Communication Isolation as Reported by a Group of Deaf Texas Inmates

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Abstract: Most profoundly deaf children are born into hearing families and often are not exposed to accessible (visual-gestural) language within the home environment. Much incidental communication and instruction is missed as a result. This is a qualitative study evaluating the impact of communication barriers on ten deaf, incarcerated offenders whose primary mode of communication is sign language. Participants represent a range of ages, communication histories, and language abilities. Through interviews, participants' experiences in the home, at school, and in the prison environment were discussed. Study results indicate that common experiences of profoundly deaf, adult signing offenders are restricted early access to communication beyond routine activities, lack of signing male role models, being overlooked or faking success in school, and a need for continuing awareness and responsiveness to the communication needs of deaf offenders.

Keywords: deaf, communication, abuse, minimal language skills, inmates, incarceration, equal access, social identities, marginalization, qualitative analyses, personal narratives

“"The hearing world does not understand deafness. It defies our assumptions and undermines our paradigms. Nowhere is deafness more complex, elusive and seemingly unknowable than in the area of our language."”

(LaVigne and Vernon, 2003:851)

Most profoundly deaf children are born into a unique linguistic situation (Mitchell and Karchmer 2004). Hearing loss prevents them from acquiring the naturally-occurring, spoken language of their parents. Without access to language, they are unable to fully participate in the family interactions that are so crucial to language development. Children who are deaf are at a high risk for delays in communication and language development, poor academic achievement, delays in critical thinking skills, and problems with social and emotional development because of the central role that language plays in these essential areas (Rall 2007). The purpose of this paper is to review the communication histories of ten deaf inmates who use sign language for themes relating to social isolation and its effects.

REVIEW OF LITERATURE

While many members of the deaf community share a language and a culture, their cultural identity and psychosocial needs are not always the same. Diversity of language skills, ethnicity, gender, sexual orientation, race, and level of overall disability are as common for deaf people as they are for hearing people. For the purposes of this discussion, we will focus solely on persons who are severe-to-profoundly deaf and who rely on sign language to communicate.

Language and Social Isolation

The social dimension controls early uses of language, and the social setting in turn provides validation and confirmation of the child's effectiveness as a communicator; a skill that is referred to as communicative competence (Hymes 1972; Rice 1989). Social Identity Theory (SIT; Tajfel 1981) posits that members of minority groups achieve positive social identity by either attempting to gain access to the mainstream through individual motivation or by working with other group members to bring about social change (Bat-Chava 2000).
Deaf people may experience social rejection by both the hearing and deaf communities. This phenomenon is often termed marginalization and is hallmarked by an inability to gain acceptance and form social connections with any affiliated group. Without the support of a community of like-minded people to work together to achieve greater social change, the resulting isolation may impede the development of positive social identities for these deaf individuals. According to SIT, individuals will retain membership in a group if it contributes to their feelings of positive social identity. If group membership does not support these feelings, the individual will attempt to leave the group, either physically or psychologically. Bat-Chava (2000) stated that deaf persons may assume a hearing identity, assimilating as much as possible by attempting to learn to speak and behave as expected by hearing people.

Sign language is the aspect of the deaf community most closely identified with deafness. Deaf and hearing people who are the children of deaf parents may be native signers due to the use of sign language in the home. However, for many deaf individuals, signing is not a natively learned skill; it is a distinctly difficult task that comes to them later in life. Deaf individuals who are not born into deaf families and do not have parents or family members who can communicate with them using sign language may miss out on many early opportunities to socialize with deaf peers and adult role models. Thus, many deaf children are not given a proper grounding in any language, nor do they have any deaf role models or peers to interact with (Twersky Glasner 2006).

The Criminal Connection

Alienation and lack of intimacy are critical in the development of criminality in general, and for sexual offenders in particular (Calabrese and Adams 1990; Marshall 1989). Rokach (1983) highlighted the contribution of characterological, developmental, and familial backgrounds to the offender's feelings of alienation and social isolation. While these background experiences commonly impact criminal offenders, in this instance they can be logically extended to deaf criminal offenders. It is widely recognized that deaf people are a misunderstood linguistic minority with unique communication needs (McClelland, Chisholm, and Powell 2001). They are more likely than hearing people to experience mental health issues and have high levels of physical and learning disabilities. Conversely, due to attitudinal and language barriers, it is much more difficult for signing deaf people to gain access to services and information about how to obtain services. Studies have shown that deaf and hard-of-hearing adolescents tend to have a more difficult time in terms of mental health than their hearing peers (de Graff and Bilj 2002; van Eldik, Treffers, and Veerman 2004; Wallis, Musselman, and MacKay 2004).

Munoz-Baell and Ruiz (2000) state that, among those individuals who are congenitally deaf or became deaf in early childhood, the resulting language deprivation has an immediate effect on the child's ability to acquire social knowledge. Social knowledge is naturally tied to language and social meaning. A consistent lack of access to language by which to frame and define the actions of others may contribute to acting out, underdeveloped social and coping skills, a lack of emotional awareness, and the failure to develop morally in the same way as hearing children.

METHOD

This is a qualitative study of the communication histories of signing deaf individuals and the impact of communication on their status as offenders. Study participants were ten deaf individuals. The selection criterion was the regular use of sign language as a first language, and incarceration in a state prison. Written permission was sought from each inmate to review their medical files and to conduct a videotaped interview.

The interviewer was a hearing woman who has worked with signing deaf counseling clients for over ten years. Each interview was 60-90 minutes in length and conducted in sign language using open-ended questions. Ten narratives were obtained by the primary investigator and viewed by certified sign language interpreters. The certified interpreters, simultaneous to their viewing, voiced interpretations into an audio recorder. These interpretations were transcribed for analysis. Additionally, a sign language interpreter who was employed by the prison facility provided information on the language use and communication histories of the participants. Ms. Lee is a hearing adult child of deaf parents whose first language is ASL, and who has had over 20 years of experience working as an interpreter at the study site.

An ethnographic approach to data analysis was employed (Darling-Hammond 1990; Maxwell 2004). Each interview transcript was carefully reviewed for content regarding communication. During this process, several frameworks relating to communication became evident: (1) early communication experiences, (2) communication within school settings, and (3) communication during arrest and incarceration procedures. Emergent communication themes are identified as social and communicative isolation and communication barriers. The data from which these themes were comprised was triangulated using participants' narratives, corroborating data in their medical files, and through interviewer observations and consultation with the facility interpreter.
RESULTS

Demographic Information

Nine deaf men and one deaf woman incarcerated by the Texas Department of Criminal Justice agreed to participate in a videotaped interview regarding their communication experiences (See Table 1). Participants' ages ranged from 27 to 44. Four participants were Caucasian, three were African American, and three were Latino. Eight participants were profoundly deaf, one was within the severe-to-profound range, and one had a moderate hearing loss. All participants except one had experienced onset of hearing loss prior to learning spoken language. Although several participants made verbalizations throughout their interview sessions, only two inmates had intelligible speech. Etiologies of the hearing loss in this group were predominantly unknown.

All participants demonstrated a clear preference for sign language. Each participant used American Sign Language (ASL), with the exception of three. The remaining participants used nonstandard forms of sign language, including home signs and pantomime. Listed conditions influencing these participants' lack of effective language development in ASL and/or English include developmental disabilities and isolation from communication.

Table 1. Participants by Sex, Age, Race, Age at Onset of Hearing Loss, and Primary Language Used

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sex</th>
<th>Age</th>
<th>Race</th>
<th>Age at Onset</th>
<th>Primary Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>M</td>
<td>27</td>
<td>African American</td>
<td>prior to age 1</td>
<td>ASL</td>
</tr>
<tr>
<td>02</td>
<td>M</td>
<td>37</td>
<td>African American</td>
<td>birth</td>
<td>nonstandard</td>
</tr>
<tr>
<td>03</td>
<td>M</td>
<td>44</td>
<td>Latino</td>
<td>unknown</td>
<td>ASL</td>
</tr>
<tr>
<td>04</td>
<td>M</td>
<td>39</td>
<td>Caucasian</td>
<td>birth</td>
<td>ASL</td>
</tr>
<tr>
<td>05</td>
<td>M</td>
<td>34</td>
<td>Caucasian</td>
<td>prior to age 2</td>
<td>nonstandard</td>
</tr>
<tr>
<td>06</td>
<td>F</td>
<td>32</td>
<td>Caucasian</td>
<td>birth</td>
<td>ASL</td>
</tr>
<tr>
<td>07</td>
<td>M</td>
<td>28</td>
<td>African American</td>
<td>prior to age 2</td>
<td>ASL</td>
</tr>
<tr>
<td>08</td>
<td>M</td>
<td>37</td>
<td>Latino</td>
<td>birth</td>
<td>ASL</td>
</tr>
<tr>
<td>09</td>
<td>M</td>
<td>38</td>
<td>African American</td>
<td>birth</td>
<td>ASL</td>
</tr>
<tr>
<td>10</td>
<td>M</td>
<td>30</td>
<td>Latino</td>
<td>birth</td>
<td>ASL</td>
</tr>
</tbody>
</table>

The available medical records provided basic information on participants' level of education, IQ, and the presence of other disabilities, including substance abuse (See Table 2). The Test of Adult Basic Education (TABE) is administered as part of the intake process, to assist with educational placement. The TABE is re-administered periodically throughout the period of incarceration to determine educational progress. Overall educational achievement (EA) scores are derived by combining reading, math, and language scores as measured by the TABE, and are expressed by grade level. In 2000, the average EA score for inmates in the Texas state correctional system was grade level 7.2 (Texas Department of Criminal Justice 2001). The mean EA score for participants in this study was grade level 4.9.

An average IQ score is considered to be 100 in the general U.S. population, while the mean IQ of an inmate in Texas is about 90 (Miller 2001). Deaf study participants averaged 91 on the TABE, however, the educators working within the facility stated that this was likely an underestimation, due to reading barriers in the deaf population. As deaf people generally read below the U.S. government's published standard for functional literacy (grade level 3.0), this may present unique difficulties throughout the testing process. IQ testing of deaf individuals is often based on performance scores for this reason. Five participants' medical records reflected mood disorders, ranging from depression to bipolar disorder. All participants were identified as substance abusers, either through prison health records or by self-report.
Table 2. Participants’ Educational Achievement and IQ Scores

<table>
<thead>
<tr>
<th>Participant</th>
<th>Test of Adult Basic Education Grade Level</th>
<th>Beta IQ Score</th>
<th>Other Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>not available</td>
<td>not available</td>
<td>substance abuse*</td>
</tr>
<tr>
<td>02</td>
<td>2.9</td>
<td>63</td>
<td>psychiatric</td>
</tr>
<tr>
<td>03</td>
<td>9.5</td>
<td>116</td>
<td>psychiatric</td>
</tr>
<tr>
<td>04</td>
<td>6.4</td>
<td>107</td>
<td>psychiatric</td>
</tr>
<tr>
<td>05</td>
<td>2.9</td>
<td>not available</td>
<td>psychiatric</td>
</tr>
<tr>
<td>06</td>
<td>5.4</td>
<td>not available</td>
<td>psychiatric</td>
</tr>
<tr>
<td>07</td>
<td>1.5</td>
<td>82</td>
<td>psychiatric</td>
</tr>
<tr>
<td>08</td>
<td>7.3</td>
<td>88</td>
<td>psychiatric</td>
</tr>
<tr>
<td>09</td>
<td>3</td>
<td>115</td>
<td>psychiatric</td>
</tr>
<tr>
<td>10</td>
<td>5.5</td>
<td>110</td>
<td>substance abuse*</td>
</tr>
</tbody>
</table>

* self-report only

Early Communication Experiences

The self-reports of these deaf participants indicate that for most, early communication with their parents was generally limited to gestures used for instructional, routine household activities such as eating and cleaning, as described here:

My mother and I had homesigns, like “hot dog.” I wouldn’t understand her signs, but when she explained them to me, I would know what her sign for hot dog meant. Mother would show me what she was cooking and I could pick out what I wanted (05).

Another participant explains, “I always got my mother to cook delicious food for me. My mother and I could communicate, as I recognized her signs and signals” (08).

With the exception of one individual who was raised in a deaf family, a number of participants reported isolation from paternal involvement in communication: “My mother learned sign language at the same time I was learning it. I have three sisters and all of them know how to sign. The only person who didn't learn was my father” (04). One participant was raised without a father in the home, while another cited economic reasons for the lack of communication with his father: “My mother communicated with me the most, as my father worked three or four different jobs” (03).

Communication isolation in the home emerges as a key theme for study participants. Some of the isolation stems from parental confusion about what course of communication action to take with a deaf child, as described here:

The doctor told my parents not to speak Spanish with me, as I should learn English. Every time I got into trouble, my parents would have these heated discussions in Spanish, with me standing there understanding nothing (03).

One participant describes his isolation in terms of being overprotected and excluded from social activities by his parents: “I never really experienced life because my parents kept me very close to them. I always had to stay home, because I couldn't hear” (08). Another participant explains that he was isolated from the meaning and intent behind family interactions: “I don't really know what their (my parents’) relationship was like. I saw some fights but I didn't know what was happening” (09).
Inappropriate communication due to parental lack of awareness that their child had a hearing loss was reported by a participant: “When I was three, my mother was talking, and then shouting at me. My mother got angry and spanked me, but my aunt had a suspicion that I was deaf. She insisted that mother take me to see a doctor” (04). Communication abuses relating to a parental lack of understanding of the meaning of hearing loss were starkest in nature:

My stepfather thought that because I was deaf I should pay attention to him and I should learn how to speechread. One time, he asked me something, but he didn't sign it. He was sitting right in front of me and my mother went behind him to tell me what he was saying. My mother was protective of me and would tell me to answer yes or no and I would do what she said. Anyway, that one day, I didn't know what he was telling me. Mom was behind him and then he turned around and saw her and he said “Get over here!” And so she had to come and sit next to him and I couldn't use her to tell me what he was saying. And he just looked at me and I couldn't understand what words he was saying. I was guessing and I would say yes or no (06).

For this group of deaf inmates, early family communication encompasses barriers such as a lack of parental experience and knowledge of hearing loss. In these offenders' reports, there was a distinct lack of medical, school, and/or social service interventions regarding the identification of hearing loss and family options for the development of effective communication. Among participants, the experience of isolation from communication and socialization is a pronounced theme, manifesting in numerous reports of family communication as restricted to activities of daily living and mothers only.

Communication within School Settings

When examining the educational experiences of these deaf participants, it should be reiterated that all but one are profoundly deaf. As such, their ability to learn spoken English is markedly less than people who have a mild-to-moderate hearing loss. As adults, sign language is the primary mode of communication used by these individuals. Several participants reported having few language skills of any kind prior to entering school, as summed up here: “When I was five, I was put into a deaf classroom. I just stood there staring in fascination at everyone. I thought it (sign language) was a game of some sort” (08). Yet another participant shared a similar experience: “I started attending a school for deaf children at age three. At the time, I had no sign language, just homesign and gestures” (04).

One participant, who attended a public high school without any accommodations (amplification, individualized instruction, or sign language interpreter), described his isolation from instructors and peers:

I was the only deaf person there. I had to sit at the front of the class and speechread the teacher. It was horribly boring and tiring. My social life was nonexistent. They moved me to a special education classroom because they thought I was mentally retarded due my speech impediments (03).

Hiding one's lack of understanding was a typical ploy: “They all thought I could read and said how proud they were of me. But I wasn't reading. I was only looking at the pictures” (09).

Another participant's description of educational coping permits a view into his potential for developing criminal behavior:

My mother always did my homework. I would bring it home and say “Do this for me, Mama.” She would write it out and I'd copy it and take to back to school. At school, they had a system whereby if you earned a certain amount of academic points, you could go on a class trip. But, you had to pass the standards, and I always failed. One day, when the teacher wasn't in the room, I went up and penned in some academic points for myself on the chart. The next time they scored the literacy skills points up, I passed because I cheated. One of the teachers was so happy for me and said, “Wow, you made it!” I grinned from ear to ear, but really, I didn't even know how to write (04).

The theme of communication isolation is continued from early childhood to educational settings as participants relay misunderstandings by adults regarding their communication abilities and the resultant development of coping skills.

Communication during Arrest and Incarceration

Of these ten deaf offenders, nine were convicted of person-to-person crimes such as child abuse, child sexual abuse, robbery, and murder (See Table 3). Sentences ranged from one year to 52 years, with an average sentence of 15 years. Five offenders were known to have prior criminal convictions. One participant, who was convicted of injury to a child, expressed high levels of frustration and poor coping skills: “I hit the baby. I was mad, and I just slapped him. I thought ‘What is wrong with me? What is wrong with my mind?’ I got angry and I slapped an innocent three-month-old” (06).
Table 3. Participants’ Most Recent Conviction and Corresponding Sentences

<table>
<thead>
<tr>
<th>Participant</th>
<th>Current Conviction/s</th>
<th>Sentence</th>
<th>Known Prior Conviction/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Aggravated Robbery w/a Deadly Weapon</td>
<td>10 years</td>
<td>1</td>
</tr>
<tr>
<td>02</td>
<td>Possession of a Controlled Substance</td>
<td>1 year*</td>
<td>1</td>
</tr>
<tr>
<td>03</td>
<td>Indecency w/a Child</td>
<td>15 years</td>
<td>unavailable</td>
</tr>
<tr>
<td></td>
<td>Aggravated Sexual Assault of a Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Aggravated Sexual Assault of a Child</td>
<td>15 years</td>
<td>0</td>
</tr>
<tr>
<td>05</td>
<td>Indecency w/a Child</td>
<td>12 years</td>
<td>1</td>
</tr>
<tr>
<td>06</td>
<td>Injury to a Child</td>
<td>3 years</td>
<td>0</td>
</tr>
<tr>
<td>07</td>
<td>Burglary of Habitation</td>
<td>15 years</td>
<td>unavailable</td>
</tr>
<tr>
<td>08</td>
<td>Murder (parole violation)</td>
<td>52 years</td>
<td>1</td>
</tr>
<tr>
<td>09</td>
<td>Burglary of a Building</td>
<td>17 years</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Aggravated Robbery</td>
<td>10 years</td>
<td>unavailable</td>
</tr>
<tr>
<td></td>
<td>Burglary of Habitat</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*county jail inmate

Within the justice setting, communication and social isolation is often compounded by attitudinal and environmental barriers such as lack of assistive equipment for communication, and misunderstandings about the communication abilities and needs of deaf offenders who rely primarily on sign language. Four participants self-reported that the police had obtained a sign language interpreter at the time of their arrests. All participants reported that an interpreter had been provided by the courts, although two indicated that the dilemma of locating a qualified interpreter had caused significant delays. As one offender with addiction issues explained, “Yes, I want treatment but I have no idea when or how there will be an interpreter provided. How can a deaf person succeed if they are holding everything inside?” (09).

Additionally, several participants commented that even with an interpreter, the communication was unclear due to communication isolation and their limited knowledge of the law and justice system. As one participant stated, “They (the police) asked me did I cum on the children. I didn't know what the word cum meant. It's a simple little word, but I did not know it” (04).

Coping measures used by deaf inmates vary, as reported here: “I don't hear the bosses say 'chow time' but the hearing inmates start to move, so I figure out what to do. During count, I can't hear the bosses asking for our numbers so I lay on my bunk and put a sign on it that says, 'I'm deaf.' I write my number down for them” (01). Some accommodations are considered more effective than others:

They (prison administration) provide some signaling devices. In our houses we have an old fashioned buzzer system. It’s a panel with different lights that are supposed to flash when the buzzers go off. It has different colors so we can see what the signal means, but it never works right. It just goes off indiscriminately. This makes participation difficult for deaf inmates (03).

Communication isolation may be partly affected by the availability of accommodations and partly by the motivation and aptitudes of the offenders. For example, several offenders shared that the facility had provided a teacher who knew sign language. Consequently, they had completed or were close to completing G.E.D. work.

Deaf signing offenders are grouped in one cellblock at this facility, which provided one individual the opportunity to develop language skills: “I had never been around other deaf adults before. I learned how to sign and got better and better. American Sign Language helped me to learn what words mean and to improve my communication with others” (08). It should be recognized that deaf inmates may evidence a range of communication abilities, but the burden to ensure effective communication is on the facility and its representatives (ADA, 1990).

DISCUSSION

Most of these deaf study participants described growing up in homes evidencing typical ranges of family functioning and problems. However, the language barrier intensified their isolation by limiting communication to routine activities and exacerbating communication difficulties, particularly in the area of discipline. Key concerns contributing to social isolation as gleaned from these deaf offenders' self-reports are: lack of involvement.
in parenting by fathers; deficits in parental education regarding educational and communicative choices for their deaf children; failure by the educational system to adequately evaluate deaf students' communication; development of socially inappropriate emotional coping skills by the deaf child; and a lack of awareness of communication needs of deaf adults within the justice system. Further examination of these themes is recommended for continued research in this area.

Overwhelmingly, study participants communicated primarily or only with their mothers and sisters throughout their childhoods. Role modeling as provided by fathers was restricted to observations of male behavior in the home, without the benefit of language to explain those behaviors. Those behaviors ranged from perpetrating domestic violence to absence in the home due to employment demands. Isolation from the father figure left these individuals to speculate and draw conclusions as to what his actions meant. Conversely, the female participant observed an abusive relationship between her mother and stepfather, without language. This may have contributed to her concept of the role of a wife and mother, and to the development of poor anger management skills as demonstrated by her stepfather.

Several of the participants' narratives were indicative of parental difficulty with discipline. One parent was permissive, and one was clearly abusive. Finding healthy and appropriate methods for parenting is an issue faced by many families. A notable difference is that the self-reports of these participants suggest communication as the focal point in the parent's indulgences or abuses of the deaf child. For example, the abusive stepfather was insistent that the girl speak and respond as a hearing person. This indicates a dire lack of education and awareness on the part of the parent. While this is not uncommon in any abusive home, there were a number of less intentional communication abuses by parents towards deaf children reported by these participants. This parental show of force, particularly without words, may serve to reinforce aggressive behaviors and other poor social skills.

It was during discussions of their school years that coping with poor academic skills using cheating became evident among these deaf offenders. Their parents and teachers were unaware of their lack of academic progress, and the students were passed through without learning to read. Reading is an essential skill in today's society, and it is particularly useful for a deaf person to be able to read and write for communication purposes. Without this skill, the person becomes communicatively isolated from most people.

The Texas Department of Corrections is likely advanced in comparison to other states in terms of its accommodations for deaf inmates, particularly in its policy development. Awareness training for officers and other officials regarding communication issues and needs for this population is needed on an ongoing basis.

References


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