

# How Iranian Deaf Individuals Discuss Domestic Violence and Its Risk Factors

Laleh Golamrej Eliasi<sup>1\*</sup> , Mahsa Tahzibi<sup>2</sup>, Hadi Farahani<sup>3</sup> ,  
Mohammad Torkashvand Moradabadi<sup>4</sup> 

<sup>1</sup>Department of Social Research, University of Turku, Turku, Finland

<sup>2</sup>Toronto, Canada

<sup>3</sup>Department of Social Sciences, University of Eastern Finland, Kuopio, Finland

<sup>4</sup>Faculty of Social Sciences, Yazd University, Yazd, Iran

Email: \*laleh.l.golamrejeliasi@utu.fi, tahzibi.mhs@gmail.com, hadi.farahani@uef.fi, m.torkashvand@yazd.ac.ir

**How to cite this paper:** Golamrej Eliasi, L., Tahzibi, M., Farahani, H., & Torkashvand Moradabadi, M. (2024). How Iranian Deaf Individuals Discuss Domestic Violence and Its Risk Factors. *Open Journal of Social Sciences*, 12, 140-154.

<https://doi.org/10.4236/jss.2024.125010>

**Received:** April 1, 2024

**Accepted:** May 20, 2024

**Published:** May 23, 2024

Copyright © 2024 by author(s) and Scientific Research Publishing Inc.

This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

## Abstract

This study aimed to explore the perceptions of Iranian deaf individuals regarding domestic violence against the deaf individuals and its associated risk factors in Iran. Data were gathered through interviews with 15 participants and analyzed using content analysis. Two main themes emerged regarding their perceptions of the types of domestic violence: 1) Emotional & Verbal, and 2) Physical & Economic. Additionally, two themes were identified concerning their perspectives on risk factors: 1) Deaf individuals & Deaf community, and 2) Family & Society. For future research, it is recommended to investigate the perspectives of Iranian deaf individuals' families regarding domestic violence, its risk factors, and the necessary services for addressing this issue.

## Keywords

Iranian Deaf, Domestic Violence, Risk Factor of Domestic Violence, Deaf Culture, Deaf Community

## 1. Introduction

Domestic violence (DV) manifests various forms, including physical, sexual, emotional, financial abuse, and neglect (Black et al., 2011). While DV is a widespread issue in family communication, certain groups, such as the deaf community, face heightened risks due to obstacles like communication barriers, limited interpreter availability, and social isolation (Barnett et al., 2011).

To illustrate the extent of domestic violence against deaf (DVAD) individuals,

research by Kvam (2004) and Schenkel et al. (2014) revealed that deaf and hard-of-hearing individuals experience significantly higher rates of sexual abuse compared to those who are hearing. According to Schenkel et al.'s (2014) findings, 32% of the deaf and hard of hearing group reported experiencing sexual abuse, while only 13% of the hearing group did. Additionally, Schild and Dalenberg (2015) observed a high prevalence of physical assault at 72.2% among their deaf and hard-of-hearing participants. Neglect emerged as the most common form of abuse experienced by deaf and hard-of-hearing individuals, with estimates around 47%, as indicated by Øhre et al. (2015). Schenkel et al. (2014) found that emotional neglect was reported by 45% of their deaf and hard-of-hearing participants, compared to 31% in the hearing group. Physical neglect was reported by 47% of the deaf and hard-of-hearing participants, contrasting with only 19% in the hearing group. The elevated prevalence of DVAD can be attributed to various risk factors.

Several risk factors contributing to DVAD originate from the physical, emotional, and financial dependence of deaf individuals on others, rendering them vulnerable to such risks. Reliance on others for basic life necessities increases susceptibility to abuse. Factors such as control exerted by others over their lives and a lack of information across various domains also contribute to DVAD occurrences (Plummer & Findley, 2012; Thomas et al., 2008). Communication barriers between deaf and hearing individuals can further exacerbate the risk of DVAD. These obstacles isolate deaf individuals and deter them from reporting DV incidents (Corker, 2000). In the contemporary era, technological advancements, including the internet and social media, have played a pivotal role in addressing communication challenges and improving information accessibility for deaf individuals regarding legal matters, health, and current events. However, these positive developments have also led to increased instances of DV (Southworth et al., 2007). Perpetrators may exploit these advancements by monitoring deaf individuals' relationships, restricting their access to communication tools, or preventing their internet access, thereby exacerbating the issue (Lightfoot & Williams, 2009).

DVAD is a topic of significant importance, particularly considering the sizable population of deaf individuals worldwide. Although the exact global figure remains elusive, estimates from the World Health Organization (2023) suggest that approximately 430 million people worldwide live with hearing disabilities. In Iran, the prevalence of individuals falling within the deaf spectrum is estimated at 13.5 per 1000 people (Mahmoudian et al., 2021). Despite this, research on DV against Iranian deaf individuals is notably lacking. Moreover, education, employment, and governmental support for the deaf community in Iran encounter numerous challenges. While institutions and schools for the deaf exist, the quality of education and access to higher education remain limited. Merely 10% of deaf students in Iran progress to higher education, often encountering communication and accessibility barriers (Aghaziarati et al., 2021). Additionally,

employment opportunities for deaf individuals are scarce, with many facing discrimination and encountering accessibility issues in the workplace. Although the Iranian government has implemented measures such as providing sign language interpreters in government organizations and public media, there is a clear need for more comprehensive support programs (Hassanzadeh & Amraei, 2019). Nonetheless, several initiatives led by non-governmental organizations and community groups aim to enhance the social and economic inclusion of deaf individuals in Iran. Despite these efforts, significant strides are necessary to address the multifaceted challenges faced by the Iranian deaf community.

This study was conducted with a focus on the deaf population in Iran, acknowledging the challenges encountered by the deaf community in accessing governmental and non-governmental services, alongside the limited understanding of DVAD. The primary aim of this research is to explore the perceptions of Iranian deaf individuals regarding DVAD and to address two key research questions: 1) How do Iranian deaf individuals conceptualize DVAD, and 2) What are their insights into the risk factors associated with DVAD? While the term “DV” typically refers to intimate partner violence, this study employs the term “DVAD” to encompass family violence, which encompasses any violent behavior occurring within the household, irrespective of the specific relationship between the deaf individual and the perpetrator.

## 2. Materials & Method

### 2.1. Sample Description

The interviews were conducted with Iranian deaf individuals aged 18 and above. While the primary focus was on gathering participants’ perspectives on DVAD and its associated risk factors, they occasionally expressed a desire to share their personal experiences during the discussions.

To recruit participants, a multi-pronged approach was utilized, which involved the distribution of flyers across a variety of non-governmental organizations that specialize in working with/for the deaf in different cities in Iran, and Social Media. Additionally, the snowball sampling technique was employed to expand the pool of potential participants. The minimum expected sample size was 10 participants, and the sampling process concluded once a saturation point had been obtained to support a comprehensive analysis. In this research, saturation point was obtained by 15 participants. A total of 18 interview requests were issued, and 15 individuals participated finally. Participants were given the right to choose a suitable interview time.

During the interviews several challenges emerged, the guidelines of which are attached in **Table 1** (page 4). For instance, communication with participants was solely conducted through sign language. To overcome this obstacle, a team member proficient in conducting interviews and fluent in sign language was designated to conduct the interviews. As sign language was used, video recording was deemed necessary for data analysis. However, obtaining consent for

**Table 1.** Interview guideline.

Main theme	Questions
DV against Iranian Deaf	1) How do you define domestic violence? 2) In your opinion, what violence against deaf people?
Consequences of DV	1) How do you explain the consequences of DV on Iranian deaf individuals?

Demographic information: Age/Gender/Marital status/Duration of marriage experience/ Spouse's hearing status, The questions of interview.

video recording posed difficulties, primarily due to participants' lack of confidence, resulting in initial reluctance to consent to recording. To address this issue, one of the co-authors (Mahsa Tahzibi), a well-known activist with established credibility in the deaf community, conducted the interviews independently. The involvement of this collaborator fostered trust among participants, leading to their willing consent for recording. To further reassure participants, in addition to signing a consent form, verbal assurance was provided that their video would not be retained, and interviews would be transcribed and deleted within 72 hours post-interview. Another challenge in data collection stemmed from the absence of specific sign language expressions for concepts such as "violence" or "domestic violence" in Iranian Sign Language. This linguistic gap, coupled with the novelty of the terminology, resulted in the use of ambiguous signs. For instance, the same sign was used for both "anger" and "violence," and "home" and "domestic." Consequently, some interviewees initially focused on experiences related to anger or moodiness. However, after further clarification by the interviewer, participants elaborated on the subtler aspects of domestic violence.

Data collection occurred in 2022, and the sampling process concluded upon reaching saturation. The demographics is detailed in **Table 2** (page 5) of the study. Out of the 15 participants, 11 were women and the remainder were men. The age range of participants was 31 to 42 years, with an average age of 36 years. Marital status varied among participants, with the majority being married, while others were divorced. Most participants had deaf spouses, with only three having hearing spouses. Each interview, conducted in Sign Language, lasted between 45 to 75 minutes and was recorded and transcribed afterward. Participants were assured that personal information was not required, emphasizing that the focus was on their perceptions rather than personal experiences. Preparation for the interviews involved developing a semi-structured interview protocol, informed by a literature review and three pilot interviews, which were integrated into the final dataset. The interviews centered on themes related to DVAD.

This research obtained ethical approval from the Ethics Committee of Yazd University on 08/03/2022. Written consent was acquired from all interviewees, who received an information letter outlining the study's purpose and scope. Emphasizing the importance of safeguarding privacy and anonymity, special

**Table 2.** Demographics of the study participants (N = 15).

<b>Gender</b>	<b>n</b>
Woman	11
Man	4
<b>Age</b>	
31 - 36	6
37 - 42	9
<b>Marital Status</b>	
Married	14
Divorced	1
<b>Spouse's hearing status</b>	
Deaf	12
Hearing	3

care was taken to pseudonymize research materials, stored and processed in accordance with the General Data Protection Regulation (GDPR). Potential participants were contacted via email or WhatsApp, resulting in a total of 15 interview requests issued. The letter emphasized participants' rights, including the ability to choose a convenient interview time, withdraw from the interview without adverse consequences, and decline to answer any question without justification.

## 2.2. Data Analysis

The analysis in this study employed an inductive thematic approach, adhering to [Braun and Clarke's \(2006\)](#) methodology. Initially, thematic categories were developed from the data without depending on pre-established coding frameworks. These categories were exclusively constructed from the data, without reference to any existing coding structures. The analysis process began with multiple readings of the interviews to gain a thorough understanding of the data. Relevant quotes related to the research questions were then identified and used to generate initial data codes.

Next, codes were organized into subthemes, which were then consolidated into broader categories referred to as themes. The analysis involved a repetitive process of coding, organizing, and reorganizing to enhance the clarity of the themes. Throughout the analysis, special attention was given to preserving the context of the quotes and ensuring that the themes accurately reflected the participants' viewpoints. Subsequently, I shared the initial data codes and analysis framework with fellow authors, leading to collaborative discussions and eventual consensus.

Overall, this study provided a comprehensive exploration of participants' perspectives on DVAD, offering valuable insights into potential strategies for mitigating domestic violence within the Iranian deaf community.

### 3. Results

The study revealed diverse perspectives among participants concerning various types of DV and its associated risk factors. Data analysis yielded four major themes and ten subthemes, summarized in **Table 3** (Page 6). Each theme will be further explored in the subsequent sections.

#### 3.1. DVAD Categories from Iranian Deaf Individuals' Point of View

##### 3.1.1. Emotional & Verbal

Most participants emphasized that emotional and verbal violence is one of the most significant form of DV experienced by Iranian deaf individuals. The findings highlighted consensus among participants regarding the extensive control exerted by their parents and siblings over various aspects of their daily lives, directly linked to their deafness. This pervasive interference led to family members routinely accompanying them to different destinations, thus limiting their autonomy due to a lack of trust in their ability to navigate society independently. Participants expressed profound dissatisfaction with this level of control, underscoring the lack of privacy as a significant manifestation of DV within the deaf community. For instance, Farshid, a deaf man in his early 40s, who married a deaf individual, elucidated how deaf individuals are subjected to control by their family members:

So, like, they (family) basically believe we can't do much and just keep putting these restrictions on us. They're all like, "Don't talk at that party, just sit there." or when we are in a restaurant, and when I start using sign language, my siblings say, "Hey, please stop. Don't use sign language in front of everyone!" It's pretty frustrating. And you know what's even crazier? They don't even let us hang out with other deaf friends. It's like they're dead-set on keeping us from connecting with our own community. They're always saying stuff like, "You shouldn't be with another deaf person." It's just super annoying, right?

**Table 3.** Study themes and subthemes.

Main questions	Theme	Subtheme
How do the Iranian deaf categorize DVAD?	Emotional & Verbal	<ul style="list-style-type: none"> <li>Controlling</li> <li>Neglect</li> <li>Forced marriage</li> </ul>
	Physical & Economic	<ul style="list-style-type: none"> <li>Beat</li> <li>Forced overwork</li> <li>Economic control</li> </ul>
How do the Iranian deaf discuss the risk factors of DVAD?	Deaf individuals & Deaf community	<ul style="list-style-type: none"> <li>Lack of life skills</li> <li>Unsupportiveness among deaf individuals</li> </ul>
	Family & Society	<ul style="list-style-type: none"> <li>Unacquaintance with deaf culture &amp; sign language</li> <li>Difficult access to services</li> </ul>

Moreover, female deaf individuals highlighted that deaf women face increased pressure due to the patriarchal nature of society. Female participants described experiencing considerable control from male family members, both within their paternal households and after marriage, extending to their husbands and their husband's male relatives. Consequently, they often find themselves primarily confined to domestic responsibilities, particularly centered around household chores. For instance, Zahra, in her late 30s and married to a deaf husband, mentioned:

You know, they're always on about how we've gotta wear the hijab, and if we don't, it's like we're bringing shame on the whole family. It's like they tie their honor to our hijabs. And when we're at our dad's place, cannot do anything we want. They (our family), "Once you're at your husband's house, you can be all free." But then, guess what? After we get married, our husbands say, "Stay home, cook, and raise the kids." We can't even step out the door without getting their permission. Seriously, why should we have to ask them for everything?

Neglect emerged as a prevalent form of DV frequently highlighted by the participants. Throughout their interviews, participants consistently underscored instances of familial neglect. It was observed that family members often failed to learn sign language, creating a communication barrier for deaf individuals within their families. Arman, a married man in his late 30s, also emphasized neglect as a significant type of DV:

Our families don't learn sign language. They're like, "Why we learn sign language when you're deaf?" And when they chat among themselves, they don't bother translating for us, or they give us the super-short version. At parties, they're all chatting and laughing. And when we ask them what's so funny, they're like, "Oh, I'll tell you later," or they just give us such a quick summary that it's not even funny anymore for us.

As highlighted by multiple participants, forced marriage emerges as a prevalent form of DVAD. Despite their ability to make independent decisions and their inherent right to control their lives, these individuals are denied this autonomy as families coerce them into marriages against their wishes. For instance, Sanaz, in her mid-30s and married to a deaf husband, expressed the following sentiment:

Some families are about deciding who their children should marry based on whether they're hearing or not. It's crazy! They even promise stuff, like, "Marry a hearing person, and we'll give you a house and a car." I know one guy who first married a hearing woman, but then they divorced, when he wanted to marry a deaf woman, his family was like, "Nope, not happening. You're not our child anymore if you do that."

When asked about DV, participants overwhelmingly cited instances of emotional and verbal abuse as the predominant theme. A consensus emerged, high-

highlighting the acknowledgment that despite the imposition of strict controls, individuals experience neglect from their families and lack close relationships with family members.

### 3.1.2. Physical & Economic

The majority of Iranian deaf individuals who participated in the research, regardless of their demographic characteristics, reported a high prevalence of physical abuse. Due to ineffective communication within families, deaf individuals are often subjected to beatings for minor reasons. As previously discussed, families lack proficiency in sign language, leading to inefficient communication with their deaf children. Moreover, due to a lack of belief in their capabilities, deaf individuals are controlled through physical violence. Meysam, in his late 30s and married to a deaf wife, described physical abuse as a common form of DV against deaf people:

The hearing people in the family beat the deaf people for any minor reasons. Families beat us with their hands, throwing the TV remote, or with a belt. I was beaten many times by my father with a belt. Because he did not like my dressing. I liked to wear jeans, T-shirts, etc., but they didn't like these clothes. Because I did not pay attention, I was beaten. Deaf women are also beaten if their food is salty or slightly spoiled. In general, we were created so that whenever they are angry with someone else, they beat us.

Both male and female participants frequently mentioned forced overwork as a form of DVAD. Although there were gender-specific variations in the examples provided, all participants reported experiencing this form of abuse. Families often view their deaf children as sources of labor within the household. As discussed earlier, participants emphasized that the subjugation of deaf individuals within the family stems from a desire to exert control and a lack of belief in their capabilities. Deaf individuals are expected to work more than others, both at home and at family gatherings. Shirin, in her early 40s and married to a deaf man, highlighted how forced overwork constitutes a form of DVAD:

Some of my friends say that their mothers-in-law always encourage them and say that because you are deaf, you concentrate a lot when doing housework and cleaning. When my mother-in-law invites us, it is for me to clean their house. When I'm done, she tells me that you didn't clean very well, clean here again. When all the other siblings are in the party, the deaf person does all the work, cooking, and washing the dishes. While the others are talking and laughing with each other. When we don't get things done, they argue with us that we can't plan to get everything done. They always fight with us.

Saeed's point of view, a man in his early 40s, who married a hearing wife, is also in line with Shirin's opinion about forced overwork:

So, being deaf in my family is basically like being the family Uber (Taxi). No kidding, they're always like, "You, take us here, take us there," no matter if it's a short



shop or a long road trip. It's not even a question of "Do you have time?" Nah, it's more like an order – "You gotta drive." Even when my brother invites my parents for dinner, I have to drive my parents to my brother's house. I return home, and after the party, I go after them again. My brother also has a car, but they only consider me as a taxi driver.

Many participants highlighted instances of economic violence characterized by financial control. In addition to emphasizing the economic vulnerability of women due to limited job opportunities and income, it was noted that deaf men also experience economic control from their family members, impacting their autonomy over financial resources and property. In Iran, after the death of parents, their assets are typically distributed among their children. Respondents indicated that parents often transfer ownership of assets to their hearing children before passing away. This practice stems from the belief that deaf children may lack the ability to manage assets responsibly and could inadvertently endanger the preservation of inherited property. Negin, in her late 30s, who was previously married to a hearing husband for 9 years, elucidated the economic violence experienced by deaf women:

If a woman stays at home and her husband gives her money, he wants to know all the details of how she spends it. She doesn't really get to decide where the money goes, and people often say she spends too much. Every time we go on a trip, my mother-in-law criticizes me, saying I should be more frugal and make sandwiches at home instead of eating out.

Arman also stated:

Every time I wanna buy something, my parents are like, "Nah, save that cash, buy a house instead. Skip the car, ditch the trips, just save the money." I have a deaf buddy, he finds out his dad handed all the stuff to his hearing brother. When he asked why, they're like, "Well, he can hear, so he'll handle the property better. Anytime you need, he'll support you."

### **3.2. Risk Factors of DVAD from Iranian Deaf Individuals' Point of View**

#### **3.2.1. Deaf Individual & Deaf Community**

Many participants highlighted instances of economic violence characterized by financial control. In addition to emphasizing the economic vulnerability of women due to limited job opportunities and income, it was noted that deaf men also experience economic control from their family members, impacting their autonomy over financial resources and property. In Iran, after the death of parents, their assets are typically distributed among their children. Respondents indicated that parents often transfer ownership of assets to their hearing children before passing away. This practice stems from the belief that deaf children may lack the ability to manage assets responsibly and could inadvertently endanger the preservation of inherited property. Negin, in her late 30s, who was previously

married to a hearing husband for 9 years:

A deaf person has never learned how to manage the challenging situations. We never learned how to show our anger without violence. Men do not know how to behave in challenging times in life, women are not aware of their rights and do not know how to defend themselves. We didn't see this at all in our family and people around us.

In addition to Hoda, Narges, in her late 30s, who married a deaf husband, and in her early 30s stated:

Another reason is that, for example, a deaf person does not have access to information, his knowledge is poor, and television does not have any programs or services for deaf people. On the other hand, because the universities have not been adapted especially for the deaf, unfortunately, the deaf cannot study at higher levels and have low literacy.

Participants also identified unsupportiveness among deaf individuals as another risk factor. They emphasized that when deaf people receive support from their peers, whether within their families or the deaf community, it boosts self-confidence and awareness, ultimately leading to a decrease in DV. Collaborative support among deaf individuals, especially within family contexts, helps reassure them that they are not alone and promotes awareness of their rights. Soraya, who is married to a deaf man, provided insight into this issue:

So, every time I complain to my husband about how his mom treats me, he just says to brush it off, like it's not a big deal. But it's not just me—other deaf friends feel the same. Like, my friend and her sister, who are both deaf, get a lot of violence from their family. They get left out of parties, or they're forced to hide when guests come. When my friend suggests her sister stand up for ourselves or ask to join the party, her sister's like, "Nah, let it go, don't want drama." I think if my husband had my back or if my friend and her sister stuck together, things would be better.

### 3.2.2. Family & Society

Participants frequently highlighted the risks associated with familial and societal interactions within the hearing communities, in addition to the previously mentioned risk factors. They described challenges in navigating interactions with the hearing society in Iran, attributing the difficulty to the widespread unfamiliarity with sign language among the general population. Particularly noteworthy was the reluctance of family members to learn sign language, which participants identified as a form of DV and a contributing risk factor. The resulting ineffective communication or strained dynamics with hearing relatives and society, coupled with a diminished awareness of deaf culture, collectively heighten the risk of DVAD. Farzaneh, in her mid-30s and married to a deaf husband, elaborated on this issue:

My family doesn't connect with any other deaf people. They never go to deaf han-

gouts or places where successful deaf people gather. They're clueless about what deaf culture is and don't get our jokes. Our bond with them (family) is stuck on the surface. When we try to share our issues, it's like talking to a brick wall – they just don't get it. They don't understand our jokes, our worries, or our hobbies. And when they can't figure us out, they do violence to us – like somehow it's our fault, but they don't bother to know us.

Marjan, in her late 30s, and married to a deaf husband, mentioned the family's and hearing society's reluctance in learning the sign language:

Families don't bother learning sign language because they find it hard. Then, they can't get what we're saying, and they don't realize it's because of the language gap. They always think we do not understand, but if you don't pick up our language, of course, you won't get it. Farsi is like our second language (for deaf people), my family speaks Turkish as their first language, so Persian is their second. I don't know Turkish, and they don't know sign language. We're both stuck speaking a second language. Our talks get messed up, we don't really get each other, and there's no deep connection. Why? Because they don't want to learn sign language.

According to the respondents, individuals with hearing impairments in Iran face significant challenges accessing legal and medical services. This is mainly due to not all deaf individuals being proficient in Farsi, which may lead to difficulties in understanding written Farsi materials. Additionally, service providers often lack proficiency in sign language. As a result, deaf individuals who have experienced DV encounter significant barriers in reporting incidents, seeking legal assistance, and accessing necessary medical services. These complexities frequently impede the reporting process and the receipt of essential services, thereby exacerbating instances of DVAD. Mahtab, in her early 30s and married, shared her perspective:

Now, no matter where I go – be it to a counselor, a hospital, a court, or the police – nobody understands sign language. If I try to bring a translator, it costs too much, and insurance won't help with that. So, a lot of times, we just decide to drop the idea (translator) because spending so much money is risky, and we don't know if it'll help. When my family sees that I can't call the police without someone to translate, they get even more aggressive. They're pretty sure no one will figure out what's going on.

#### **4. Discussion**

In this article, we have explored the perceptions of Iranian deaf individuals regarding DVAD. It consists of two main sections: 1) their perceptions of different types of DVAD, and 2) their perceptions of the risk factors associated with DVAD.

Our data reveal that Iranian deaf individuals delineated various forms of DVAD into two distinct categories: 1) Emotional and Verbal, and 2) Physical and Economic. While controlling behavior and neglect may seem contradictory,

participants identified both as forms of DV. They described being simultaneously controlled in minor aspects of life while also experiencing neglect in family decisions, including matters such as marriage. Although forced marriage and forced overwork were not explicitly mentioned in previous research, other forms of DVAD have been corroborated by several studies. [Admire and Ramirez \(2021\)](#) noted that deaf individuals often feel devalued within their families, with their hearing siblings receiving more attention and affection from parents. [Sullivan and Knutson \(1998\)](#) confirmed that the most prevalent forms of DVAD include physical, sexual, emotional abuse, and neglect, with deaf children being 1.4 times more likely to experience neglect. Additionally, [Mastrocinque et al. \(2022\)](#) suggested that communication abuse is another form of DVAD. Various types of intimate partner violence were identified, including physical, emotional, communication, financial, and sexual abuse. Participants cited instances such as slapping, pulling hair, infidelity, confiscating phones, financial control, and coerced sexual relations as examples of different types of DVAD.

Our research findings highlight that DVAD can be attributed to various risk factors, categorized into two overarching themes: 1) Deaf Individual & Deaf Community, and 2) Family & Society. While participants emphasized risk factors related to deaf individuals' life skills and unsupportiveness within the deaf community, these specific findings are not commonly mentioned in existing research. Conversely, multiple studies have validated that risk factors associated with DVAD stem from hearing family members and society. Only 8.3% of deaf individuals access health and educational services, with their health literacy being 6.9 times lower than that of their hearing counterparts ([Turkish Statistical Institute, 2017](#); [McKee et al., 2015](#)). This gap is attributed to ineffective communication between deaf individuals and healthcare professionals due to the lack of a shared language ([Kuenburg et al., 2016](#); [Kritzinger et al., 2014](#)). [Neuhauser et al. \(2013\)](#) noted that written materials in English often exceed a sixth-grade reading level, posing comprehension challenges for deaf individuals. Our study's findings echo this observation, as participants expressed difficulties in understanding Persian texts. In a recent article, [Lumsden and Black \(2022\)](#) outlined reasons why deaf individuals might struggle to communicate with the police. In addition to language barriers and hearing individuals' lack of sign language proficiency, they emphasized the impact of not having access to interpreters and unfamiliarity with deaf culture. These challenges contribute to misunderstandings and hinder deaf individuals' ability to report DV instances. This lack of communication and support increases the likelihood of underreporting DV cases within the deaf community ([Mastrocinque et al., 2022](#)).

There are several limitations to consider in this study. Firstly, our sample was restricted to deaf individuals who use social media or are affiliated with the Deaf Association in their respective cities. This excludes those residing in smaller towns or villages without internet access or access to deaf associations. Furthermore, the participants in our study fell within the age range of 31 to 42, so the

findings may not generalize to other age groups. Future research should aim to include a broader age range to enhance the representativeness of the findings. Additionally, given that DV is influenced by cultural factors, our findings may not be applicable to countries with cultural differences from Iran. It is advisable for future studies to delve deeper into aspects such as forced overwork and forced marriage, which were not extensively explored in previous research.

Addressing DVAD in Iran requires a multifaceted approach involving policymakers, educators, and support organizations. In the policy recommendations section, access to justice should be prioritized for the deaf community. Ensure that the legal system offers accessible services, including sign language interpreters and visual aids. Additionally, enact specific laws that recognize the unique vulnerabilities of deaf individuals to DVAD. Awareness programs can also play a beneficial role in educational recommendations. Integrate education about DV and its impact on deaf individuals into school curricula, including sign language classes and workshops on healthy relationships. Moreover, it is crucial to train educators to recognize signs of DVAD in deaf students, provide support, and understand mandatory reporting procedures. To provide immediate assistance and support, establish crisis hotlines with teletypewriter and video relay services for deaf individuals experiencing DVAD. Furthermore, ensure that shelter services are specifically designed to meet the needs of deaf survivors, including accommodations for communication such as video relay services and sign language interpreters.

### Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

### References

- Admire, A., & Ramirez, B. (2021). Violence and Disability: Experiences and Perceptions of Victimization among Deaf People. *Journal of Interpersonal Violence*, *36*, NP1-NP25. <https://doi.org/10.1177/0886260517730564>
- Aghaziarati, A., Nejatifar, S., & Ashori, M. (2021). Examining and Discovering the Challenges of Deaf Adolescents in Acquiring Their Skills Ability: A Qualitative Study. *Journal of Psychology Science*, *19*, 1257-1266.
- Barnett, S., Klein, J. D., Pollard, R. Q., 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*, 2235-2238. <https://doi.org/10.2105/AJPH.2011.300247>
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS)*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Braun, V., & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, *3*, 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Corker, M. (2000). Disability Politics, Language Planning and Inclusive Social Policy.

- Disability & Society*, 15, 445-462. <https://doi.org/10.1080/713661963>
- Hassanzadeh, S., & Amraei, K. (2019). Designing of Social Skills Training Program for the Mothers of Deafchildren: An Assessment of Its Effects on Behavior Problems of Cochlear Implanted Deaf Adolescent. *Applied Psychological Research Quarterly*, 10, 63-72.
- Kritzinger, J., Schneider, M., Swartz, L., & Braathen, S. H. (2014). "I Just Answer, 'Yes' to Everything They Say": Access to Health Care for Deaf People in Worcester, South Africa and the Politics of Exclusion. *Patient Education and Counseling*, 94, 379-383. <https://doi.org/10.1016/j.pec.2013.12.006>
- Kuenburg, A., Fellingner, P., & Fellingner, J. (2016). Health Care Access among Deaf People. *Journal of Deaf Studies and Deaf Education*, 21, 1-10. <https://doi.org/10.1093/deafed/env042>
- Kvam, M. H. (2004). Sexual Abuse of Deaf Children. A Retrospective Analysis of the Prevalence and Characteristics of Childhood Sexual Abuse among Deaf Adults in Norway. *Child Abuse & Neglect*, 28, 241-251. <https://doi.org/10.1016/j.chiabu.2003.09.017>
- Lightfoot, E., & Williams, O. (2009). The Intersection of Disability, Diversity, and Domestic Violence: Results of National Focus Groups. *Journal of Aggression, Maltreatment, & Trauma*, 18, 133-152. <https://doi.org/10.1080/10926770802675551>
- Lumsden, K., & Black, A. (2022) 'Sorry, I'm Dead, It's Too Late Now': Barriers Faced by D/Deaf Citizens When Accessing Police Services. *Disability & Society*, 37, 476-495. <https://doi.org/10.1080/09687599.2020.1829555>
- Mahmoudian, S., Farhadi, M., MahdaviHezaveh, A., Maleki, M., Shariatinia, S., & Shams, M. (2021). Development and Application of a Tool to Measure Hearing Health Literacy of Young People in the Islamic Republic of Iran. *Eastern Mediterranean Health Journal*, 27, 177-182. <https://doi.org/10.26719/emhj.20.106>
- Mastrocinque, J. M., Cerulli, C. J. D., Thew, D., Nancy, P., Chin, N. P., & Pollard, R. Q. (2022). Understanding Intimate Partner Violence Perpetration Involving the Deaf Population. *Journal of Interpersonal Violence*, 37, NP696-NP718. <https://doi.org/10.1177/0886260520916265>
- McKee, M. M., Paasche-Orlow, M. K., Winters, P. C., Fiscella, K., Zazove, P., Sen, A., & Pearson, T. (2015). Assessing Health Literacy in Deaf American Sign Language Users. *Journal of Health Communication*, 20, 92-100. <https://doi.org/10.1080/10810730.2015.1066468>
- Neuhauser, L., Ivey, S. L., Huang, D., Engelman, A., Tseng, W., Dahrouge, D., Gurung, S., & Kealey, M. (2013). Availability and Readability of Emergency Preparedness Materials for Deaf and Hard-of-Hearing and Older Adult Populations: Issues and Assessments. *PLOS ONE*, 8, e55614. <https://doi.org/10.1371/journal.pone.0055614>
- Øhre, B., Uthus, M., von Tetzchner, S., & Falkum, E. (2015). Traumatization in Deaf and Hard of Hearing Adult Psychiatric Outpatients. *Journal of Deaf Studies and Deaf Education*, 20, 296-308. <https://doi.org/10.1093/deafed/env013>
- Plummer, S. B., & Findley, P. A. (2012). Women with Disabilities' Experience with Physical and Sexual Abuse: Review of the Literature and Implications for the Field. *Trauma, Violence, & Abuse*, 13, 15-29. <https://doi.org/10.1177/1524838011426014>
- Schenkel, L., Rothman-Marshall, G., Schlehofer, D., Towne, T., Burnash, D., & Priddy, B. (2014). Child Maltreatment Andtrauma Exposure among Deaf and Hard of Hearing Young Adults. *Child Abuse and Neglect*, 38, 1581-1589. <https://doi.org/10.1016/j.chiabu.2014.04.010>
- Schild, S., & Dalenberg, C. (2015). Consequences of Child and Adult Sexual and Physical-trauma among Deaf Adults. *Journal of Aggression, Maltreatment and Trauma*, 24, 237-256. <https://doi.org/10.1080/10926771.2015.1002654>

- Southworth, C., Finn, J., Dawson, S., Fraser, C., & Tucker, S. (2007). Intimate Partner violence, Technology, and Stalking. *Violence against Women, 13*, 842-856. <https://doi.org/10.1177/1077801207302045>
- Sullivan, P. M., & Knutson, J. F. (1998). The Association between Child Maltreatment and Disabilities in a Hospital-Based Epidemiological Study. *Child Abuse & Neglect, 22*, 271-288. [https://doi.org/10.1016/S0145-2134\(97\)00175-0](https://doi.org/10.1016/S0145-2134(97)00175-0)
- Thomas, K. A., Joshi, M., Wittenberg, E., & McCloskey, L. A. (2008). Intersections of Harm and Health: A Qualitative Study of Intimate Partner Violence in Women's Lives. *Violence against Women, 14*, 1252-1273. <https://doi.org/10.1177/1077801208324529>
- Turkish Statistical Institute (2017). *Pub No. 3636. Ankara: Republic of Turkey Ministry of Family and Social Policies.* [https://biruni.tuik.gov.tr/yayin/views/visitorPages/yayinGoruntuleme.zul?yayin\\_no=244](https://biruni.tuik.gov.tr/yayin/views/visitorPages/yayinGoruntuleme.zul?yayin_no=244)
- World Health Organization (2023). *Deafness and Hearing Loss.* <https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss>