

Introduction

Little is known about how Deaf and hard-of-hearing individuals react to- and cope with crises, accidents and disasters, and what recommendations they may have for professionals working in both acute and aftercare situations. This qualitative study sought to bridge this gap in knowledge by conducting interviews with Deaf and hard-of-hearing individuals, the overall aim being to develop and implement standardized guidelines for best practice among first-responders and mental health professionals.

Method

Semi-structured interviews were employed in this study. They were conducted by psychologists and took place primarily at the Danish National Centre for Psychotraumatology, University of Southern Denmark. Sign language interpreters were provided during interviews with Deaf participants who required assistance with communication. Each interview was recorded on tape.

The participants were 9 Deaf and hard-of-hearing individuals. Of these, 7 were females and 2 were males. All were of Danish nationality. Participants were primarily recruited through the help of representatives from the National Danish Deaf Association. Sign language- and written announcements were uploaded on the association's homepage. A written announcement was also uploaded on the association's Facebook profile. A number of participants were recruited through word-of-mouth and various articles (about the project) featured in specialist Danish journals. The recruitment process lasted for approximately one year.

Results

The results indicate that Deaf and hard-of-hearing individuals react similarly to hearing individuals in the event of crises and serious accidents. The participants used coping strategies such as talking to friends, family or psychologists about the experience, or writing feelings down. Furthermore, the participants provided a number of useful recommendations for first-responders and mental health professionals as follows (see text box):

Recommendations for first-responders (acute situations):

- Professionals need to broaden their knowledge about the varying needs and expectations of Deaf and hard-of-hearing individuals.
- Eye contact is extremely important; point and use intuitive body language when communicating.
- Try to create a calm and secure atmosphere; speak slowly and clearly.
- If not possible to speak, try to write things down; have a pen and paper ready.
- If not possible to speak or write, try to get hold of an acute sign language interpreter (this should not be the responsibility of the hearing impaired individual).
- Remote sign language interpretation via mobile phones/tablets.
- Learn basic phrases in sign language e.g. “are you deaf?”, “are you OK?”, “where does it hurt?”, “do you need a sign language interpreter?”
- Postcard or mobile phones/tablets with pictures of the sign language alphabet.
- Laminated document with pictures showing where it hurts on the body, so hearing impaired individuals can point to relevant pictures.

Recommendations for mental health professionals (aftercare):

- Important not to treat hearing impaired individuals as handicapped.
- Sign language interpreter should be provided automatically – this should not be the responsibility of the hearing impaired individual.
- The same sign language interpreter should be made available if multiple psychological treatment sessions are needed.
- Provide contact information for support groups for hearing impaired individuals (e.g. crisis groups, bereavement groups).
- Send written documentation of important meetings/sessions – it is important for hearing impaired individuals to receive information in written form.



Limitations

There were challenges associated with recruiting Deaf and hard-of-hearing individuals for this study. Although various recruitment methods were employed and the recruitment process lasted for approximately one year, it was difficult to reach out to the Deaf and hard-of-hearing communities. Furthermore, we were unable to find any participants who had experienced larger disasters, only crises and accidents.

Conclusion

Deaf and hard-of-hearing individuals react similarly to hearing individuals in the event of crises and serious accidents. Coping strategies used by Deaf and hard-of-hearing individuals include talking to family, friends or psychologists about experiences or writing feelings down. The main recommendation for first-responders and mental health professionals is to book a Sign Language interpreter as soon as possible. In the event that a sign language interpreter cannot physically be present (usually in acute situations), then professionals should arrange for remote sign language interpretation. While waiting for a sign language interpreter, professionals should try to communicate with the Deaf or hard-of-hearing individual in other ways (e.g. via body language, technical devices/materials).