

**Dec. 20, 2016**

**Inclusion within Co-Location: Welcoming the Deaf Community & People with Disabilities into your Family Justice Center**

**Course Description:**

Although organizations and professionals co-located in Family Justice Centers have the best of intentions in serving diverse populations who have experienced intimate partner violence; “diversity” typically is defined as working with victims and survivors of different genders, cultures, ethnicities or religious beliefs. Diversity is seldom used to refer to serving persons with disabilities or who are Deaf or hard of hearing. This webinar will provide an overview of common myths and misconceptions related to Deaf, hard of hearing people and people with disabilities; who are victims and survivors of intimate partner violence. Dr. Cassidy will discuss ways you can make your current Family Justice Center services more welcoming, inclusive and accessible to Deaf, hard of hearing people, as well as for persons with disabilities.

# Welcome to Our Webinar!

*While waiting for the presentation to begin, please read the following reminders:*

- The presentation will begin promptly at 10:00 a.m. Pacific Time
- If you are experiencing technical difficulties, email [sarah@allianceforhope.com](mailto:sarah@allianceforhope.com)
- To LISTEN to the presentation on your phone, dial +1 (631) 992-3221
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- Attendees will be muted throughout the presentation
- To send questions to the presenter during presentation:
  - Click on “Questions” in the toolbar (top right corner)
  - Type your comments & send to presenter
- There will be a Q & A session at the end of the presentation.
- The presentation will be recorded & a link will be emailed to all registrants after the webinar.
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# Inclusion within Co-Located Centers: Welcoming the Deaf Community & People with Disabilities into your Family Justice Center

December 20, 2016

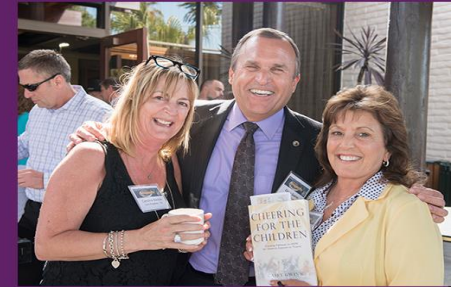
# Your Host:



**Casey Gwinn, Esq**  
President  
Alliance for HOPE International

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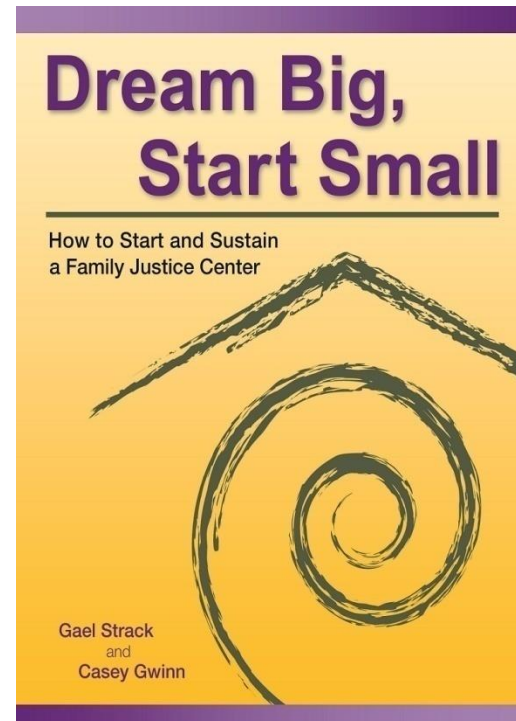
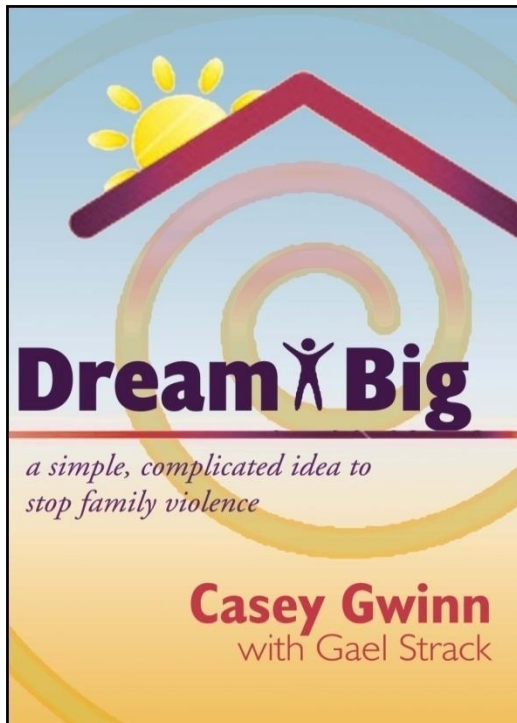
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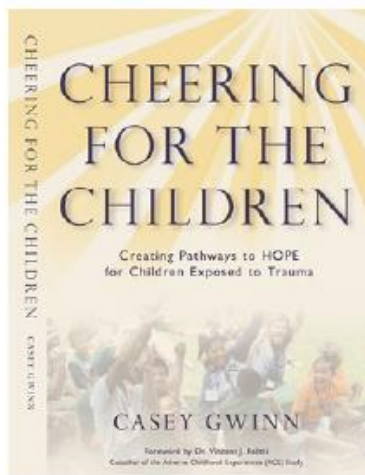
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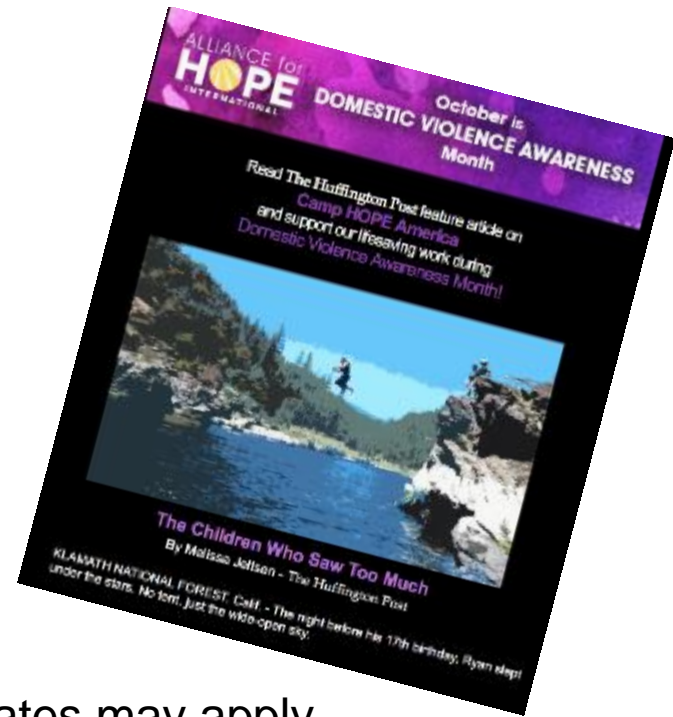


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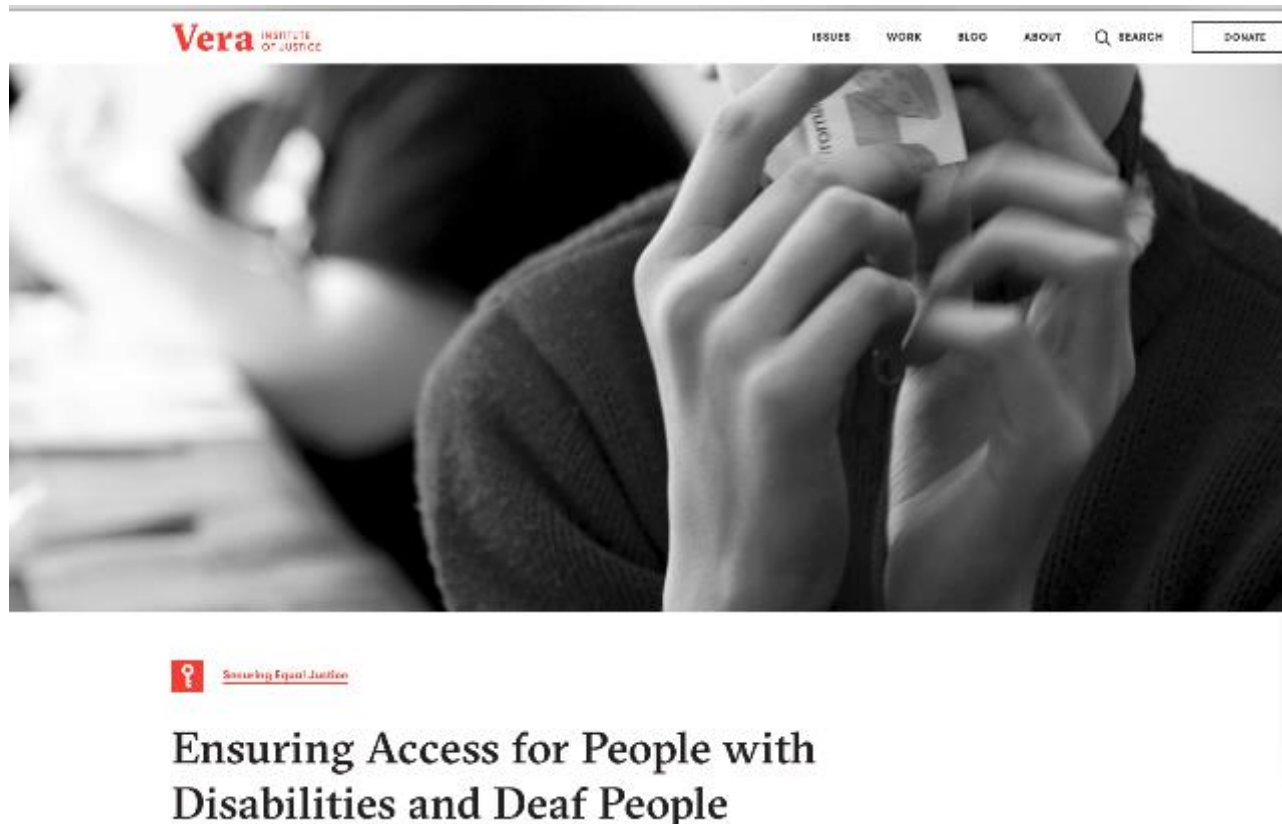
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# Next Advanced Strangulation Course

## February 14-17, 2017

### San Diego, CA



# Your presenter today:



**Cindi Cassady, Ph.D.**

Consultant/Lecturer with the University of Kibungo, Rwanda

# **Inclusion within Co-Location: Welcoming the Deaf Community and People with Disabilities into your Family Justice Center**

**Cindi Cassady, Ph.D.**

# Overview

- Demographics on deaf and hard of hearing in USA.
- Labels and identity
- Deaf culture
- How to interact with Deaf /hard of hearing clients at your Family Justice Center
- Communication tips
- What is ASL and why is it important to Deaf people?
- How to use an interpreter?
- Prevalence of sexual abuse for Deaf children
- Prevalence of DV/IPV for Deaf women
- Power & control wheel specifically for Deaf people
- Recognizing symptoms of Deaf IPV/DV

# Overview (cont.)

- Types of abuse faced by women with disabilities
- How to screen for abuse in persons with disabilities
- Power & Control wheel for women with disabilities

# Demographics of Hearing Loss in U.S.

- More than 38,225,590 Americans are deaf or hard of hearing.
- Approximately two to three out of every 1,000 children in the U.S. are born deaf or hard of hearing.
- An estimated 500,000 to two million people use American Sign Language(ASL) in the U.S.
- ASL is considered the most frequently used “minority” language in the US following Spanish, Italian, German, and French.

# 90% Rule

- 90% of deaf children are born to hearing parents.
- 90% of deaf parents have hearing children.
- 90% of hearing parents cannot sign.
- 90% of parents and children report severe communication problems in the home.

# Labels: Acceptable or Insulting?

- Deaf
- Hard of Hearing
- Hearing Impaired
- Hearing Challenged
- Hearing Disabled
- Deaf-Dumb
- Deaf-Mute

# Learning about Deaf Culture

- Labels & Identities-There are different identities within the Deaf community (Deaf, hard of hearing (HOH), CODA, SODA, Interpreter).
- What's your story?- If you are hearing, you will be asked why you learned ASL.
- An important part of the culture is explaining where you went to school (if you are Deaf or CODA) and who you know in the community.
- Language-While ASL is most often the preferred method of communication for Deaf people, various communication methods may be preferred (using an Interpreter, PSE, etc...)

# Values in Deaf Culture

- Hearing Loss-Degree of hearing loss has absolutely nothing to do with membership in the Deaf culture. Don't ask "How much can you hear? Or, "What is your decibel loss?"
- Shared language-ASL is cherished, respected and is a primary identifying feature of Deaf culture.
- The hands are very important because of their importance in communication. Think about this when you are assessing IPV.
- Dissociation from speech-From a cultural perspective, speaking may not be considered appropriate or even desirable behavior. Can be interpreted as making fun of other Deaf individuals.

# Cultural Values (cont.)

- Strong emphasis on social and family ties when family members share the same culture and community. It is common practice for Deaf individuals to stay long after events have ended to catch up on “news in the community.”
- It is common for Deaf parents to want a Deaf child.
- Cultural stories and ASL poetry-very important avenue to pass down cultural information.
- Eye contact is expected in Deaf culture and breaking eye contact too soon can be interpreted as rude behavior.
- Introductions frequently involve the person's full name, where they are from and which school they attended to establish whether the person is part of Deaf culture.

# Interacting with Deaf clients

- Eye contact is very important in Deaf culture.
- Lighting is also very important-to be able to see signing.
- Do not yell or talk loudly.
- Do not mumble.
- If the person prefers to use speech-reading, speak normally and avoid speaking too slow or too fast.
- Do not over emphasize your facial expressions or lip movements as this can reduce communication.

# Interacting...(cont.)

- Face the person and make eye contact when speaking.
- If you use written communication, make sure you are understood.
- Pictures and other visual aids may be helpful.
- Take advantage of technology by typing back and forth on a computer screen, using email, instant messenger or text messaging.
- Avoid excess background noise.
- Be patient and relaxed.
- Be sure to ask the Deaf or hard of hearing person for ways to improve communication.

# Interacting...(cont.)

- **“Deaf nod”:** As you ask questions the Deaf person may nod her head “yes” during the conversation. This does not always mean “yes” to your questions. The Deaf person may be stressed because she is not understanding you, or is trying to please you by indicating that he/she understands the words you are using, but may not understand the concept. Be sure your communication is clear. If it is not, use a different mode.
- **Eye contact:** Eye contact is a must for communicating with a Deaf person (yelling does not help). Facial and body language also are important.

# Interacting...(cont.)

- **Isolated area:** It can be helpful to move the person to an isolated area and/or have the person sit down where communication can be slowed down and improved.
- **Reduce stress:** You can reduce stress and gain cooperation by first explaining the actions you are going to take or need from the deaf person.
- **Large, fast gestures/signing:** Large, fast signs may indicate the Deaf person is under stress and that emotional levels are high. To someone not knowing this, it may appear that the person is aggressive or out of control.

# Getting A Deaf or Hard of Hearing Person's Attention

- Move into the person's visual field
- Gently tap on the person's shoulder
- Flick lights at slow/medium pace (doing so at fast pace may indicate an emergency)
- Ask the individual other methods of obtaining attention that he/she prefers.

Deaf-Hearing Communication Centre (<https://dhcc.org/dhcc-outreach/communication-info/>)

# More tips on communication

- Don't yell at a Deaf person from another room.
- Don't cover your mouth while talking.
- Don't turn away while talking.
- Don't walk away while talking.
- Don't talk with food in your mouth.
- Don't mutter under your breath.
- Don't say “never mind if a Deaf person asks you to repeat what you said.
- Don't act as if they're stupid if a Deaf person asks you to repeat what you said.
- Don't exaggerate your responses.
- Don't ignore the Deaf person.

# Is There a Universal Sign Language?

- No, there are hundreds of signed languages and dialects across the world.
- Signed languages are not derived from nor dependent upon spoken languages.
- Signed languages have their own grammatical structure and are complete languages just as English and French are complete languages.
- In San Diego, American Sign Language and Mexican Sign Language are the two most commonly used signed languages.
- Facial expression-Conveys emotion and grammar. Exaggerated facial movement is the norm.
- Body language is an important aspect of the language.

# Lip-reading

- Contrary to popular belief, lip reading is extremely difficult to master for anyone; whether hearing, Deaf, or hard of hearing.
- Turn on your TV without the sound to experience lip-reading.
- If you speak directly to the person, speak slowly, talk one at a time, point out who is talking at any given time, have appropriate lighting, have minimal background noise and distraction (visual included), the person attempting to read lips will still only understand approximately 33% of the conversation at best.

# Writing as a way to communicate

- In legal, medical and mental health situations; expecting a Deaf person to communicate via writing, is not appropriate and may violate their rights (ADA).
- Most Deaf individuals graduate with a 2nd-4th grade reading level. English is not their primary language.
- Hearing people assume literacy and intelligence are positively correlated. They are not.
- Deaf people are aware of hearing peoples stereotypes about their English abilities & may want to avoid communicating by reading/writing with hearing people. This includes filling out intake paperwork, taking written assessments, etc.

# Using an Interpreter

- Look at the Deaf person, not the interpreter.
- Address the Deaf person directly:  
Appropriate: “What is your date of birth”  
Inappropriate: “Ask him his date of birth”
- When possible, please share any notes, outlines, or handouts with the interpreter in advance.
- If, during the assignment, you plan to turn down the lights, remember to leave enough lighting on for the interpreter.
- The interpreter may ask for specific seating/positioning to facilitate the best viewing angles.

# Using an interpreter (cont.)

- Speak in your normal tone, at your normal pace. The interpreter will tell you if you need to pause or slow down.
- People sometimes read aloud differently than they typically speak. When reading extensively from written materials, consider supplying a copy to the audience and the interpreter. Be aware of the pace of your speech.
- Be aware that the interpreter should interpret everything said. Avoid discussing subjects you don't wish the Deaf person to know.
- When separated from the person you are communicating with, avoid giving messages to the interpreter to later tell to the individual.
- Relax. If you are unsure of the appropriate way to proceed in a particular situation, just ask.

# Abuse of women with disabilities

- Women with disabilities are more likely to suffer domestic violence and sexual assault than women without disabilities.
- Women with disabilities report abuse that lasts longer and is more intense than women without disabilities.
- Like other women, women with disabilities usually are abused by someone they know, such as a partner or family member.
- In addition, women with disabilities face the risk of abuse by health care providers or caregivers.

# Types of abuse

- Caregivers can withhold medicine and assistive devices such as wheelchairs or braces.
- They can also refuse to help with daily needs like bathing, dressing, or eating.
- Disability-related physical abuse may include being physically restrained, or handled roughly during a transfer from wheelchair to bed or a chair, or being asked to stand for an intolerable length of time.
- Disability-related sexual abuse may include demanding or expecting sexual activities in return for being helped or not being left naked or exposed.

# Types of abuse

- Disability-related emotional abuse may include threats of abandonment, belittling or accusations of faking the disability.
- Disability-related financial abuse includes personal assistants or providers who don't work the expected hours, steal money or personal items, or misuse debt or credit cards.
- Forms of caregiver/intimate partner abuse may also include forms of threats of harm or abandonment, intimidation, emotional abuse, isolation, minimizing, justifying or blaming withholding, misusing or delaying needed supports, economic abuse and caregiver privilege.

# Types of abuse

- Women with disabilities are at risk for experiencing abuse that is specifically related to their disability support needs, such as:
  - Medication abuse-too much or not enough
  - Refusing to provide essential care- refusing to help bath or assist the toileting, refusal to provide fluids, or move the person to avoid bed sores.
- Disabling equipment –putting a walker just out reach, removing the battery from a power wheelchair, or taking the phone away.

# Power & control wheel for women with disabilities

(Wisconsin Coalition Against Domestic Violence & Wisconsin Council on Developmental Disabilities)



# Screening for abuse: Broaden the definition

- Remember to screen for abuse not only by traditional perpetrators, but also by paid and unpaid caregivers, neighbors and friends.
- Providers should routinely screen for unique forms of abuse while alone with the client and be prepared with the proper referrals. (Mary Ann Curry & Fran Navarro, <https://www.futureswithoutviolence.org/userfiles/file/Consensus.pdf>)

# Sexual Abuse

- Sexual abuse is the most common form of abuse endured by children with identified disabilities. (Sullivan et.al 1993)
- Deaf and hard of hearing children are not likely to disclose unless specifically asked about a history of sexual and/or physical abuse.
- The following table shows the estimated prevalence of sexual abuse in the D/HH community. (Sullivan, Vernon, Scarlon, 1987  
\*Stimson, Best, 1991)

# Prevalence of Sexual Abuse

	Boys	Girls
Hearing	10%	25%
Deaf	54%	50 to 83%

# Abuse of Deaf children

- A study by Lindsay Schenkel (2010) at the Rochester Institute of Technology indicated:
  - The incidence of maltreatment, including neglect and physical and sexual abuse, is more than 25 percent higher among deaf and hard-of-hearing children than among hearing youths.
  - The research also shows a direct correlation between childhood maltreatment and higher rates of negative cognition, depression and post-traumatic stress in adulthood.
  - Respondents with more severe hearing loss indicated an increased rate and severity of maltreatment.

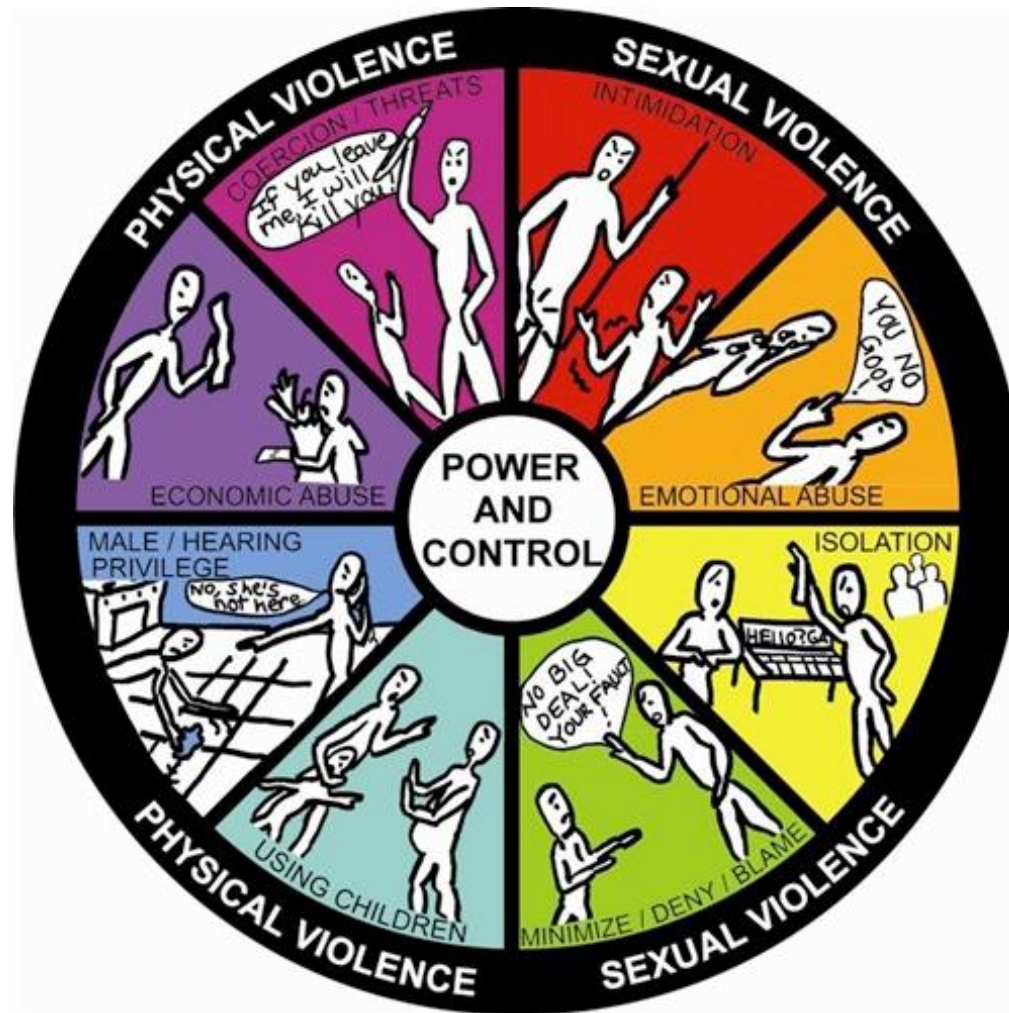
# Abuse of Deaf children (cont.)

- Interestingly, having a deaf parent or a family member who signs, or being part of the deaf community, did not reduce the risk of childhood maltreatment.
- Deaf and hard-of-hearing respondents who had suffered maltreatment had higher rates of negative cognitions about themselves, others and the future compared with hearing individuals who had suffered maltreatment.
- The rate of depression and post-traumatic stress was also higher among all deaf and hard-of-hearing respondents regardless of maltreatment.

# Abuse of Deaf children & women

- Deaf children are 5x as likely to be abused as hearing children (UK Study).
- Deaf children are 3x more likely to be abused in the U.S.
- Deaf prisoners are abused at 3 times the rate of hearing prisoners.
- 1 in 4 deaf women are victims of domestic violence (ADWAS stat).
- 1 in 3 deaf women are the victims of sexual assault (ADWAS stat).

# DeafHope power & control wheel



# Deaf DV/IPV

- **Emotional Abuse:**
- Criticizes your speech, ASL or English skills
- Calls you “hearing-mind” because you aren’t fluent enough in ASL or don’t socialize or identify with the Deaf community
- Makes fun of your ASL style
- Puts down your education background, public school or residential school
- Tells you that you are too sensitive “like hearing people”

# Deaf DV/IPV

- **Isolation:**
- Checks your pager, instant messenger, videophone, e-mail and/or TTY conversations
- Moves away from the Deaf community and/or your family to isolate you
- Tells you no one will believe you, because he is too well-known in the Deaf community
- Takes advantage of the lack of accessible services for Deaf survivors

# Specific to Deaf DV/IPV

- **Intimidation:**
- Uses ASL to make you afraid with gestures, facial expressions, or exaggerated signs, then uses Deaf culture to justify the behavior
- Overuses floor stomping and pounding on the table or door
- Signs very close to your face when angry
- Gets angry because you look away while he is talking

# Deaf DV/IPV

- **Minimizing, Denying & Blaming:**
  - Denies abuse by saying it accepted in Deaf culture
  - Angrily throws things at you as a way to get attention
  - Tells people private things (example: “My wife is lousy in bed.”), and says it is okay to share private information because it is part of Deaf Culture

# Deaf DV/IPV

- **Using Children:**
- Your partner is hearing and doesn't allow your children to use ASL to talk with you
- Doesn't allow your children to be proud of Deaf culture
- Criticizes you as a Deaf mother, says bad things about you to your children
- Tells you and the children that you cannot go to a shelter because everyone is hearing

# Deaf DV/IPV

- **Hearing Privilege:**
- Excludes you from important conversations (talking to the bank without you knowing)
- Leaves you out in social situations (such as a party or dinner) with hearing people
- Talks negatively about the Deaf community
- If you call the police, he interprets to manipulate the situation to his benefit

# Deaf DV/IPV

- **Economic Abuse:**
- Takes away your SSI checks or making you lose it by reporting additional income
- Ruins your chances for a job by spreading rumors about you in the small Deaf community
- Demands you ask for permission before spending money

# Deaf DV/IPV

- **Coercion and Threats:**
  - Destroys your reputation by spreading false rumors
  - Uses his power in the Deaf community to pressure you to stay
  - Uses the Deaf school as the reason to stay together to support your Deaf children
  - Uses his position as a leader in the Deaf community to discredit your story
- 
- (DeafHope:<http://www.deaf-hope.org/domestic-violence/power-and-control-wheel/>)

# Where to refer Deaf abused women

- Alameda Family Justice Center ( <http://www.acfjc.org/>) provides links to Deaf friendly agencies that can help Deaf women who have been abused.
- [http://www.acfjc.org/resource\\_library/domestic\\_violence/national\\_resources](http://www.acfjc.org/resource_library/domestic_violence/national_resources)
- DeafHope ~ [www.deaf-hope.org](http://www.deaf-hope.org)
- Deaf Iowans Against Abuse ~ [csddiaa.org](http://csddiaa.org)
- Abused Deaf Women's Advocacy Services ~ [www.adwas.org](http://www.adwas.org)
- Deaf Vermonter's Advocacy Services ~ [www.dvas.org](http://www.dvas.org)
- SegoLily Centerfor Abused Deaf ~ [www.slcad.org](http://www.slcad.org)
- Communication Services for the Deaf, Inc. ~ [www.c-s-d.org](http://www.c-s-d.org)
- A Safe Place ~ [www.safeplace.org](http://www.safeplace.org)

# Where to refer Deaf women (cont.)

- D.O.V.E. ~ [www.deafdove.org](http://www.deafdove.org)
- D.A.W.N. ~ [www.deafdawn.org](http://www.deafdawn.org)
- Advocacy Services for Abused Deaf Victims ~ [www.ASADV.org](http://www.ASADV.org)
- Barrier Free Living Inc. ~ <http://www.bflnyc.org/Home1.asp>
- Deaf Women Against Violence Everywhere ~ [www.dwaveohio.org](http://www.dwaveohio.org)
- Chicago Hearing Society ~ [www.chicagohearingsociety.org](http://www.chicagohearingsociety.org)
- Peace Over Violence ~ [www.peaceoverviolence.org](http://www.peaceoverviolence.org)
- Abused Deaf Victims Advocacy Network ~ [www.laurel-house.org](http://www.laurel-house.org)

# Suggestions for FJCs

- Include Deaf and disability related links on your Family Justice Center website.
- Know how to contact and use your local interpreting agency.
- Put interpreting costs in your annual budget.
- Do not expect Deaf people to provide their own interpreters or use family members to interpret for them.
- Encourage the intake person at your FJC to learn basic sign language that will show Deaf women you care and you want them to feel welcome.
- The more you know about Deaf culture and how domestic violence presents within Deaf culture the more likely Deaf women will seek help rather than stay in a violent situation because no one makes the effort to communicate with them.

# Suggestions...(cont.)

- Don't wait until you have your first Deaf victim. Find your local Deaf Community Center and build a relationship.
- If there are any Deaf or fluent signing therapists near you, encourage them to join your FJC family.

# Welcoming Diversity

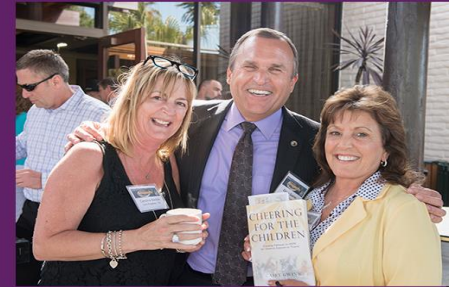
- SAFE/Stop Abuse For Everyone in Austin, Texas has this on their website (<http://www.safeaustin.org/we-serve-everyone/>)
- “We serve everyone”
  - Children
  - Deaf community
  - People with disabilities
  - Families
  - LBGTQIA community
  - Men
  - Teens

# Q & A

- Thank you!
- Please feel free to ask any questions you have been curious or wondering about regarding Deaf people or persons with disabilities and DV/IPV.

# Save the Date!

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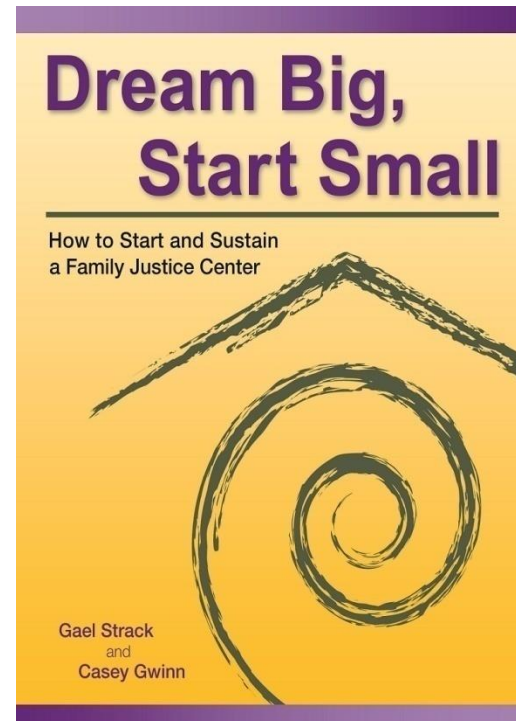
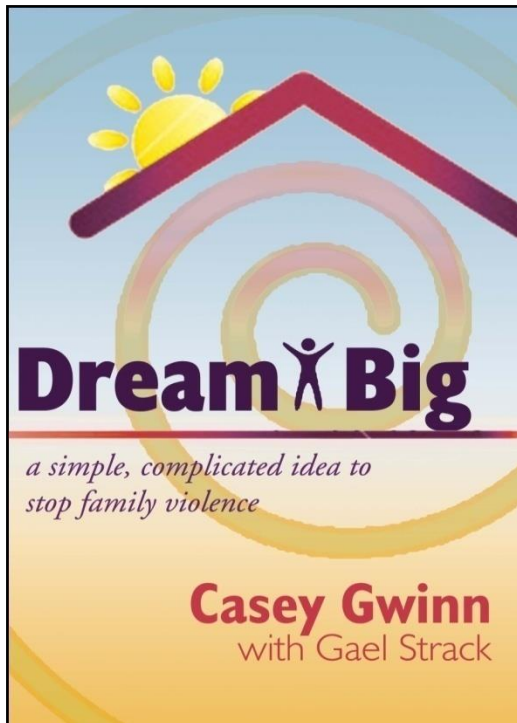


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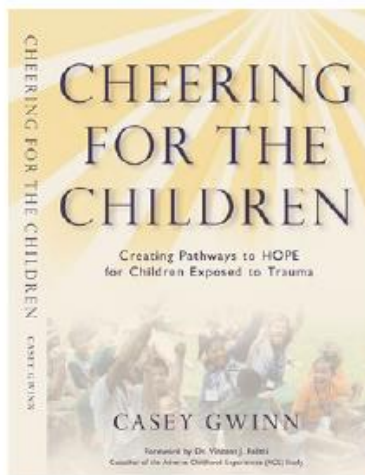


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# Next Advanced Strangulation Course

## February 14-17, 2017

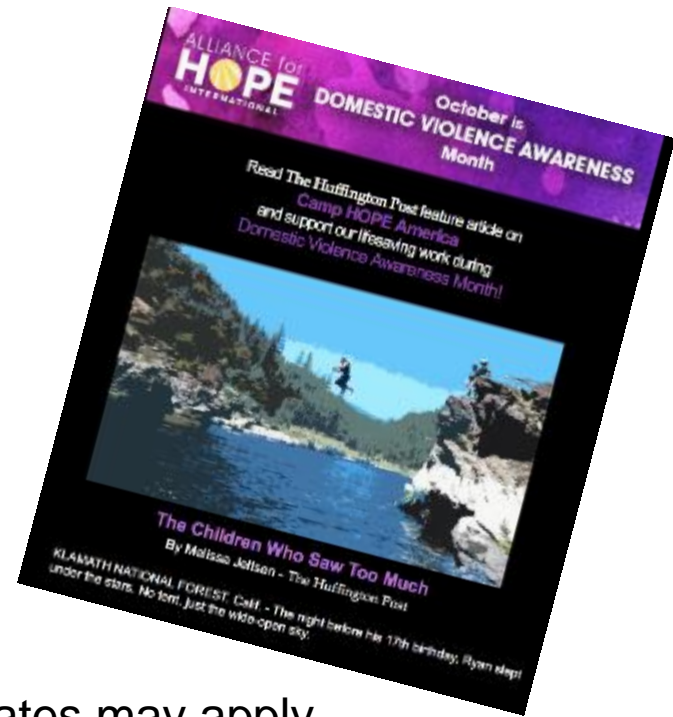
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Dr. Cindi Cassady is a Consultant/Lecturer at the University of Kibungo (UNIK) since 1<sup>st</sup> December 2015. As a consultant, she is designing and implementing a community based Clinical Psychology Training & Research Centre to provide comprehensive mental health services, psychodiagnostic and neuropsychodiagnostic assessment. The Centre will also serve as a training & research center for Rwandan and foreign psychologists and researchers. Dr. Cassady is tasked with re-designing the existing BA level Clinical Psychology department into a combined BA/MA Clinical psychology program which will include areas of specialization in gender-based violence, neuropsychology, drug and alcohol treatment & rehabilitation, early childhood development, marriage and family therapy.

Dr. Cassady received her BA with Honors in Social Psychology from Whittier College, Calif., USA in 1975; her M.A. in Clinical Psychology from the California School of Professional Psychology, Alliant University, CA, USA in 1979; and her Ph.D. in Clinical Psychology from the California School of Professional Psychology, Alliant University San Diego, CA, USA in 1982. She became a licensed Clinical Psychologist in 1984 after successfully passing the written and oral California Board Examination for psychologists. (Calif. Lic.1984; PSY 8504). In 2013, Dr. Cassady received her M.A. in Peace and Justice Studies, Emphasis: Conflict Resolution, Development and Human Rights from the Joan B. Kroc School of Peace Studies at the University of San Diego, San Diego, CA, USA.

For the past 32 years, Dr. Cassady has been a practitioner-scholar in the field of Clinical Psychology, specializing in working with gender based violence, child abuse and domestic violence victims and perpetrators. She has been Mental Health Director of two community- based organizations serving older adults, refugees and Deaf people seeking assistance with domestic violence related issues. For over 25 years, her private practice was dedicated to working with deaf adults and children who were victims of gender based violence, domestic violence and child abuse. She worked on the local, national and international level developing programs to address the gaps in mental health and psycho-social services for Deaf people and created programs that provided in American

Sign Language. Dr. Cassady was the founder and Director of an Adult Probation certified Deaf domestic violence perpetrator treatment group; one of two such programs in the US. from 2005 to 2013. Judges would court order perpetrators to attend the group as a way to divert and rehabilitate first-time male and female perpetrators.

Dr. Cassady trained judges, attorneys and police departments on legal and human rights issues with regard to Deaf people's rights to understand legal proceedings through the use of a certified sign language interpreter, and she supervised Masters level and Ph.D. level Clinical Psychology students from Gallaudet University, Washington D.C. and Alliant University, CA respectively, for their internships and post-doctoral licensing hours.

Since 2014, Dr. Cassady has provided weekly clinical supervision and training to the clinical psychologists at the Isange One Stop Centre in Kacyiru Police Hospital. From July 2010 to 2013, Isange One Stop Center received 6,246 GBV cases of which 4,499 cases (67.87%) are GVB cases and 1,747 (26.35%) are domestic violence cases. She recently developed an in-depth training module for Isange One Stop Centre clinical psychologists, medical staff and police, to teach risk assessment of IPV perpetrators, trauma informed treatment techniques with victims of GBV and the impact of psycho-educational rehabilitation programs on GBV perpetrators' rate of recidivism.



# **Certificate of Attendance**

## **National Family Justice Center Alliance**

Webinar Training

**Inclusion within Co-Located Centers Welcoming  
the Deaf Community & People with Disabilities  
into your Family Justice Center**

Presented by Dr. Cindi Cassady  
1.5 Hours

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**Gael Strack, JD**  
Co-Founder and CEO Family  
Justice Center Alliance

**Natalia Aguirre** Director of  
Technical Assistance Family  
Justice Center Alliance

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