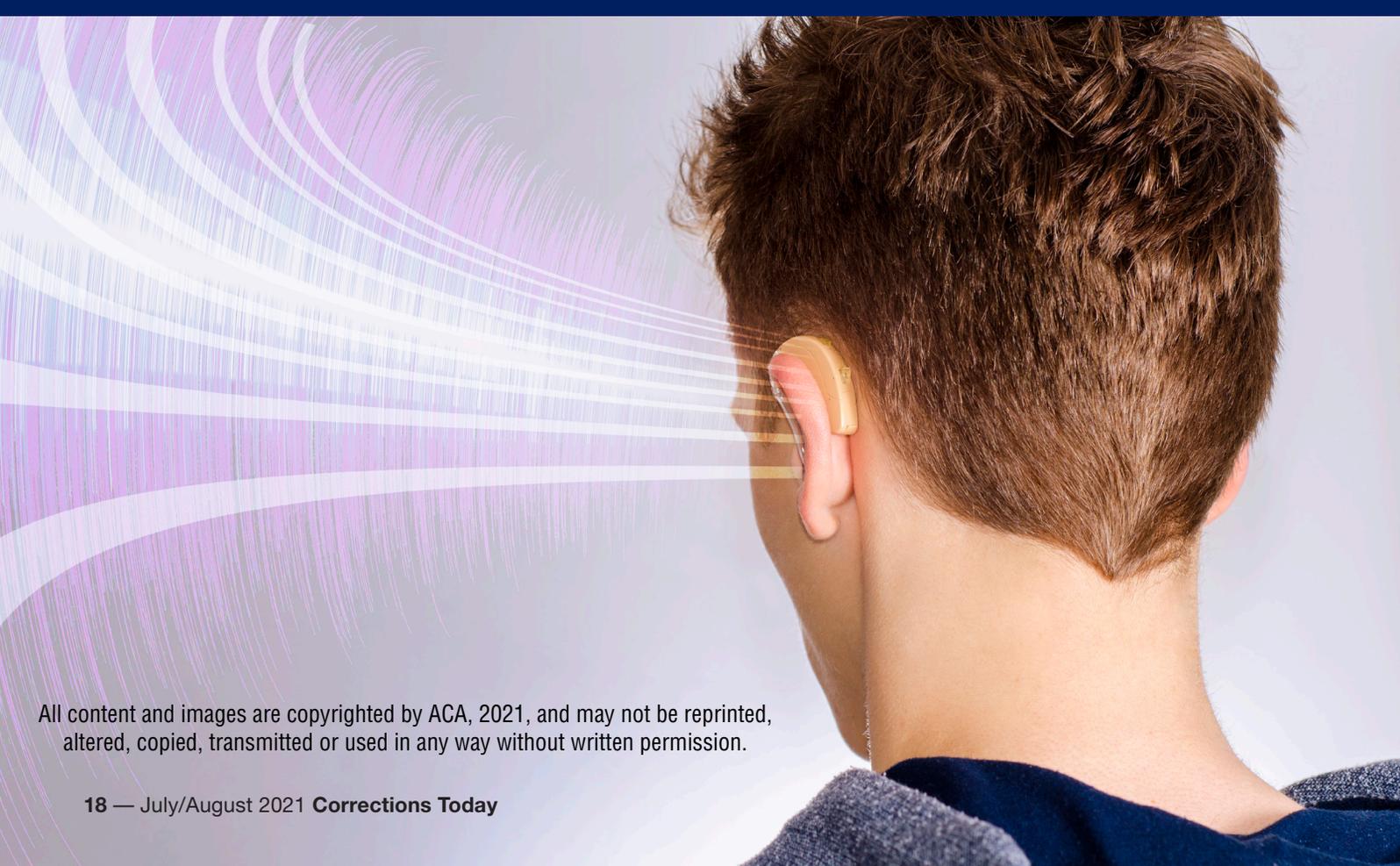


# Promoting communication and engagement for youth who are deaf or hard of hearing in juvenile correctional facilities

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**W**hen the needs of youth with hearing disabilities - those who are deaf or hard of hearing (DHH) — are not addressed while being served in juvenile correctional facilities, several negative implications may be realized. Such implications include: (a) their constitutional and statutory rights of access may be compromised (US National Association of the Deaf, 2008). For example, Title II of the Americans with Disability Act (ADA) requires state and federal governments to ensure that persons with disabilities have equal opportunity to benefit from all government activities, programs, and services (Pindilli, 2020) and school-age youth with disabilities are afforded rights under the Individuals with Disabilities Education Act (IDEA); (b) the youth may be exposed to or experience trauma in the facility due to communication barriers and approaches, lack of implementation of best practices specifically for those who are DHH, and a lack of Deaf culture awareness across staff (e.g., Strassman & Hall, 1999; Willis & Vernon, 2002) with 40% of youth experiencing elevated levels of depression and 25% having difficulty engaging with peers (Gryglewicz et al., 2017); (c) the youth's safety within the facility may be compromised (e.g., in an emergency in the facility, without proper communication, these youth may not evacuate the emergency scene on time; Pindilli, 2020); and (d) their engagement in rehabilitative and habilitative focused treatment and programming may be less than/different than their peers (Strassman & Hall, 1999). Given these possible negative implications, many juvenile correctional facilities are re-assessing services provided to and policies affecting these youth to ensure improved and fair treatment of all youth, including those who are DHH, in the facilities (Lewis, 2015).

Unfortunately, little is known about the policies, procedures, and strategies to promote engagement of and eliminate the gaps between youth who are DHH and their hearing peers in juvenile correctional facilities; and even less research on this population in facilities. To address these

concerns, we provide examples of considerations and best practices for staff working in correctional facilities to promote engagement and communication with their youth who are DHH, detail the diverse nature of DHH, and highlight ineffective practices for staff to avoid. We posit that successful treatment and programming for youth who are DHH should be a holistic (e.g., whole-youth) approach so as to address their physical, cognitive, socio-emotional, cultural, language, and communication needs; and all staff need to be trained to work effectively with this population. This is important given the increase of this population of youth in juvenile justice facilities (Willis & Vernon, 2002).

About 2 to 3 out of every 1,000 children in the United States are born with a detectable level of hearing loss in one or both ears. Over 13% of juveniles aged 12 years or older have hearing loss in both ears, based on standard hearing examinations in the United States. About 8% of youth 10 years and above who are deaf or hard of hearing (DHH) are served in correctional facilities. (National Institute on Deafness and other Communication Disorders, 2016). The different degrees of hearing loss are measured in decibels (dB; see Table 1). Also, the DHH community

**Table 1**

**Classification of the Different Degrees of Hearing Loss**

Degree of hearing loss	Hearing loss range measured in Decibels (dB)
Normal	10 to 15
Slight	16 to 25
Mild	26 to 40
Moderate	41 to 55
Moderately severe	56 to 70
Severe	71 to 90
Profound	91 and above

*Note:* Adapted from Clark, J. G. (1981). Uses and abuses of hearing loss classification. *ASHA*, 23, 493–500.

Table 2

## Diversity of the Deaf Community

Category	Description	Culture Association/Language
<b>deaf (written with lowercase “d”)</b>	<ul style="list-style-type: none"> <li>• Audiological proven condition of not hearing</li> <li>• The hearing loss level is between moderately severe to profound</li> <li>• They see their hearing loss as a medical condition</li> <li>• Some may refer to it as a disability</li> </ul>	<ul style="list-style-type: none"> <li>• Do not consider themselves as part of the Deaf community</li> <li>• Sign language is not their primary choices of communication</li> <li>• They prefer associating with the hearing world</li> </ul>
<b>Deaf (written with an uppercase “D”)</b>	<ul style="list-style-type: none"> <li>• They take pride in their Deaf identity</li> <li>• Common sociolinguistic background</li> </ul>	<ul style="list-style-type: none"> <li>• Most often communicate with sign language</li> <li>• Identify as part of the Deaf culture, they share common values and behavioral norms, beliefs and customs</li> </ul>
<b>Deaf blind</b>	<ul style="list-style-type: none"> <li>• Has some level of deafness and blindness</li> </ul>	<ul style="list-style-type: none"> <li>• They choose a particular communication mode considering the degree of either the vision and/or hearing loss and onset</li> <li>• Some communication mode includes tactile sign, pictures and vocalization</li> </ul>
<b>Hard of hearing</b>	<ul style="list-style-type: none"> <li>• Hearing level is between mild to moderate</li> </ul>	<ul style="list-style-type: none"> <li>• Many have used spoken language in some part of their lives</li> <li>• May be able to lip read and benefit from their residual hearing to communicate</li> </ul>
<b>Late deafened</b>	<ul style="list-style-type: none"> <li>• Onset of hearing loss was after acquiring spoken language</li> <li>• Possible cause of deafness include certain injections, medication, accidents or illness (e.g., meningitis)</li> </ul>	<ul style="list-style-type: none"> <li>• Sometime they can speak</li> <li>• Because they may not hear themselves when speaking, their speech may contain some distortions</li> </ul>

*Note:* Adapted from Lewis, T. A. (2015). Deaf inmates: Communication strategies and legal considerations. *Corrections Today*, 77(3), 44; and Woodward, J. (1972) ‘Implications for Sociolinguistics Research among the Deaf’. *Sign Language Studies*, 1, 1–17.

is diverse and individuals identify themselves within a category considering factors such as language use, onset of hearing loss, and hearing levels (see Table 2).

### Promoting engagement and communication during waking hours

We offer several considerations and strategies for correctional agencies and facility staff to use when providing treatment and programming services to youth who are DHH under their care. These considerations and strategies are best practices and are not presented in order of

importance. Agencies and staff should strive to adopt as many of these suggestions as possible into their daily operations and interactions with youth who are DHH. Such suggestions should be interwoven into the academy training to promote sustainability across time and capacity-building and competency across staff.

#### Acknowledge identity

During the in-take process, staff should ask the youth who is DHH about their preferred terminology or identification. For example Deaf, deaf, hard of hearing, or Deaf blind are all options/preferences and once this is

known, all staff needs to know this terminology preference. Also, their preferred terminology or identification should be built into their treatment and programming plans. If the youth shares with staff their preference or identification of their hearing loss, it is necessary to use exactly what they like. Because of the diverse nature of the deaf and hard of hearing community, youth will have their own personal reasons for choosing a particular way of identification and this should be respected. Also, at intake, it is critical that staff ensure the youth's hearing device is working, and it is documented staff cannot take the hearing device away from the youth. Some hearing devices amplify sound for the youth so they may hear better (Schlosser, 2003).

### Getting youth attention

Securing the attention of a youth who is DHH is the first and most important step in communicating with them. But how do you appropriately and respectfully gain attention of a youth who is DHH? These youth may benefit from visuals or vibration — non-verbal communication cues which are common methods used to get attention without signed or spoken words. When attention is gained, then the youth can engage effectively. For example, if you are in front of or to the side of the youth, you can wave your hand in an up and down motion in their peripheral vision field, or you may flash a light on and off once or twice to obtain attention. However, this strategy should be used with caution. If the light is flashed rapidly or many times, the youth or others in the environment may become annoyed or others may think there is an emergency thereby increasing trauma. Also, before you start a conversation, say the youth's name before talking more as this may reduce the chance of the youth missing words at the beginning of the conversation. If you are working with an interpreter, the interpreter will sign the youth's name as you mention it which helps to build trust and a positive relationship with the youth. Youth who are DHH have sign names which are unique to them, and these names are mostly signed around the upper parts of the body from the chest to the face (Jarvis & Iantaffi 2006).

### Maintain eye contact when communicating

When communicating with a youth who is DHH, always face the youth and make eye contact. When you

speak directly to them it is a sign of respect and allows them to also read your facial expressions. It is important, as much as possible, to maintain eye contact throughout your conversation and not to look away or cover your mouth as this helps the youth who rely on lip reading to better understand you (Ross, 2016). Both staff and youth should maintain eye contact when communicating with the youth and do so throughout the conversation. Other youth in the conversation may need to be given a rationale as to why they need to maintain eye contact with the youth who is DHH as doing so with other youth may not be the norm.

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### Speak naturally

Staff should speak clearly, slowly and in a natural tone and voice. Staff should not mumble, shout, or exaggerate their mouth movements as it may distort lip patterns and speech sounds - making lip reading more difficult. The communication between the staff and the youth who is DHH should be interactive, natural, and comfortable (Sirch et al., 2017).

### Minimizing environmental noise

There are several common communication practices which will need to be remedied for youth who are DHH related to competing noise. First, background noise should be eliminated/decreased prior to beginning a conversation with a youth who is DHH or at least move yourself and the youth away from the noise. It is difficult to hear and concentrate in a noisy environment for anyone. Second, when the facility intercom system is in use to signal activity changes and emergency codes, it will be important to immediately gain the youth's attention to communicate this information. This will decrease youth

confusion and/or trauma of the events and the actions they are to take. In emergency scenarios, a pre-identified staff member should be assigned to the youth who is DHH to ensure clear, timely, and adequate messaging occurs. Third, when security announces lights out or door closure requests from the end of the hall or control area, he/she will need to do so in much closer proximity to the youth who is DHH who may not hear the prompts from such a distance amongst other noises (e.g., other youth talking, tv/movie sounds, and clang of cell doors). Fourth, the use of audible staff walkie talkies should be minimized through the use of earbuds or other electronics. Obviously, the use of walkie talkies are to promote the safety and security of all youth and staff; however, they can exude loud, constant, and unnecessary noise into the environment interfering with the youth who is DHH from understanding others or participating in activities. Such noise is not typical outside juvenile facilities and can serve as trauma triggers as well as a distraction to all.

### Use proper lighting and distance

Staff should stand a meter or two away from the youth who is DHH and be sure to stand in good light when talking with the youth. Staff need to position themselves so the light is shining on their face and not in the eyes of the youth while making sure their face is not in a shadow. This is important for youth who are hearing-aid users, lip-readers, and signers. It is important to keep

one's distance. For example, during group sessions, the counselor should stand or sit in a better lighting environment to help the youth to see the counselor's lips, facial expressions, and other communication signals (Cunningham & Falk 2020).

### Understanding the conversation

In a conversation, if staff did not understand what the youth who is DHH said directly to you or from the interpreter, do not hesitate to ask them to repeat what they said. Asking the youth to repeat their ideas reduces frustration and helps promote clearer communication. In a group conversation, staff need to take turns speaking to youth who are DHH as the youth can only watch one speaker at a time just as the interpreter can only interpret one speaker's speech at a time. Note, if the youth expresses difficulty understanding a particular sentence or word staff used, try to find a different way of saying the same thing, rather than repeating the original words over and over, and include visual cues when necessary. Staff may point to what/whom they are talking about or use gestures and appropriate facial expressions to support their message. If staff cannot use sign language or feel they do not know how to communicate with the youth, they should feel free to use other ways to communicate (e.g., pen and paper). If using pen and paper, the youth will need permission to use them to communicate with staff given pen and or paper may be considered contraband in specific

## Notes for Corrections Officers in dealing with the DHH Community



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### Facial hair

Staff faces should be free of hair (e.g., long beards or moustaches) which can interfere with the youth's lip reading abilities.

### Mouth movements

Staff should not be eating or chewing while talking with youth who are DHH as it presents challenges to lip-reading and understanding.

### Position yourself to the better ear

If the youth discussed with staff about how they hear better in one ear than the other, this needs to be communicated to all staff so they may best position themselves for the conversation with youth. This should be a follow-up question during the in-take process if the youth states they have a hearing issue.

facility environments. A little effort on staff's part can make a big difference to the youth with DHH as when the youth understands what staff is communicating, youth are more likely to stay engaged (Garberoglio et al., 2020).

### **Working with a sign language interpreter during communication**

When a sign language interpreter is available, it is recommended staff speak directly to the youth who is DHH and not to the interpreter. The interpreter is to interpret what hearing people say to a youth who is DHH and use spoken language to translate what the youth signs. Staff should consider their pace of speech to allow additional time for the youth to respond to a question or express a concern. This is really important for youth who are DHH because some of these youth also may have delays in their receptive and expressive communication skills. During the conversation, it is possible, staff may end their oral speech before the youth receives all the information from the interpreter. The sign language interpreter is to be with the youth who is DHH during all treatment and programming hours, including during non-instruction times (e.g., routines on the unit, meals) so no infringement on their ability to engage in their treatment and programming. Such lack of access to an interpreter may then lead to a loss of medical assistance, personal safety, educational benefits, and religious services. When youth who are DHH do not have access to sign language interpreters during parts of the day or on weekends, the youth is prevented from accessing programs and services that could lead to more positive outcomes (e.g., lower recidivism rates).

### **Non-sign language users**

If a staff person is a non-user of sign language, the designated sign language interpreter in the facility should be contacted to interpret between the staff and the youth to ensure effective communications. If the youth does not use sign language as a medium of communication and can read and understand printed text then transcription services (e.g., caption or communication access real-time translation: CART) may be needed to convert spoken English words instantly into text using a stenotype machine, computer, or special software. This service should be available in the facility to be compliant with ADA. Also, this may mean the youth who is DHH be granted special permission to have on their person an electronic

device (e.g., iPad) for communication purposes. Such a device should be configured to include all the necessary firewalls and protections to address contraband and other incident issues per facility policy. Using such devices may require providing the youth with additional time to respond to a question or prompt without penalty (e.g., a write-up for noncompliance).

### **Policies**

Policies in correctional facilities regarding the use of assistive listening devices for youth who are DHH must allow the youth who use these devices to be able to use them within the facility for their specific purposes especially if those devices are medically prescribed for them. Also, equal telephone opportunity should be given to the youth who are DHH just like their counterparts who are hearing. Youth who use sign language should be allowed to do video calls (e.g., Face Time, ZOOM) to communicate with their families directly or through sign language interpreters (U.S National Association of the Deaf, 2017).

The above communication suggestions for staff also would be relevant for use by the youth's peers. To maximize engagement for youth who are DHH in their treatment and programming, it will be important for their peers to understand how best to communicate with them. This is needed to address group activities such as group counseling sessions, group sports, and group recreation in the unit.

### **Discouraged communication techniques for youth who are DHH**

There are several communication practices which are discouraged when working with youth who are DHH in juvenile correctional facilities as they may set the stage for inappropriate touching or aggression, trigger trauma, or decrease the likelihood of youth participation (see Table 3). It is important to note some of these practices may be acceptable in the DHH community outside of the juvenile justice system. We offer additional resources for juvenile correctional staff to access, so they learn more ways to better communicate with youth who are DHH to promote engagement in treatment and programming (see Resources).

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Table 3

**Discouraged Communication Techniques for Youth who are DHH**

What Not to Do	Why
<p><b>Throwing an item at the youth to gain their attention</b></p>	<ul style="list-style-type: none"> <li>• May trigger trauma</li> <li>• Serves as a model for how other youth should communicate with the youth which may lead to a youth-on-youth incident</li> <li>• It is rude</li> </ul>
<p><b>Tapping the youth who is deaf or hard of hearing on the shoulder gently, grabbing their shirt when you walk up behind them or asking others to tap the youth on the shoulder or upper arm to gain their attention</b></p>	<ul style="list-style-type: none"> <li>• May trigger trauma</li> <li>• Serves as a model for how other youth should communicate may lead to a youth-on-youth incident</li> </ul>
<p><b>Using “Deaf” or “deaf” for everyone</b></p>	<ul style="list-style-type: none"> <li>• The youth have different hearing levels</li> <li>• People have preference of identification by a specific term</li> <li>• May be offended by other terms</li> </ul>
<p><b>Avoiding communication, walking away, or even say “I will tell you later”</b></p>	<ul style="list-style-type: none"> <li>• The youth may not want to communicate with you</li> <li>• May trigger trauma</li> <li>• Break in communication</li> </ul>
<p><b>Communicating with the deaf or hard of hearing person in the dark or limited lighting environment</b></p>	<ul style="list-style-type: none"> <li>• Sign language is a visual communication</li> <li>• Signers would need enough light</li> <li>• Youth who have ability to lip read need light to watch the speaker’s mouth</li> </ul>
<p><b>Pretending you know sign language by flipping your hand around</b></p>	<ul style="list-style-type: none"> <li>• Sign is a valuable part of Deaf culture and should not be made fun of</li> <li>• Sign languages are different</li> <li>• May cause frustration and misunderstanding</li> </ul>
<p><b>Avoid chewing gum or eating when signing</b></p>	<ul style="list-style-type: none"> <li>• Mouth movement is an important part of signed language</li> </ul>
<p><b>Playing games with a person’s deafness. Conducting an unprofessional and playful hearing test with the youth by covering your mouth and checking whether they could hear you or asking them to repeat what you said while your mouth is covered</b></p>	<ul style="list-style-type: none"> <li>• It is rude</li> <li>• It is not accepted in the Deaf culture</li> </ul>
<p><b>Having low expectations for the youth or underestimate them</b></p>	<ul style="list-style-type: none"> <li>• They have capabilities just like hearing youth</li> </ul>
<p><b>Assuming all people who are deaf or hard of hearing use sign language</b></p>	<ul style="list-style-type: none"> <li>• Not every person uses sign language</li> <li>• Youth who are non-signers will not understand you when you communicate with them using sign language</li> </ul>
<p><b>Assuming that a person who is deaf or hard of hearing can automatically read your lips</b></p>	<ul style="list-style-type: none"> <li>• Not everyone can read lips</li> <li>• Lip-readers make much meaning based on context</li> </ul>

*Adapted from:* Allard, K., & Chen Pichler, D. (2018). Multi-modal visually-oriented translanguaging among Deaf signers. *Translation & Translanguaging in Multilingual Contexts*, 4(3), 384–404.

## Conclusion

Becoming familiar with these considerations will provide juvenile correctional staff the confidence to properly and appropriately work with and advocate for youth who are DHH in their juvenile facility. Youth with DHH have the right to be fully engaged in their treatment and programming which is greatly influenced by the ways in which both staff and their peers communicate.

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## Resources

**World Federation of the Deaf**

<https://wfdeaf.org>

**U. S. National Association of the Deaf**

<https://www.nad.org/resources>

**American Speech-Language Hearing Association**

<https://www.asha.org/public/speech/disorders>

**National Deaf Center**

<https://www.nationaldeafcenter.org/resource/americans-disabilities-act-ada-video>



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