and violence, lower rates of employment, lack of emergency preparedness, among others (Leigh et al., 2022).

Social work has the potential to make monumental differences in the lives of deaf individuals. However, there are barriers present that interfere with access to social work services for the Deaf Community. Points of consideration include accommodations, effective communication, cultural humility, comfortability, and knowledge of where to receive services. Additionally, if there is an interpreter present—in person or virtually—there may be further

implications such as residual trauma on the interpreter if they are not trained in trauma response; or harmful effects on the client due to having to be vulnerable to not only a social worker but an interpreter as well.

This study explores how these aspects affect social work availability for the Deaf Community in comparison to the hearing population. From here, the results are used to determine where strides can be made to make social services, and social workers, more accessible to the deaf population in the future.

## Chapter 2: Literature Review

### Deafness

Approximately 11.5 million people in the United States have some sort of hearing loss or impairment (“Deaf history month,” 2022). Although this is a relatively small percentage of the United States’ total population, 11.5 million people is a very significant number of individuals that have the potential to use social work services due to being a part of a marginalized group (Lane, 2005). To study and evaluate how deafness relates to social work, there must first be an understanding of what deafness is, the different ways hearing loss is defined, and what Deaf Culture encompasses.

There is a significant difference between someone who is “Deaf” and someone who is “deaf.” Someone who is Deaf is immersed in Deaf culture and community and considers their deafness to be something that defines them and a community in which they belong (Leigh et al., 2022). On the other hand, someone who is deaf may not identify as strongly with their hearing loss. Oftentimes, though not always, a Deaf person has been exposed to the culture from a very young age whereas a deaf individual may have acquired their hearing loss or may have grown up more immersed in the hearing world (Leigh et al., 2022). For this literature review, the researcher will classify Deaf, deaf, and Hard of Hearing individuals as “deaf” for the sake of clarity. However, the researcher recognizes the differences in these identities.

The American Sign Language (ASL) sign DEAF-WORLD refers to the culture that deaf people have formed not solely based off geographical location, but rather relationships formed, and customs shared (Lane et al., 1996). Many people assume that deaf individuals adhere to the culture of the area in which they live, but deaf people share a culture of their own. This culture is formulated around their language use and hearing loss (Lane et al., 1996). Some deaf cultural



norms that social workers may need to familiarize themselves with are maintaining eye contact, being blunt and direct, having long goodbyes, sharing personal information, increased comfortability with physical touch, and exaggerated facial expressions (*Gender Based Violence Resource Library, 2022*). These attributes of Deaf Culture differ from those of the hearing world; by acquainting themselves with Deaf Culture, social workers can become better equipped to serve deaf clients.

Another key aspect when addressing someone's culture is to consider their language. The natural language of many deaf people is American Sign Language or ASL (Jay, 2021). Natural language refers to the language that one has used since birth (Jay, 2021). It is important to note that ASL is not a direct translation of English, rather a representation of concepts and ideas using gestures and signs (Jay, 2021). If someone primarily uses American Sign Language, it is not safe to assume that they can read written English as a lot of translation is required (Leigh et al., 2022). It is crucial to have someone that can communicate using ASL or an ASL interpreter there. However, there are many people with hearing loss that do not communicate using ASL; this is a common misconception. Some deaf people were born into hearing families that refused to teach or learn ASL and some even went to oral schools where learning ASL was forbidden (Leigh et al., 2022). These possibilities must all be considered when serving deaf clients and agencies must be prepared for all language variations.

Deafness can encompass a large range of hearing loss, from profoundly deaf to mild deafness (Kral et al., 2013). It is key to explore the differences in experiences that these individuals have. If a deaf client enters a social work organization, the social workers need to have deaf cultural humility like the humility needed when working with any other culture. It is important, especially as a social worker, to understand the different ways in which clients who

experience any sort of hearing loss may identify themselves. It is crucial to practice cultural humility and continuously learn from our clients as they are learning from us.

### **Social Work**

Social work services encompass helping with a wide range of problems that families, individuals, and communities face. Social work is a helping profession that aims to enhance the quality of lives for people no matter their race, ethnicity, sexual orientation, gender identity, ability, religion/spirituality, nationality, socioeconomic status, and all other identities brought forward by the client (NASW, 2023). Social workers most often work with groups and individuals that are facing some sort of difficulty whether it be a lack of accommodation, housing and food insecurity, discrimination, poverty, addiction, abuse, or just stressors of everyday life. Specific services from social workers can involve one-on-one meetings, focus groups, policies and programs, advocacy, and much more (About Social Workers, 2022). In this study, the relationship between deafness and social work availability will be examined.

The social work profession operates with the framework and the belief of six core ethical values: service, social justice, dignity and worth of a person, importance of human relationships, integrity, and competence (NASW, 2023). These core values provide a reference by which social workers guide their work. Social work services must be accessible to all populations to ensure the Social Work Code of Ethics and Values are aligning with practice (NASW, 2023). One value that resonates specifically with this topic is the belief in the dignity and worth of a person; the belief that all people are worthy of equitable help despite differences. Deaf people are worthy of having access to social work services along with everyone else. If these services are not accessible, the value of dignity and worth of a person is not being upheld. Secondly, the value of competence is of utmost importance. Social workers—though not expected to be competent in

every culture—must be open to learning about cultures and must embrace every situation with cultural humility. Deaf Culture is different than the hearing world and social workers cannot make assumptions about the Deaf Community. Finally, it is important to understand the social work value of social justice. This value emphasizes the need for social workers to pursue social change alongside vulnerable populations. This includes ensuring equal access to services and resources for all populations. It is important for researchers to examine social work practice with the Deaf Population with these core values in mind.

### *Help-Seeking*

Many people are unaware of what social work entails (Lee, 2022). They may not always be cognizant of when they have or have not received services from a social worker.

Alternatively, the term *help-seeking* may be used. Help-seeking occurs when people become aware of a problem that they are facing, need support regarding said problem, seek out available resources to assist them with their problem, and are willing to disclose information regarding their problem to receive assistance (Encouraging help-seeking behaviors, 2020). Help-seeking includes formal and informal ways of seeking assistance (American Psychological Association, 2023). Formal help-seeking may include having received professional social services assistance from a practitioner with one of the following: mental health, job acquisition, addiction, finding shelter, familial relations, child welfare, criminal justice, etc. Meanwhile, informal help-seeking refers to assistance sought from family, friends, social groups, etc. (Day, 2013). While help-seeking is not specific to social work, it may be a more comprehensive and understandable term.

Additionally, there is prospective help-seeking and retrospective help-seeking.

Prospective help-seeking refers to the future. This is based on a hypothetical and addresses where the participant may help-seek in the future. On the contrary, there is retrospective help-

seeking which asks the participant to reflect on the places they have gone for help-seeking in the past (Day, 2013). Both can be assessed to dissect help-seeking trends.

### **Implication for Social Work Practice with the Deaf Community**

It is important to examine the implications for social work practice with the Deaf Community. The next sections investigate the injustices faced by Deaf Populations that have the potential to be remedied with the assistance of a social worker. We will also explore how the provider and client communication barrier effects aspects of social work service.

#### ***Injustices Faced by Deaf Populations***

Hearing loss and deafness require accommodations for everyday living; thus, a social worker could prove to be beneficial in a deaf individual's life. In a study from 2006, there was an estimated 23,500 deaf students in K-12 schooling (this number has likely increased) and of this total, 40% were economically disadvantaged and 40% had additional disabilities (Weiner & Miller, 2006). Deaf or Hard of hearing students are more likely to experience sexual abuse and bullying (Weiner & Miller, 2006). These aspects emphasize the need for high-quality social work. However, it was reported that only 6% of deaf and Hard of Hearing Students receive social work services (Takayama, 2020).

This need expands well-beyond K-12 schooling. It is found that deaf individuals are two to three times more likely to experience sexual and physical violence, bullying, and crime than hearing individuals (Barrow, 2007). Additionally, deaf and Hard of Hearing individuals have been found to have a particular need for assistance with health and financial situations (Esp, 2001). Deaf individuals are also reported to have higher levels of anger, anxiety, and depression (Aldalur et al., 2021). Deaf and Hard of Hearing individuals are in a marginalized group no matter their age and can benefit from high-quality social work services throughout their life.

### *Social Worker and Deaf Client Communication Barriers*

Despite this proven need, there is a lack of social workers that can communicate effectively with deaf and Hard of Hearing individuals. In one study, deaf students reported that only 65.8% of social workers in their deaf schools were deaf or Hard of Hearing. Of the remaining social workers that were hearing, only half of them knew American Sign Language (ASL). This leaves a large percentage of social workers in deaf schools that need interpreters present to communicate with their students (Takayama, 2020). Interpreters are essential for cross-cultural conversations. However, the quality of the interpreter sometimes is compromised because of lack of expertise. In England, it was found that around 57% of interpreters were “less-skilled” when compared to the “more-skilled” interpreters (Westlake & Jones, 2018). Unless communication needs are met, vigilance is required to constantly communicate for the client, social worker, and interpreter alike (Balch & Mertens, 1999). Additionally, the presence of an interpreter may contribute to the student or client feeling uncomfortable in an already vulnerable situation, because they are now having to share their troubles with two people instead of one.

Overall, deaf clients are underserved (Barnett et al., 2011). There is a need to determine how readily available social work services are for Ohio’s Deaf Community. Recent research found that 43.4% of the deaf or Hard of Hearing individuals reported that social workers need to improve their communication skills, American Sign Language (ASL) fluency, accessibility to services, knowledge of Deaf culture, and cultural attitude (Takayama, 2020). Given the deficits found in the Takayama study, the researcher examines the participants comfortability in seeking services and knowledge of where to go to receive services. If the participant had received services in the past, the researcher examines the providers’ presence of adequate

accommodations, ability to communicate comfortably with the participant, comfortability working with the participant, and knowledge of Deaf Culture.

### **Chapter 3: Methods**

This study used a primarily quantitative approach with a survey for Deaf/Hard of Hearing and hearing individuals to complete. For clarity's sake, the researcher combined the Deaf, deaf, and Hard of Hearing participants into the category deemed "Deaf" and all hearing participants into the category deemed "Hearing". The research lent itself to a quantitative study due to the appropriate nature of quantitative research to answer questions about relationships between specific variables. Additionally, quantitative research provides insight into trends of a population that can be generalized given a smaller sample (Creswell, 2009). Though the data that was collected and analyzed was predominately quantitative, the researcher chose to implement one qualitative reflection question at the end of the survey, giving the participants space to reflect on their encounters with Ohio social workers via an open-ended question. The researcher used Qualtrics as the platform to create and administer the survey.

#### **Inclusionary Criteria**

The survey was administered to participants who were at least 18 years of age and who had resided in Ohio at some point in their lives. Participants were not required to have received social services assistance, however participants that had were directed to the second part of the survey which included questions surrounding reflection of their services (retrospective formal help-seeking). If they had not received help from social services in the past, they were only directed to the first portion of the survey which included questions about prospective formal help-seeking. If participants had not resided in Ohio or were not above 18 years old, they were excluded from the study to specifically study the experiences of Deaf and Hearing individuals with social services in Ohio.

#### **Sampling**

This study used a mixture of convenience and purposive sampling initially and then used snowball sampling to recruit potential new participants. Purposive sampling was used to ensure Deaf participants would be contacted. Participants were recruited by emailing many deaf-centered organizations throughout Ohio, asking them to distribute the survey and recruitment letter to their members. Additionally, the researcher emailed the personnel listed in the organizations staff directories on their websites, asking them to participate in the survey and to distribute it to others that may be interested and qualify given the inclusionary criteria. The following deaf-centered organizations were the focus of the purposive sampling: Ohio School for the Deaf (OSD), Deaf World Against Violence Everywhere (DWAVE), Deaf Services Center Inc.(DSC), Ohio Association of the Deaf (OAD), Cleveland Hearing and Speech Center (CHSC), Hearing Speech and Deaf Center of Greater Cincinnati (HSDC), and Deaf Community Resource Center (DCRC).

In addition to recruitment of participants via email, the researcher used social media to reach out to deaf-affiliated organizations with large social media presences, in hopes of recruiting participants through different means. The researcher asked them to distribute the survey to their members that qualify and may be interested and asked them to post the recruitment flyer on their social media pages. Though no organizations went as far as to post the flyer on their pages, snowball sampling was enabled by asking them to share with their members. The following deaf organizations were contacted: Ohio School for the Deaf Alumni Association (OSDAA), Deaf Night Out- Columbus (DNO), Ohio Association of the Deaf (OAD), Deaf Community Resource Center (DCRC), and Cleveland Hearing and Speech Center (CHSC). The recruitment flyer was shared on researcher-affiliated Instagram and Facebook social media pages, encouraged others to do the same, and joined groups with a prevalence of deaf members.



After reviewing similar studies conducted in the past, the researcher aimed to collect data from 60 Deaf participants and 60 Hearing participants. These numbers would be ample to achieve statistical significance, while also being feasible given that there are over 300,000 Ohioans that are Deaf (*Deaf/hearing-impaired Communication Card, 2022*). The incentive for participants to complete the survey was a chance to win a \$20 Amazon gift card. If interested, they had the opportunity to fill out a Google Form following the completion of the survey with their preferred email. The researcher collected data from March 5, 2024, to March 28, 2024.

### **Instrument**

The researcher aimed to answer whether there are discrepancies in social work services, access, and availability for deaf populations in comparison to hearing populations. This was done by examining different aspects of service from the client's perspective on a 5-point Likert Scale. Likert scales, devised by Rensis Likert, successfully measure people's attitudes, feelings, and perceptions on certain topics. The possible responses typically range from "strongly disagree" to "strongly agree" with each option given a numerical value (Jamieson, 2024). For this research, participants were given response options 1-5 with each number signifying a differing feeling regarding their experience with social services.

The survey consisted of 17 questions, including one question confirming the individual's consent to participate in the research study, and two inclusionary questions to ensure that they met the parameters of the study. These requirements were that the participant be older than 18 and they must have resided in Ohio at some point in their lives. Then, the survey transitioned into five demographic questions that included: communication preference, hearing identity, gender, age, and ethnicity. The remaining nine questions made up the survey instrument. The survey was offered in both English and American Sign Language (ASL), which was via video,

and all signed by a deaf individual. The survey took roughly five to ten minutes to complete, and participants were able to answer all questions at their own convenience. Additionally, participants could skip any question they were uncomfortable answering. The study was approved by the IRB of Ohio University.

The instrument's nine questions were split into two sections: Help-Seeking and Reflection of Services. The prospective formal help-seeking portion included a description of help-seeking which was then followed by a question regarding the comfortability/willingness of the individual to go to a place for help if they need it and a question regarding their confidence of knowing where to go for help if they need it. Both questions included a 5-point Likert scale for their responses with "1" being no willingness or confidence and "5" being complete willingness or confidence. Then, the participants were asked if they had ever received helping services in Ohio. If the participant answered no, their survey came to an end using Qualtrics Skip-Logic. If the participant answered yes, they were directed to the second section of the survey.

The second section of the instrument, Reflection of Services, requested that the participants answer the questions regarding their most recent experience with helping services. This is also known as retrospective formal help-seeking. They were asked a question regarding the agency's presence of appropriate accommodations with "1" being no accommodations and "5" being all accommodations provided. They were asked a question regarding the degree in which the provider could communicate comfortably with them with "1" being the provider could not communicate comfortably with them and "5" being complete comfortability. They were asked to rate the comfortability of the provider regarding working with them with "1" being the provider seemed very uncomfortable and "5" being that the provider was completely comfortable. Finally, Deaf participants were asked to rate the providers knowledge of Deaf

Culture with “1” being no knowledge and “5” being complete knowledge. Hearing participants were asked to select “Not applicable because I am hearing.”

Participants were then asked if they had ever received help from a social worker in Ohio. If the participant answered no, their survey came to an end using Qualtrics Skip-Logic. If the participant answered yes, they were directed to the final question. The final question was an open-ended qualitative question that asked the participant to reflect on their experiences with the Ohio social worker if they felt comfortable. Following the completion of the survey, regardless of if the participant made it to each section, they were redirected to a Google Form where they had the option to enter their email for a chance to win a \$20 Amazon gift card.

### **Data Analysis**

The research used a combination of five independent t-tests, one for each question utilizing a Likert scale, to compare mean scores between Deaf participants and Hearing participants. The t-tests were performed using IBM SPSS Statistics 29 software. Additionally, the researcher compared the medians, as many suggest for Likert scales, the medians are then either placed in “agree” (any value above 3) or “disagree” (any value below 3) and additional significance is determined that way (Lakusta, 2024). If the median is 3, it is considered insignificant. For the singular qualitative question, the researcher examined the responses and found common themes among the responses. To begin the analysis process, the researcher had to first clean the raw data. Data was collected March 5, 2024, to March 28, 2024. Among the 61 initial completed responses on the Qualtrics survey, there were 15 Deaf respondents, 5 Hard of Hearing respondents, and 41 Hearing respondents. This data was then cleaned, using the processes described below, to have the same number of Deaf participants and Hearing participants, making the total number of participants, or n, equal to 40.

When deciding which data to use from the pool of Hearing results, the researcher first counted the Deaf data that completed which parts of the survey. 13 Deaf participants completed the entire survey and seven completed the survey through the Help-Seeking portion but had not received helping services in Ohio so were unable to complete the secondary section. Knowing this information, the researcher decided to match these numbers to the number of Hearing participant responses that were analyzed. The researcher kept the first 13 Hearing responses that completed the entire survey and the first seven that only completed up until the secondary section. Finally, 17 participants stated that they had received social work services in Ohio (9 Deaf participants and 8 Hearing participants) and were invited to complete the open-ended qualitative question. Of the 17, 13 people responded with 7 being Deaf and 6 being hearing. The remaining data was not analyzed, however, the participants that chose to leave their email were still considered for the \$20 Amazon gift card drawing.

Though the sample size was significantly smaller than the researcher originally anticipated (n=40 opposed to n=120), data analysis of the 20 Deaf participants and the 20 Hearing participants was completed.

## Chapter 4: Results & Discussion

### Sample Characteristics

As stated in the inclusionary criteria, all participants were at least 18 years of age and had resided in Ohio at some point in their lives. Out of 40 total participants, 20 were self-identified as hearing, 15 were self-identified as Deaf, and 5 were self-identified as Hard of Hearing. All Deaf and Hard of Hearing individuals that participated in the “Reflection of Services” section answered the question only for those that identify as belonging to Deaf Culture. For the purposes of this research, the Deaf and Hard of Hearing participants will be combined and furthermore be referred to as “Deaf” for the sake of being concise.

See Table 1 for more information on demographics. All Hearing participants chose English as their preferred method of communication. 70% of Deaf participants chose American Sign Language (ASL) as their preferred method of communication, while 10% chose only English, and 20% chose both English and ASL. Most participants were female (70%), followed by male (20%), and non-binary (10%). No participants reported to be a different gender than those listed. Half of the participants (50%) were between ages 18 and 34 while the second highest percentage was between ages 35 and 50 (32.5%), and 17.5% of the participants were age 51 or older. Most participants (92.5%) were White/Caucasian. In terms of race/ethnicity of the remaining participants, 1 (2.5%) was African American/Black, 1 (2.5%) was Asian, and 1 (2.5%) was Hispanic/Latinx. There were no participants who reported being Native American or Pacific Islander or any race/ethnicity other than those listed.

**Table 1***Participant Characteristics by Hearing Identity and Across Sample*

<b>Categorical Variables</b>	<b>Total (n=40)</b>		<b>Deaf (n=20)</b>		<b>Hearing (n=20)</b>	
	<b><i>n</i></b>	<b>%</b>	<b><i>n</i></b>	<b>%</b>	<b><i>n</i></b>	<b>%</b>
<b>Communication Preference</b>						
American Sign Language (ASL)	14	35	14	70	0	0
English	22	55	2	10	20	100
Both ASL and English	4	10	4	20	0	0
None of the Above	0	0	0	0	0	0
<b>Gender</b>						
Female	28	70	11	55	17	85
Male	8	20	6	30	2	10
Non-Binary	4	10	3	15	1	5
Other	0	0	0	0	0	0
<b>Age</b>						
18-34	20	50	5	25	15	75
35-50	13	32.5	11	55	2	10
51+	7	17.5	4	20	3	15
<b>Race</b>						
African American/Black	1	2.5	0	0	1	5
Asian	1	2.5	1	5	0	0
Hispanic/Latinx	1	2.5	0	0	1	5
Native American	0	0	0	0	0	0
Pacific Islander	0	0	0	0	0	0
White/Caucasian	37	92.5	19	95	18	90
Other	0	0	0	0	0	0

**Test Statistic**

The hypotheses ( $H_1$ ) of the study were as follows:

- Compared to Hearing subjects, Deaf subjects are less comfortable/willing to go to social services.
- Compared to Hearing subjects, Deaf subjects are less confident in knowing where to access social services.

- Compared to accommodations for Hearing subjects, social service agencies are less likely to have appropriate accommodations for Deaf subjects.
- Compared to comfortability communicating with Hearing subjects, social service providers are less likely to be able to communicate comfortably with Deaf subjects.
- Compared to comfortability working with Hearing subjects, social service providers are less likely to be comfortable working with Deaf subjects.
- Deaf participants will disagree with social service providers having knowledge of Deaf Culture.

The null hypotheses ( $H_0$ ) of this study were as follows:

- There is no significant difference in the comfortability/willingness of Deaf people to go to a social service than Hearing people.
- There is no significant difference in the confidence of Deaf in knowing where to access social services than Hearing people.
- There is no significant difference in the appropriate accommodations that social service agencies have for Deaf people when compared to hearing people.
- There is no significant difference in the ability of social service providers to communicate comfortably with Deaf people when compared to communicating with hearing people.
- There is no significant difference in the comfortability of social service providers working with Deaf people when compared to working with hearing people.
- Deaf participants will have a neutral opinion on social service providers having knowledge of Deaf Culture.

As stated, five independent t-tests were completed using IBM SPSS Statistics 29 software to analyze the collected data. These hypotheses were tested using the results of the independent t-tests.

### ***Willingness***

The first independent t-test included the Likert-test scores from the question regarding the willingness of participants to seek out social services if they need help. The t-test compared the answers from the Deaf participants and the Hearing participants. The sample size (n) was 40 with 20 Deaf participants and 20 Hearing participants. Table 2 shows that the mean willingness score was higher for Hearing participants (3.75) than for Deaf participants (3.55). However, the statistical analysis of the willingness question showed that there was no statistically significant difference between the willingness of the Deaf participants and the Hearing participants to seek out social services.

**Table 2**

#### *Willingness Group Statistics*

Identity	N	Mean	Std. Deviation	Std. Error Mean
Deaf	20	3.5500	1.19097	.26631
Hearing	20	3.7500	1.06992	.23924

As Table 3 shows, the significance was 0.707 which is greater than the significant value of 0.05. Therefore, the null hypothesis—there is no significant difference in the comfortability/willingness of Deaf people to go to a social service than Hearing people—was accepted. However, the medians of both Deaf participants and the Hearing participants



(according to Table 4) are both 4.00, putting them both in the “agree” portion of the Likert scale; they are willing/comfortable seeking out social services when in need of help.

**Table 3**

*Willingness Independent Samples Test*

	F	Sig.	t	df	One-Sided p sig.	Two-Sided p sig.	Mean Diff.	Std. Error Diff.
Equal variances assumed	.143	.707	-.559	38	.290	.580	-.20000	.35799
Equal variances not assumed			-.559	37.57	.290	.580	-.20000	.35799

**Table 4**

*Willingness Descriptive*

Identity	Statistic	Std. Error
Deaf	Mean	.26631
	95% Confidence Interval for Mean- Lower	2.9926
	95% Confidence Interval for Mean- Upper	4.1074
	5% Trimmed Mean	3.6111
	Median	4.0000
	Variance	1.418
	Std. Deviation	1.19097
	Minimum	1.00
	Maximum	5.00
	Range	4.00
	Interquartile Range	1.00
	Skewness	.512
		-1.066

	Kurtosis	.411	.922
Hearing	Mean	3.7500	.23924
	95% Confidence Interval for Mean- Lower	3.2493	
	95% Confidence Interval for Mean- Upper	4.2507	
	5% Trimmed Mean	3.7778	
	Median	4.0000	
	Variance	1.145	
	Std. Deviation	1.06992	
	Minimum	2.00	
	Maximum	5.00	
	Range	3.00	
	Interquartile Range	1.75	
	Skewness	-.591	.512
	Kurtosis	-.761	.922

### ***Confidence***

The second independent t-test included the Likert-test scores from the question regarding the confidence of participants of knowing where to access social services if they need help. The t-test compared the answers from the Deaf participants and the Hearing participants. The sample size (n) was 40 with 20 Deaf participants and 20 Hearing participants. Table 5 shows that the mean confidence score was higher for Hearing participants (3.40) than for Deaf participants (3.30). However, the statistical analysis of the confidence question showed that there was no statistically significant difference between the confidence of the Deaf participants and the Hearing participants of knowing where to access social services.

**Table 5**

#### *Confidence Group Statistics*

Identity	N	Mean	Std. Deviation	Std. Error Mean
----------	---	------	----------------	-----------------

Deaf	20	3.3000	1.08094	.24170
Hearing	20	3.4000	1.09545	.24495

As Table 6 shows, the significance was 0.923 which is greater than the significant value of 0.05. Therefore, the null hypothesis—there is no significant difference in the confidence of Deaf in knowing where to access social services than Hearing people—was accepted. Additionally, the medians of both Deaf participants and the Hearing participants (according to Table 7) are both 3.00, further accepting the null hypothesis.

**Table 6**

*Confidence Independent Samples Test*

	F	Sig.	t	df	One-Sided p sig.	Two-Sided p sig.	Mean Diff.	Std. Error Diff.
Equal variances assumed	.009	.923	-.291	38	.386	.773	-.10000	.34412
Equal variances not assumed			-.291	37.99	.386	.773	-.10000	.34412

**Table 7**

*Confidence Descriptive*

Identity	Statistic	Std. Error
----------	-----------	------------

Deaf	Mean	3.3000	.24170
	95% Confidence Interval for Mean- Lower	2.7941	
	95% Confidence Interval for Mean- Upper	3.8059	
	5% Trimmed Mean	3.3333	
	Median	3.0000	
	Variance	1.168	
	Std. Deviation	1.08094	
	Minimum	1.00	
	Maximum	5.00	
	Range	4.00	
	Interquartile Range	1.00	
	Skewness	-.117	.512
	Kurtosis	-.212	.922
Hearing	Mean	3.4000	.24495
	95% Confidence Interval for Mean- Lower	2.8873	
	95% Confidence Interval for Mean- Upper	3.9127	
	5% Trimmed Mean	3.4444	
	Median	3.0000	
	Variance	1.200	
	Std. Deviation	1.09545	
	Minimum	1.00	
	Maximum	5.00	
	Range	4.00	
	Interquartile Range	1.00	
	Skewness	-.651	.512
	Kurtosis	.826	.922

### *Accommodations*

The third independent t-test included the Likert-test scores from the question regarding the presence of appropriate accommodations for participants at social service agencies. The t-test compared the answers from the Deaf participants and the Hearing participants. The sample size (n) was 26 with 13 Deaf participants and 13 Hearing participants. Table 8 shows that the mean accommodations score was higher for Hearing participants (4.00) than for Deaf participants

(3.23). However, the statistical analysis of the accommodations question showed that there was no statistically significant difference between the presence of appropriate accommodations for the Deaf participants and the Hearing participants at the social service agencies.

**Table 8**

*Accommodations Group Statistics*

Identity	N	Mean	Std. Deviation	Std. Error Mean
Deaf	13	3.2308	1.01274	.28088
Hearing	13	4.0000	1.15470	.32026

As Table 9 shows, the significance was 0.566 which is greater than the significant value of 0.05. Therefore, the null hypothesis—there is no significant difference in the appropriate accommodations that social service agencies have for Deaf people when compared to hearing people—was accepted.

**Table 9**

*Accommodations Independent Samples Test*

	F	Sig.	t	df	One-Sided p sig.	Two-Sided p sig.	Mean Diff.	Std. Error Diff.
Equal variances assumed	.338	.566	-1.806	24	.042	.084	-.76923	.42598
Equal variances not assumed			-1.806	23.599	.042	.084	-.76923	.42598

However, the median of the presence of accommodations for Deaf participants (according to Table 10) was 3.00, while the median for Hearing participants was 4.00. This puts the Deaf data in the “neutral” portion of the Likert scale; there were about 50% of their appropriate accommodations. This places the Hearing data in the “agree” portion; they had appropriate accommodations from the social service agency.

**Table 10***Accommodations Descriptive*

Identity		Statistic	Std. Error
Deaf	Mean	3.2308	.28088
	95% Confidence Interval for Mean- Lower	2.6188	
	95% Confidence Interval for Mean- Upper	3.8428	
	5% Trimmed Mean	3.2009	
	Median	3.0000	
	Variance	1.026	
	Std. Deviation	1.01274	
	Minimum	2.00	
	Maximum	5.00	
	Range	3.00	
	Interquartile Range	1.50	
	Skewness	.599	.616
	Kurtosis	-.363	1.191
Hearing	Mean	4.0000	.32026
	95% Confidence Interval for Mean- Lower	3.3022	
	95% Confidence Interval for Mean- Upper	4.6978	
	5% Trimmed Mean	4.0556	
	Median	4.0000	
	Variance	1.333	
	Std. Deviation	1.15470	
	Minimum	2.00	
	Maximum	5.00	
	Range	3.00	

Interquartile Range	2.00	
Skewness	-.768	.616
Kurtosis	-.825	1.191

### *Communication*

The fourth independent t-test included the Likert-test scores from the question regarding the ability of the social service provider to communicate comfortably with the participant. The t-test compared the answers from the Deaf participants and the Hearing participants. The sample size (n) was 26 with 13 Deaf participants and 13 Hearing participants. Table 11 shows that the mean communication score was higher for Hearing participants (4.46) than for Deaf participants (3.07). However, the statistical analysis of the communication question showed that there was no statistically significant difference in the ability of the social service provider to communicate comfortably with the Deaf participants and the Hearing participants.

**Table 11**

#### *Communication Group Statistics*

Identity	N	Mean	Std. Deviation	Std. Error Mean
Deaf	13	3.0769	1.38212	.38333
Hearing	13	4.4615	.96742	.26831

As Table 12 shows, the significance was 0.363 which is greater than the significant value of 0.05. Therefore, the null hypothesis—there is no significant difference in the ability of social

service providers to communicate comfortably with Deaf people when compared to communicating with hearing people—was accepted.

**Table 12**

*Communication Independent Samples Test*

	F	Sig.	t	df	One-Sided p sig.	Two-Sided p sig.	Mean Diff.	Std. Error Diff.
Equal variances assumed	.859	.363	-2.959	24	.003	.007	-1.38462	.46790
Equal variances not assumed			-2.959	21.482	.004	.007	-1.38462	.46790

However, the median of the comfortable communication for Deaf participants (according to Table 13) was 3.00, while the median for Hearing participants was 5.00. This puts the Deaf data in the “neutral” portion of the Likert scale; there was comfortable communication about half of the time. This places the Hearing data in the “agree” portion; they had comfortable communication from the social service agency.

**Table 13**

*Communication Descriptive*

Identity	Statistic	Std. Error
----------	-----------	------------



Deaf	Mean	3.0769	.38333
	95% Confidence Interval for Mean- Lower	2.2417	
	95% Confidence Interval for Mean- Upper	3.9121	
	5% Trimmed Mean	3.0855	
	Median	3.0000	
	Variance	1.910	
	Std. Deviation	1.38212	
	Minimum	1.00	
	Maximum	5.00	
	Range	4.00	
	Interquartile Range	2.00	
	Skewness	-.384	.616
	Kurtosis	-.702	1.191
Hearing	Mean	4.4615	.26831
	95% Confidence Interval for Mean- Lower	3.8769	
	95% Confidence Interval for Mean- Upper	5.0461	
	5% Trimmed Mean	4.5684	
	Median	5.0000	
	Variance	.936	
	Std. Deviation	.96742	
	Minimum	2.00	
	Maximum	5.00	
	Range	3.00	
	Interquartile Range	1.00	
	Skewness	-1.831	.616
	Kurtosis	2.704	1.191

### ***Comfortability***

The fifth and final independent t-test included the Likert-test scores from the question regarding the comfortability of the social service provider when working with the participant. The t-test compared the answers from the Deaf participants and the Hearing participants. The sample size (n) was 26 with 13 Deaf participants and 13 Hearing participants. Table 14 shows that the mean comfortability score was higher for Hearing participants (4.31) than for Deaf participants (3.00). However, the statistical analysis of the comfortability question showed that

there was no statistically significant difference in the comfortability of the social service provider when working with the Deaf participants and the Hearing participants.

**Table 14**

*Comfortability Group Statistics*

Identity	N	Mean	Std. Deviation	Std. Error Mean
Deaf	13	3.0000	1.08012	.29957
Hearing	13	4.3077	.85485	.23709

As Table 15 shows, the significance was 0.608 which is greater than the significant value of 0.05. Therefore, the null hypothesis—there is no significant difference in the comfortability of social service providers working with Deaf people when compared to working with hearing people—was accepted.

**Table 15**

*Comfortability Independent Samples Test*

	F	Sig.	t	df	One-Sided p sig.	Two-Sided p sig.	Mean Diff.	Std. Error Diff.
Equal variances assumed	.271	.608	-3.423	24	.001	.002	-1.30769	.38204
Equal variances not assumed			-3.423	22.797	.001	.002	-1.30769	.38204

However, the median of the comfort of the provider for Deaf participants (according to Table 16) was 3.00, while the median for Hearing participants was 4.00. This puts the Deaf data in the “neutral” portion of the Likert scale; the provider was indifferent in comfortability working with the client. This places the Hearing data in the “agree” portion; the provider was comfortable working with the client.

**Table 16***Comfortability Descriptive*

Identity		Statistic	Std. Error
Deaf	Mean	3.0000	.29957
	95% Confidence Interval for Mean- Lower	2.3473	
	95% Confidence Interval for Mean- Upper	3.6527	
	5% Trimmed Mean	3.0000	
	Median	3.0000	
	Variance	1.167	
	Std. Deviation	1.08012	
	Minimum	1.00	
	Maximum	5.00	
	Range	4.00	
	Interquartile Range	2.00	
	Skewness	.000	.616
	Kurtosis	-.078	1.191
	Hearing	Mean	4.3077
95% Confidence Interval for Mean- Lower		3.7911	
95% Confidence Interval for Mean- Upper		4.8243	
5% Trimmed Mean		4.3974	
Median		4.0000	
Variance		.731	
Std. Deviation		.85485	
Minimum		2.00	
Maximum		5.00	

Range	3.00	
Interquartile Range	1.00	
Skewness	-1.651	.616
Kurtosis	3.765	1.191

---

### *Deaf Culture*

The final Likert scale referred to the participants perception of the social service provider's knowledge of Deaf Culture. The sample size (n) was 13 with 13 Deaf participants. Table 17 shows that the median knowledge score was 1.00. This puts the Deaf data in the "disagree" portion of the Likert scale; the provider was not knowledgeable of Deaf Culture. Therefore, the null hypothesis—Deaf participants will have a neutral opinion on social service providers having knowledge of Deaf Culture—was rejected. The alternative hypothesis—Deaf participants will disagree with social service providers having knowledge of Deaf Culture—was accepted.

**Table 17**

#### *Deaf Culture Likert Scale Results*

<b>Deaf Culture</b>	<u>Total (n=13)</u>		<u>Median</u>
	<i>n</i>	<i>%</i>	
<hr/>			
Provider(s) Knowledge of Deaf Culture			
1- Provider was not knowledgeable	7	53.8	1.00
2- Provider knew little	2	15.4	
3- Provider was somewhat aware	1	7.69	
4- Provider was knowledgeable	2	15.4	
5- Provider had complete knowledge	1	7.69	

---

***Qualitative Reflection***

Finally, the researcher analyzed the qualitative open-ended question. The following were the responses from the participants who had received help from a social worker in Ohio (n=17) with 9 Deaf participants and 8 Hearing participants. Of the 17, 13 responded to the reflection question; 7 Deaf participants and 6 Hearing participants. Of the 7 Deaf responses, 4 were negative and 3 were positive regarding their experiences with Ohio social workers. Of the 6 Hearing responses, 4 were positive, one was neutral, and one was negative but spoke on behalf of their Deaf clients.

**Table 18**

*Deaf Qualitative Reflection of Services Responses & Themes*

<b>Theme</b>	<b>Representative Deaf Quotes</b>
English language priority	<ul style="list-style-type: none"> <li>- “Social workers in OHIO who are asl fluent are like the "purple unicorn" very rare to find a ASL fluent social worker. If there are asl social worker they are often limited in their training or in their capacity to help.”</li> <li>- “I struggled with accommodations as my service providers had always prioritized English proficiency over full communication access.”</li> </ul>
Inaccessible	<ul style="list-style-type: none"> <li>- “As an adult, when attempting to seek services for things like food stamps, public health insurance, vocational rehabilitation, etc. I've found myself hitting walls because the providers didn't know how to accommodate me.”</li> <li>- “Many of social service workers are not very accessible with deaf people or tough to get ahold of”</li> </ul>

	<ul style="list-style-type: none"> <li>- “We need more attention, research, and access.”</li> </ul>
Discouraging	<ul style="list-style-type: none"> <li>- “Ohio Social Workers have a broad impact depending on the field. As a child, my experiences with children services were extremely poor. I was told by a case worker that his whole job was to make sure I wasn't dead in a basement.”</li> <li>- “When receiving community mental health services, they often didn't understand my experience as a hard of hearing person”</li> <li>- “Did not get what I m seek for”</li> <li>- “When getting vocational rehabilitation services, I wanted to pursue a degree in the legal field but was told by the VR staff that it's far to uncommon for Deaf people to be lawyers, and it would be far to difficult for me, and encouraged me to find another career path.”</li> </ul>

**Table 19**

*Hearing Qualitative Reflection of Services Responses & Themes*

<b>Theme</b>	<b>Representative Hearing Quotes</b>
Helpful	<ul style="list-style-type: none"> <li>- “The social worker helped me in a therapy setting. They helped me gain skills and abilities to help me with my mental health”</li> <li>- “I received counseling in high school trying to decide where I should go for college. Currently, I am receiving therapy/ counseling for my own mental well being. My therapist has been extremely helpful!”</li> </ul>

Comfortable	- “My therapist is an Ohio social worker. She has always been very kind and flexible with me, and I’ve always felt incredibly comfortable receiving [sic] services from her.”
Professional	- “I worked with social workers in Ohio during an adoption. The social worker was professional and competent.”

## **Chapter 5: Conclusion**

This research aimed to determine where social work availability deficits lie in the populations that social workers claim to serve. The deaf population is underserved and oppressed. Social workers have great potential to aid the Deaf Community through advocacy, resource connection, and more. However, it was unknown how accommodating social work truly is for the Deaf Community. This research aimed to pinpoint these discrepancies through a quantitative study with participation from both Deaf and Hearing participants where significant differences in service provisions are typically found.

### **Limitations**

There were several limitations present during this study that are crucial to discuss to understand the scope of this study and to unpack implications for future research. First and foremost, there were fewer surveys completed in comparison to the researcher's projected number of participants. The researcher anticipated having a minimum of 60 Deaf participants and 60 Hearing participants. However, there were only 61 participants total and, of the 61 completed surveys, only 40 were able to be used. This resulted in data from 20 Deaf participants and 20 Hearing participants. A large sample size is crucial in research as it provides a more accurate representation of the population and more sufficiently answers the research question (Andrade, 2020).

The underpowered statistic can be primarily attributed to the narrow window of time for data collection: less than one month. The process of translating the survey into American Sign Language (ASL) took much longer than the researcher originally anticipated, and the Institutional Review Board (IRB) would not approve the research project until the translations were complete. The researcher had hoped to begin data collection in October of 2023, but the



IRB approval did not come until February of 2024. The researcher had hoped to attend deaf focused community events in Columbus, Ohio for more data collection but was unable to, given the few events held in the narrow window.

Another limitation of this study was where the data was collected from. Though some deaf social groups were contacted (Deaf Night Out, Ohio School for the Deaf Alumni Association, Ohio Association of the Deaf) most of the sampling was done through deaf service agencies such as Deaf World Against Violence Everywhere, Deaf Services Center, Cleveland Hearing and Speech Center, Hearing Speech and Deaf Center of Greater Cincinnati, and Deaf Community Resource Center. If the survey was completed by members or people that frequent these organizations, they are most likely already receiving deaf-centered social services to some extent. Thus, the survey is not as applicable as it would be if it were done more randomly. However, these are where many deaf people congregate and meet others. There is a high likelihood that this skewed the data. Ideally, the researcher would be contacting some deaf individuals that received services from agencies that are not deaf-focused to increase understanding of what a “typical” agency offers in terms of accessibility.

This study is also limited in the difference in samples. As mentioned, many of the Deaf participants were recruited via deaf organizations in big, urban cities in Ohio. These organizations also brought in some Hearing participants, but many Hearing participants were recruited via convenience sampling done by the researcher. The researcher is an Ohio University student. The people she recruited were likely in their early 20’s, in college, live in a rural area, and may not have had many experiences with social services due to their young age. To be most accurate, the samples of Deaf and Hearing participants should be comparable, and this was not necessarily the case.

The final notable limitation of this study was the use of Likert scales as opposed to other metrics. Though convenient and intuitive, Likert scales may not have been the best reflection of this data and may have led to an increase in statistically insignificant results. Oftentimes with Likert scales, people shy away from selecting the extremes (1 or 5 in this case) in fear of making too harsh of a statement (Jamieson, 2024). However, this can be harmful in research as it is not an accurate representation of how the participant feels. When the scale “decreases” from 5 response options to 3 response options, the statistical significance is less likely. Additionally, there is not a standardized method to analyzing Likert scales due to their combination of interval and ordinal traits (Sullivan & Artino, 2013). This may have led to some confusion when deciding which tests to perform and others may have been more beneficial for the data at hand. The researcher also believes that—especially after reviewing the depth of some of the qualitative answers—qualitative data may have been more accurate when answering the research question.

### **Strengths**

An important strength involves the translation of the survey and all other subject-facing materials into American Sign Language (ASL). All translations and videos were completed by a deaf woman. Contrary to popular belief, ASL is not a direct, manual translation of English and instead has its’ own set of rules, grammar, syntax, etc. (Fox, 2008). All subject-facing materials had to first be written as gloss which is the name for ASL when it is put on paper. This takes immense time and effort especially when being completed by someone who does not have English as their first language. Following the written gloss, the videos were recorded and sent back to the researcher. The researcher and thesis advisor then reviewed the videos to ensure they were conveying the same message as the written English. If not, the researcher met with the

signer and went over corrections. This back-and-forth procedure happened over five times throughout the course of perfecting translations.

Though taxing at times, there were extreme benefits to having the survey in ASL. First and foremost, it would be unethical to ask a research question about the accessibility of social work while not being fully accessible. Secondly, it is not often that Deaf individuals are asked to participate in research where they do not have to translate the questions from English themselves. This may deter them from participating altogether. One deaf participant, following the completion of their survey, went as far as to comment on the use of ASL in the survey to the researcher. They stated that it made the survey accessible and entertaining. Finally, this allowed the participant to share their meaningful views regarding social work availability.

### **Future Research**

There is further research that needs to be done to answer the research question more comprehensively. When conducting this research, future researchers need to consider the limitations present during this study. Researchers need to aim for a larger sample and need to be cognizant of recruiting participants from comparable places to receive the most accurate results. Researchers should consider using other data collection methods such as qualitative approaches. Researchers should also be sure to account for the hefty time commitment that the translations take and may want to consider hiring a person for translations specifically. Finally, there needs to be a question addressing how the participant heard about the study. This may allow the future researcher to eliminate the responses from participants who heard about the study from a deaf social service center that is already established. There is a need to flesh out this research to ensure that everyone has access to social work and social services without barriers.

### **Implications**

Although the results did not reach statistical significance, assumptions can be made based off the differences in responses from Deaf and Hearing participants in this study. All in all, Deaf individuals seemed to have higher rates of negative experiences with social services. Social workers need to mitigate these differences. Ways to mitigate these may include increasing deaf-specific social service programming, ensuring that an interpreter—and other accommodations—are present for services, advertising accessible social services to the Deaf Community, educating themselves on Deaf Culture norms, amplifying deaf ideas, and increasing Deaf representation in positions of power.

### **Conclusion**

In conclusion, this study attempted to pinpoint discrepancies in social work availability for Deaf and Hearing populations to alleviate the deficits in future social work practice. However, there is a strong need for further research on the topic to receive more definitive answers. The researcher does believe that the current research is telling but higher participation rates will hopefully lead to more concrete statistical significance. The study highlights differences in experiences that Deaf and Hearing clients have with social workers and overall, Deaf clients have had higher rates of negative experiences. This was reflected in both the quantitative and qualitative portions of the study. Social workers claim to serve our most vulnerable populations, but in the case of deaf clients, they are often the ones leaving with poor experiences. There is a call for this to change in future practice.

## References

- About Social Workers*. NASW, National Association of Social Workers. (n.d.). Retrieved October 11, 2022, from <https://www.socialworkers.org/News/Facts/Social-Workers>
- Aldalur, A., Pick, L. H., & Schooler, D. (2021). Navigating deaf and hearing cultures: An exploration of deaf acculturative stress. *Journal of Deaf Studies & Deaf Education*, 26(3), 299—313. <https://login.proxy.library.ohio.edu/10.1093/deafed/enab014>
- American Psychological Association. (n.d.). *Apa Dictionary of Psychology*. American Psychological Association. Retrieved April 27, 2023, from <https://dictionary.apa.org/help-seeking-behavior>
- Andrade, C. (2020). Sample Size and its Importance in Research. *Indian journal of psychological medicine*, 42(1), 102–103.  
[https://doi.org/10.4103/IJPSYM.IJPSYM\\_504\\_19](https://doi.org/10.4103/IJPSYM.IJPSYM_504_19)
- Balch, G. I., & Mertens, D. M. (1999). Focus group design and group dynamics: Lessons from deaf and hard of hearing participants [1]. *American Journal of Evaluation*, 20(2), 265.  
<https://doi-org.proxy.library.ohio.edu/10.1177/109821409902000208>
- Barnett S., Klein J.D., Pollard R.Q. Jr., Samar V., Schlehofer D., Starr M., Sutter E., Yang H., Pearson T.A. (2011). Community participatory research with deaf sign language users to identify health inequities. *American Journal of Public Health*, 101(12), 2235–2238. doi: [10.2105/AJPH.2011.300247](https://doi.org/10.2105/AJPH.2011.300247)
- Barrow, L.M. (2007). *Silent victims: An examination into criminal victimization of the Deaf*. (Unpublished doctoral dissertation). The City University of New York, New York, NY.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>

Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*.

Los Angeles, CA: Sage Publications, Inc.

Day, S. (2013). *Relationship and sexual violence exposure, help-seeking, and myth acceptance in Ohio's deaf and hearing populations*. (Unpublished doctoral dissertation). Argosy University.

*Deaf history month*. Census.gov. (2022, February 25). Retrieved September 21, 2022, from

<https://www.census.gov/library/audio/profile-america/profileodd/profile-odd-13.html#:~:text=Today%2C%20about%2011.5%20million%20Americans,3.5%20percent%20of%20the%20population>.

*Deaf/hearing-impaired Communication Card*. Opportunities for Ohioans with Disabilities.

(2022, May). <https://statepatrol.ohio.gov/about-us/oshp-publications/deaf-communication-card>

Encouraging help-seeking behaviors - AAVMC. (2020, May). [https://www.aavmc.org/wp-](https://www.aavmc.org/wp-content/uploads/2021/02/Wellbeing-Encouraging_Help_Seeking_Behaviors.pdf)

[content/uploads/2021/02/Wellbeing-Encouraging\\_Help\\_Seeking\\_Behaviors.pdf](https://www.aavmc.org/wp-content/uploads/2021/02/Wellbeing-Encouraging_Help_Seeking_Behaviors.pdf)

Esp, J. (2001). A National survey of social work services in Schools for the Deaf. *American Annals of the Deaf*, 146(4), 320–327.

Fox, M. (2008). *Talking hands: What sign language reveals about the mind*. Simon & Schuster Paperbacks.

*Gender Based Violence Resource Library*. VAWnet. (n.d.). Retrieved November 30, 2022, from

<https://vawnet.org>

Jamieson, S. (2024, February 23). *Likert scale*. Encyclopædia Britannica.

<https://www.britannica.com/topic/Likert-Scale>

- Jay, M. (2021). *American sign language: START ASL*. Start ASL | Learn American Sign Language with our Complete 4-Level Course! <https://www.startasl.com/american-sign-language/>
- Kral, A., Popper, A. N., & Fay, R. R. (2013). *Deafness*. Springer.
- Lakusta, B. (2024, March 19). *Everything you need to know about Likert Scales*. Eval Academy. [https://www.evalacademy.com/articles/everything-you-need-to-know-about-likert-scales#:~:text=If%20you're%20looking%20to,independent%20samples%20t%2Dtest\).](https://www.evalacademy.com/articles/everything-you-need-to-know-about-likert-scales#:~:text=If%20you're%20looking%20to,independent%20samples%20t%2Dtest).)
- Lane, H. (2005). Ethnicity, ethics, and the deaf-world. *Journal of Deaf Studies and Deaf Education*, 10(3), 291–310. doi: [10.1093/deafed/eni030](https://doi.org/10.1093/deafed/eni030)
- Lane, H., Hoffmeister, R., & Bahan, B. (1996). *A Journey into the Deaf-World*. DawnSignPress.
- Lee, M. (in press). College students' perception of social work profession and its impact on recruitment. *Journal of Baccalaureate Social Work*, 28.
- Leigh, I. W., Andrews, J. F., Harris, R. L., & Avila, T. G. (2022). *Deaf culture: Exploring Deaf communities in the United States, Vol. Second edition*. Plural Publishing, Inc.
- NASW, National Association of Social Workers. (n.d.). Code of Ethics. Retrieved September 14, 2023, from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- NASW, National Association of Social Workers. (n.d.). Code of Ethics. Retrieved April 6, 2023, from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- Sullivan, G. M., & Artino, A. R., Jr (2013). Analyzing and interpreting data from likert-type scales. *Journal of graduate medical education*, 5(4), 541–542. <https://doi.org/10.4300/JGME-5-4-18>

Takayama, K. (2020). Understanding Deaf and Hard of Hearing college student experiences of school social work services in the K-12 education system. *Journal of the American Deafness & Rehabilitation Association (JADARA)*, 53(2), 78–87.

Weiner M.T., & Miller M. (2006). Deaf children and bullying: Directions for future research. *American Annals of the Deaf*, 151(1), 61–70.

Westlake, D., & Jones, R. K. (2018). Breaking down language barriers: A practice-near study of social work using interpreters. *British Journal of Social Work*, 48(5), 1388–1408.

<https://doi-org.proxy.library.ohio.edu/10.1093/bjsw/bcx073>



## Appendix A

### Survey

<b>Inclusion Criteria</b>	<b>Possible Answers</b>
I consent to participate in this research study.	<ul style="list-style-type: none"> <li>• Yes, I consent to participate in this research study.</li> <li>• No, I do not consent to participate in this research study.</li> </ul>
Are you 18 years of age or older?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Have you lived in Ohio at some point in your life?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<b>Demographic Questions</b>	<b>Possible Answers</b>
How do you prefer to communicate? Select all that apply.	<ul style="list-style-type: none"> <li>• American Sign Language (ASL)</li> <li>• English</li> <li>• None of the Above</li> </ul>
How do you identify? Select all that apply.	<ul style="list-style-type: none"> <li>• Deaf</li> <li>• Hard of Hearing</li> <li>• Hearing</li> </ul>
What is your gender?	<ul style="list-style-type: none"> <li>• Female</li> <li>• Male</li> <li>• Non-Binary</li> <li>• Other _____</li> </ul>
What is your age?	<ul style="list-style-type: none"> <li>• _____</li> </ul>
Which of the following describes you? Select all that apply.	<ul style="list-style-type: none"> <li>• African American/Black</li> <li>• Asian</li> <li>• Hispanic/Latinx</li> <li>• Native American</li> <li>• Pacific Islander</li> <li>• White/Caucasian</li> <li>• Other _____</li> </ul>
<b>Help-Seeking Description</b>	The following questions address where you may have looked for social services help in

	<p>the past. This help could have been for mental health, unemployment, child protection, domestic violence, college and career readiness, housing/homelessness, substance abuse, etc. This help may have come from a social worker, psychologist, counselor, etc. These questions do not address physical or medical help.</p>
<p><b>Help-Seeking Questions</b></p>	<p><b>Possible Answers</b></p>
<p>Rate your comfort/willingness to go to a place like those listed above for help if you need it.</p>	<ol style="list-style-type: none"> <li>1. You are not comfortable or willing to look for services</li> <li>2. You are only a little comfortable and willing to look for services</li> <li>3. You feel indifferent about looking for services</li> <li>4. You are comfortable and willing to look for services</li> <li>5. You are fully comfortable and willing to look for services</li> </ol>
<p>Rate your confidence in knowing where to go for help if you need it.</p>	<ol style="list-style-type: none"> <li>1. You are not confident of where to go for services</li> <li>2. You have little confidence of where to go for services</li> <li>3. You are somewhat confident of where to go for services</li> <li>4. You are confident of where to go to receive services</li> <li>5. You are fully confident and know exactly where to go to receive services</li> </ol>
<p>Have you ever received help from a place like those listed beforehand in Ohio?</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<p><b>Reflection of Services Questions</b></p>	<p><b>Possible Answers</b></p>
<p>Just thinking about your most recent experience, to what degree did the agency provide appropriate accommodations?</p>	<ol style="list-style-type: none"> <li>1. There were none of your needed accommodations; it was not accessible</li> <li>2. There were few of your needed accommodations; it was barely accessible</li> </ol>

	<ol style="list-style-type: none"> <li>3. There were about 50% of your needed accommodations; it was somewhat accessible</li> <li>4. There were most of your needed accommodations; it was accessible</li> <li>5. There were 100% of your needed accommodations; it was fully accessible</li> </ol>
<p>Just thinking about your most recent experience, to what degree could the social services provider(s) communicate comfortably with you?</p>	<ol style="list-style-type: none"> <li>1. The provider(s) could not comfortably communicate with you</li> <li>2. The provider(s) made little effort to comfortably communicate with you</li> <li>3. Roughly half of the time the provider(s) could comfortably communicate with you</li> <li>4. Most of the time the provider(s) could comfortably communicate with you</li> <li>5. The provider(s) could comfortably communicate with you</li> </ol>
<p>Just thinking about your most recent experience, to what degree was the social services provider(s) comfortable working with you?</p>	<ol style="list-style-type: none"> <li>1. The provider(s) seemed very uncomfortable working with you</li> <li>2. The provider(s) seemed uncomfortable working with you</li> <li>3. The provider(s) seemed indifferent about working with you</li> <li>4. The provider(s) seemed comfortable working with you</li> <li>5. The provider(s) seemed completely comfortable working with you</li> </ol>
<p>Please only answer if you are Deaf/Hard of Hearing and identify with Deaf Culture, otherwise select not applicable. Just thinking about your most recent experience, to what degree were staff knowledgeable of Deaf Culture?</p>	<ol style="list-style-type: none"> <li>1. Staff was not knowledgeable of Deaf Culture</li> <li>2. Staff knew a little about Deaf Culture</li> <li>3. Staff was somewhat aware of Deaf Culture</li> <li>4. Staff was knowledgeable of Deaf Culture</li> <li>5. Staff had complete knowledge of Deaf Culture</li> <li>6. Not applicable because I am hearing</li> </ol>
<p>To your knowledge, have you ever received help from a social worker in Ohio?</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>

<p>If yes, without sharing any private information, and if you are comfortable, please share about your experiences with Ohio social workers.</p>	<hr/>

## Appendix B

### Recruitment Letter

Dear (Organization),

Would you mind distributing the following survey to members of your organization that may be interested?

IRB # 23-E-178

#### **Discrepancies in Social Work Availability for Deaf and Hearing Populations**

Hello! My name is Catron Arnold, and I am an Ohio University undergraduate student in Social Work pursuing a Professional Deaf Resources Liaison Certificate. I am conducting a research study to survey Deaf and Hearing individuals regarding their experiences with social work and social services. This experience can include but is not limited to: having knowledge of where to seek services, comfortability seeking services, and receiving help from a social worker or other practitioner. Survey questions pertain to these experiences. Participants must be at least 18 years of age and must have resided in Ohio at some point in their lives. The survey should take approximately 5-10 minutes to complete. If you would like to participate, click the link to navigate to the research participation consent form prior to participation. If consented, you will be directed to the survey.

For your participation, you have the option to enter your email into a raffle with a 1/120 chance to receive a \$20 Amazon gift card.

Link: [https://ohio.qualtrics.com/jfe/form/SV\\_cYN9dIWYym1O6ZU](https://ohio.qualtrics.com/jfe/form/SV_cYN9dIWYym1O6ZU)

Thank you for your consideration in contributing to this research study,

Catron Arnold  
Ohio University Class of 2024  
Honors Tutorial College  
E: [ca639919@ohio.edu](mailto:ca639919@ohio.edu)

Jennifer Shadik  
Faculty Advisor  
E: [shadik@ohio.edu](mailto:shadik@ohio.edu)

Appendix C

Recruitment Flyer

**1/120 CHANCE TO WIN  
\$20 AMAZON GIFT CARD**

# QUICK SURVEY

Take a 10-minute survey and  
assist in a research study to  
compare social work access for  
Deaf and Hearing populations

**CONTACT:**  
Catron Arnold  
ca639919@ohio.edu  
Ohio University

Must be at least 18  
years old and have  
resided in Ohio at  
some point

IRB 23-E-178

## Appendix D

### Consent Form

#### Ohio University Online Consent Form

Title of Research: Discrepancies in Social Work Availability for Deaf and Hearing Populations  
Researchers: Catron Arnold and Stefanie Day EdD, PCC-S  
IRB Number: 23-E-178

You are being asked by an Ohio University researcher and an Ohio State University researcher to participate in a research study. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks of the research project. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to participate in this study.

#### Summary of Study

In this study, you will be asked about the past experiences you have had with help-seeking, social work, and other social services. You will be asked a series of questions via an online questionnaire related to that exposure and your perception of the interaction. The online questionnaire will take approximately 5-10 minutes to complete and will be offered in both English and American Sign Language (ASL). There will be three sections: the first will consist of demographic questions such as sex, age, race/ethnicity, hearing ability, communication preferences, and other related questions about your personal information. The second section will ask questions about your confidence and knowledge of where to go to receive services. The third section will only be applicable if you have received services and will ask questions related to that experience. The goal of this study is to identify where social work access differs for Deaf and Hearing populations.

#### Explanation of Study

This study is being done because there is little research on the availability, or lack thereof, of social work within the Deaf Community. Are there adequate efforts being made to ensure that social workers can be accessed by all? The following research aims to uncover the discrepancies that lie in social work access for the Deaf Community in comparison to the Hearing population. If you agree to participate, you will be asked to complete an online questionnaire that asks a series of questions related to your specific experience in looking for and receiving social services. Close-ended questions will pertain to your comfortability seeking services, your knowledge of where to find services, and your experiences if you have sought out services. For some questions, open-ended response boxes are provided, when applicable, to ensure that you are able to elaborate on any questions if you wish. All questions are offered in both English and American Sign Language (ASL).

You should not participate in this study if you are not 18 years or older and if you have not resided in Ohio at some point. As aforementioned, there is a demographic portion and then two remaining sections. You will only be asked to participate in the last section if you have received services in Ohio. Your participation in the study will last between 5-10 minutes to complete the questionnaire.

#### Risks and Discomforts

None anticipated

#### Benefits

This study is important to science/society because there is limited research and reports completed on social work availability and accessibility for the Deaf Community. The Deaf Community faces discrimination and barriers to everyday life. It is known that social workers aim to assist our most vulnerable and marginalized populations, yet there is limited research the accessibility of social work for the Deaf population. Completing this questionnaire and identifying where these discrepancies lie will hopefully provide insight on how social work can be made more accessible in the future. Understanding what these experiences are will assist in understanding more specifically where social work has not met the needs of personnel in the past and the effects of this. However, individual participants are not expected to derive personal benefit through research participation.

#### Confidentiality and Records

Your study information will be kept confidential by having all materials that you have completed remain on a password protected device. Only researchers affiliated with this study will have access to the questionnaire data. Additionally, no identifying information such as your name, address, or contact information is collected.

For maximum confidentiality, please clear your browser history and close the browser before leaving the computer. Additionally, while every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with: \* Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research; \* Representatives of Ohio University (OU), including the Institutional Review Board, a committee that oversees the research at OU.

Following the completion of the survey, you can enter in a raffle with a 1/120 chance to win a \$20 Amazon gift card. You can enter for a chance to win regardless of if you answer every question to completion depending on your comfortability. You will be redirected to a form to enter your email, but it is not mandatory.

#### Contact Information

If you have any questions regarding this study, please contact the investigator Catron Arnold, [ca639919@ohio.edu](mailto:ca639919@ohio.edu). If you have any questions regarding your rights as a research participant, please contact the Director of Research Compliance, Ohio University, (740)593-0664 or



compliance@ohio.edu.

By agreeing to participate in this study, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered
- you have been informed of potential risks and they have been explained to your satisfaction
- you understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study
- you are 18 years of age or older
- your participation in this research is completely voluntary
- you may leave the study at any time; if you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.

Version: 3

Version date: 11/14/23