



# URBAN SOCIAL WORK

# Help-Seeking Behaviors Among Urban Deaf and Hard-of-Hearing Adults

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The purpose of this study was to investigate help-seeking behaviors among 228 self-identified culturally Deaf and hard-of-hearing individuals living in Washington, DC, and the surrounding metropolitan area. Results indicate that the vast majority of participants reported feeling stressed, worried, or anxious. A large proportion of the sample reported feeling sad, unhappy, or depressed and experiencing discrimination because of being deaf. Despite these reports, more than three quarters of the sample reported that they were unlikely to seek help if they experienced a serious personal or emotional problem. Race and physical abuse were significant predictors of seeking help. Culturally sensitive interventions can contribute positively to Deaf individuals seeking help.

**Keywords:** Deaf; hard of hearing; help seeking; problem-solving; urban

When individuals experience distress, crisis, or illness, some seek help, but many do not. Many factors influence whether an individual seeks help to resolve personal problems. Factors such as having a positive attitude about needing help and feeling support from significant others can lead to actually seeking support (Fleming & Cordova, 2012; Topkaya, 2015). Even under optimal circumstances, most people who need help do not seek it (Campbell & Long, 2014; Clement et al., 2015; Crowe, 2015; Gayman, Cuddeback, & Morrissey, 2011; Schreiber, Renneberg, & Maercker, 2009; Topkaya, 2015). Barriers to help-seeking include (a) fear of stigmatization (Clement et al., 2015; Crowe, 2015; Schreiber et al., 2009; Topkaya, 2015); (b) racial or ethnic stress (Campbell & Long, 2014; Gayman et al., 2011; Pasupuleti, 2013); (c) lack of knowledge about resources (Schreiber et al., 2009; Topkaya, 2015); (d) lack of resources such as money, transportation, and time (Crowe, 2015; Schreiber et al., 2009; Topkaya, 2015); (e) distrust of practitioners (Crowe, 2015; Crowe-Mason, 2010; Gayman et al., 2011; Schreiber et al., 2009; Topkaya, 2015); and (f) fear that practitioners will lack cultural knowledge (Crowe, 2015; Crowe-Mason, 2010; Schreiber et al., 2009; Topkaya, 2015).

Individuals living in an urban environment such as Washington, DC, may have additional stressors that impact quality of life and mental health (Clark,

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Myron, Stansfeld, & Candy, 2007; Jaffee et al., 2005; Lederbogen et al., 2011; Levitt, Culhane, DeGenova, O'Quinn, & Bainbridge, 2009; Ng et al., 2008; Reitmanova & Gustafson, 2009; Rios, Aiken, & Zautra, 2012; Satcher, Okafor, & Dill, 2012; Shannon, Logan, Cole, & Medley, 2006; Van Dyck, Teychenne, McNaughton, De Bourdeaudhuij, & Salmon, 2015; Wallace, Weeks, Wang, Lee, & Kazis, 2006). Studies indicate that factors such as poor housing conditions, exposure to neighborhood violence, neighborhood disorder, chronic noise, limited access to open/green space, and lack of reliable transportation services lead to increased frequency of mental health problems and decreased quality of life (Clark et al., 2007; Ng et al., 2008; Satcher et al., 2012; Shannon et al., 2006; Van Dyck et al., 2015; Wallace et al., 2006). Homelessness in an urban environment is associated with increased substance abuse, medical problems, mental illness, and incarceration (Levitt et al., 2009). Urban community stressors are also associated with behavioral and emotional problems among children which affect family and individual functioning (Jaffee et al., 2005). The environment poses many obstacles to well-being and can often inhibit individuals from seeking help to address problems. Factors such as poverty and ineffective transportation services can limit access to services because of the high costs associated with getting to the physical locations.

Seeking help when one encounters a personal problem or crisis is important because receiving help, especially in the early stages, can help reduce the negative impact and long-term effects of the problem on the individual and/or couple or family (Clement et al., 2015; Fleming & Cordova, 2012; Gayman et al., 2011; Saint Arnault, 2009; Topkaya, 2015). However, knowing where to go, whom one can trust, and how to access services is a complicated matter. Some studies indicate that a strong cultural affiliation with one's group can positively affect whether one seeks help in dealing with personal problems (Campbell & Long, 2014; Crowe, 2015; Pasupuleti, 2013). In diverse communities such as racial or ethnic minority groups, individuals with disabilities, and lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) communities, cultural factors can impact the individual's experience of problems, meanings attached to the problems, whether or not help is sought, and the type of help accepted (Campbell & Long, 2014; Clement et al., 2015; Crowe, 2015).

In 2016, the National Center for Health Statistics conducted a national survey of 239,688 U.S. citizens. The questionnaire asked participants to classify their level of hearing as excellent, good, a little trouble, moderate trouble, a lot of trouble, or deaf. Approximately 16.8% or 40,346 adults aged 18 years and older reported having trouble hearing (i.e., audiological identification; National Center for Health Statistics, 2016). However, this statistic does not take into account whether one identifies as culturally Deaf and who uses American Sign Language (ASL) as a primary language. Unfortunately, national surveys do not include items that ask about use of ASL; thus, the number of Deaf and hard-of-hearing people who consider themselves culturally Deaf is unknown.

The majority of individuals in the United States with a hearing loss do not consider themselves a part of Deaf culture and use ASL as a primary language. Individuals who are either deaf or hard of hearing and who use ASL primarily consider themselves a part of Deaf culture and have a personal identification that involves the whole person (Leigh & Andrews, 2017). An uppercase "D" in Deaf

culture is used to demarcate individuals, either audilogically identified as deaf or as hard of hearing, who identify with the sociocultural aspect of membership as a distinct culture as opposed to individuals who identify with having a medical condition of hearing loss. Deaf individuals who espouse cultural membership emphasize group unifying aspects such as shared experiences, the use of ASL, and common cultural experiences such as literature, poetry, theatre, heritage, and education in specialized schools. Similar to many members of sociocultural minority groups, many Deaf and hard-of-hearing individuals report experiences of prejudice, discrimination, and oppression (Cabral, Muhr, & Savageau, 2013; Crowe, 2015; Crowe-Mason, 2010; Leigh, 2017).

Studies of well-being and help-seeking among Deaf and hard-of-hearing individuals are rare. There are a few studies whose investigation of help-seeking was secondary to other primary objectives. In these studies, researchers primarily investigated domestic violence (Crowe-Mason, 2010), dating violence (Crowe, 2015), and mental illness (Cabral et al., 2013). However, findings of these studies, included here, offered discussions of barriers that prevented Deaf individuals from seeking help. In a study of dating violence by Crowe-Mason (2010) of 127 Deaf and hard-of-hearing adults, respondents reported that three major barriers to reporting interpersonal violence included (a) a belief that the police would side with the hearing perpetrator, (b) language and communication barriers, and (c) the belief that Deaf individuals should protect other Deaf individuals (e.g., cultural loyalty) even if the individual was the perpetrator of violence. In another study of domestic violence services with 195 Deaf and hard-of-hearing individuals, respondents reported other important cultural issues that affected whether or not they requested services such as reputation in the Deaf community and confidentiality (Crowe, 2015). In a qualitative study with Deaf and hard-of-hearing individuals seeking mental health services, Cabral et al. (2013) found that stigma, lack of access to information, and challenges with interpreters limited accessibility to services. Issues such as limited access, language barriers, cultural stigma, confidentiality, and distrust arise in other studies that involve cultural minorities (Gayman et al., 2011; Schreiber et al., 2009; Topkaya, 2015).

Guided by Saint Arnault's (2009) "Cultural Determinants of Help Seeking: A Model for Research and Practice," the purpose of this study was to examine help-seeking behaviors among a sample of Deaf and hard-of-hearing adults living in Washington, DC, and surrounding metropolitan areas. Specifically, the study investigated the types of personal problems Deaf and hard-of-hearing individuals experienced and how likely they were to seek help for those problems.

## METHODOLOGY

### Participants

A sample of 228 self-reported culturally Deaf and hard-of-hearing participants living in Washington, DC, and metropolitan areas were surveyed anonymously. The mean age of the sample was 28.44 years ( $SD = 9.01$ ). Women comprised 67.9% ( $n = 152$ ) of the sample; men comprised 32.1% ( $n = 72$ ). The majority of participants were White ( $n = 144$ , 62.1% of the sample), followed by Latino/Hispanic

**TABLE 1. Racial/Ethnic Demographics of the Sample**

Race/Ethnicity	<i>n</i>	%
White	144	62.1
Latino/Hispanic	31	13.2
African American/Black	26	11.5
Asian	12	4.0
Biracial	9	4.0
Middle Eastern	3	0.9
American Indian	1	0.4

( $n = 31$ , 13.2%), and African American ( $n = 26$ , 11.5%). See Table 1 for detailed racial/ethnic demographics of the sample.

### Measures

The questionnaire contained 41 items which required approximately 15 minutes to complete. The questionnaire was adapted from the General Help Seeking Questionnaire (GHSQ; May & Hu, 2000). The instrument contained six major sections about help-seeking: (a) if a person was having a personal or emotional problem today, how likely would he or she seek or not seek help from particular individuals (12 items,  $\alpha = .673$ ; 2 items were open-ended responses); (b) preferred characteristics of the individual providing help (4 items,  $\alpha = .748$ ); (c) demographic questions (4 items), such as age, hearing status, gender, and race; (d) emotional issues experienced (8 items,  $\alpha = .703$ ); (e) experiences of discrimination (i.e., separate items on discrimination related to race, hearing status, religion, and country of origin; 4 items,  $\alpha = .564$ ); and (f) feelings about self-identity (8 items,  $\alpha = .770$ ). Because the questionnaire was given to Deaf and hard-of-hearing individuals whose primary language was ASL, reliability statistics on each subscale were conducted (Tavakol & Dennick, 2011). High reliability for scales may be attained by narrowing content, but this can limit predictive utility (McCrae, Kurtz, Yamagata, & Terracciano, 2011). Some dispute the view that an alpha should be higher than .70 to be reliable, especially when a questionnaire is multidimensional (Schmitt, 1996). Because this instrument was not intended to be a unidimensional scale, the Cronbach's alpha estimate is adequate with cautious interpretation of results (Tavakol & Dennick, 2011). The Cronbach's alpha for the entire scale was .630.

### Sampling Procedures

Following institutional review board (IRB) approval, participants were sent an e-mail with a link to a consent form and questionnaire. Because the Deaf community is small and interconnected, the sampling method resembled a snowball strategy in that a group of potential participants were sent an e-mail inquiry and then asked to forward the e-mail to others. The instructions directed participants to complete the questionnaire and submit it upon completion.

## Data Collection

The investigator sent potential participants an e-mail asking for participation in a study about how Deaf individuals solve problems. The e-mail contained the web-link to the questionnaire. The web link was also posted on social media (e.g., Facebook) for broader access to the community. Inclusion criteria included that individuals must be Deaf and/or hard of hearing and at least 18 years old. Individuals' participation was anonymous.

## Data Analysis

Data analysis was conducted using Statistical Package for the Social Sciences (SPSS) Version 24. Descriptive statistics were used to calculate demographic variables and item means and standard deviations. A multiple regression with stepwise entry was conducted to determine the effect of demographic variables such as age, gender, hearing status, and race on the dependent variable, whether one seeks help for problems. A second multiple regression with stepwise entry was conducted to determine the effect of emotional situations (8 items), such as feeling stressed; sad; using drugs or alcohol; relationships problems; academic problems; physical, sexual, and emotional abuse on the dependent variable, on whether one seeks help.

## RESULTS

### Experiences of Negative Feelings and Adverse Events

Participants reported how frequently they experienced negative feelings or adverse events over the past 2 weeks. The vast majority of participants, 91.63% ( $n = 208$ ), reported feeling stressed, worried, or anxious. Nearly three quarters of the sample, 72.69% ( $n = 165$ ), reported feeling sad, unhappy, or depressed. About one half of the participants, 47.81% ( $n = 109$ ), reported experiencing discrimination because of being Deaf or hard of hearing. More than a third of the participants, 36.73% ( $n = 83$ ), reported having relationship problems, and 34.07% ( $n = 77$ ) reported academic or school problems. See Table 2 for detailed frequencies of other types of negative feels or adverse events.

**TABLE 2.** Frequencies of Negative Feelings and/or Adverse Events

Negative Feeling/Adverse Event	<i>n</i>	%
Wanted to use drugs and/or alcohol	63	27.75
Been emotionally abused	47	20.61
Discriminated against because of race	31	13.66
Discriminated against because of foreign ethnicity	24	10.57
Discriminated against because of religious beliefs	17	7.52
Been sexually assaulted or abused	5	0.02
Been physically assaulted or abused	3	0.01

**TABLE 3.** Frequencies of a Particular Person Being Sought to Provide Help

Type of Person to Provide Help	<i>n</i>	%
Parent	142	62.83
Mental health professional (social worker, counselor, psychologist)	113	50.00
Doctor	85	37.61
Other family member or relative	84	37.33
Professor	45	20.08
Crisis hotline with videophone	44	19.56
Priest, rabbi, Imam, chaplain, or other religious person	35	15.56
Social media (Facebook, Twitter, Instagram)	25	11.11
Crisis hotline using Video Relay Interpreting (VRI)	23	10.22

### Likelihood of Seeking Help

Approximately three quarters of the sample, 76.75% ( $n = 175$ ), reported they were unlikely to seek help if they experienced a serious personal or emotional problem. However, when participants were asked the likelihood of going to a particular person if they needed help, they indicated preferences for whom they would approach. The majority of respondents, 80.89% ( $n = 182$ ) reported they were likely to seek the help of a friend. The second most common person sought to provide help was a partner (boyfriend or girlfriend) in 79.82% ( $n = 182$ ) of the sample. See Table 3 for detailed frequencies of the likelihood that a participant would seek out a type of person for support.

The majority of participants, 87.11% ( $n = 196$ ), reported that having someone to help who used ASL was important. Similarly, 74.89% ( $n = 170$ ) reported that the individual should be Deaf, 56.44% ( $n = 127$ ) reported that the individual should be hard of hearing, and 41.78% ( $n = 94$ ) reported that the person should be hearing.

### Problems for Which Help Was Sought

Respondents were asked to reflect on a personal situation that prompted them to seek help in the past and identify what was the problem at hand. They offered a variety of short answers that were categorized into five broad categories: (a) problems with family and friends (e.g., social issues), (b) emotional or mental health issues, (c) academic or work-related, (d) financial problems, and (e) other types (e.g., situational occurrences). See Table 4 for a list of the most frequent responses.

### Self- Identity and Relationships With Others

Participants reported the degree to which they considered their racial/ethnic, gender, deaf, religious identities, and country of origin as positive or negative attributes. The vast majority of participants felt positive about their racial/ethnic, gender, deaf, and religious identities. See Table 5 for the frequencies of responses on their identities.



**TABLE 4.** Frequencies of a Particular Situation When a Participant Sought Help

Type of Situation	<i>N</i> = 168	%
Emotional or mental health-related (psychological)	90	53.57
Problems with family or friends (social)	44	26.19
Academic or work-related	12	7.14
Financial problems	11	6.55
Other (e.g., burglary, car trouble, communication problems, upcoming deadline)	11	6.55

The majority of participants reported that their relationships with friends were positive (95.60% of the sample,  $n = 217$ ) as were their relationships with family members (86.40% of the sample,  $n = 197$ ). The majority of respondents, 92.48% of the sample ( $n = 209$ ), reported that they held positive views about themselves.

### Predictors for Help-seeking

A multiple regression with stepwise entry was conducted to determine the effect of demographic variables on the dependent variable, whether one seeks help for problems. Regression results indicate that the overall model significantly predicted seeking help,  $R^2 = .039$ ,  $R^2_{\text{adj}} = .034$ ,  $F(1, 205) = 8.351$ ,  $p = .004$ . This model accounted for 3.9% of the variance for seeking help. Of the four variables, only race was a significant predictor. A chi-square analysis compare racial categories with the response “Not likely to seek help” and yielded significant findings ( $\chi^2 = 43.35$ , 28,  $p = .03$ ). Cross tabulations indicated that 18 out of 25 African Americans (72.0%), 23 out of 30 Latinos (76.67%), and 116 out of 139 Whites (83.45%) reported they would not seek help for any problems.

A second multiple regression with stepwise entry was conducted to determine the effect of emotional situations on the dependent variable, on whether one seeks help. Regression results indicate that the overall model significantly predicted seeking help,  $R^2 = .028$ ,  $R^2_{\text{adj}} = .023$ ,  $F(1, 217) = 6.218$ ,  $p = .013$ . This model accounted

**TABLE 5.** Frequencies of Perceived Self-Identities as Neutral or Positive

Identity	<i>n</i>	%
Gender	221	96.93
Deaf	221	96.93
Religious	220	96.49
Race or ethnicity	217	95.18
Country of origin	200	88.50



for 2.8% of the variance for seeking help. Of the variables, only the experience of physical abuse predicted whether one would seek help. A Spearman's rho correlation was calculated and indicated a significant positive relationship between being physically abused and seeking help ( $\rho = .139$ ,  $p = .04$ ), meaning the more frequently physical abuse occurred, the more likely the participant sought help.

## DISCUSSION

Results of this study were consistent with other help-seeking studies in that although the majority of participants reported having emotional, relational, and situational problems, they did not seek help to resolve their problems (Campbell & Long, 2014; Clement et al., 2015; Crowe, 2015; Gayman et al., 2011; Schreiber et al., 2009; Topkaya, 2015). Nearly half of the participants reported experiences of discrimination because of being Deaf; however, this was not a significant predictor of whether the individual was likely to seek help. This finding is supported by studies involving members of minority groups (Reitmanova & Gustafson, 2009; Rios et al., 2012). The results of some studies point to social support from the Deaf community's family and friends, shared experiences such as experiences of inequality and inequitable access to resources, and social cohesion within the group as factors that help mitigate the negative effects of psychological stress and problems (Crowe, 2015; Crowe-Mason, 2010; Leigh, 2017).

Two variables—race and experiencing physical abuse—were significant predictors of help-seeking behavior. Because the proportion of the variance accounted for by the two models was low (3.9% and 2.8%, respectively), these results should be interpreted with caution given the exploratory nature of the study. These findings are also supported in the literature that investigated members of minority groups and individuals who live in urban areas (Jaffee et al., 2005; Ng et al., 2008). In the sample, approximately three quarters or more African Americans, Latinos, and Whites reported they would not seek help to deal with problems. While studies indicate that members of minority groups are unlikely to seek help for a variety of reasons, this study also indicates that Whites were also unlikely to report. Similarly, the respondents who reported higher levels of physical abuse were more likely to seek help (Schreiber et al., 2009).

An alarming majority of the sample, more than 90%, reported negative experiences that created stress, worry, anxiety, sadness, unhappiness, and/or depression. This finding suggests that there are indeed individuals in the Deaf community who are suffering emotionally. This finding is supported in the literature of minority members and individuals who live in urban areas (Reitmanova & Gustafson, 2009; Rios et al., 2012; Shannon et al., 2006; Wallace et al., 2006). Although the survey did not address why participants did or did not seek help, some studies point to numerous factors that can affect accessibility such as communication barriers, difficulty obtaining interpreters, culturally insensitive providers, and stigma (Crowe, 2015; Crowe-Mason, 2010; Leigh, 2017).

The majority of respondents reported strong racial/ethnic, gender, Deaf, and religious identities which have been shown to help mitigate the effects of emotional problems (Campbell & Long, 2014; Pasupuleti, 2013; Topkaya, 2015). Although some individuals reported experiences of discrimination because of being Deaf, that

factor was not a significant predictor in help-seeking behavior. Similarly, the majority of participants reported positive social relationships with family and friends, which can also provide support when help is needed with a problem. In the Deaf community, cultural membership and positive self-evaluation regarding this membership can also provide a healthy framework for problem-solving (Leigh, 2017; Pasupuleti, 2013).

Individuals who live in urban areas may have improved access to the number of resources and formal support systems available compared to those living in rural areas (Shannon et al., 2006). However, seeking help to cope with problems is difficult to do and may be more so with Deaf and hard-of-hearing individuals. Members of diverse cultural and linguistic groups, including those who are members of Deaf culture are embedded within a larger society; they cannot be separated from that larger society (Ladd & Lane, 2013). Within the larger culture, many Deaf and hard-of-hearing individuals report discrimination; the results of this study confirmed that finding, although it was not a significant predictor of help-seeking. However, experiences of discrimination, oppression, and stigmatization may make seeking help for problems difficult for many Deaf individuals. Oppression, not measured in this study, is associated with lower self-esteem and increased mental health problems which may affect help-seeking behaviors (Case & Hunter, 2012). Other types of marginalization, such as economic instability, language barriers, reduced access to employment and housing, and cultural minimization or devaluing can also affect whether Deaf and hard-of-hearing individuals seek help (Drainoni et al., 2006; Johnson & McIntosh, 2009). All of these factors may play a role in recognizing that there is a problem that needs help and actually seeking services.

Communication barriers can prevent Deaf individuals from seeking help with emotional, social, and psychological problems. Language constraints, such as limited access to interpreters and lack of providers who can sign, can impede individuals from seeking help (Anderson, 2010; Barnett et al., 2011; Blaiser, Behl, Callow-Heusser, & White, 2013; Drainoni et al., 2006; Fellingner, Holzinger, & Pollard, 2012). Many Deaf individuals seeking treatment for mental health issues report frustration with providers who lack knowledge about Deaf-related issues such as assistive devices, services, and ASL interpreters (Fellinger et al., 2012). Although many individuals in this study reported experiences of discrimination, it was not a significant predictor. However, this phenomenon should be explored further.

Loyalty to other members of the Deaf community may be a factor in a Deaf individual's decision to not seek help, especially if another Deaf person is involved (Crowe-Mason, 2010). Because the Deaf community is close-knit and closely connected both nationally and internationally, involving another Deaf person in reporting or resolving a conflict is akin to broadcasting the issues worldwide. This issue also arises among other racial and ethnic communities (Campbell & Long, 2014; Pasupuleti, 2013; Topkaya, 2015). If seeking help involves members of the police, judicial system, or social services, cultural loyalty may also play an important role in seeking help (Crowe-Mason, 2010). As the findings suggest, Deaf individuals experience emotional, social, and psychological problems, but they may prefer to handle the issues within the community rather than seek help from outside providers.

Finally, physical abuse arose as a predictor of help-seeking. This finding supports the findings of several other studies that involve interpersonal and family violence

(Crowe, 2013, 2015; Elliott Smith & Pick, 2015; Fellingner et al., 2012; Job, 2004; Sebold, 2008; Titus, 2010). Results suggest that a higher number of Deaf and hard-of-hearing individuals experience interpersonal violence more frequently than their hearing counterparts. In addition, they also experience a higher incidence of physical, sexual, and psychological abuse over the course of their lifetimes. Interpersonal violence and help-seeking among Deaf and hard-of-hearing individuals is a complex and multidimensional phenomenon and requires consideration of a multitude of issues (Crowe, 2017).

### **Limitations**

There were some methodological limitations to this study. Because random sampling with Deaf and hard-of-hearing individuals is rare because of the lack of documentation about how many individuals live in the United States, the sample in this study was nonrandom, using a snowball-type of sampling method. Therefore, interpretation of the results cannot be generalized to the general population of Deaf and hard-of-hearing individuals. Although the lower reliability estimates of the questionnaire were deemed adequate, caution should be used when interpreting the results. The instrument itself may need modifications to yield a higher reliability among items, particularly among the discrimination items. Survey results yielded frequency counts, but deeper reasons as to why participants did not seek help or factors influencing their decisions were not obtained. Similarly, quantitative survey methodology by its nature does not delve into deeper thought process and motivations; thus, there were some unanswered questions about how particular factors such as race, experiences of discrimination, and selection of support systems influenced an individual's decision to seek help.

### **Implications for Research, Policy, and Practice**

Future research should explore individual factors to determine when and under what circumstance an individual will seek help to resolve a problem or crisis. Qualitative methodology may be particularly helpful in dissecting the factors that influence decisions to seek help under particular circumstances. Research should include a close examination on the impact of race and abuse and its intersectionality with being culturally Deaf. Because research about racial differences in the Deaf community is sparse, targeted studies with culturally Deaf people of color may be helpful to highlight issues that are specific to the group. Similarly, research about abuse in the Deaf community is scant. Additional research to explore the effects of abuse on culturally Deaf individuals may be helpful. Research between those who are culturally Deaf and those who are deaf but do not identify with the culture may be helpful in understanding the role that Deaf culture plays in helping or hindering help-seeking behaviors.

Policymakers should regularly review and improve regulations that govern reporting abuse and violence to ensure that members of diverse cultural and minority groups are treated with respect. Policies that fail to examine the complex intercultural dynamics, norms, and language needs may inadvertently exclude a large segment of society from receiving help when needed. Policymakers can address environmental issues, such as poverty, homelessness, and crime, that can put individuals at risk for physical and psychological distress. Agency administrators and

managers should ensure that the services provided address vital components, such as transportation, cultural competency, and linguistic fluency.

Individual practitioners can also play a role in ensuring that members of diverse groups receive services that are culturally and linguistically sensitive. Clinicians should consider the complex and multidimensional aspects of culture when intervening with individuals who seek help for their problems. Cultural identification, attitudes toward problems, perception of the problem, and views toward providers can affect whether one seeks help and actually receives help. Community practitioners should be knowledgeable about cultural aspects of deafness, communication needs, and community resources that are designed for Deaf individuals.

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