DEAF CRIMINAL OFFENDERS: TESTING A MODEL OF DEFICIENT SOCIALIZATION

BY

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ABSTRACT

DEAF CRIMINAL OFFENDERS: TESTING A MODEL OF DEFICIENT SOCIALIZATION

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This research seeks to learn about the histories of the deaf offenders in order to examine the impact of linguistic and cultural deprivation, in childhood and young adulthood, on the deaf offenders. The research design used quantitative data, as well as qualitative data in the format of transcriptions of videotaped narratives of deaf inmates in the state of Texas, provided by agreement with Dr. Katrina Miller, Ed.D. (See Appendix 1-letter of agreement between Dr. Katrina Miller and Aviva Twersky Glasner.) These data are part of a larger research project conducted by Dr. Katrina Miller, Ed.D, as part of her dissertation work which she has made available for use in this dissertation. Several hypotheses were tested about the role of these histories in the development of criminal behavior by deaf offenders.

This research will examine the factors that tend to explain the etiology of criminal behavior of deaf and hard of hearing offenders. A review of relevant literature indicates it is difficult to draw firm conclusions about the etiology of criminality in this group, but does offer intriguing suggestions about the role of language acquisition and the cultural affinity of these offenders. More specifically;

1. *Whether the normal childhood socialization process was not effective on these offenders due to the linguistic disparity,*
2. *Where, and from whom, the offenders acquired sign language-if their parents are hearing, and,*

3. *To determine if these and/or other factors were significant in the subsequent criminal careers of these offenders.*

INTRODUCTION

A number of important sociological and psychological factors that result from linguistic development delay and cultural dissonance that are unique to the deaf and hard of hearing offender population need to be taken into account in an effort to understand deaf and hard of hearing offender criminality. These orientations can be usefully combined with existing theories of crime to produce a more population specific criminality theory. Others, such as strain, labeling and secondary deviance and developmental theories are particularly promising. The purpose of the current investigation is to examine factors that derive from this theoretical orientation for their ability to explain deaf and hard of hearing criminality. This will be accomplished through a secondary analysis of an existing data set of one hundred deaf inmates in Texas, as well as a detailed content analysis of transcribed narratives of ten of these inmates.

The relationship between thought and verbal language, or between language and impulse control, or to social and emotional development are some of the topics around which this research was developed. It is expected that an outcome of the research will help to develop a theoretical framework from which the study of deaf offenders might be based. It is suspected that a combined theoretical framework, consisting of the strain theories, as well as the labeling and secondary deviance theories is applicable, as are the developmental theories to this group of offenders. The following represents the proposal, itself, the theoretical orientation, and the proposed methodology.

CHAPTER 1-STUDY PROBLEM:

There has been a paucity of research about deaf offenders as a distinct population. Most research tends to focus on legal issues such as the various competencies, like competency to plead or to plea bargain, ability to communicate, etc. Other research has focused on deaf offenders, as particular subset of the offending population, such as spouse abusers and sex offenders. No research has broken down the population by offense type and level of severity. Much less has been written about the familial, educational and peer relational antecedents of offending by the deaf. Combining the criminological perspectives into one integrated theory is a step forward in understanding this unique population.

Additionally, finding the population itself is difficult. Very few statistics regarding the status of deaf offenders exists. For example, the findings of the American Speech and Hearing Association (ASHA) conservatively estimates that 10% to 15% of prison inmates in the United States have hearing losses severe enough to warrant speech pathology, audiology, special education and rehabilitation services. (Figures online at www.ASHA.org-July 12, 2004).

According to the figures contained in the last survey of United States inmates (1997) by the Federal Department of Justice Demographic surveys of State and Federal prisons, 30% of all inmates report a medical condition of some type. Of *those 30%*, only 5%-7% report hearing loss (Online, http://www.ojp.usdoj.gov/bjs/pub/pdf/mpi97.pdf). The Americans with Disabilities Act, (ADA) 42 U.S.C.A. §§ 12101 et seq., has led some correctional institutions to try to identify and group their profoundly deaf inmates in order to centralize sign language interpreting and other special services mandated by law

(Vernon & Greenberg, 1999). The attempt by authorities to identify and classify the deaf offenders in their prison populations is motivated, largely by the need to comply with the Federal standards of the ADA, not by any need to understand the motivation or reasons for the offending history.

A number of researchers (Calderon & Greenberg, 1997; Hoffmeister, 1996; Lane, 1991, 1992, 1995; Padden & Humphries, 1988) have described two distinct views of deafness: a pathological, or infirmity view versus a cultural view. A pathological view of deafness is inherently negative and considers deafness in medical and psychological terms. The deaf person is construed as a "broken hearing person", with an undesirable condition, and who is in need of fixing or specialized training in order to fit him/her into the hearing world. The medical definition of deafness is based on measurement of audiological function (Calderon & Greenberg, 1997, p. 456), with hearing loss greater than 70 dB characterized as being severe-to-profound. A psychological definition of deafness, which emphasizes functional outcomes, means that the profound deafness will likely have a significant impact on the individual's development and social interactions (Calderon & Greenberg, 1997, p. 457).

By contrast, a cultural view of deafness is value-neutral and recognizes that deaf persons have their own culture (deaf culture) and language (American Sign Language) and accepts that persons who were born deaf may not want to be "fixed" and are quite happy with themselves and their identity. In fact, when deaf people discuss their deafness, they use terms deeply related to their language, their past, and their community rather than medicalizing the situation and focusing on cures.[1]

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[1] Singleton, J.L. & Tittle, M.D. *A Guide for Professionals Serving Hearing Children with Deaf Parents, TechnicalReport #6, 2001.* Found online, 12/23/05, at http://clas.uiuc.edu/techreport/tech6.html#2.

Many Culturally Deaf people (i.e., those with a strong cultural affiliation to the signing Deaf community) are congenitally deaf or early deafened. Deafness that runs in the family (genetically transmitted, hereditary, or inherited deafness) is a relatively rare cause. More common is prenatal exposure to a virus. The rubella (German measles) epidemic of the early to mid - 1960s affected many pregnant women whose children were subsequently born deaf. The Rh factor and prematurity are two other causes of congenital deafness. When no specific cause can be determined, one's deafness is described as "of unknown etiology." Adventitious deafness can be caused by accidents, bomb blasts, injuries (e.g., punctured eardrums) extreme chill, high fever, and viral infections such as mumps, meningitis, and encephalitis, diseases such as neurofibraomatiosis-2 (tumors that attack the auditory nerves), as well as reactions to certain (ototoxic) drugs such as certain antibiotics given to prematurely born infants (online (http://www.thedeafway.net/html_files/faqs.htm). Problems during or soon after birth can also be considered risk factors for developing hearing loss. These include hypoxia (where the baby does get not enough oxygen), bleeding in the brain, and hyperbilirubinemia (severe jaundice). Children who are born early or at low birth weight are more likely to have problems that may lead to hearing loss. Deafness runs congenitally in only a small percentage of families. The genes causing hereditary deafness may be transmitted through hearing persons for generations before they "express" themselves. Even infants who are born deaf may not have inherited their deafness genetically; they may have been pre-natally deafened as a result of exposure, for example, to the rubella virus, for example. Early-deafened children may have acquired their deafness from a virus (e.g., spinal meningitis), high fever, or accident. Those

deafened by exposure to a virus, illness, or accident would not necessarily be carrying any deaf gene whatsoever-even if one or both parents are deaf.

Vernon and Greenberg (1999)[2] explained that the reasons there is such a dearth of research in this area is that, simply: No local, state or national clearinghouse requires that disabled offenders be identified. The Annual Uniform Crime Report of the Federal Bureau of Investigation makes no reference to disabilities among offenders. No federal agency (Department of Justice, National Institutes of Health, Department of Education) receives this information from state and local sources, and no data are compiled. Thus, there is no direct way, from crime statistics, to assess the prevalence of this type of offender.

Are deaf offenders merely hearing offenders who cannot hear? Or is there a vast difference in the psychological and sociological functioning of a deaf offender? In order to answer that question, it is necessary to understand just how different socialization is for deaf individuals and to understand the difference between a Deaf and a deaf person. Culturally Deaf[3] is a term used to refer to those Deaf individuals who are born into deaf families and acquire ASL as a *first* language. Non-culturally deaf (note the lower case "d") are those individuals who are born into hearing families where the primary language is a spoken language. A pre-lingual, deaf individual is one whose hearing loss predates the acquisition of language, either being born deaf or losing one's hearing prior to learning speech. While many members of the deaf community share a language and a

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[2] This is a critical issue due to the lack of relevant literature which makes it difficult to address and resolve the problems created by the combined effects of deafness and violence.

[3] Many people think of hearing loss as a disability; however, many members of the Deaf community do not see it that way. Deaf people in the United States are a linguistic subculture. They identify themselves as Deaf, as an ethnic identity, and not a physical condition. People who identify themselves as Deaf belong to a proud and distinctive sub cultural group known as the Deaf community. The uppercase "Deaf" is used to identify those who are members of the Deaf community. They feel they are simply a linguistic minority.

culture, but their cultural identity and needs may not be the same. Diversity of language skills, ethnicity, gender, sexual orientation, race and level of overall disability are as common for those who are deaf as they are for the hearing.

The deaf inmates' experiences in prisons are more onerous than the hearing inmates. In the typical state correctional setting, deaf inmates do not have equal access to psychosocial rehabilitation services (Tucker, 1988, Miller, 2001).

A literature review performed in the United Kingdom by Young, Monteiro and Ridgeway (2000) found that deaf inmates are more likely, when compared to their hearing peers, to have mental health difficulties while in prison because of the way in which their communication needs compound the isolation and stress of prison life. The isolation is further compounded by the inaccessibility of the usual distractions like watching television and being in telephone contact with friends and relatives (Fiskin, 1994).

In her study of the experiences of deaf and heard of hearing parolees and probationers, Rene-Alston (1997) found that there were three main therapeutic and emotional issues discussed by her subjects: frustration, fear, isolation. The inmates' frustration was in the lack of communication between the subjects and others during the criminal justice proceedings (jail, trial, prison). Isolation and boredom were exacerbated by the lack of signing peers in the prison as well as the lack of both TTY's and captioned television. Fear is compounded by the senses of isolation and frustration and is further exacerbated by the inmates' inability to communicate clearly with people around them, fear of mistreatment by the officers, and fear of the unknown (pg. 51).

CHAPTER 2: HISTORICAL BACKGROUND OF THE ISSUES SURROUNDING DEAF CULTURE AND PRIMARY LANGUAGE ACQUISITION:

"*Sign language is an evil," avowed J.D. Kirkhuff a teacher at the Pennsylvania Institution of the Deaf and Dumb, in 1892 (Baynton, 1998).*

There exists a small population of criminal offenders who have not been the focus of criminological theories. This particular population is comprised of deaf individuals who are part of the larger population of criminal offenders. The present research proposal seeks to examine the unique circumstances that may contribute to the development of criminality in this small group. Additionally, to distinguish between the Culturally Deaf and the non-culturally deaf inmate and to attempt to explain how that difference might also be an important factor in the development of criminality.

It seems antithetical to imagine that, at one time, sign language was not the language of choice for educators of the deaf. Alexander Graham Bell was a vocal and influential opponent of sign language in the late 1800's to early 1900's. Aside from advocating eugenics to control the deaf population, joining other "oralists"[4] in calling for legislation "to prevent the marriage of persons who are liable to transmit defects to their offspring" (Bell, 1884). Bell was also at the forefront of the movement to educate deaf children in a strictly oral fashion (which prohibited the use of sign language in the classroom by teachers and students). Bell believed that sign language was "essentially a foreign language" and furthermore that "in an English speaking country like the United States, the English language, *and the English language alone* should be used as the means of communication and instruction-at least in the schools supported at public expense" (Baynton, pg. 28). Indeed, not too long ago, even at Gallaudet University (the

[4] An oralist is one who opposes the use of signed languages by deaf people, insisting instead that deaf people learn to read lips and speak "orally."

liberal arts university for deaf people) the method of instruction was spoken English. By adopting this approach, Gallaudet University relegated the use of sign language to the informal student gatherings. It wasn't until the seminal work of William Stokoe[5], in the 1950's, that sign language, ASL, was finally given the linguistic recognition as a viable language it deserved.

The reason this background is so important is that it shows the development of the confusion that is felt to this day, by parents of deaf children with respect to the educational orientation. Should hearing parents send their children to schools where sign language is used for instruction and taught as the primary language or should the parents insist that their deaf children be educated orally, without the use of sign language and without *learning* sign language? The answer to this question and the decisions made by the parents is the lynchpin upon which the discussion of acculturation and language acquisition rests. To an earlier conglomerate of educators, sign language was the liberator of deaf people from their cultural and linguistic confinement, for the generations following Mr. Bell's work; sign language was the instrument of their confinement (Baynton, pg. 29).

This disparity between educational philosophies has resulted in the mish-mash of information that parents, today, receive from their local school boards. The rights of parents and their special needs children were addressed in 1975 when the United States

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[5] William Stokoe was a linguist who reasearched American Sign Language extensively while he worked at Gallaudet Univerisity. From 1955 to 1970 he served as professor and chairman of the English department at Gallaudet. He published "Sign Language Structure" and co-authored "A Dictionary of American Sign Language on Linguistic Principles." Through the publication of his work he was instrumental in changing the perception of ASL from that of a broken or simplified version of English to that of a complex and thriving natural language in its own right with an independent syntax and grammar as functional and powerful as any found in the spoken languages of the world. Because he raised the prestige of ASL in academic and educational circles, he is considered a hero in the Deaf community (online http://en.wikipedia.org/wiki/William_Stokoe).

Congress passed legislation *mandating* special education for children with disabilities, this legislation is called the IDEA-Individuals Disabilities Education Act, which states:

1. That all children with disabilities have available to them a free appropriate public education that emphasizes special education, designed to meet their unique needs and prepare them for employment and independent living,
2. That the rights of children with disabilities and their parents are protected,
3. That assistance shall be provided to states, localities, educational service agencies, and Federal agencies in providing for the education of all children with disabilities, and,
4. That there be assessments of the effectiveness of efforts to educate children with disabilities shall take place.

Further, there is the principal of "zero reject" which in part, prompted Congress to enact IDEA in that e*very* child eligible for services under IDEA has a *right to special education.* Zero reject means that schools cannot tell parents that the schools will not provide a program for their child and if no program exists for a particular student with a disability, the education agency has *a legal obligation* either to create one, or to arrange for the student to attend one that does exist elsewhere. Most importantly, educational agencies may not functionally exclude special education students.

The issue of education is extremely important in this discussion because it provides a prism through which the attending issues of socialization, acculturation and linguistic attainment can be examined with regard to the criminal development of the deaf inmates. Mayberry and Wodlinger-Cohen (Found in Mindel and Vernon, 1987) stated that an environment that contained little or no communication coupled with little or no education produce two very devastating consequences for the deaf child born of hearing parents, thus triggering social and cognitive isolation.

This type of isolation could reasonably lead to a type of anomic condition in which the child lacks the basic tools of language and literacy to gain even low skilled employment, let alone professional employment. Such a child, grown up, would be marginalized and understandably drift into illegal ways to sustain himself or herself, generally through criminal activities such as drug dealing, prostitution or other criminal acts.

Schlessinger and Meadow (1972) stated, of this isolation, that deaf children of hearing parents are characteristically deprived of contact with deaf adults who use sign language. These lost experiences may have a negative impact upon the ultimate self-concept of the child. "For if he only sees deaf children and never meets deaf adults, he may develop distorted expectations of what happens to deaf children grown up." This speaks to the lack of successful role modeling for many deaf children and the likely consequence that these children will not have occupational goals, further marginalizing them from the mainstream society.

Most deaf children are born into a unique linguistic situation. Their hearing loss prevents them from acquiring the naturally occurring spoken language of their homes. Since they cannot hear that language to some degree, they are unable to fully participate in the interactions with family members that are so crucial to language development. Consequently, they do not develop a strong linguistic base with which to express themselves and to make sense of the world. Generally, this group of deaf children enters school linguistically, cognitively and experientially well behind their hearing peers who have had the benefit of acquiring native language competence within their home environments (Griffith, Johnson, & Dastoli, 1985). 93 percent of deaf children are born

into hearing families; only 7 percent are born into deaf families. Experts say that any degree of hearing loss can be educationally handicapping for children. Even children with mild to moderate hearing losses can miss up to 50% of classroom discussions. Unmanaged hearing loss in children can affect their speech and language development, academic capabilities and educational development, self-image and social/emotional development (online, http://www.helpkidshear.org/facts).

Language and speech are two different things. Language is normally learned through hearing it. When hearing is impaired, special means must be devised for each child to learn that language. The one need that all deaf and hard of hearing children have in common is the need for effective communication of meaningful information, including information that says, "I love you." Speech is characterized by the following:

- *The faculty or act of speaking.*
- *The faculty or act of expressing or describing thoughts, feelings, or perceptions by the articulation of words.*

Language differs from speech because it is comprised of the following elements:[6]

- ***Phonology*** *is the sound system of a language and the rules that govern the sound combinations.*
- ***Morphology*** *is the system that governs the structure of words and the construction of word forms.*
- ***Syntax*** *is the system governing the order and combination of words to form sentences, and the relationships among the elements within a sentence.*
- ***Semantics*** *is the system that governs the meanings of words and sentences.*

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[6] American Speech-Language-Hearing Association Ad Hoc Committee on Service Delivery in the Schools. (1993). Definitions of communication disorders and variations. *ASHA, 35* (Suppl. 10), 40 41.

- ***Pragmatics*** *is the system that combines the above language components in functional and socially appropriate communication.*

Understanding deafness in a cultural context:
Cultural models thus derive from, as they describe, the world in which we live, and at the same time provide a basis for the organization of activities, responses, perceptions, and experiences by the conscious self. (Rosaldo, 1984)

Culture can be defined as the patterns, traits, products, attitudes, and intellectual/artistic activity associated with a population. Based on this definition, members of the Deaf Cultural community are rightly described as having their own unique culture. The interaction between the individual and the collective culture of that individual, which influences identity formation, is a phenomenon that currently occupies interest in the social sciences (Holland, Lachiocotte, Skinner & Cain, 1998).

Culturally Deaf people produce plays, books, artwork, magazines, and movies targeted at both Deaf, deaf *and* hard of hearing audiences. In addition, the Deaf Cultural community engages in social and political activities exclusive to themselves. American Deaf Culture is not set in stone; it is living, growing and changing as new activities are developed and the output of intellectual works increases. Members of the Deaf Cultural community identify themselves as socially and culturally as Deaf. They maintain a clear-cut distinction between audiological deafness and socio-cultural Deafness sometimes referred to as "attitudinal Deafness" (Janesick & Moores, 1992). Attitudinal Deafness is the notion that Deafness is a normal state of being, one that is equally rich in culture and opportunities to being hearing. Culturally Deaf people do not see themselves as lacking something or as being, somehow, inadequate compared to hearing people.

Sign language is the aspect of Deaf culture most closely identified with deafness. Deaf and hearing people who are native signers - that is, they grew up with sign language

and tend to have the most fluent signing skills. However, for many deaf individuals, signing is not a natively learned skill, it is a distinctly difficult task. These deaf individuals do not come from deaf families, nor do they have parents or family members who sign with them, reinforcing their own skills. They are born into hearing families, who are neither native signers nor knowledgeable about Deaf culture, and accordingly miss out on many opportunities to socialize with and have Deaf peers. A number of these individuals have also been misdiagnosed or diagnosed too late to receive any of the early intervention models offered by the schools clinics and which would result in the child's development of meaningful language acquisition. Indeed, deaf children who are misdiagnosed are warehoused in "Special Education" classes where they are placed with children who have a variety of disabilities; such as, emotional, cognitive, attentional and/or physical disabilities. Deaf children from hearing families are the only children who do not learn language from their parents.

Children who are deaf or hard of hearing are at a high risk for delays in communication and language development, poor academic achievement, delays in critical thinking skills and experience problems with social and emotional development because of the central role that language plays in these essential areas. Thus, many deaf children are not given a proper grounding in sign language, nor do they have any deaf role models or peers to interact with. By contrast, Deaf individuals from Deaf families generally have better communication and language skills than those who come from hearing families. Deaf persons from hearing families can develop good signing skills, but only if his/her family is supportive and learns to sign with them. If their families do not, the result is that deaf children often feel profoundly isolated emotionally, socially and, most

importantly, linguistically. Since most deaf individuals do not learn to read or write English adequately (Sullivan & Vernon, 1979) they also tend to lag behind their hearing counterparts developmentally as well.

Communication problems and differences in modes of communication often adversely impact the ability of individuals who are deaf or hard of hearing to develop friendships. People of every age view friendships as a vital part of their lives. The concept of friendship means having someone to spend time with, to learn from, to teach, to nurture and to be nurtured by. (Luckner, Schauermann & Allen, 1994). Altschuler and Sarlin (1963) noted special vulnerabilities to developmental disturbance among deaf people: "Hampered by his handicap, the deaf child remains relatively fixed and isolated so that imbalanced development results … the net effect of early hearing loss and sequelae is extremely distressful and is likely to disrupt and distort normal personality development." [7] The theories outlined herein, as well as the description of the impact of deafness on certain individuals, may provide a basis for understanding why non-culturally deaf people commit crimes.

[7] This finding has been reinforced by such recent research in this area by Marschark & Clark (1993) and by Vernon & Greenberg (1999).

CHAPTER 3: CRIMINOLOGICAL THEOERIES:

The criminological theories that are most useful for explaining criminality in the deaf populations are a combination of some of the positivistic theories: biological and psychological, as well as the sociological theories of Merton and Durkheim. Dryden-Witte (1993) stated that criminological models see criminals as behaving in ways that they perceive to be in their own best interest. Furthermore, she stated that crime requires the congruence of proclivity and opportunity. Proclivity may come from the *biological or psychological* states of individuals or from habitation, or interactions with family and friends. Any models *must* recognize the biological, social and psychological foundations of proclivity. Accordingly, the theories about the developmental processes of deaf individuals, while discussed individually, will be examined as a combined, or integrated theory in an attempt to explain criminal behavior. Although some of the biological/positivist theories will be discussed, the focus of this piece of research shall be on social/psychological positivism.

Positivism is the branch of modern criminology that seeks to explain criminal behavior as a result of certain conditions, social, economic, biological, psychological, that creates such a force upon individuals that criminality is the unfortunate result. The influence of these conditions determines whether or not one will offend, depending upon the effect each might have upon the individual.

Biological positivism explains criminal behavior as a function of biological impairment. Brain injuries or hormones are just two of the theoretical determinants for criminality. For example, psychopaths are characterized as individuals who have little or no capacity for empathy and/or remorse and who are highly impulsive. Early thoughts

about psychopaths were that they suffered from "moral insanity." However, early research in this area showed that many psychopaths share a distinct brain dysfunction involving the limbic inhibitory system manifested as damage to the frontal and temporal lobes of the brain (Raine, Brennan, Mednick & Mednick, 1966). Research by Ishikawa, Raine, Lencz, Bihrle, and Lacasse, (2001) stated that the overall body of research still continues to sppport the frontal hypothesis. Indeed, when comparing the "unsuccessful psychopath" to the "successful psychopath" (success being defined as those psychopaths who are not incarcerated), Ishikawa, et als state that intact prefrontal and autonomic functioning allows an individual to process cues in risky situations and make decisions appropriate for that individual. As such, the successful psychopath, who has intact functioning, may be more capable to avoid conviction, whereas the unsuccessful psychopath, who lacks enhanced decision making during his criminal endeavors, may be more prone to apprehension and conviction. Thus, if one follows the Ishikawa, et als, model than an offender who was deafened by pre-natal rubella exposure may be more likely to: a. commit crimes and b. get caught because of the cognitive deficits he suffers, secondarily, from damage to the frontal lobes.

Correlates of violent behavior have been stated to include such factors as poverty, psychological factors such as dysfunctional families as well as biological factors such as genetics or brain damage/head injury (Smith & Griffin, 2002). There has been a consistent reporting of high incidences of learning disabilities and poor verbal comprehension skills, recent research has begun to examine the relationship between conduct disorders and specific deficits in the use and the understanding of language

(Donahue, Cole & Hartas, 1994). Many deafened individuals, who are deaf as a result of pre-natal exposure to Rubella, also have co-morbid brain damage.

A critical question is raised by this rarely considered correlation: Why is there a relationship between hearing loss—a disability, and violence—a behavior? Several factors appear to influence this relationship. The first is education. Most prisoners charged with violent crimes are relatively young when first incarcerated. Most hearing loss in young people has its onset pre-lingually, that is, prior to three years of age. Auditory deficits beginning at this early age greatly retard language growth and, consequently education, by constricting vocabulary and impeding syntactical development. For children who are deaf, the average educational retardation is far greater (Braden and Lane). This retardation increases for both deaf and hard-of-hearing individuals, as they get older, resulting in many academic and behavioral problems (Vernon & Greenburg, 1999).

Another factor contributing to violence among hearing-impaired persons is the high prevalence of learning disability in this population (Morgan & Vernon, 1994). This is due primarily to the aforementioned probability of brain damage in persons with pre-lingual onset hearing losses. Learning disabilities cause many of the same kinds of frustrations and aggression brought about by hearing loss. The presence of learning disability is associated with an increased rate of imprisonment (Winters, 1997). When the two disabilities are combined in one person, the likelihood of violent behavior is increased exponentially.

In their study of deaf pedophilia (Vernon & Rich, 1997), the authors reviewed newspaper reports of nineteen cases. In this study, the authors reported on twenty deaf

male pedophiles and two deaf female pedophiles that they saw for psychological evaluation They noted a high percentage of cases of Primitive Personality Disorder, brain damage, rubella as an etiology of deafness, and other mental illnesses. Biological positivism does, indeed, explain why some deaf people become criminal offenders.

Moffitt theorized that neuropsychological impairments in childhood could extend into adulthood and cause criminal behavior (Moffitt, Caspi, Silva, and Stouthamer-Loeber, 1996). Certainly, the type of neuropsychological impairments caused by Rubella exposure is included in this typology.

However, not all deaf offenders suffer from brain damage or dysfunction. Many may simply suffer from deafness without any of the more pathologizing effects of illness. For this group of deaf offenders, the sociological and psychological perspectives are just as compelling and may offer more insight into why deaf people commit crimes.

Social Disorganization theory (Hirschi, 1969) states that crime was seen as a product of uneven development in society, with change and conflict that affects the behavior of those within it. This theory emphasizes that society was organized when people were presumed to have developed agreement about fundamental values and norms, with behavioral regularity. Social organization, or social order, exists when there is a high degree of internal bonding between individuals and institutions in a conventional society. Social integration refers to the degree of bonding or attachment of individuals to society. Hirschi's Control theory is built on Durkheim's concept of social solidarity--it is what keeps all members of high-risk groups from turning to crime.. It is built on four elements of social bonding: Attachment to significant others, commitment to conventional goals, involvement in conventional activities, and belief in the moral

standards of society. These social bonds tie individuals to the conventional beliefs, values, and activities of their parents, teachers, employers, and peers (Hirschi, 1969).

As the individual becomes more attached to others, he is far less likely to become delinquent. The primary attachments and interactions are with the parents, closely followed by the attachments to peers, teachers, religious leaders, and other members of a community.

Since the deaf child, raised in a hearing environment, is neither at home in the hearing world nor equipped with the skills to succeed in the Deaf world, it is a logical progression to assume (according to both strain and social disorganization theorists) that he/she would become, at the very least deviant and at the most, criminal. Not only does the socialization process fail with his peers during the school years, but the deaf child also fails to be socialized even within his own family. With respect to the early start/life-course-persistent route to offending, Moffitt (1993) argues that a key causal factor is poor or ineffective socialization. In the Moffitt (1993) model a combination of physiological and environmental factors produce a child with neuropsychological impairment. These impaired children have early deficits in intellectual, motor, executive, and social skills, and they exhibit early antisocial behaviors. The consequence is that parents are confronted with an unruly, disagreeable, and conduct-disordered child. While some parents have the necessary stock of parenting skills and resources to deal with such children, many others do not. The combination of a behaviorally and temperamentally difficult child and an overwhelmed parent *causes the socialization process to break down*. The ultimate product is a child with strong propensities to engage in highly varied criminal and other problem behaviors over much of the remainder of the life course

(Paternoster and Brame, 1997). In the case, again, with the deaf child, neither the parents nor the child share a common language with which to communicate. Accordingly, any differences are either unable to be or are more difficult to breach between them.

Since no bond exists between the non-cultural deaf individual with either the significant others from hearing culture or the Deaf Culture, a sort of micro social-disorganization occurs, the deaf person is not equipped to master the elements of social bonding stated by Hirschi. Black (1976) said that one of the theories of deviant behavior holds that a person who is poorly integrated, or marginal, is more likely to deviate. The questions about the deaf offenders, in this study, center upon such issues of marginalization due to language deficits as well as secondarily deviant behavior as a result of the stigma of being disabled. Deviant behavior by a marginal person is more likely than by an integrated person. This marginalization may spring from a Mertonian[8] sense of anomie, or the Cloward and Ohlin (1960) model of lack of opportunity or from a lack of social bonding due to the difficulties of communication (e.g. Hirschi, 1969). This study seeks to discover the depths of marginalization experienced by the deaf offender by analyzing the data against a framework of strain theories and developmental socialization theories. Each theoretical paradigm need not be mutually exclusive; there might be evidence of both processes in the development of criminal behavior of deaf individuals.

[8] Anomie is a well-known criminological theory. Robert Merton first published the theory in 1938 in an article titled "Social Structure and Anomie". In this article, he stated that there are two elements of social and cultural structure. The first structure is culturally assigned goals and aspirations; the second aspect of the social structure defines the acceptable mode for achieving the goals and aspirations set by society. He further stated that one of societies main functions is to provide a basis for normal behavior and when it fails to do so "cultural chaos or Anomie" ensues (Merton, 1938:682).

Language and Socialization-The psychological perspective:

The deaf child, by virtue of his handicap, the illnesses that may cause it, the confused reaction of his parents, and the relative absence of early guidance, is particularly prone to develop emotional difficulties (Ranier, 1975).

Articulation of social and emotional experiences through words and sentences is the key to social relationships. Socialization patterns have been noted to begin in the early infancy, through the neo-nate's early experiences with his mother, and by continued communication within the family. Research has shown that deaf children born to hearing families have significant language delays (Litowitz, 1987). Delays in language acquisition, and concerns about the quality of the language raise interesting questions about the effects of deafness on the psychosocial staged theories of development, primarily those of Erikson (1968).

Erikson explained the entire life cycle as the resolution of eight distinct (and critical) stages. In order to resolve each stage, and thus attain the next higher level of development, the child must balance between eight pairs of psychosocial extremes. Each stage is characterized by a different psychological "crisis", which must be resolved by the individual before the individual can move on to the next stage. If the person copes with a particular crisis in a maladaptive manner, the outcome will result in more struggles with that crisis issue later in the individual's life. To Erikson, the sequence of each of the stages is set by nature. It is within these set limits that nurture works its ways.

Schlessinger and Meadow (1972), using an Eriksonian framework discussed how deaf children master the sequential conflicts that are part of the developmental process. Deaf children of hearing parents suffer serious disadvantages in early communication interactions with their mothers. As language becomes an increasingly important

component, the deaf child of hearing parents is less able to resolve the crises accompanying each stage. For example, Schlesinger and Meadow found that in negotiating between the extremes of “autonomy” and “shame and doubt” (Stage ll), many deaf children found particular meaning in being either extremely obedient or *defiant*. However, behavioral problems and disorders may be also an expression of severe distress in deaf children. These problems may indicate family dysfunction, social economic problems within the family, specific negative life events, daily hassles and trauma. Behavioral problems and particularly defiant behavior in deaf children may be an expression of feelings of extreme powerlessness and anxiety, which are translated into more visible behavior. The risk for such behavior may be increased in deaf children, because of communicative and cultural differences between the deaf child and hearing environment (van Gent & Hendricks, 1994).

According to Erikson, self-control and self-confidence begin to develop at Stage ll. Children can do more on their own. Toilet training is the most important event at this stage. They also begin to feed and dress themselves. This is how the toddler strives for autonomy. It is essential for parents not to be overprotective at this stage. A parent's level of protectiveness will influence the child's ability to achieve autonomy. If a parent is not reinforcing, the child will feel shameful and will learn to doubt his or her abilities.

Continuing along the path laid out by Schlessinger and Meadow, Erickson’s Stage lV is equally important for the deaf child to master. The important event at this stage is attendance at school. As a student, the children have a need to be productive and do work on their own. They are both physically and mentally ready for it. *Interaction with peers at school also plays an imperative role of child development in this stage*. The child for the

first time has a wide variety of events to deal with, including academics, group activities, and friends. Difficulty with any of these leads to a sense of inferiority. Using an Eriksonian model to understand the psycho/social difficulties faced by children generally supports the notion that the quality of communication is fundamental to healthy socialization and later mental health.

The psychologist interested in deafness and particularly in deaf children needs to address two main questions, one is general, the other specific. The first one can be expressed in Hilde Schlesinger's (1978) words:

> "Does the absence of early auditory stimulation, feedback and communication in itself create a propensity toward (these) behavioral and achievement patterns, or does early profound deafness elicit particular responses from parents, teachers, siblings and friends that contribute a particular set of cognitive and behavioral deficiencies?"

That is, does deafness constitute a risk in the psychological development of those who are affected by it? The relationship between thought and verbal language, or between language and impulse control, or to social and emotional development are some of the topics around which this dissertation research has developed.

Although *her* work focused on the special psychological traits of childhood autism, Margaret Mahler's basic theories are useful in an analysis of the psychological process undergone by deaf children. Her definition of autism, in part, included the fact that these children shut out the part of the living world that demands emotional and social responses. She believed that autism could be traced to severely damaged ego functioning resulting from their inability to separate and "individuate" from their mothers in the normal course of development (1968). However deaf children, because they do not possess the requisite linguistic skills, remain more dependant on their mothers than do

normally hearing children (Mindel and Feldman, 1987). Mahler's view on this type of dependence was that the central issue in the fragmentation of the autistic child's ego was the failure to develop a normal symbiotic relationship with their mothers, from which they could emerge with strong, independent and integrated egos and be ready to treat the self and others as persons. "The salient feature of childhood psychosis is that individuation, i.e. a sense of individual identity, is not achieved" (Mahler, pg. 35). Thus, it is clear that early language development, coupled with healthy, early communication and interaction with mothers (and other primary agents of socializations is vital to the development of the deaf child's sense of self and sense of the world around him. Indeed, as Stein and Jabaely (1981) stated, " … an effective programme of language development is seen as the best preventative mental health measure for reducing the high prevalence of emotional and behavioral problems among deaf children and adults."

Merton and Young: anomie, cannibalistic and bulimic societies:

Merton (1938) argued that a society should be considered as a cross between the cultural goals of a society—what its members should strive for—and the means that are to be legitimate ways that individuals should attain these goals. In an ideal society, the means should be available to all of its members to achieve their goals. General Strain Theory (GST), introduced by Agnew in 1992, focuses on the individual effects of strain, and how it is that that strain then leads a person towards delinquency and crime (Thus more individualized than the first strain theory that was introduced by Robert Merton). GST is considered at the micro level, rather than the macro level (Seigel, 2003). Montgomery said that (online www.ssc.wisc.edu, January 27, 2005) we might thus distinguish Merton's micro-level analysis of individual adaptations to given cultural

contradictions from his macro-level analysis of the process by which social norms become legitimated or de-legitimated. Durkheim's theory of anomie is the basis for strain theory, at least in so far as "anomie" is translated as "deregulation." When society breaks down, or social norms break down, a condition called “anomie” or normlessness arises. In Durkheim’s theory, crime develops as a result of a social breakdown of sorts, but certainly it can be said that Durkheim was speaking about *external* forces or rather, structural strain. Strain (structural strain) refers generally to the processes by which inadequate regulation at the societal level filters down to how the individual perceives his or her needs. Strain (individual strain) refers to the frictions and pains experienced by the individual as they look for ways to meet their needs (the motivational mechanism that causes crime) (O’Connor, 2005, found online http://faculty.ncwc.edu/toconnor/301/301lect09.htm).

According to the Mertonian view of strain, the definition of "the means-end theory of deviance" is that crime breeds in the gap, imbalance, or disjunction between culturally induced aspirations for economic success and structurally distributed possibilities of achievement. "It is the combination of the cultural emphasis and the social structure which produces intense pressure for deviation" (Merton 1968). Young, (2004) said, “Merton’s theory necessitates cultural inclusion; it is obviated if cultural exclusion occurs” (pg. 553). In order for Mertonian strain to be present, the inmates’ experiences must show evidence that there is a sense of cultural exclusion. This dissertation will seek to examine the data to see if they can support this notion of cultural exclusion.

However, despite being more of a *macro* level of observation, Merton’s strain theory is applicable to this general discussion regarding deaf offenders because it discusses the difficulties an *individual* faces in order to successfully navigate society's

institutions, primarily education and employment, which are seen as the proper steps to take on the road to achieving success. Menard (1995) observed that Merton's model is best viewed as "an attempt to span both macrosocial and microsocial levels of analysis by tracing the *individual level* consequences of cultural and social-structural phenomena" (pg. 139). With regard to his theories on social structure and anomie, Merton differentiated between the macro level anomie and the micro level strain that results from it by presenting a "strain theory of deviant behavior that holds that people are more likely to pursue illegitimate means to attaining culturally prescribed goals when they are blocked from accessing the institutionalized means to these goals (Featherstone and Deflem, 2003)." This theory can be applied to those deaf individuals who commit crimes because they can be said to have been blocked by the institutional means, i.e., linguistic competence, literacy, successful socialization and academic competence and thus, as consequently being much more likely to resort to illegitimate means to attain goals. Merton's theory of anomie suggests that disequilibrium between goals and socially acceptable means will result in the instability of legitimate means. This, in turn, restricts certain individuals from attaining these goals and leading them or *straining* them toward deviant behavior.

Going to school, studying hard and succeeding at school leads to a diploma, a diploma and good educational record leads to a good college, graduating from college leads to a good job, and hard work for an employer will lead toward attaining success. Merton discussed five modes of adapting to strain that are caused by the limited access to socially approved goals and means. He did not mean that everyone who was denied access to society's goals became deviant. Rather the response, or modes of adaptation,

depends on the individual's attitudes toward goals and the means to attain them. *Conformity* is the most common mode of adaptation. Individuals accept both the goals as well as the prescribed means for achieving those goals. Individuals who adapt through *innovation* accept societal goals but have few legitimate means to achieve those goals, thus they innovate (design) their own means to get ahead. The means to get ahead may be through robbery, embezzlement or other similar criminal acts. In *ritualism*, the third adaptation, individuals abandon the goals they once believed to be within their reach and dedicate themselves to their current lifestyle. They accept their status in life and do nothing to reach higher or better themselves. They strive to remain free of strife with the larger society, and wish to go about their business without attracting undue attention. *Retreatism* is the adaptation of those who give up not only the goals but also the means. They escape into a nonproductive lifestyle. Those individuals who continue to live in their parents' basements, watching classic TV and smoking a lot of marijuana typify this particular mode, or perhaps retreat into a domestic living arrangement where the only daily activities consist of watching tv and going to the mall. The final adaptation, *rebellion*, occurs when the goals and the means are rejected. Individuals create their own goals and their own means, by protest or by criminal activity.

Cloward and Ohlin (1960) draw attention in their theory to problems faced in "sequences of adaptation" by older delinquents during emerging adulthood. They write "illegitimate avenues to higher status that were available during early adolescence become more restricted in later adolescence. These new limitations intensify frustration and so create pressures toward withdrawal or retreatist reactions."

The main emphasis of the "theory of differential opportunity systems" (Cloward & Ohlin, 1960) is on the intervening variables that account for the particular forms that crime and deviance can take (Cullen, 1988). Cloward (1959) had earlier shown how blocked access to illegitimate as well as legitimate opportunities would be a logical extension of Mertonian strain theory. An illegitimate opportunity is more than the simple chance to get away with a criminal or deviant act, it involves learning and expressing the beliefs necessary for sub cultural support. These beliefs constitute the main intervening variables in Cloward and Ohlin's strain theory (1960). They explained why some individuals would adapt to strain in one way while others would adapt to strain in different ways. They said that adaptations were influenced by the social structure of the neighborhood or community in which the individual lived

The theory relies upon previous work showing that communities vary by the extent criminal and conventional values are integrated (Kobrin, 1951). While the form that behavior takes depends on how well criminal beliefs are learned, the causal mechanism is a class-linked sense of injustice from actual or anticipated failure at achieving status by conventional standards. "Our hypothesis can be summarized as follows: the disparity between what lower class youth are led to want and what is actually available to them is the source of a major problem of adjustment" (Cloward & Ohlin, 1960, p. 86). Central to Cloward and Ohlin's strain theory are intervening variables that further help to determine the specific form that crime and deviance will take. Indeed, Schur (1971) talks about the role of status variables as *influencing but not determining* outcomes, “In relations to actual or suspected deviators and agents of social control … the parties’ stocks of relevant resources and their relative capacities to wield or resist

power are clearly important in *shaping outcomes."* In this context, Schur refers to the effect of status attributes in the *shaping of outcomes, not to their having the sole determinative effect* (Paternoster and Iovanni, 1989).

The intervening variable that stabilizes inner conflict and prepares the individual for recruitment into a subculture is withdrawal of legitimacy. Cloward and Ohlin (1960, p. 3) discussed this variable as a "challenge to the legitimacy of the basic institutions of the society", separating crime from deviance. The beliefs that a subculture looks for are signs that an individual has given up hope of any fairness in the world. Withdrawal of legitimacy can be hypothesized to predict involvement in serious crime.

But if one is learning disabled because of deafness, following the legitimate path towards success is more difficult if not impossible. The lack of parity with hearing peers in schools creates an inequality and such inequality creates tension in the social system, a "strain" that could potentially lead individuals to, not only, call the social system into question but look for other means to achieve success. Success itself can mean either obtaining material wealth or goods, or it can mean obtaining the necessary goods, like food and shelter, for survival. In the case of deaf people who have neither been acculturated into the Deaf Culture nor attained reasonable literacy, the road to success is difficult.

> Intrinsic in the notion of acculturation is the importance of cultural role models. As stated earlier, many deaf children never have the opportunity to meet Deaf adults and thus, lose the opportunity to model lawful, adult behavior. Jock Young (2003) sees the problems as a sort of hydraulic failure of the system to provide jobs that leads to a situation of social isolation wherein people lose not the motive to work but the capacity to find work *because of lack of positive role models.*

Additionally, Young stated that ancient societies *absorbed* its deviant members, he quoted Levi-Strauss (1992, 1995) who said, "Primitive societies deal with strangers and deviants by swallowing them up, by making them their own and by gaining strength from them. They are anthropophagic…" "Modern societies, on the other hand, are 'anthropogenic', they vomit out the deviant, keeping them outside of society or enclosing them in special institutions within their perimeters." With regard to deaf children, our society does both simultaneously; we mainstream them in our schools, force them to learn English speech, deprive them of their opportunities to learn and use ASL, and not allow them to meet adult Deaf people who could serve as valuable mentors to them.

We are trying to "eat them up" and make them more like us, so that their disability becomes invisible. At the same time, because of the failure of such policies we ultimately have marginalized people-neither at home neither in the Deaf community nor in the hearing community. At this point, we "spit them out," they are deviant and they don't belong. This is a unique form of strain that, the research posits, is experienced by deaf people who eventually turn to crime to simply succeed at living.

Inmate E38 describes this process as follows:

> The first time I used a hearing aid, I was five years old. My aunt, who is what we call loca or crazy, said that my mother dropped me when I was a baby. I find it hard to buy that story. I think the real story is that I had the mumps, and this caused my hearing loss. I was deaf before I was five. The first time I used a hearing aid it was very loud. Let's see if I can remember that story. We went to a place called _____, which was an oral school for deaf children. Sign language was not permitted there. Sometimes the deaf students would be outside and they would sign when the staff was not around, but the requirement was to learn to speech read and use spoken English. *I remember the teacher would slap our hands and we'd have to sit with our arms at our sides and we were not allowed to communicate using signs.*

E38 is just one of the inmates who provided narratives. Each of the narratives is equally rich in such details and provides a resource of material with which to answer the research questions.

The effect of having inadequate language skill cannot be underestimated. Language is a *vital* component of cognitive, emotional and *social* development. In the long term, poor language skills, i.e. the inability of the child to communicate, both to oneself and to others, can lead to behavioral outcomes like frustration and aggression.

The notion of "Deaf Identity" and its role in socialization:

"Deaf Identity" as a construct, was the subject of research by Glickman & Carey (1993). Glickman devised the first identity scale for deaf people that attempted to measure the extent of self-identification with the Deaf Culture experienced by an individual. The Glickman scale was validated on a sample of 323 hearing impaired participants residing in the southwestern part of the United States. The DIDS is an instrument designed to measure 4 deaf identity constructs: hearing, marginal, immersion, and bicultural. Research studies directed by both hearing and deaf researchers have left conflicting results on the evaluation of social outcome between mainstreamed and residential schools. The results indicated that *mainstreamed* students often feel *very lonely, frustrated, rejected, and unable to interact and communicate with their classmates*. Responses from deaf adolescents in residential schools reported that they had more friends, feel emotionally secure, have higher self-esteems, are accepted by their peers and can communicate very well with American Sign Language (Harris, 2001). In Marschark's book, *Raising and educating a deaf child* (1997), he emphasized the importance of understanding deaf adolescent's language developmental skills. Deaf

children in a speech-therapy program are at least 2 to 3 years behind the normal hearing child. Research indicates that if a deaf child has been exposed early to American Sign Language (ASL), they are more likely to be proficient in their early language development than those who speak spoken language (Marschark, 1997). Language is the key to providing self-identity in social relationships.

When deaf students are being mainstreamed they will face the frustration of not being able to *fit* in either world. In addition, other recent studies directed by both hearing and deaf researchers, have estimated the social outcome of mainstreamed schools versus residential schools. The results indicate that mainstreamed students often feel very lonely, frustrated, rejected, and unable to interact with their classmates.

Disability, self-concepts and secondary deviance:

Persons with disabilities desire to achieve acceptance by and integration into society. This philosophy is embodied by the ADA and creates an environment central to this process. However, persons with disabilities continue to be negatively affected by stigma and prejudice in social life (Nagler, 1993). For disabled individuals, the fact of exclusion from most of society, such as being sent to a special school in childhood and having difficulty in finding employment as an adult, can become a continued reminder of the stigma associated with disability (Becker and Arnold, 1986). Going even a step further, the fact that many deaf children are either warehoused in special education classes (where all disabled kids, regardless of the unique disability, are dumped) or are mainstreamed into hearing classrooms, their disabilities shine like a beacon to all of the non-disabled kids. The deaf child mainstreamed into a hearing classroom is still always

going to be known as "the deaf kid." If he or she is dumped into the all-purpose special Ed class, then he or she is known as "one of *those* kids."

Li and Moore (2001) said that these experiences, for some individuals, lead them to believe that they belong to a category most people view negatively, and that the social stigma they perceive impedes their personal adjustments to their disabilities. Disability is a physical or mental limitation in a social context-the gap between a person's capabilities and the demands of an environment. (Li and Moore, pg. 2). This gap is defined by society as socially undesirable, and people with disabilities are regarded by others, and by themselves, as deviating from what is believed to be normal or appropriate (Freidson, 1965 found in Li and Moore, 2001). These feelings of inadequacy and deviance can in turn, lead to secondary deviance, or as Scheff (1966) proposed, stigmas cause individuals to see themselves as damaged, and this change in self concept leads them into long term patterns of abnormal behavior.

Lemert's (1989, 1976) view of primary and secondary deviance, in which secondary deviance is defined as the behavior of a person who uses his or her disability (or primary deviance) as a means of adjustment to the problem caused by the label is particularly relevant here. A fundamental piece of the labeling theory is that there are negative consequences of stigmatizing certain individuals with a deviant label. In other words, social reactions play an important role in pressuring individuals to engage in further deviant actions (Traub & Little, 1985). Shur (1971) refers to role that status variables play in *influencing* but not determining labeling

Risk factors are personal characteristics or environmental conditions scientifically established to increase the likelihood of problem behavior. The risk and protective factor

framework suggests that risk factors combine to contribute to and shape problem behavior over the course of adolescent development and, while no single risk factor is more potent than another, the more risk factors present in life, the greater the probability of problem behaviors (Online: http://www.dsgonline.com/mpg_non_flash/prevention_risk_factors.htm). The risk factors discussed here are hypothesized to *contribute to the development* of criminality among deaf offenders, not to cause criminal behavior.

There is also a cumulative effect of these stressors such that a prolonged exposure to risk factors increases the likelihood of negative outcomes. For example, while school failure in early grades may not be associated with antisocial behavior, it *may* become related if failure is repeated over a period of time. Consequently, as the number of risk factors increases, the accumulation exerts an increasingly strong influence on children.

One of the foci in this proposal is the role that language development plays in the development of criminal behavior. This is an important piece of this phenomenon and must be discussed more thoroughly. Deaf people lack significant language skills and thus rely upon more visual cues and subtle differences in body language and behavior of others. There have been studies, about violent juvenile offenders, which suggest that the ability to understand social cues of others and respond with appropriate language or behavior represents a way out of violence. The research has consistently reported a very high incidence of learning disabilities and poor performance on verbal tasks in cognitive ability tests among juvenile offenders. This research confirms that the majority of children and adolescents with behavior disorders have co-morbid language disorders. The disorders of language include the ability to express and to understand language

(Smith, L. & Griffin, J.K., 2002). Inmate E38 describes this notion, as follows, when he discusses the feeling of stigma associated with his deafness and the mistaken belief that he was mentally retarded because of his language issues:

> But, my social life was nonexistent. Most of the time I could not understand what people were saying. Sometimes other students would help me to cheat on the tests, and that's how I survived the academics. They had moved me to a special education classroom *because they thought I was mentally retarded*, but I'm not. It's just that I didn't know how to speak English correctly, that's all.

Disability, as the consequence of hearing impairment, is the expression of a physical limitation in a social context-the gap between a person's capabilities and the demands of an environment (Li & Moore, 2001). This is much in line with the strain theories discussed earlier, that the means are not available to enable the individual to reach society's goals of success. This gap is further defined as being socially undesirable and, others often regard disabled individuals as deviating from what is normal, or appropriate (Freidson, 1965). Low intelligence could lead to failure at school and the consequent drifting away from what is for many a route to a successful career. Failure at school could lead to low self-esteem. Additionally, there is the notion of being "bonded" to one's school where the importance of student bonding is that it improves student achievement and reduces problem behaviour (Payne, Gottfredson, and Gottfredson, 2003). Research has shown that schools that have supportive relationships, common goals and norms and greater participation increase the likelihood that students will become bonded to school. As discussed by Hirschi (1969), when students feel bonded to school, they feel as though they belong to the school, as though they are valued and accepted. Following this line logically, it is natural to hypothesize that the deaf students,

who are already marginalized by their lack of language skills, are not as closely bonded to their schools.

It is not surprising that many of these kids are not properly socialized. As Moffitt noted (1993), a deficient early socialization is *not likely* to be modified by successful socialization in later life. Poorly socialized children enter schools unable to contend with the pressures of their academic or social lives. As a result, *they confront failure and social rejection.* In Moffitt's words, (1993) these children "miss out on opportunities to acquire and practice prosocial alternatives at each stage of development."

In 1977, The U.S. Office of Education defined learning disabilities as follows:

> … A disorder in one or more of the basic psychological processes involved in *understanding or in using language, spoken or written,* which may manifest itself in an imperfect ability to listen, think, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The result of visual, *hearing,* or motor handicaps, mental retardation or emotional disturbance (Winters, 1997).

Merton (1957) asserted that education is the consensual method for attaining wealth. A knowledge of, at least basic skills, is required to obtain a good job or to train for a profession. Young people, suffering from learning disabilities or deafness, lack these abilities. Another way to think about this is by comparing the experience of deaf children to members of an ethnic group, whose primary language is *not* English. Members of other linguistic minority groups have the opportunity to hear English on a daily basis, with possible limitations on their acquisition process due to factors such as age of acquisition, quantity and quality of their exposure to English, and motivation. Deaf individuals, because of limited (or none) auditory access and exposure to English, cannot reasonably be expected to "read lips" or read print English at a native level of proficiency.

An interesting artifact of the condition of disability is that while remaining burdened with multiple personal and social disadvantages they are significantly vulnerable when involved in the criminal justice system. Offenders with intellectual disability (this includes linguistically deprived deaf offenders) are more likely to be "uneducated, unemployed, poor, members of an indigenous minority, have suffered from childhood neglect or abuse, have *deficits in social and communication skills,* and suffer from a behavior or psychiatric disorder" (Glaser & Deane, 1999). Also, they are more likely to have their crimes detected, and, once, apprehended, be ignorant of, or unwilling to exercise their rights, making them more likely to be found guilty, sentenced to longer prison terms, be forced to rely upon publicly paid-court appointed attorneys and be victimized in the prison system. For example, the ADA mandates that deaf suspects be given "reasonable accommodations" during questioning. For deaf suspects, reasonable accommodations most often mean providing the suspect with a skilled sign language interpreter (Twersky-Glasner, 2002). However problems will occur if the police use improperly trained interpreters as even interpreters sometimes get it wrong, as illustrated by the following: The phrase, "you have the right to have an attorney present during questioning" was understood by a suspect to mean, "it is 'all right' if you have an attorney present … (Legal Rights, National Association of the Deaf, 2000 online at http://www.NAD.org). "

Clearly, being disabled has its disadvantages. First you have the disability itself, and then the need to cope with the stigma associated with the disability- oft times which results in secondary deviant actions and then the criminal justice sanctions. Deaf individuals are equally likely to suffer from the same privations, as do intellectually

disabled individuals, because many of their attendant problems spring from the same source-the ability to use and to comprehend language. Secondary deviance occurs when the societal response to primary deviance is such that the actor is prevented from functioning normally and resorts to deviant behavior. In the case of linguistically challenged deaf offenders, primary deviance could be construed as the lack of speech. The literature is *very* instructive on this point and must form the springboard from which future research with this population is undertaken.

According to Sutherland and Cressey (1974) quoting Coleman (1950), "Although a higher percentage of delinquent children come from the ranks of the mental defective, particularly those of borderline intelligence, it is not the mental deficiency per se *but the inability of the child to make adequate school or social adjustments that usually results in delinquency."* Thus it is not the label itself that causes criminality, but rather the secondary problems associated with the label that can lead to criminality, most notably social adjustments.

Lemert's (1967) notion of secondary deviance is that the idea, itself, of secondary deviance does not imply an absolute or deterministic position. Rather, if labeling occurs, the conditions under which an initial deviant state occurs *may* produce subsequent problems of adjustment for the individual. These problems may facilitate further deviant development (Paternoster and Iovanni, 1989). In the case of a poorly socialized, linguistically marginalized deaf child, the lack of socialization is both a consequence of and a function of the disability. It is sort of a challenge; how does one become socialized if one does not have the language skills to socialize, but then how does one learn the language if one is not socialized enough?

Qualitative analysis:

The issue of generalization has appeared in the literature on a regular basis. It is a frequent criticism of case study research that the results are not widely applicable in real life. Yin (1994) in particular refuted that criticism by presenting a well constructed explanation of the difference between analytic generalization and statistical generalization: "[I]n analytic generalization, previously developed theory is used as a template against which to compare the empirical results of the case study" (Yin, 1994). The inappropriate manner of generalizing assumes that some *sample* of cases has been drawn from a larger universe of cases. Thus the incorrect terminology such as "small sample" arises, as though a single-case study were a single respondent.

Stake (1995) argued for another approach centered on a more intuitive, empirically grounded generalization. He termed it "naturalistic" generalization. His argument was based on the harmonious relationship between the reader's experiences and the case study itself. He expected that the data generated by case studies would often resonate experientially with a broad cross section of readers, thereby facilitating a greater understanding of the phenomenon.

Single case studies are also ideal for revelatory cases where an observer may have access to a phenomenon that was previously inaccessible. Multiple case studies follow replication logic. This is not to be confused with sampling logic, where a selection is made out of a population, for inclusion in the study. This type of sample selection is improper in a case study. Each individual case study consists of a "whole" study, in which facts are gathered from various sources and conclusions drawn on those facts.

An empirical investigation of a contemporary phenomenon within its real life context is one situation in which case study methodology is applicable. Yin(1994) cautioned that case study designs are not variants of other research designs. Yin(1994) proposed five components of case studies:

1. *A study's questions,*
2. *Its propositions, if any,*
3. *Its unit(s) of analysis,*
4. *The logic linking the data to the propositions, and*
5. *The criteria for interpreting the findings (Yin, 1994, p. 20).*

The research questions framed as "who," "what," "where," "how," and "why" determine the relevant strategy to be used. In the current study, the nature of the questions leads to an explanatory-exploratory case study. This study, because it is exploratory, need not have a proposition, according to Yin (1994). The unit of analysis in a case study could be "*an individual*, a community, an organization, a nation-state, an empire, or a civilization" (Sjoberg, Williams, Vaughan, & Sjoberg, 1991). In the present study, the units of analyses are the deaf individuals, whose narratives and biographical information will be used to explore and explain the phenomenon of non-cultural, linguistically deprived individuals. Qualitative research is more than a chaotic assemblage of observations. These are elements of data, perhaps not as organized as a quantitative researcher would order them. However, the qualitative researcher has the advantage of establishing an order from them. They are elements of data that are repeated time and again over time and culture. Thus, because of consistent repetition, they may be viewed as reliable. "Much qualitative research is based on a holistic view that social phenomena, human dilemmas, and the nature of cases are situational and influenced by happenings of many kinds." (Denzin and Lincoln, 2003)

Qualitative inquiry has a long and rich history of providing insight into behavior and for providing interesting means for exploring the findings of the study. The argument for qualitative exploration is not put forth to suggest that it has more value than quantitative efforts, rather that it is another tool with which we may come to better understand the environment, its culture, and its occupants.

One of the perceived drawbacks of such a method of inquiry is that it yields only single case results. Such a yield lends support to the criticism that such work fails to yield generalizability, validity and reliability. However, there is another answer. It is about communicating the experience. It begins with one person and one experience. But what happens when we take many persons and many experiences? We have something different (Sheridan, 2004). Collective case study extends the research to "a number of cases to investigate a phenomenon, population or general condition" (Denzin and Lincoln, 2003). One case can provide an illustration of a particular phenomenon but when there is a body or numerous cases then there may be generalizations or confirmation of the universality of environments or circumstances. The criticisms of generalization, validity, and reliability of ethnographic or qualitative research are overcome with the ethnographic body of literature because of quantity, quality and diversity over time and culture. In this particular instance, the availability of such rich narratives, taken straight from the inmates themselves without being filtered through the lens of the original researcher are goldmines of opportunity for inquiry about their lives, family backgrounds and schooling.

Qualitative research draws on an inductive process in which themes and categories emerge through analysis of data collected by such techniques as interviews, observations, videotapes, and case studies. Samples are usually small and are often purposively selected. Qualitative research uses detailed descriptions from the perspective of the research participants themselves as a means of examining specific issues and problems under study.

Grounded theory is a set of techniques that: (1) brings the researcher close to informants' experiences, (2) provides a rigorous and detailed method for identifying categories and concepts that emerge from text, and (2) helps the researcher link the concepts into substantive and formal theories (Glaser and Strauss 1967; Strauss 1987 and Strauss and Corbin 1990. The mechanics of grounded theory are deceptively simple: produce verbatim transcripts of interviews and read through a small sample of text (usually line by line). Identify potential themes that arise. As analytic categories emerge, pull all the data (that is, exemplars) from those categories together and compare them, considering not only what text belongs in each emerging category but also how the categories are linked together.

For this dissertation, the analyses of the narratives from a small sample of the inmates is not only complementary to the larger analyses done in the quantitative analysis section, but is important enough to stand on its own. The analysis of the narratives serves the purpose of describing the reality of how deafness has affected these lives and how language acquisition can impact socialization. The analysis of the narratives will serve the following purpose: to describe the experiences of these inmates:

Using the narratives for a content analysis:

The following is a portion of the narrative given by a deaf inmate in a Texas prison, which was videotaped (to facilitate the inmate's use of ASL) and then transcribed following an audio taped translation into English by a certified interpreter. This is from a larger prison study of deaf offenders presently incarcerated in the State of Texas (Miller, 2001). This particular inmate, identified only as E38, said the following:

> I'm not that intelligent, it's a process and it takes time. I guess that the loss of communication, loss of education, and loss of socialization opportunities have taken their toll on me; … I was the only deaf person at _____. I was isolated from other deaf people while I was there, and I had to sit at the front of the class and speech read the teacher. It was horribly boring watching the flapping and it was tiring as well. But I decided that I needed to exercise patience and try to learn as best I could. But, my social life was nonexistent. Most of the time I could not understand what people were saying. Sometimes other students would help me to cheat on the tests, and that's how I survived the academics. They had moved me to a special education classroom because they thought I was mentally retarded, but I'm not. It's just that I didn't know how to speak English correctly, that's all.

The difficulties described by inmate E38 are illustrative of the failure to successfully navigate the socialization process so necessary for proper development. His inability to be socialized successfully in either the hearing world or within the deaf community tends to explain the fact that he became a criminal. These social conditions create a real sense of anomie for the deaf individual, which according to Merton (1938), manifests because the exhorted goals (in this context, social goals) are not capable of being attained. Generally, this is "Strain Theory" at its purist-the branch of social structure theory that sees crime as a function of the conflict between people's goals and the means available to attain them. Merton argued that the real problem is not created by a sudden social change, as Durkheim proposed, but rather by a social structure that holds out the same goals to all its members without giving them equal means to achieve them.

It is this lack of integration between what the culture calls for and what the structure permits that causes deviant behavior.

CHAPTER 4: QUALITATIVE ANALYSIS OF THE NARRATIVES:

In this particular study, there are ten narratives. Each narrative consists of a careful transcription of a videotaped interview with each of the deaf inmates who agreed to be interviewed. The inmates are all conversing in sign language; the videotapes were subsequently viewed by certified ASL interpreters, who, simultaneously to their viewing, faithfully voiced their interpretations into a voice recorder. A typist then transcribed the voiced interpretations. Miller's study, which forms the basis for the present analyses, provided both quantitative data and qualitative data. The qualitative data from the ten inmates was captured by videotape and thus, form the basis for the narratives. The narratives, themselves, are transcriptions of interviews conducted. Miller's interview questions are as follows (Miller, 2001, pg. 89):

- *Where did you go to school? What can you tell me about your education experience?*
- *How old were you when you learned sign language? How did this come about?*
- *Who do you communicate best with in your family? Does anyone in your family know sign? Tell me about how you communicated with your family growing up.*
- *Is your family in contact with you now? What kind of support are you getting from them?*
- *How do you communicate with officers and staff? What communication problems have you encountered here?*
- *What kind of jobs have you worked? What was your favorite and why? What do you do here? What kind of work do your parents do?*
- *What kinds of adjustments have you had to make while serving time? How has it challenged you personally? Can you describe the ways it has benefited you and been difficult for you?*
- *Is there a deaf culture here in prison? Tell me about it.*
- *Have you used drugs or alcohol? What can you share about your experience with this lifestyle?*
- *How can deaf teenagers benefit from your experiences? What things do you feel are important to share with them?*

The purpose of the *present inquiry* is to use the narratives to *describe* some of the life experiences of these inmates, both while incarcerated and prior to incarceration, and to examine how these experiences might have shaped their behavior and contributed to

their status as offenders. The method of analyses will consist of frequency distributions, correlation matrices and cross-tabulations.

With respect to the methodology used in this study, in order to examine the degree of cultural affinity, the following key questions are based upon the research of Glickman (1993), who introduced the Deaf Identity Development Scale (DIDS) which measures how deaf people identify with the Deaf community and Deaf culture. The research questions asked of these narratives are:

1. *The age at onset of hearing loss,*
2. *The family history of deafness (or lack thereof,*
3. *The age at which the diagnosis of deafness was made,*
4. *The degree of hearing loss,*
5. *The subsequent school placement: i.e. special education class, special deaf education class.*
6. *If placed in a special education class, the ratio of deaf children to all other disabled children,*
7. *The fluency and literacy level attained by the offender in ASL and English: e.g. signing ability, reading and writing skills, oral speech,*
8. *The preferred method of communication,*
9. *Signing ability of the offender's parents, siblings and friends,*
10. *Highest school grade attained,*
11. *Prefers deaf or hearing friends and associates outside of prison,*
12. *The type of and severity level of offense: violent vs. property*
13. *Arrest and conviction history,*
14. *Age at first offense*

The following chart represents their answers to these questions:

CHART 1:

	E38	E39	E47	E54	E76	E77	E99	E07	M53	M66
AGE AT ONSET OF HEARING LOSS	Early child*	Congenital	Early child	Early child	Congenital	Congenital	Early child	Early child	Congenital	Congenital
DEAFNESS IN FAMILY	Spouse/ Child	No data	Hearing Family	One/both Parents	No data	No data	No data	Hearing Family	Spouse/ Child	Hearing Family
DEGREE OF HEARING LOSS	75Db	90Db	85Db	97.5Db	90Db	No data	No data	No data	No data	No data
SCHOOL PLACEMENT	Oral	Deaf ed/ Main**	Main	Deaf ed	Main	Deaf ed		Main	Deaf ed	Deaf ed
FLUENCY AND LITERACY IN ENGLISH	No data	No data	TABE 2.8	No data	TABE 6.7	TABE 2.95	TABE 6	No data	No data	TABE 2
FLUENCY AND LITERACY IN ASL***	Adult/ASL	Early child/ASL	School age/NS**** ASL	Early child/ASL	Adult/ ASL	School age/ASL	None	Early child/ASL	Early child/ASL	Early child/ASL

* Early childhood
** Mainstream education
*** Includes two variables; age at which ASL was learned and primary communication preference
**** Non-standard ASL

	E38	E39	E47	E54	E76	E77	E99	E07	M53	M66
DOES FAMILY SIGN	Homesign	Yes	No data	Yes	No	Homesign	No data	Homesign	Homesign	Yes
HIGHEST GRADE IN SCHOOL	7^{th}-9^{th}	4^{th}-6^{th}	Some HS	Some HS	Some HS	Some HS	No data	No data	12^{th}	Some HS
PREFERS HEARING FRIENDS	No	Yes	Yes	Yes	Yes	Yes	No data	No data	No	No
TYPE OF OFFENSE	Sex offender	Sex offender	Sex Offender	Property	Violent / Murder	Property	No data	Violent/ Murder	Violent / Murder	Violent/ Murder
ARREST HISTORY/ RECIDIVIST	No data	No data	Yes	No data	Yes	Yes	No data	Yes	No data	No
JUVENILE ARREST HISTORY	No data	No data	No data	Yes	Yes	No data	No data	No	Yes	No
CAUSE	Childhood Illness	No data	No data	Childhood Illness	Maternal/ Rubella	Maternal/ Rubella	No data	Maternal/ Rubella	Maternal/ Rubella	Maternal/ Rubella

Chart number 1 is useful for descriptive purposes; however an SPSS Correlation analysis shows if and how any of these variables are correlated to one another (See following Chart 3).

As can be seen from Chart 4, there is a significant correlation between last grade finished and whether family members sign. Each of these variables has been coded in an ascending ordinal direction; for example the variable " DO FAMILY MEMBERS SIGN" is coded as 1-NO; 2=FAMILY SIGNS A LITTLE; and, 3=YES. So, when examined for a linear relationship with the variable about last grade completed, the highest grade level attained is also the largest value for that variable and a positive correlation between the two variables means that the more that family members sign, the higher the grade level attained. The coefficient for these two variables is .973 which is significant at the .05 alpha level.

CHART 2:

CORRELATIONS:		
	LAST GRADE COMPLETED	**DO FAMILY MEMBERS SIGN**
LAST GRADE FINISHED	**1**	**.973****
SIGNIFICANCE (1 TAILED)		**0**
N	**8**	**7**
DO FAMILY MEMBERS SIGN	**.973*****	**1**
SIGNIFICANCE (1 TAILED)	**0**	
N	**7**	**8**
Correlation is significant at the .01 level (1 tailed)		

CHART 3: CORRELATIONS

		ONSET	TABE AVERAGE	LAST GRADE FINISHED RECODE	TYPE OF SCHOOL ATTENDED	RECIDIVIST	JUVENILE RECORD	PRIMARY MODE OF COMMUNICATION RECODE	DEAFNESS IN FAMILY	PURE TONE AVERAGE FOR BOTH EARS	DO FAMILY MEMBERS SIGN	VIOLENT CHARGE	PREFERS HEARING FRIENDS
ONSET	Pearson Correlat	1	-.134	.259	-.104	.408	.000	-.436	.000	.275	.293	.167	.067
	Sig. (2-tailed)	.	.830	.536	.790	.495	1.000	.207	1.000	.654	.482	.721	.875
	N	10	5	8	9	5	4	10	6	5	8	7	8
TABE AVERAGE	Pearson Correlat	-.134	1	.[a]	-.625	-.512	-1.000**	.404	.[a]	1.000**	.[a]	.987	-.512
	Sig. (2-tailed)	.830	.	.	.375	.488	.	.500	.	.	.	.102	.488
	N	5	5	4	4	4	2	5	2	2	3	3	4
LAST GRADE FINISHED RECODE	Pearson Correlat	.259	.[a]	1	-.227	.[a]	.[a]	-.082	.515	.253	.973**	.681	.461
	Sig. (2-tailed)	.536	.	.	.589	.	.	.846	.374	.682	.000	.136	.250
	N	8	4	8	8	4	3	8	5	5	7	6	8
TYPE OF SCHOOL ATTENDED	Pearson Correlat	-.104	-.625	-.227	1	.612	.000	-.328	-.686	-.631	-.079	-.517	.485
	Sig. (2-tailed)	.790	.375	.589	.	.272	1.000	.388	.132	.254	.853	.234	.224
	N	9	4	8	9	5	4	9	6	5	8	7	8
RECIDIVIST	Pearson Correlat	.408	-.512	.[a]	.612	1	.500	-.250	.[a]	.[a]	.[a]	-.577	1.000**
	Sig. (2-tailed)	.495	.488	.	.272	.	.667	.685	.	.	.	.423	.
	N	5	4	4	5	5	3	5	3	2	4	4	4
JUVENILE RECORD	Pearson Correlat	.000	-1.000**	.[a]	.000	.500	1	.[a]	1.000**	.[a]	.[a]	-.500	1.000**
	Sig. (2-tailed)	1.000	.	.	1.000	.667	.	.	.	.	.	.667	.
	N	4	2	3	4	3	4	4	3	2	4	3	3
PRIMARY MODE OF COMMUNICATION RECODE	Pearson Correlat	-.436	.404	-.082	-.328	-.250	.[a]	1	.316	-.169	.[a]	-.354	-.293
	Sig. (2-tailed)	.207	.500	.846	.388	.685	.	.	.541	.786	.	.437	.482
	N	10	5	8	9	5	4	10	6	5	8	7	8
DEAFNESS IN FAMILY	Pearson Correlat	.000	.[a]	.515	-.686	.[a]	1.000**	.316	1	-.803	.408	.408	.667
	Sig. (2-tailed)	1.000	.	.374	.132	.	.	.541	.	.407	.495	.495	.219
	N	6	2	5	6	3	3	6	6	3	5	5	5
PURE TONE AVERAGE FOR BOTH EARS	Pearson Correlat	.275	1.000**	.253	-.631	.[a]	.[a]	-.169	-.803	1	.[a]	.471	-.843
	Sig. (2-tailed)	.654	.	.682	.254	.	.	.786	.407	.	.	.529	.073
	N	5	2	5	5	2	2	5	3	5	4	4	5
DO FAMILY MEMBERS SIGN	Pearson Correlat	.293	.[a]	.973**	-.079	.[a]	.[a]	.[a]	.408	.[a]	1	.447	.471
	Sig. (2-tailed)	.482	.	.000	.853	.	.	.	.495	.	.	.374	.286
	N	8	3	7	8	4	4	8	5	4	8	6	7
VIOLENT CHARGE	Pearson Correlat	.167	.987	.681	-.517	-.577	-.500	-.354	.408	.471	.447	1	.000
	Sig. (2-tailed)	.721	.102	.136	.234	.423	.667	.437	.495	.529	.374	.	1.000
	N	7	3	6	7	4	3	7	5	4	6	7	6
PREFERS HEARING FRIENDS	Pearson Correlat	.067	-.512	.461	.485	1.000**	1.000**	-.293	.667	-.843	.471	.000	1
	Sig. (2-tailed)	.875	.488	.250	.224	.	.	.482	.219	.073	.286	1.000	.
	N	8	4	8	8	4	3	8	5	5	7	6	8

**.Correlation is significant at the 0.01 level (2-tailed).

a.Cannot be computed because at least one of the variables is constant.

Some significant correlations are:

- A *negative* correlation (-1.000, significant at the .01 level) between having a Juvenile record and the TABE; i.e. the higher the TABE, the less likely the offender had a juvenile record;
- A *positive* correlation (1.000, significant at the .01 level) between the variables Juvenile record and Deafness in the family. This positive correlation needs to understood in this context; each of these two variables was assigned the values of 1=YES and 2=NO, which means that the higher the value of one variable, the higher the value of the other. So, in this context, the correlation means that the less deafness in the family, the less incidents of juvenile records of the inmates;
- A *positive* correlation (1.000, significant at the .01 level) between the variables Juvenile Record and Prefers hearing friends. Again, this positive correlation needs to understood in this context; each of these two variables was assigned the values of 1=YES and 2=NO, which means that the higher the value of one variable, the higher the value of the other. So, in this context, the correlation means that the less incidents of juvenile records of the inmates, the less the inmate prefers hearing friends; and,
- A *negative* correlation between the variables Pure tone average and Prefers hearing friends. Once again, the correlation needs to be understood in the context of the values assigned to the variables. Prefers hearing friends was assigned the values of 1=YES and 2=NO. So, the greater the degree of hearing loss, the less the inmate preferred hearing friends.

The Glickman scale of deaf identity measures how deaf people identify with the Deaf community and Deaf culture. The following interpretation of the analysis of the data (as well as the variables used for analysis) is thus:

- *These inmates have congenital deafness or acquired deafness in early childhood;*
- *Only 10% of them have deaf parents;*
- *The mean degree of hearing loss is 88 Db's, which is considered to be severe to profound;*
- *40% of them went to a school for the deaf;*
- *the educational attainments and abilities are low with the mean last grade completed being the 5th grade and the mean grade level for reading and mathematics is the 4th grade level;*
- *50% prefer hearing friends, compared to 30% who do not;*
- *40% committed sexual offenses, 30% committed violent offenses;*
- *40% are recidivists, compared to 10% who are not;*
- *There are an equal number, 20%, who have a juvenile record and who do not have a juvenile record.*

Based upon the relatively higher number of those who prefer hearing friends and the relatively low number of those who are from deaf families, these inmates do not appear to have a strong sense of *Deaf* identity nor do they particularly identify with the Deaf Culture. The following section discusses this notion of cultural dissonance in more detail; including portions of the narrative for illustrative purposes.

QUALITATIVE REVIEW OF THE NARRATIVES:

The driving philosophy of qualitative research (non-quantitative) is that it may be used to describe systematic observations of social behavior with no *preconceived hypotheses* to be tested (Rubin & Babbie, 1993). Hypotheses emerge from the observation and interpretation of human behavior, leading to further observations and the generation of new hypotheses for exploration. In studies of social processes of complex human behavioral development and socialization, qualitative methodology may be the most appropriate research strategy (Reid, 1987). For example, social scientists studying

family process, extol the benefits of qualitative methodologies (Weber, 1947), or understanding, of the dynamic processes, meanings, communication patterns, experiences, and individual and family constructions of reality (Daly, 1992).

In this study, Ethnography—a term more commonly associated with anthropology and sociology than with social work—is used in this qualitative examination of the inmates' narratives to describe the experiences of this population, in order to better understand the culture from the perspective of this population of incarcerated deaf offenders.

The following chart shows some of the characteristics of these inmates:

CHART 3:

CHARACTERISTICS OF POPULATION

Dichotomy label*	Name	Count	Pct of Responses
COMMUNICATION PREFERENCE	COMMPRIM	9	23.1
DRUG OFFENSES AND DRUG USE	DRUGOFFE	7	17.9
DELINQUENT FRIENDS	DELINFRI	6	15.4
PREFERS HEARING FRIENDS	PREFERHE	5	12.8
SEXUALLY ABUSED AS A CHILD	SEXABUSE	4	10.3
FAMILY DEAFNESS RECODE	DEAFFAMI	3	7.7
DELINQUENT SIBLINGS	DELINSIB	1	2.6
PHYSICALLY ABUSED AS A CHILD	PHYSICAL	2	5.1
GANG AFFILIATION	GANGAFFI	2	5.1
Total responses		39	100.0

1 missing cases; 9 valid cases
The value tabulated was 1-which was coded either as "YES" or "PREFERRED ASL."

The chart shows that the majority of these inmates are drug offenders; were sexually abused as children; associated with delinquent friends/peers; preferred hearing friends; and preferred ASL as communication mode. The items of interest are the fact that although all of them preferred to communicate in ASL and most of them had family members who signed with them; most of them still preferred hearing friends to deaf

friends. This could be because only 25% of them came from families with other deaf persons. Chart 4, below, shows that 8 of the offenders providing narratives are male, 2 female.

CHART 4: GENDER	COUNT	PERCENT
MALE	8	80%
FEMALE	2	20%
TOTAL	10	100%

CHART 5: DRUG OFFENSES	COUNT	PERCENT
YES	7	77.80%
NO	1	11.10%
**MISSING DATA	1	11.10%
TOTAL	9	100%

While reviewing each of the narratives for content; the themes that emerged most frequently were the following: excessive drug and/or alcohol abuse; loneliness, communication difficulties and frustration both in and out of prison.

78% of the inmates reported drug use. They also reported that the prison did not provide adequate substance abuse treatment that is linguistically accessible to them. An estimated 15-30% of the disabled community uses alcohol and drugs, with addiction being close to three times higher in the disabled community than in the general population (Guthmann, 2001).

Inmate E07 talks about his drug habits and how they contributed to his dropping out of college and becoming involved in criminal behavior:

> [A]also, I was planning to go back to college, but it was impossible because I got hooked on drugs and I joined the wrong group and there were a lot of bad things going on and I got into this aggravated robbery at Taco Bell trying to get money for drugs.

Inmate E38 says of the difficulties deaf inmates face when seeking counseling for drug and other issues:

> [T]here are no programs available to us. There is no rehabilitation. I feel that the deaf are punished more harshly, for example the hearing can access education courses, sex offender treatment and chemical dependency programs such as AA. The deaf do no receive these opportunities.

Inmate E77 discusses how drug usage adversely affected his life:

> [A]s I was growing up, I used cocaine and other drugs which had a destructive effect on my life and has resulted in my being incarcerated here with a 17 year sentence. Mentally, I am in the grips of my addiction. I have tried many times to contact friends and acquaintances for support but they do not understand that I'm deaf and I need sign language.
>
> My choice of drug is crack. It has a powerful hold on me. It's easy to quick smoking weed, but heroin was tough to beat. I was a great worker one day, and wiped out the next. Using cocaine caused me to lose my job. *I became a fiend who is desperate for money to buy dope. I feel capable of killing to get cash, which terrifies me.*

E38 discusses his drug use: "At nine I was drinking, at 13 I was dropping acid, smoking weed and everything." **Inmate E39** says: "The first time I tried weed I was 17. I got fried and I was laughing and horsing around. I also tried cocaine, acid and other drugs. I was trying it all, getting high."

Inmate E54, in addition to using drugs, was also an active drug dealer. He was a member of the Crips gang and says, "We sold drugs that was our thing." He goes on to say:

> In the free world, I was a drug dealer. My homies and I all sold drugs. They all had big rings and gold teeth, nice threads and fancy apartments, while I was living on SSI, I was poor and they were rich. *I used my SSI money to invest in drugs and then sell them.*
>
> Fry means that if somebody dies and they cut him open and remove their organs and fill their body with a chemical and sew them back up, it preserves them. That's fry. What you do is pour the fry (embalming fluid) onto a cigarette and it's ready for someone to smoke and get high. You can also do this with weed. It's no good for your brain and highly addictive. It really tastes like shit, though. When you get high, you are like a zombie. I started using it every day and night.

Inmate E47 started drug use at an early age: "In junior high, I started getting into trouble. Sad. In seventh grade, they were reading but I couldn't understand. I quit school and started to party."

Inmate E76's drug use led to very serious charges: "The first time I went to prison at age 20. The second time was on a murder charge. *I was using drugs and lost control of my behavior*. It's my own fault for using drugs and hanging with bad people."

Another theme that emerged frequently was the sense of loneliness and frustration they felt in prison and in life on the outside. **Inmate E77** describes this sense of loneliness; "[T] he reason is that here I have no friends and no family …I feel a great sense of sadness."

Inmate E76 talks about how he was isolated from Deaf Culture and other deaf people:

> "I don't know why I preferred to be with the hearing than with the deaf at that time. Inside, I felt like I should be around hearing people. I really had no idea that other deaf people were out there. [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*."

He was so sheltered and protected by his parents during childhood that he never even knew there were other deaf people besides himself. All of that protection couldn't keep him from becoming an offender once he became an adult. As stated in the literature review of this dissertation, Mayberry and Wodlinger-Cohen (1987) said that an environment that contained little or no communication coupled with little or no education produce two very devastating consequences for the deaf child born of hearing parents, social and cognitive isolation. He never learned how to be a social person, how to co-exist with others independently of his parents.

Inmate M54 describes her feelings of frustration as stemming from the lack of care, provided by the prison, for depression and loneliness: "[I]n prison, there is no therapy …I'm depressed. I want help, I want treatment , I can't get it. I ask for help and people can't do anything. There is nothing, I am always frustrated." **Inmate M53** is incarcerated because of her abuse of her 11 month old infant son.

Inmate 38 says of his personal history:

> I grew up in what is called the Tex-Mex culture …my mother was a housewife and my father was a police officer. I was 8 or 9 when my principal told my parents that I as ready to go into a hearing school … it was decided I would be placed in a Catholic school called the Holy Rosary. I was the only deaf person at the Holy Rosary …I was isolated from other deaf people … I had to sit in front of the class and speechread the teacher. It was horribly boring watching the teacher's lips flapping and it was tiring as well. *My social life was non-existent.*

Whereas **Inmate E38** describes the difficulties faced by a non-culturally deaf person, **Inmate E54's** experiences are those of a culturally deaf person:

> I'm from a deaf family, I grew up in a deaf family, and my mom has been preaching to me about being in jail. Yeah, yeah, I'm learning, trying to be cool, I only have a… I've been here awhile

> but I am wanting to go home. My mom, I respect her, listen to her, she preaches to me, she tells me I need to get a job and work a lot. I want to work a lot… you know 30-40 hours a week. I want to do what my mom says and follow what she says because I really love my mom. …I haven't been in any trouble. My hearing… why… my brother is deaf, he influenced me, I got involved in selling drugs to hearing people, and you know, deaf people. They gossip and things get all messed up. I said, forget it, I started hanging around with hearing people, you know.

Although inmate **E54**'s background as a*culturally* deaf person does not support the main hypothesis (that cultural dissonance can cause strain, resulting in criminal behavior), it is very illuminative of some the cultural issues faced by deaf people; while he does have a cultural deaf background, he prefers to hang out with hearing people and he went to a *hearing, mainstream* school. **Inmate E54** further illuminates the cultural dissonance when he says:

> I had brothers and sisters who were deaf and I learned from them. Everyone at school was *hearing* but at*home it was a deaf environment* and that's what I grew up in, and then I've gone to this and that place in different states around the country, there were deafness and hearing people and I was shocked that my parents taught me in sign.

He was acculturated into the Deaf Culture by virtue of having been born into a "Deaf" family and learning sign from his parents, but he was still sent to a school with *hearing* children, not a school for the deaf. He was acculturated into both hearing and deaf, but *prefers* to be with hearing people-even though those associations cost him his freedom. These bits of information, provided from the narratives, that paints a more detailed, textured portrait of the offenders with hearing loss.

Inmate E77 says of his loneliness:

> [Y]es, I associated mostly with hearing people because they would

> do drugs with me. I went from the deaf community to the hearing community, back and forth. *Most of the time I was isolated."* I was a good kid. I was tight with my family. My mom put me in a school for the deaf. I was a good kid, but this really knocked me for a loop because I had trouble dealing with the separation from my family. *Then I got involved with the problem kids …I ran with the kids who stole and used drugs.*

Inmate E77 speaks of his loneliness as the only deaf child in his family as well as his loneliness at being separated to go to a residential school for the deaf. He felt isolated at home and at school.

Inmate E76 talks about his family communication style: "My family does not sign, so I had a difficult time communicating with them. My family and I could not easily understand each other." He suffers from isolation and frustration in prison because he was put into administrative segregation because of his involvement in a prison gang:

> "I have to be in lockdown 23 hours a day …every day is like that for me. Sitting in my house makes me crazy, it's so boring. It's hard for me because it's totally quiet. The hearing guys can talk back and forth, but I can't hear any of that. It's rougher on the deaf than hearing, that's the truth."

Inmate E76 also stated that he only learned sign *in prison:*

> *"*Before I got to prison, I also could not sign. I knew a few signs and that was it. I had little language because my family was hearing."

Inmate E39 talks about learning sign language at the age of three at a school for the deaf:

> "[I] learned sign language at the school. At the time, I had no sign language, just homesign and gestures. [M]y father didn't learn sign language. He learned absolutely no sign language at all."

Inmate E49 says:

> "[I] didn't know sign. I didn't know sign. 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 point to it and I would be able to pick out what I wanted."

When he was asked if he thought that hearing people think he is stupid, **E49** said, "Yeah, I think they do." Despite this belief, he prefers to be with hearing people than deaf people, "Deaf people, they gossip a lot. I keep away from them and tend to hang with hearing people." Even so, he doesn't feel accepted or part of either culture, deaf or hearing; when asked which group he felt he fit in best with, he replied, "[n]either really, I like to be on my own."

Although Deaf children are at a higher risk of emotional and behavioral difficulties than are hearing children, this is not due to the actual Deafness but to the consequences of being Deaf.

Being Deaf in a hearing-oriented society can bring about obstacles and barriers because of specific language and communication needs. The Deaf child and those who take care of him may encounter difficulties due to the child's separation from the dominant linguistic community. The result may be a delay in the development of language and communication skills, and this can lead to a restricted range of social interaction, limited social skills, and limited interpersonal problem-solving skills (Reed & Hindley, 1998).

Inmate M54 talks about the difficulties she faced trying to communicate with her hearing family:

> I was the only one in my family who was deaf. I went to a mainstream school. [I] saw my mom crying. I said, "What's wrong?" I didn't know what was wrong. I tried to gesture to her *because she didn't understand signs.* [M]y stepfather couldn't deal with me because I was deaf. It was frustrating, an emotionally confusing time for me. *I used to go home and think about killing myself.*

Inmate M54 had particular difficulty explaining that she had been raped. It is clear from her narrative that she had problems getting anyone to believe her, and it is clear that it was because she didn't use speech to communicate, only sign:

> Anyway, one day I was raped. I was raped. I was 14 years old and I just felt awful. I told my sister that I was raped. I finger spelled, I WAS RAPED to my sister and she finger spelled back, ARE YOU SURE? I finger spelled YES. She said again, ARE YOU SURE?

The "pathological" view of Deaf people has also been called the Clinical-Pathological view or the Medical Model. Essentially this view accepts the behaviors and values of people who can hear as "standard" or "the norm" and then focuses on how Deaf people deviate from that norm. In a sense, this is the "outsider's" view - a view that focuses on how Deaf people are different from non-deaf people and a view that generally perceives those differences negatively. It is also a view that deaf people have something wrong with them, something that can and must be "fixed (*American Deaf Culture* found online, http://www.signmedia.com/info/adc.htm). Hearing loss affects many aspects of life, with many psychological ramifications and various effects on how well a person with such a loss functions in society or the world at large. Many children in general usually lack the social skills necessary for peer interaction. One major factor that has been identified in deaf children's social interactions is a repeated misunderstanding of how deaf children need to communicate with the people around them (*Decrease of Deaf Potential in a Mainstreamed Environment* found online, personalityresearch.org/papers/hall.html). The difficulties described by these inmates to communicate meaningfully and effectively create a picture of frustration and isolation from the mainstream, hearing world. Social isolation can become particularly intense when a child has profound hearing loss and uses sign language.

Tajfel's (1981) Social Identity Theory (SIT), posits that members of minority groups achieve positive social identity by either, (a) attempting to gain access to the mainstream through individual motivation or (b) by working with other group members to bring about social change (Bat-Chava, 2000). The inmates who provided narrative information about their lives described feelings of isolation both within the hearing culture as well as the deaf culture. Accordingly, they would not have had the support of a larger group to work together to achieve greater social change. Instead, they had to rely upon their own resources to create their own positive, social identities.

According to SIT, an individual will retain membership in a group if it contributes to feelings of positive social identity. If group membership does not contribute to these feelings, the individual will attempt to leave the group; physically or psychologically. Bat-Chava (2000) stated that deaf persons may assume a culturally *hearing* identity, assimilating as much as possible into the hearing world. We have seen from the quantitative analysis of the narrative information that five out of the ten (that figure represents only those inmates who indicated a preference, the number could be higher) preferred to be with hearing people. Health professionals and educators, who subscribe to the notion that deafness is a disability, shape parents views of deafness. These hearing parents transmit this view to their deaf children, thus contributing to their children's feelings of stigma and lack of membership in the group.

CHAPTER 5: THE SOURCE OF THE ORIGINAL DATA AND QUANTITATIVE METHODOLOGY FOR THE PRESENT STUDY:

This research used demographic data collected by Dr. Miller and to code the transcriptions of the narratives that were videotaped of the deaf inmates in Miller's study, and thus, attempt to examine the main hypothesis that a disproportionate number of deaf offenders largely come from hearing families and were thus culturally and linguistically deprived. In 2001, Dr. Miller completed a doctorate in Deaf Studies and Deaf Education (the degree of Ed.D) at Lamar University at Beaumont, Texas, where she taught *American Sign Language* and *The Psychology of Deafness*. Her dissertation was in depths study of 97 profoundly deaf, signing offenders incarcerated by the Texas Department of Criminal Justice. It included, among other data, information about academic achievement, language use, and ADA (Americans with Disabilities Act) 42 U.S.C.A. §§ 12101 et seq., equal access issues. Dr. Miller's states in the abstract to her dissertation[9] the purpose of her use of the data gathered for her research: "[t]his research describes a population of signing deaf offenders in a state prison system, the prevalence of deaf inmates with multiple disabling conditions, and the accommodations used to provide access to deaf offenders."[10] Additionally, Miller's research includes a description of the practices and strategies utilized by a correctional facility in the accommodation of deaf inmates, along with recommendations for improvement.

In addition to the data collected, Dr. Miller was able to videotape in depth narratives of a smaller subset of some of the deaf inmates. Miller's subjects are a representative sample of the total population of deaf inmates in this Texas prison. This prison houses *all* of the deaf inmates in one housing unit, in order to facilitate the

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[9] *Forensic Issues of Deaf Offenders,* Miller, Katrina R.; Ed.D. Lamar University-Beaumont, TX 2001.
[10] *Forensic Issues of Deaf Offenders,* Miller, Katrina R.; Ed.D. Lamar University-Beaumont, TX 2001.

federally mandated ADA accommodations. There are drug offenders, violent offenders mixed in with sexual offenders. Not all of the deaf inmates chose to participate in her study, but since her overall N is 101, out of which she was able to videotape narratives from 8, it meets the statistical requirement a normal sample (N > 30).

The data from the 101 inmates, includes the following details:

- *Age*
- *Type of offense*
- *Last school grade completed*
- *Primary language*
- *Age at which subject learned ASL*
- *Social preferences-i.e. hearing friends or deaf friends*
- *Family history of deafness*
- *Communication method with family-i.e. did family members sign*
- *Etiology of deafness/hearing loss*
- *Communication preference-i.e. sign or speech*

This proposal *differs* from Miller's research in the following ways:

- *Miller did not include an analysis of the narratives in her research. Neither Miller nor anyone else to date has analyzed the videotaped narratives. This research will qualitatively analyze the content of the narratives in addition to a quantitative analysis of the data of the 101 inmates.*
- *Miller was concerned with educational levels and literacy attainments of these subjects. She did not include an analysis of family communication styles. It is intended to examine the relationship between language styles, communication preferences and socialization experiences both within the offenders' families and with peers/friends.*
- *Miller relied solely upon the quantitative data she compiled for her research and analysis. The analysis in this dissertation will use both the qualitative data, from the narratives, and the quantitative data from the larger subject pool of 101 inmates.*

This research seeks to learn about the histories of the deaf offenders in order to examine the impact of linguistic and cultural deprivation, in childhood and young adulthood, on the deaf offenders. More specifically: Whether the normal childhood socialization process was not effective on these offenders due to the linguistic disparity, where, and from whom, the offenders acquired *sign language*-if their parents are hearing

and finally, to determine if these and/or other factors were significant in the subsequent criminal careers of these offenders. These data will be used, as well as the transcriptions of these videotaped narratives, to extract the family, social and linguistic histories provided both in the narratives as well as the coded data using a qualitative case study methodology. Case study research is not sampling research, that is a fact asserted by all the major researchers in the field, including Yin (1994), Stake (1995), Feagin (1991) and Sjoberg (1991). However, case study research does yield knowledge about areas that were previously understudied.

The review of the literature and the examination of both strain theories and socialization theories essentially formulate the two major hypotheses **A** and **B** in this study; which are:

A. *Does the lack of language parity, with hearing peers, and the resulting difficulties in obtaining an education/job create a strain in the deaf individual, leading him/her to criminal behavior; or*
B. *Whether difficulties or deficits in the normal socialization process, necessary for development, creates difficulties within the individual leading to criminal behavior.*

Additionally, the following sub-hypotheses will be examined:

Hypothesis A_1: We have seen from the literature review in this proposal (page 9) that as many as 93 percent of deaf children are born into hearing families; only 7 percent are born into deaf families[11]. A higher proportion of deaf offenders share common family histories of hearing parents and siblings, when compared to the deaf general population.

Hypothesis A_2: The literature review (pages 16 & 17 of this proposal) shows that deaf children born into hearing families have a harder time acquiring language and being able

[11] This is based upon the literature review. However, a later demographic study of regional and national averages of the prevalence of deafness from the Gallaudet University Research Institute (2003-04) shows that this number is actually 81% of deaf children born into hearing families.

to meaningfully communicate with their families. Offenders with common family histories of hearing parents and siblings will report that communication was difficult and frustrating.

Hypothesis B_1: A higher proportion of deaf offenders have significantly late or misdiagnosis of deafness or hearing impairment. According to Griffith, Johnson, & Dastoli, 1985, cited earlier in the literature review, many deaf children enter school linguistically, cognitively and experientially well behind their hearing peers- who has had the benefit of acquiring native language competence within their home environments. Additionally, many of these children have not been properly identified as suffering from hearing loss.

Hypothesis C_1: Deaf offenders have severe language deficits and a lack of cultural identity due to being poorly socialized and resulting in even greater socialization deficits. There has been a general discussion, in this dissertation, the problems faced by deaf children who have not been properly socialized due to language deficits pages 21 through 26 of the literature review, ("The effect of having inadequate language skill cannot be underestimated. Language is a *vital* component of cognitive, emotional and *social* development. In the long term, poor language skills, i.e. the inability of the child to communicate, both to oneself and to others, can lead to behavioral outcomes like frustration and aggression.", pg. 21).

Methodology for the Hypotheses: The data to be used consists of the aggregate data of the deaf offender sample from Miller's original study (the N of 101), as well as using the narratives of the eight inmates to extract the information about family histories of

deafness. The variables to be used, in the quantitative analysis of the aggregate data are the following taken:

- *Primary language*
- *Age at which subject learned ASL*
- *Social preferences-i.e. Hearing friends or deaf friends*
- *Family history of deafness*
- *Communication method with family-i.e. Did family members sign*
- *Etiology of deafness/hearing loss*
- *Communication preference-i.e. Sign or speech*

The quantitative analyses, for each of the sub-hypotheses (A_1, A_2, B_1 and C_1) will be the Z test for statistically significant differences in proportions. The data about the non-offending, non-convicted deaf population will be from the Gallaudet University Research Institute's (GRI) annual Annual Survey of Deaf and Hard-of-Hearing Children & Youth. Gallaudet University's Research Institute (GRI) has been collecting demographic, audiological, and other educationally relevant information on children with impaired hearing since 1968 through its Annual Survey of Deaf and Hard-of-Hearing Children & Youth. The resulting information is used by a wide variety of individuals and organizations: state and federal education and budgetary officials, education staff within schools, and other researchers. Due to the Institute's strict adherence to confidentiality, data are reported only in summary, cumulative reports; no individual student or individual school data from the survey are released by the GRI.

The Gallaudet Research Institute (**GRI**) is internationally recognized for its leadership in deafness-related research. GRI researchers gather and analyze data concerning the demographic and academic characteristics of deaf and hard of hearing populations, primarily to provide information needed by educators in the field. The annual survey of deaf and hard of hearing children and youth has been done, every year,

since 1967. The survey represents the largest ongoing database of information on the prevalence of deafness and hearing loss in the United States. To preserve the statistical validity and reliability of its data, the GRI survey includes as many deaf and hard of hearing children as are identified. Any school in the United States-public or private- that serves at least one deaf, or hard of hearing, student provides data. The U.S. Child Counts estimates that the GRI annual survey successfully captures at least 60% of identified deaf or hard of hearing students in the U.S. (Holden-Pitt & Diaz, 1998).

Methodology for Hypothesis A_2: Miller's aggregate data set did not include a variable about communication difficulties. However, Miller's data did have data, which stated the age at which the offender learned ASL as well as whether or not the inmates' families used sign. The Z test for statistical significance in proportional differences between the two groups being compared will be used.

Methodology for Hypothesis B_1: Miller's aggregate data set included a variable about age at diagnosis *and* etiology. The variables to be used in this analysis are: Age, last school grade completed, primary language, age at which subject learned ASL, family history of deafness, communication method with family-i.e. Did family members sign, and, etiology of deafness/hearing loss. To the extent that such data are available from the deaf, non-offending population, a comparison will be made between the offenders and non-offenders to test this hypothesis. The Z test for statistical significance in proportional differences between the two groups being compared will be used.

Methodology for Hypothesis C_1: The data to be used consists of the aggregate data of the deaf offender sample from Miller's original study to obtain the information about family histories of deafness.

Methodology for the qualitative analysis: The narratives will be used to explore the experiences of deaf offenders; any comparisons with the non-offending deaf population will be included in the larger quantitative analysis. The purpose of the qualitative analysis in this analysis is to provide a framework for understanding the factors that drive this particular population; to understand the unique life experiences and difficulties that have shaped their present condition. It is to:

> "… [l] ocate the observer in the world. It consists of a set of interpretive, material practices that make the world visible . . . Qualitative research involves an interpretive, naturalistic approach to the world . . . (It is the study of) things in their natural setting, attempting to make sense of, interpret phenomena in terms of the meanings people bring to them." (Denzin, 2003) p. 141.

The analysis, will be descriptive, and will consist of cross tabulations for descriptive purposes. One case can provide an example, but when a body of numerous cases exists, then there may be generalizations or confirmation of the universality of environments or circumstances. The coding from many autobiographical works allows the examination of many persons' perceptions from whom to arrive at shared experience or the commonality of experience (Sheridan, 2004).

Methodology for Hypotheses A and B: The results of the sub-hypotheses; A_1, A_2, B_1 and C_1 will be analyzed for patterns that support either A or B.

CHAPTER 6: DESCRIPTIVE INFORMATION OF THE PRISON SAMPLE:

During 1964 and 1965 a rubella epidemic in the United States caused an estimated 12.5 million cases of rubella and 20,000 cases of congenital rubella syndrome (CRS) which led to more than 11,600 infants born deaf, 11,250 fetal deaths, 2,100 neonatal deaths, 3,580 infants born blind and 1,800 infants born mentally retarded (statistics found online at Center for Disease Control website, www.cdc.gov/od/oc/media/pressrel/r050321.htm).

In a healthy ear, sound waves enter the ear canal and vibrate the eardrum at the end of the canal. The eardrum transmits the sound waves across the three tiny bones of the middle ear into the inner ear, where the information is converted to electrical impulses that travel along nerves to the brain, allowing us to hear. There are two main types of hearing loss; conductive and sensorinueral hearing loss. In conductive hearing loss, children have a problem transmitting sound waves through the outer ear, through the eardrum, or through the tiny bones of the middle ear. In sensorinueral hearing loss, the problem is with converting sound waves to electrical impulses, or in transmitting this electrical sound information along the auditory nerves to the brain. The hearing loss may be mild, complete, or somewhere in between. Most often, severe sensorineural hearing loss in childhood is genetic. However, sometimes sensorineural hearing loss is a result of other problems, such as a rubella or CMV infection during pregnancy or meningitis infections later on. The CDC estimates that each year about 20,000 children in the United States are born with permanent hearing loss. Often this is not discovered until the children are 3 years old and their language is noticeably delayed. In April 1998, the *Journal of the American Medical Association* reported that approximately 7 million

children in the United States with hearing loss significant enough to impair the ability to learn.

Many of the inmates, in the prison sample, were born during the Rubella epidemic. Pre-natal exposure to Rubella is one of the major causes of hearing loss and is associated with certain types of congenital brain damage (Braden, 1994). Examples are head trauma, premature birth, meningitis, prenatal rubella, and genetics. Thus, a disproportionate percent of hearing-impaired youth also have brain damage. An additional pre-natal factor is associated with the Cytomegalovirus (CMV); it is a member of the herpes virus family that can cause serious complications in persons with weakened immune systems. A common virus, it is estimated that up to 80% of Americans carry cytomegalovirus by the time they reach adulthood. Cytomegalovirus is present in body fluids (saliva, semen, cervical secretions, and urine) and can be spread from person to person by sexual contact, kissing, or the sharing of food. It can also be transmitted from mother to fetus. Infants can become infected before birth when the mother becomes infected or experiences a recurrence during pregnancy. Pre-natal exposure can lead to later complications such as cerebral palsy, blindness, hearing problems, mental retardation, and learning disabilities (found online, http://en.wikipedia.org/wiki/Cytomegalovirus#Pregnancy).

Research has shown that brain damage and related neurological and biochemical factors are known to cause violence (Hickey, 1997). Hickey's research findings would seem to suggest that deaf and hearing-impaired people, whose deafness is as a result of any of the foregoing causes, may be at greater risk for and more susceptible to exhibiting violent behavior. The following tables represent the descriptive statistics of these

inmates. Included in these statistics are data about the age at onset, cause and co-morbid conditions. The age distribution is as follows, with the mean age of the inmates being 37. The youngest of these inmates is 22 and the oldest is 69.

TABLE 1: AGE
MEAN AGE=37

97 of the inmates in the sample were male, 3 are female and 1 value was missing.

TABLE 2: GENDER	COUNT
MALE	93
FEMALE	7
MISSING	1
TOTAL:	101

Approximately, 41% of the inmates are black; 34% white and 23% Hispanic.

TABLE 3: RACE/ETHNICITY	COUNT	PERCENT
BLACK	41	40.60%
WHITE	34	33.70%
HISPANIC	23	22.80%
MISSING	3	3%
TOTAL	101	100%

The next variable describes degree of hearing loss in each of the inmates. According to the National Institute on Deafness and other Communications disorders, (found online http://www.nidcd.nih.gov/) health care professionals classify hearing into several categories such as normal, slight, mild, moderate, moderately severe, severe, profound and deaf.

Not all of the health care professional use all of these categories, nor do they all use the same hearing loss ranges in each one. In the past, most used the following scale.

CHART 6: HEARING CLASSIFICATION THRESHOLD	
Normal hearing	**Up to 20 dB**
Mild hearing loss	**20 to 40 dB**
Moderate hearing loss	**40 to 60 dB**
Severe hearing loss	**60 to 90 dB**
Profound hearing loss	**>90 dB**

The audiological test for hearing loss is a single frequency, pure tone signal that is not modulated. It sounds like a beeping sound and varies in intensity to test the various thresholds at which a person *hears.* The decibel or dB represents the threshold at which the inmates can first distinguish sound. With respect to this sample, each inmate's hearing level and mean pure tone average is shown in the table below:

TABLE 7: PURE TONE AVERAGE	RIGHT EAR	LEFT EAR
MEAN	**86**	**89**

The mean pure tone average for the right and left ears respectively are 86 dB and 89 dB, which indicates severe hearing loss. When the two variables, left and right ear are combined to get a general sense of degree of hearing loss, the mean for both ears is 88 dB.

Incidences of family members being deaf or hard of hearing show that approximately 13% have deaf family members, in their families of origin. 2% of the inmates have deaf children and/or deaf spouses.

TABLE 5: FAMILY DEAFNESS	COUNT	PERCENT
SIBLINGS	9	9%
ONE/BOTH PARENTS	4	4%
SPOUSE/CHILD/CHILDREN	2	2%
HEARING FAMILY	2	2%
MISSING DATA	82	81%
TOTAL	101	100%

Onset of deafness demonstrates that 55% of the inmates are congenitally deaf, with the next highest percentage, 22%, becoming deaf in early childhood.

TABLE 6: ONSET	COUNT	PERCENT
CONGENITAL	56	55%
EARLY CHILDHOOD	22	22%
ADOLESCENSE/ADULT	2	2%
MISSING DATA	21	21%
TOTAL	101	100%

The cause/etiology of hearing loss reveals that 24% are deaf due to maternal illness or prenatal Rubella exposure. Proportionately, however, when testing against only the known causes, this becomes 49% of the inmates having acquired deafness due to adverse pre-natal conditions. 18% became deaf in early childhood due to injury or illness; proportionately 37% of the known causes.

TABLE 7: CAUSE	COUNT	PERCENT
MATERNAL ILLNESS/RUBELLA	23	23%
CHILDHOOD ILLNESS	18	18%
INJURY	2	2%
FAMILY HISTORY	2	2%
CONGENITAL	1	1%
MISSING DATA	53	54%
TOTAL	101	100%

The next variable shows the range of IQ scores. The mean IQ score is 90.

TABLE 8: IQ SCALES	COUNT	PERCENT
60-70	6	6%
71-80	13	13%
81-90	21	21%
91-100	23	23%
100 OR HIGHER	19	18%
MISSING DATA	19	19%

TOTAL	**101**	**100%**
MEAN IQ SCORE	***90***	

At the beginning of their period of incarceration, inmates are screened for intelligence and basic education levels. The TABE (test of basic education) is one such screening test. The TABE is a triangulated scoring system, which combines a math, reading and language (English) score. The test has four levels of difficulty and the exam is administered during a screening exam in which the offenders provide self-reports about their educational backgrounds (Miller, 2001).

The mean reading score for these offenders is at the 3.1 grade level, with 61% scoring below the fourth grade level. The mean math score is grade 4.3, which is three grades below the average, non offending deaf person. The average language (English) score is 2.9. The inmates entering the system had a mean, overall TABE score of 2.5, but following the receipt of remedial educational services, the mean TABE score was increased to grade 3.1, in contrast to the mean TABE score of the *general* prison population, which is grade 7.6.

Most inmates reported that they had completed the 12th grade. The mean grade of completion is the 9th grade.

Approximately 32% of the inmates attended a mainstream school; 36% attended a deaf education program; 19% attended both mainstream and deaf education programs during their school careers; 3% did not attend school and 1% attended an oral deaf program.

TABLE 9: SCHOOL PLACEMENT	COUNT	PERCENT
DEAF ED PROGRAM	36	36%
MAINSTREAM	32	32%
BOTH	19	19%
DID NOT ATTEND SCHOOL	3	3%
ORAL DEAF PROGRAM	1	1%
MISSING DATA	10	10%
TOTAL	101	100%

In addition to the hypothesis testing (Chapter 6) the following statistical tests on these data for: correlations, significant differences, or similarities. The first test was a correlation matrix to verify if there is a correlation between the cause of deafness and the IQ, and genetic transmission. The factors examined were those whose deafness was caused by maternal illness/rubella exposure, congenitally, childhood injury or illness. The two variables were not correlated at a Pearson score of .091.

TABLE 10: BETA IQ & CAUSE CORRELATIONS	BETA IQ	CAUSE
BETA IQ-Pearson correlation	1	0.091
Sig. (2 tailed)	.	0.539
N	48	48

Looking at just the two factors of maternal illness/rubella exposure and childhood illness, the value was a negative correlation, -.144, but again the value was small and was not statistically significant (P=. 365).

TABLE 11: BETA IQ & CAUSE CORRELATION	CAUSE	BETA IQ
CAUSE-Pearson correlation	1	-0.144
Sig. (2 tailed)	.	0.365
N	42	42

There was no correlation between the variables Average pure tone and Beta IQ (Table 25).

TABLE 12: PURE TONE AVERAGE AND BETA IQ CORRELATIONS	PURETONE	BETA IQ
PURE TONE AVERAGE-Pearson Correlation	1	-0.046
Sig. (2 tailed)	.	0.786
N	38	38

The medical history shows that the most frequent health problem faced by these inmates is hypertension/heart disease, followed by substance abuse problems.

TABLE 13: MEDICAL HISTORY	FREQUENCY
HYPERTENSION/HEART/DIABETIC	10
SUBSTANCE ABUSE	6
HEAD INJURIES/MIGRAINES	3
VISION PROBLEM/GLASSES	3
DIZZINESS/TINNITUS	2
HIV+/SYPHILLIS	1
AMPUTEE	1
POLIO	1

ALLERGIES/ASTHMA	1
TOTAL:	**28**

The psychological history shows a high rate of personality disorders followed closely by depression, substance abuse problems as well as a high rate of psychiatric hospitalizations.

TABLE 14: PSYCHOLOGICAL HISTORY	**FREQUENCY**
PERSONALITY DISORDER	7
DEPRESSION	6
HX OF SUICIDAL/SELF INJURIOUS BEHAVIOR	5
PSYCHIATRIC HOSPITALZIATIONS/TREATMENT	5
SEX ABUSER TREATMENT	2
EXPLOSIVITY OR AGGRESSION	1
PSYCHOACTIVE DRUG TREATMENT	1
TOTAL:	**27**

History of Neurological impairment/injuries shows a high incidence of head injuries.

TABLE 15: NEUROLOGICAL HX	**FREQUENCY**
HEAD INJURIES	14
MENTAL RETARDATION	5
COGNITIVE DEFICITS	2
BRAIN DAMAGED	1

TOTAL:	22

Social history shows a high rate of substance abuse and gang involvement.

TABLE 16: SOCIAL HX	COUNT
SUBSTANCE USE/ABUSE	49
VICTIM OF CRIME	9
SUSPECTED GANG AFFILIATION	8
VICTIM OF SEX ABUSE	3
AGGRESSIVE/FIGHTS	4
CHILDHOOD VICTIMIZATION BY BULLIES	1
MISSING DATA	27
TOTAL	101

A multiple response chart shows that of all of the co-morbid factors (medical, psychological and neurological), the most frequent co-morbid condition is depression at 60.5%. In second, are vision problems with 37%, followed by Hepatitis at 17.4%, head injuries/migraines at 14% and hypertension/heart problems/diabetes at 12%.

CHART 8: HX OF CO-MORBIDITY

Category label	Code	Count	Pct of Responses
DEPRESSION	7	52	33.1
VISION PROBLEMS/GLASSES	1	32	20.4
HEPATITIS	2	15	9.6
HEAD INJURY (INJURIES)/MIGRAINES	5	12	7.6
HYPERTENSION/HEART PROBLEMS/DIABETIC	13	10	6.4
HIV+/SYPHILLIS	3	8	5.1
PERSONALITY DISORDER	8	6	3.8
SUBSTANCE ABUSE PROBLEMS	12	6	3.8
MENTAL RETARDATION/DEVELOPMENTAL DISORDE	6	5	3.2
SYPHILLIS	4	2	1.3
DIZZINESS/TINNITUS	15	2	1.3

SUICIDAL/SELF INJURIOUS BEHAVIOR	9	1	.6
HEARING AID/COCHLEAR IMPLANT	14	1	.6
AMPUTEE	16	1	.6
POLIO	18	1	.6
ALLERGIES/ASTHMA	19	1	.6
HIV +	20	1	.6
VARIOUS PHYSICAL INJURIES	21	1	.6
		157	100.0
	Total responses		

15 missing cases; 86 valid cases

The most frequent charge for these inmates is sexual offenses against children, with property charges being second and drug offenses and sexual assault (adult) being tied for third.

TABLE 17: CHARGE	COUNT
SEXUAL ASSAULT CHILD	25
SEXUAL ASSAULT	17
PROPERTY	18
DRUGS	17
VIOLENT ASSAULT	13
MURDER/MANSLAUGHTER	8
MISSING DATA	3
TOTAL	101

The most frequent sentence being served is bi-modal, 5 years and 10 years. The mean average sentence is 19 years.

Approximately, 38% of these inmates are self reported recidivists.

TABLE 18: RECIDIVIST	COUNT	PERCENT
YES	38	38%
MISSING DATA	63	63%
TOTAL	101	100%

Approximately, 24% of the sample has juvenile records. Due to the high percentage of missing data, 66%, the preceding number of those with juvenile records, might actually be higher.

TABLE 19: JUVENILE RECORD	COUNT	PERCENT
YES	24	24%
NO	8	8%
MISSING DATA	69	68%

Descriptive data provides a portrait of the characteristics of this population. However, due to the lack of generalizibility, this sample does not represent the characteristics of all deaf offenders in the United States. Future research that focuses on deaf inmates in other states will be useful to create a more comprehensive profile of deaf inmates and any characteristics that are shared across ethnicities, ages and offenses committed.

CHAPTER 7: QUANTITATIVE ANALYSES OF THE HYPOTHESES:

In order to test the sub-hypotheses, the prison database (N=101), and demographic census data from the Gallaudet University Research Institute (which chronicles the prevalence, onset, causes and family histories of deafness) were used.

HYPOTHESIS A_1: A higher proportion of deaf offenders share common family histories of hearing parents and siblings, when compared to the deaf general population.

Measures*:* The data from the Gallaudet Regional and National Survey of Deaf and Hard of Hearing children and youth (from the Southern region, which includes the state of Texas.) were used[12], [10]. Based upon this most recent demographic survey from the Research Institute at Gallaudet University (2003-2004), *of the children who are born deaf*, 82% of them are born to hearing parents[13]. The data from the inmates in the Texas prison sample this survey shows that 2% were born to hearing families.

TABLE 19: FAMILY DEAFNESS	COUNT	PERCENT
SIBLINGS	9	9%
ONE/BOTH PARENTS	4	4%
SPOUSE/CHILD/CHILDREN	2	2%
HEARING FAMILY	2	2%
MISSING DATA	82	81%
TOTAL	101	100%

[12] This was a study conducted by the Gallaudet Research Institute, Ross E. Mitchell and Michael A. Karchmer in 2002. The research report is available both online from the Gallaudet Research Institute at Gallaudet University and was published as, "Chasing the mythical ten percent: Parental hearing status of deaf and hard of hearing students in the United States" by *Sign Language Studies* 2002.

[10] The survey gave national data, as well as breaking this down into Northeastern, Midwestern, Southern and Western regions.

[11] This percentage is the result of the average number of surveyed deaf children/youth, from the Gallaudet survey, who had hearing parents and siblings.

GALLUADET UNIVERSITY 2003-04 FAMILY DEMOGRAPHIC STATISTICAL TABLE 20

PARENTAL HEARING STATUS	Northeast N	Northeast %	Midwest N	Midwest %	South N	South %	West N	West %	Nation N	Nation %
Total students	5871	100.0	9973	100.0	13268	100.0	9632	100.0	38744	100.0
Information NOT reported	459	7.8	820	8.2	816	6.2	938	9.7	3033	7.8
Total known info., Either Parent	5412	100.0	9153	100.0	12452	100.0	8694	100.0	35711	100.0
Mother's status: Hearing	5036	93.1	8407	91.8	11452	92.0	8049	92.6	32944	92.3
Hard of hearing	125	2.3	347	3.8	338	2.7	205	2.4	1015	2.8
Deaf	235	4.3	369	4.0	610	4.9	400	4.6	1614	4.5
Unknown	16	0.3	30	0.3	52	0.4	40	0.5	138	0.4
Father's status: Hearing	4674	86.4	7805	85.3	10740	86.3	7592	87.3	30811	86.3
Hard of hearing	135	2.5	247	2.7	204	1.6	141	1.6	727	2.0
Deaf	209	3.9	324	3.5	511	4.1	369	4.2	1413	4.0
Unknown	394	7.3	777	8.5	997	8.0	592	6.8	2760	7.7
Both parents hearing	4550	84.1	7511	82.1	10383	83.4	7367	84.7	29811	83.5
Both parents deaf or hard of hearing	213	3.9	345	3.8	518	4.2	371	4.3	1447	4.1
One parent deaf/hh; other hearing	239	4.4	490	5.4	502	4.0	324	3.7	1555	4.4
One parent deaf/hh; other unknown	39	0.7	107	1.2	125	1.0	49	0.6	320	0.9
One parent hearing; other unknown	371	6.9	700	7.6	924	7.4	583	6.7	2578	7.2

HAS DEAF OR HARD OF HEARING SIBLINGS	Northeast N	Northeast %	Midwest N	Midwest %	South N	South %	West N	West %	Nation N	Nation %
Total students	5871	100.0	9973	100.0	13268	100.0	9632	100.0	38744	100.0
Information NOT reported	500	8.5	493	4.9	567	4.3	657	6.8	2217	5.7
Total known information	5371	100.0	9480	100.0	12701	100.0	8975	100.0	36527	100.0
Has deaf or hard of hearing siblings	798	14.9	1324	14.0	1508	11.9	1229	13.7	4859	13.3
Has no deaf or hard of hearing siblings	4148	77.2	7356	77.6	10222	80.5	6936	77.3	28662	78.5
Data Not Available	425	7.9	800	8.4	971	7.6	810	9.0	3006	8.2

Data from this report should be cited/referenced as:

Gallaudet Research Institute (January 2005).

Regional and National Summary Report of Data from the 2003-2004 Annual Survey of Deaf and Hard of Hearing Children and Youth.

Washington, DC: GRI, Gallaudet University.

Using the data from the prison sample, the percentage of deaf inmates born into hearing families falls to 2%, which is lower than the Gallaudet sample of 81%, but there was a higher proportion of missing data from the prison sample than from the Gallaudet sample (81% compared to 7%).

Method of analysis*:* The Z test for proportional difference between the offender and non-offender group was done. In this test, significance levels of .05 and .01 were chosen.

Findings*:* Using the Z test for significance in differences of proportions or two independent samples, the resulting Z score is 5.44; the significance level is .00000000, which is much smaller than either the .05 or .01 significance level; *therefore this is a statistically significant difference*.

Conclusions*:* Despite the fact that there is a statistically significant difference in proportions between the Gallaudet sample and the prison sample, the difference runs in the opposite direction from the hypothesized difference. In other words, there is higher proportion of deaf children born to hearing parents in the general non-offending deaf population, contrary to what was hypothesized that there would be a higher proportion in the prison sample. Accordingly, Hypothesis A_1-that a higher number of deaf inmates would be born into hearing families than deaf non-inmates-is *not supported*, by a statistically significant margin.

HYPOTHESIS A_2: Offenders with common family histories of hearing parents and siblings will report that communication was difficult and frustrating.

Measures*:* In order to test this hypothesis, the following variables: "Primary Communication Mode," "Age learned ASL," and "Family Signs," were used. The reason for selecting these variables is that they are explanatory as to the nature of communication. This is a multi-leveled analysis of the variables; assuming that an inmate reports that his/her primary communication mode is ASL or a variant of sign language, then the second question is how old that inmate was when he/she learned how to sign. If they learned later than infancy, not from a parent but in school or from peers, then the assumption is that communication with their families was difficult. This would

be particularly so if there are no family members who sign. The first statistical analyses frequency distributions for the variables "Primary Communication Mode", "Age learned sign" and "Family Signs."

The following table[14] is a cross-tabulation of the variables, "Age learned ASL" and "Primary communication mode (recode)." The highest percentages are those that show that, of the inmates who prefer to use sign language, most learned in early childhood.

TABLE 21: CROSSTABS	ASL	NS/ASL	WRITING/ GESTURING	SPEECH/ SIMCOM	MISSING DATA	TOTAL
EARLY CHILDHOOD	18	4	0	2	0	24
ELEMENTARY SCHOOL AGE	22	7	0	3	0	32
ADOLESCENCE	8	3	0	2	0	13
LATE TEENS	3	1	0	1	0	5
ADULT	2	1	0	1	0	4
DID NOT LEARN	1	1	1	4	2	9
MISSING DATA	6	6	0	1	1	14
TOTAL	60	23	1	3	14	101

The next cross tabulation concerns those who prefer to use sign language, either ASL or Non-standard sign language, and the number of family members who communicate with them using sign language. The highest percentage of these inmates who use sign language report that their families sign with them or sign "a little" (approximately 96%) compared to those inmates who use sign language and whose

[14] Tables 26 and 27 were modified to show only those data that were available. In each of the analyses, the highest percentage was "data not available."

families either did not sign or used speech/simcom or writing/gesturing (approximately 38%).

TABLE 22: CROSSTABS	ASL	NS/ASL	SPEECH/SIMCOM	TOTAL
DOES FAMILY SIGN: YES	24	5	1	30
DOES FAMILY SIGN: NO	9	5	3	17
TOTAL	33	10	4	47

Method of analysis*:* A Z test for statistical significance of difference in proportions was done to test this sub-hypothesis that communication was fraught with difficulty.

It is not unreasonable to expect that for those inmates whose preferred communication mode is ASL or Non-standard sign, that it would be difficult to communicate with family members who did not sign. Accordingly, the two proportions examined are the proportion of inmates who prefer to use sign *and* whose family members sign as well as those inmates who prefer to sign *and* whose family members do not sign. The proportions are as follows: 29/30 for inmates who sign and whose families sign and 17/47 for those inmates who sign and whose families do not.

Findings*:* The Z score is 5.279. The probability of obtaining that score at significance level at either .05 or .01, is approximately .0000000; therefore the difference in proportions is statistically significant.

Conclusion*:* Since the higher number represents the proportion of those inmates who both, use sign *and* whose family members sign, the hypothesis that communication with family members was fraught with fraught with difficulty, is not supported.

Research done by the National Institute on Deafness and Other Communication Disorders (NIDCD), of the National Institutes of Health suggests that the first six months of life are the most crucial to a child's development of language skills (found online, http:// www. nidcd.nih.gov/health/hearing/asl.asp#f.). Regarding this sample of deaf inmates, the average age of sign language acquisition was in elementary school; the highest number of inmates whose primary mode of communication is ASL or non-standard ASL and of those inmates and many had parents who did not sign. Age is a critical issue for people who acquire ASL, whether it is a first or second language. For a person to become fully competent in any language, exposure must begin as early as possible, preferably before school age. The earlier any child is exposed to and begins to acquire language, the better that child's communication skills will become. The findings based upon the statistical analysis of these data are certainly suggestive of communication difficulties between the inmates and their families. Accordingly, Hypothesis A2, that communication with family members was fraught with difficulty, is *not supported* by a statistically significant difference in proportions.

HYPOTHESIS B_1: A higher proportion of deaf offenders have significantly late or misdiagnosis of deafness or hearing impairment.

In order to test this hypothesis, the data from Gallaudet Regional and National Summary of the prevalence of deafness was used. The variable from each data set, which indicated age at diagnosis, is "Age at onset." Neither the prison sample nor the Gallaudet sample include a variable for age at official diagnosis, so using the variable "Age at onset" is the most useful variable for this analysis.

Measures: The z test for proportions, the .05 and .01 significance levels are chosen. The frequencies for the variable "onset" from prison sample are shown in the following table:

TABLE 23: ONSET	COUNT	PERCENT
CONGENITAL	56	55%
EARLY CHILDHOOD	22	22%
ADOLESCENSE/ADULT	2	2%
MISSING DATA	21	21%
TOTAL	101	100%

78 out of the 80 inmates sampled became deaf either at birth (congenital), early childhood or in adolescence. There were far more deaf persons, in the prison sample, who were diagnosed at an earlier age than in the non-prison sample. Therefore, based upon this information, this sub-hypothesis is not supported. However, a Z test was again used to see if this was statistically significant.

Method of analysis: in order to be certain that this is statistically significant; the computation of P, the Z test for statistical significance of difference in proportions was used.

Finding: Z = 15. The probability for this Z statistic is large (.00000) and is thus statistically significant.

Conclusion: Accordingly, Hypothesis B1 that a higher proportion of deaf offenders have significantly late or misdiagnosis of deafness or hearing impairment is not supported.

TABLE 24: GALLAUDET SURVEY OF AGE AT ONSET:

AGE AT ONSET OF HEARING LOSS	Northeast N	Northeast %	Midwest N	Midwest %	South N	South %	West N	West %	Nation N	Nation %
Total students	5871	100.0	9973	100.0	13268	100.0	9632	100.0	38744	100.0
Information NOT reported	268	4.6	355	3.6	322	2.4	467	4.8	1412	3.6
Total known information	5603	100.0	9618	100.0	12946	100.0	9165	100.0	37332	100.0
At birth	2355	42.0	3663	38.1	5793	44.7	3833	41.8	15644	41.9
Under 3 years	1313	23.4	1690	17.6	2655	20.5	1500	16.4	7158	19.2
3 years or older	365	6.5	607	6.3	691	5.3	457	5.0	2120	5.7
Unknown	1570	28.0	3658	38.0	3807	29.4	3375	36.8	12410	33.2

HYPOTHESIS C_1: Deaf offenders have severe language deficits and a lack of cultural identity due to being poorly socialized and resulting in even greater socialization deficits.

Measures: Using data from the prison sample that discusses the communication and language skills of the deaf inmates. The variables are: Primary mode of Communication (recode) and age learned ASL.

Method of analysis: Cross tabulation.

TABLE 25: PRIMARY COMMUNICATION	COUNT	PERCENT
ASL	60	59%
NS/ASL	23	23%
WRITING/GESTURING	1	1%
SPEECH/SIMCOM	14	14%
MISSING DATA	3	3%

TABLE 26: CROSSTABS	ASL	NS/ASL	WRITING/ GEST.	SPEECH/ SIMCOM	MISSING DATA	TOTAL
DID NOT LEARN	1	1	1	4	2	9
ADULT	2	1	0	1	0	4
LATE TEENS	3	1	0	1	0	5
ADOLESCENCE	8	3	0	2	0	13
SCHOOL AGE	22	7	0	3	0	32
EARLY CHILDHOOD	18	4	0	2	0	24
TOTAL	54	17	1	2	13	87

Findings: Most of the inmates in this sample have good language skills. As seen from the preceding tables; Table 30 and Table 30a, approximately 96% have language skills. Language skills should never be confused with speech acuity. Although many in this sample prefer to use sign language as their primary language, sign language is not an inferior language (see footnote #5 on page 5 of this dissertation). However, most who have language skills use ASL or a form of Non-standard ASL; 71 inmates out of 87. Of those who use ASL or NS-ASL, most learned in either early childhood or during elementary school; 40 inmates out of 56. Accordingly, the higher proportion of inmates learned their language of preference, ASL, at an early age; early childhood or elementary school age.

Conclusion: Hypothesis $C_{1,}$ thatdeaf offenders have severe language deficits and a lack of cultural identity due to being poorly socialized and resulting in even greater socialization deficits, is not supported by the data. One consequence of poor

socialization has been argued by Moffitt (1993) that a key causal factor of early start/life-course-persistent route to offending, is *poor or ineffective socialization*. However, these data do not support the notion that these inmates were poorly socialized due to the language deficit.

The two larger, competing hypotheses, A and B, are:

1. ***Is there a lack of language parity, with hearing peers, and, if so, are there resulting difficulties in obtaining an education/employment? Do these deficits in language parity and educational attainment create "strain" in the deaf individual, leading him/her to criminal behavior; or,***
2. ***Whether there are difficulties or deficits in the normal socialization process, necessary for development, that creates difficulties within the individual leading to criminal behavior.***

Since each of the sub-hypotheses, A_1-C_1, tested above, are components of these larger, competing, hypotheses, the statistical analyses done are indicative of a general finding that these main hypotheses cannot be supported. Specifically with respect to the first hypothesis, regarding "strain", the sub-hypotheses A_2 and C_1 (issues surrounding language acquisition and communication difficulties as well as socialization and cultural affinity, respectively) were not supported by the data. Even though the data suggests cultural inclusion, the model created to test this hypothesis is insufficient. Thus, Hypothesis A is not supported by the data and is not accepted as true.

The components of the second hypothesis, regarding socialization, are the variables that describe language preference (communication mode), parents' signing acuity and age at which ASL was learned. The quantitative analysis for this hypothesis is a data reduction function, or a factor analysis; the purpose of data reduction is to remove redundant (highly correlated) variables from the data file, perhaps replacing the entire data file with a smaller number of uncorrelated variables.

The variables used in this analysis were:

1. *Race/Ethnicity;*
2. *Gender;*
3. *Family members who sign;*
4. *Age subject learned ASL;*
5. *Primary mode of communication;*
6. *Beta IQ recoded as scales; and,*
7. *Pure tone average of both ears.*

The additional variables were added to provide some additional insight into this question. Certainly; race, gender, IQ and degrees of hearing loss, play a role in socialization. It is reasonable to include them in this analysis. The component matrix shows that the top three components in this data reduction are: primary mode of communication, IQ scores and the age at which the subject learned ASL.

TABLE 27: COMPONENT MATRIX	**1**	**2**	**3**
PRIMARY COMMUNICATION	**0.768**	**0.351**	**0.007**
GENDER	**0.588**	**-0.087**	**0.248**
FAMILY SIGNS	**0.487**	**0.144**	**-0.614**
AGE ASL LEARNED	**0.38**	**-0.033**	**0.767**
PURE TONE AVERAGE	**-0.333**	**-0.774**	**-0.027**
RACE/ETHNICITY	**-0.587**	**0.383**	**0.124**
IQ SCALES	**-0.626**	**0.493**	**0.128**

PRINCIPAL COMPONENT ANALYSIS: 3 COMPONENTS EXTRACTED

Based upon this factor analysis, it is likely that these three components: primary mode of communication, IQ scores and age ASL was learned are important factors. The next step is to test the significance of these components. A correlation matrix was done to see if and how any of these components were correlated with each other. The matrix

shows that age learned ASL and primary communication mode are significantly correlated (Pearson .284) at the .01 significance level.

Next it was determined that an examination of *each* of these variables was warranted in order to understand the intrinsic significance of each. With respect to the age the subject learned ASL, approximately 68% of the subjects had learned ASL by adolescence, with the larger proportion having learned it by elementary school age (55%).

TABLE 28: CORRELATIONS	AGE ASL LEARNED	IQ SCALES	PRIMARY COMMUNICATION
AGE ASL LEARNED	1	-0.02	.284**
IQ SCALES	-0.021	1	-0.105
PRIMARY COMMUNICATION ** CORRELATION SIGNIFICANT AT THE .01 LEVEL (2 TAILED)	.284**	-0.105	1 N=101

TABLE 29: AGE ASL LEARNED	COUNT	PERCENT
SCHOOL AGE	32	32%
EARLY CHILDHOOD	24	24%
ADOLESCENCE	13	13%
DID NOT LEARN	9	9%
LATE TEENS	5	5%
ADULT	4	4%
MISSING DATA	14	14%
TOTAL	101	100%

The next variable is the Beta IQ scores. The analysis shows that most of the inmates had IQ's between 90-100, which is considered to be average.

TABLE 30: IQ SCALES	COUNT	PERCENT
60-70	6	6%
71-80	13	13%
81-90	21	21%
91-100	23	23%
100 OR HIGHER	19	18%
MISSING DATA	19	19%
TOTAL	101	100%
MEAN IQ SCORE	***90***	

The last analysis is of the variable, primary communication mode. This shows that approximately 82% of the inmates prefer to use ASL or a non-standard form of ASL.

TABLE 31: PRIMARY COMMUNICATION	COUNT	PERCENT
ASL	60	60%
NS/ASL	23	23%
SPEECH/SIMCOM	14	14%
WRITING/GESTURING	1	1%
MISSING DATA	3	3%
TOTAL	101	100%

If Hypothesis B, about socializations deficits was true, it would be reasonable to expect inverse numbers regarding the variables Communication, IQ and Age ASL was

learned. It would be expected that if the hypothesis were true, the inmates would have acquired their preferred language/communication mode at a *later* age and their IQ's would be much lower. Therefore, the second hypothesis, that socialization deficits due to lack of language parity are responsible for the development of criminal behavior is not supported by the data.

DISCUSSION OF THE FINDINGS:

None of the four sub-hypotheses were supported by the data used in the analyses. Both of the main, competing, hypotheses were not supported. Thus, on its face, this particular model of deficient socialization could not be proven by the analyses of the data. Although the literature shows that most children with hearing loss are born to hearing parents, this sample of deaf inmates do not show that to be true. Additionally, the literature states that the degree of intimacy between a parent and child is noted to be far greater when they share a common language (Cambria, 2002). This group, even though most use ASL or a form of ASL, have parents and family members who don't typically sign or if they sign, it is limited to gesture or homesign. It would seem that it did not offer any insights into the genesis of criminal behaviors of deaf persons.

However, this research offers a good foundation from which other questions may be asked and data analyzed. Due to the small sample, lack of generalizability, and relatively unexplored nature of the subject, this study was able to discuss a fraction of the possible factors associated with this topic. Indeed, this is not necessarily illustrative of the characteristics of a deaf inmate population, simply the population of deaf inmates in the Texas prison.

In Chapter 8, of this dissertation, the data from the prison sample are re-analyzed and discussed using a different paradigm; a Relative Disability model and comparing the prison group to a larger group of inmates-using data from the Bureau of Justice Statistics as well as, again, to the Gallaudet research sample.

CHAPTER 8: SECONDARY ANALYSIS OF THE PRISON DATA POSITING A MODEL OF "RELATIVE DISABILITY"

Comparisons are odious, because they are impertinent . . . making one thing the standard of another which has no relation to it. (W. Hazlitt, [1821] 1903)

Up to this point, the hypothesis that the model of deficient socialization strongly contributes to the development of criminal behavior in deaf persons was not proved with the data from this prison sample. The analyses of the data for each of the tested sub-hypotheses A_1-C_1 as well as the two, larger competing hypotheses, A and B, were fairly conclusive; the deaf inmates in this sample do not have statistically significant differences from their non-criminal, deaf counterparts with respect to language acquisition and socialization. However, the notion persists that deaf inmates are fundamentally different from the non-criminal, deaf population. Additionally, there is a thought that, aside from the obvious difference in hearing ability, that deaf inmates are also fundamentally different from the non-deaf (hearing) prison population.

Accordingly, it was thought that a second look, at this population, might be instructive from an educational/medical/psychological perspective; that perhaps it is a combination of these three dimensions that is the key to understanding the etiology of criminal behavior of deaf inmates.

RELATIVE DISABILITY MODEL:

The original hypotheses tests were based upon the primary deficient socialization model, stated in the dissertation proposal, and based upon a review of relevant literature that strain was the result of deficits in language acquisition and subsequent socialization. Although none of the hypotheses were supported by the data, it is thought that perhaps, tweaking the original model might yield more explanatory results regarding the deaf inmates. Accordingly, a *relative disability* model is put forward, which states that when

compared to the general, deaf, non-inmate population, the inmates in the Texas prison sample have higher incidences of other disabling conditions; that they are, in fact, relatively more disabled. These disabling conditions are comprised of emotional disturbances, maternal or pregnancy complications, as well as greater hearing loss.

The current hypothesis is that deaf inmates are fundamentally different from hearing inmates and from deaf, non-inmates because of relative disability; that where a *hearing inmate* might exhibit psychological problems or sparse educational attainment, the *deaf inmates* have more psychological disturbances as well as even lower educational attainments. Additionally, when compared to the general, non-criminal deaf population, the deaf inmates have greater degrees of hearing loss, higher rates of maternal pre-natal illness and psychological problems.

The Texas deaf inmate prison data is compared to the Gallaudet data, only using different variables. This time, the variables of interest are psychological or emotional difficulties, maternal pre-natal health and degrees of hearing loss. Thus, an alternate hypothesis is that the deaf inmates in the Texas sample, when compared to the deaf non-inmates in the Gallaudet sample, have higher rates of emotional difficulties, greater hearing losses and higher rates of maternal pre-natal illness.

The first part of the hypothesis is that there are higher rates of emotional problems is tested by using those values from the prison sample's variable about psychological history-but not including the values for sexual offender treatment or psychoactive drug treatment. The values included in the analysis are:

1. *Depression;*
2. *Personality disorder;*
3. *HX of suicidal/self injurious behavior;*
4. *Explosivity or aggression;*

5. *Psychiatric hospitalizations/treatment.*

While theoretical importance in Cohen's strain theory is granted to the more immediate goal of intangible rewards, another line of related research focuses upon tangibles in the *school failure experience.* Proponents of "*school status theory*" ignore status deprivation altogether claiming poor performance in school alone is responsible for crime and deviance. School failure in terms of grades, spelling ability, *language usage*, and general intelligence has been found to lead to crime and deviance even when perceived deprivation familial based class and outside misconduct were controlled. These researchers argue that ascription based stratification and tracking systems in schools lead poorly skilled students to reject being taught and create their own failure. These same researchers also take issue with the idea that higher status groups are equally involved in crime, but do not contest the idea that peer influences can provide the belief that crime will be status rewarding (online 10/26/05http://faculty.ncwc.edu/toconnor/301/301lect09.htm). As seen earlier in Chapter 5 of this dissertation (pg. 46), the mean IQ score for the inmates is 90; an IQ of 90 is considered low average.

Delinquent peer associations may also be a consequence of school failure when a student comes to reject academic achievement and pro-social behavior as legitimate goals and values. Feelings of isolation and a student's perception that she is not receiving emotional support from caring adults also may play a role in the etiology of delinquent or aggressive behaviors; essentially, students with a high sense of school community appear to be more bonded to the school. They have greater attachment to the teachers, more commitment to the school, and have internalized the norms of the school to a greater degree. They feel as though they belong to the school, as though they are valued and

accepted (Payne, Gottfredson & Gottfredson, 2003). Accordingly, this hypothetical model is that poor academic performance is the predicate upon which future criminal behavior can be based. Although the following analyses were not part of the original research design of this dissertation, it was decided to compare the sample of deaf inmates to hearing inmates in the following area: highest grade achieved. Accordingly, the following are two of the hypotheses, in this new model to be tested:

Hypothesis D_1: Deaf inmates have proportionately lower attainments of educational levels than non-deaf inmates.

Measure: Using data from the Bureau of Justice Statistics (BJS) Special Report on Education and Correctional Populations (2003), the hypothesis that the *hearing inmates* had a higher proportion of high school diplomas (or GED's) than the deaf inmates was tested.

Method of analysis: According to the BJS report, approximately 41% of inmates in the nation's state prisons had *not* completed high school. Approximately 65% of the deaf inmates in the prison sample had not completed high school; a difference of 24%. Thus the Z test for statistical significance in proportional differences was done.

Findings: Hypothesis D_1 was tested and was found to have a statistically significant difference in the proportions between educational levels of deaf inmates (from this sample) and non-deaf inmates. The finding is that a *statistically significant higher* proportion of the deaf inmates had not completed high school when compared to the non-deaf inmates. The Z-score obtained is 5.8, with a P value of .0000000.

Conclusion: Thus, Hypothesis D_1 that deaf inmates have lower rates of high school completion than hearing inmates *is supported by a statistically significant difference* in proportions. A review of the literature on deaf attainment in today's UK education by

Powers, Gregory and Thoutenhoofd reveals that deaf children continue to lag behind their hearing peers in terms of school achievement (Powers et al., 1998). In Britain, the author (Conrad, 1979) of a landmark study conducted two decades ago, in 1979, had concluded that fifty percent in the sample of deaf sixteen year- olds studied – all in mainstream education – were functionally illiterate (Thoutenhoofd, 2000). Such issues as language acquisition, stigma associated with "difference" and, possibly, co-morbidity with other disabilities play a part in the lack of educational parity with hearing children.

TABLE 32: FINAL GRADE	COUNT	CUMULATIVE PERCENTAGE
0	4	4.50%
3rd	1	5.70%
4th	2	8%
5th	2	10.20%
6th	5	15.90%
7th	2	18.20%
8th	1	19.30%
9th	9	29.50%
10th	14	45.50%
11th	18	***.65%
12th	30	100%
TOTAL	88	

TABLE 33: BJS REPORT

Table 1. Educational attainment for State and Federal prison inmates, 1997 and 1991, local jail inmates, 1996 and 1989, probationers, 1995, and the general population, 1997

	Prison inmates							
	State		Federal		Local jail inmates		Proba-	General
Educational attainment	1997	1991	1997	1991	1996	1989	tioners	population
8th grade or less	14.2%	14.3%	12.0%	11.0%	13.1%	15.6%	8.4%	7.2%
Some high school	25.5	26.9	14.5	12.3	33.4	38.2	22.2	11.2
GED*	28.5	24.6	22.7	22.6	14.1	9.2	11.0	...
High school diploma	20.5	21.8	27.0	25.9	25.9	24.0	34.8	33.2
Postsecondary/some college	9.0	10.1	15.8	18.8	10.3	10.3	18.8	26.4
College graduate or more	2.4	2.3	8.1	9.3	3.2	2.8	4.8	22.0
Number	1,055,495	706,173	88,705	53,677	503,599	393,111	2,029,866	192,352,084

Note: Probationers have been excluded from the general population. General population includes the noninstitutional population 18 or older. Detail may not add to 100% due to rounding.
*General Educational Development certificate.
...Not available in the Current Population Survey.

Sources: BJS, Survey of Inmates in State and Federal Correctional Facilities, 1997 and 1991; BJS, Survey of Inmates in Local Jails, 1996 and 1989; BJS, Survey of Adults on Probation, 1995; Bureau of Labor Statistics, Current Population Survey, March supplement, 1997.

[15]

Hypothesis D_2: Deaf inmates have proportionately higher rates of sexual crimes and violent crimes than the hearing deaf inmate population.

Approximately 25% of the deaf inmates in this sample were convicted of the crime of sexual assaults against children; 42% were convicted of sexual assault charges in total and 21% were convicted of violent crimes; these numbers represent approximately, a cumulative percentage of 64% for violent and sexual crimes committed by the deaf inmates in this sample.

Measures: Comparing the deaf prison sample with the BJS sample of hearing offenders.

Method of analysis: The Z-test for statistically significant differences between proportions.

Findings: 393,918 inmates out of 492,398, in the BJS study, were convicted of violent crimes. 21 *deaf* inmates out of 99, in the Texas sample, had also been convicted of violent crimes. Therefore, the proportion is *higher* for the hearing population than the

[15] This table was taken from, Harlow, C.W. (2003). Bureau of Justice Statistics Special Report: Education and Correctional Populations.

deaf population. The Z statistic for proportions is very large; 14.619, and the probability of that is .00000.

Conclusion: Accordingly, there are a greater proportion of violent offenses committed by *hearing* offenders than deaf offenders. Hypothesis D_2 is not supported.

The second part of Hypothesis D_2 is that there is a greater proportion of sexual crimes committed by deaf offenders than by hearing offenders.

Measures: According to Table 33, 42 deaf inmates out of 99 have committed sexual offenses. A high number of the deaf prison population are sex-offenders; approximately 42%. The BJS report on characteristics of state and federal inmates is used for the data, however, only those data for state inmates will be used. The BJS data shows that 8.6% of the state prison inmates are sexual offenders.

TABLE 34:

Table 13. Educational attainment, by offense, for State prison inmates, 1997

	Offense			
Educational attainment	Violent	Property	Drug	Public-order
8th grade or less	14.9%	12.0%	15.0%	14.7%
Some high school	22.3	25.9	31.6	27.0
GED	32.0	30.1	21.1	25.1
High school diploma	20.1	19.8	21.1	21.2
Postsecondary/some college	8.6	9.6	8.9	9.4
College graduate or more	2.2	2.5	2.3	2.5
Number of prison inmates	492,398	229,262	215,644	102,707

Note: Detail may not add to 100% due to rounding.

Source: BJS, Survey of Inmates in State and Federal Correctional Facilities, 1997.

TABLE 35:

Table 4.3. Current offense of State and Federal prison inmates, 1997 and 1991

	Percent of prison inmates			
	State inmates		Federal inmates	
Current offense	1997	1991	1997	1991
Violent offenses	47.2%	46.6%	14.8%	17.3%
Murder[a]	11.7	10.6	1.5	1.9
Negligent manslaughter	1.6	1.8	0.1	0.3
Kidnaping	1.2	1.2	0.6	1.0
Rape	2.6	3.5	0.2	0.3
Other sexual assault	6.0	5.9	0.6	0.4
Robbery	14.1	14.8	10.0	11.2
Assault	9.4	8.2	1.3	1.5
Other violent[b]	0.8	0.6	0.6	0.6
Property offenses	22.0%	24.8%	6.8%	10.2%
Burglary	10.7	12.4	0.3	0.7
Larceny/theft	4.2	4.9	0.5	0.9
Motor vehicle theft	1.8	2.2	0.2	0.5
Arson	0.5	0.7	0.3	0.3
Fraud[c]	2.7	2.8	4.9	6.9
Stolen property	1.6	1.4	0.5	0.8
Other property[d]	0.5	0.4	0.1	0.1
Drug offenses	20.7%	21.3%	62.6%	57.9%
Possession	8.8	7.6	11.5	13.6
Trafficking	11.3	13.3	45.5	42.9
Other/unspecified	0.6	0.5	5.6	1.4
Public-order offense	9.9%	6.9%	14.8%	12.4%
Weapons[e]	2.4	1.8	6.8	5.7
Violation of probation/parole[f]	3.1	1.6	0.8	0.8
Other public-order[g]	4.3	3.4	7.2	5.9
Other[h]	0.2%	0.4%	1.1%	2.2%
Number of prison inmates	1,046,705	704,181	88,018	53,689

Note: Current offense data were available for 98.8% of State prison inmates and 98.8% of Federal prison inmates. Detail may not add to totals because of rounding. Data for Federal prison inmates include sentenced only.

[a]Includes murder and nonnegligent manslaughter.

[b]Includes blackmail, extortion, hit-and-run driving with bodily injury, child abuse, and criminal endangerment.

[c]Includes Federal offenses of embezzlement, fraud, forgery, and counterfeiting.

[d]Includes destruction of property, vandalism, hit-and-run driving without bodily injury, trespassing, and possession of burglary tools.

[e]Includes Federal firearm and explosives violations.

[f]Includes escape, AWOL, flight to avoid prosecution.

[g]Includes obstruction of justice, traffic, driving while intoxicated, driving under the influence of drugs or alcohol, drunkenness, vagrancy, disorderly conduct, unlawful assembly, morals, commercialized vice, rioting, abandonment, nonsupport, immigration violations, invasion of privacy, liquor law violations, tax evasion, bribery, and Federal regulatory and common criminal enterprise offenses, tax law violations, racketeering, and extortion.

[h]Includes juvenile offenses and unspecified offenses.

These data were obtained from "Correctional Populations in the United States, 1997" (Bureau of Justice Statistics publication) November 2000, NCJ 177613.

Method of analysis: The Z test for statistically significant differences in proportions was done.

Findings: The Z value is 12, which is very large. Accordingly, there is a greater proportion of deaf inmates in the Texas sample, who have committed sexual offenses, than the hearing inmates in the national sample of state prisons.

Conclusion: there has been little research about the prevalence of the types of crimes committed by deaf inmates. Nor is there much research about the significance of the relatively lower educational attainments by deaf inmates. However, these findings suggest that there is, at least, room for more research in these areas. Certainly, directions for future research would include a detailed study of the effect of language acquisition, educational attainments and secondary disabilities on deaf offenders as wells as research on the prevalence of deaf sex offenders. Therefore, Hypothesis $D_{2,}$ that there are a greater proportion of sexual crimes committed by deaf offenders than by hearing offenders are supported by statistically significant evidence.

The next set of hypotheses (E_1, E_2 and E_3) to be tested will compare the deaf inmate population to the deaf, non-criminal population. This is to test a general theory of relative disability; that the deaf inmates suffer from more adverse pre-natal experiences, have more psychological disturbances and greater degree of hearing loss, than the deaf non-criminal population.

Hypothesis E_1 is that the deaf inmates have more psychological disturbances than deaf non criminals.

Measures: The data regarding psychological history, from the prison sample, as well as the data regarding emotional/psychological disturbances from the Gallaudet sample, only the data from the southern region of the United States. will be used.

TABLE 36: PSYCHOLOGICAL HISTORY	FREQUENCY
PERSONALITY DISORDER	7
DEPRESSION	6
HX OF SUICIDAL/SELF INJURIOUS BEHAVIOR	5
PSYCHIATRIC HOSPITALZIATIONS/TREATMENT	5
SEX ABUSER TREATMENT	2
EXPLOSIVITY OR AGGRESSION	1
PSYCHOACTIVE DRUG TREATMENT	1
TOTAL:	**27**

THE GALLAUDET SAMPLE-TABLE 37:

SUPPORT SERVICES RECEIVED **	Northeast N	Northeast %	Midwest N	Midwest %	South N	South %	West N	West %	Nation N	Nation %
Total students	5871	100.0	9973	100.0	13268	100.0	9632	100.0	38744	100.0
Information NOT reported	148	2.5	182	1.8	225	1.7	262	2.7	817	2.1
Total known information	5723	100.0	9791	100.0	13043	100.0	9370	100.0	37927	100.0
No support services	224	3.9	465	4.7	802	6.1	688	7.3	2179	5.7
Oral interpreting	50	0.9	93	0.9	158	1.2	80	0.9	381	1.0
Sign interpreting	619	10.8	2277	23.3	3912	30.0	1941	20.7	8749	23.1
Cued speech transliteration	17	0.3	29	0.3	71	0.5	9	0.1	126	0.3
Tutoring	369	6.4	541	5.5	1057	8.1	700	7.5	2667	7.0
Speech training/therapy	3627	63.4	5800	59.2	8804	67.5	4742	50.6	22973	60.6
Notetaking	184	3.2	381	3.9	708	5.4	363	3.9	1636	4.3
Real-time captioning	20	0.3	116	1.2	164	1.3	111	1.2	411	1.1
Counseling	790	13.8	1190	12.2	1404	10.8	845	9.0	4229	11.2
Itinerant teacher services	1732	30.3	4219	43.1	3949	30.3	3791	40.5	13691	36.1
Classroom inst. ass't/aide services	837	14.6	1339	13.7	2574	19.7	2005	21.4	6755	17.8
Auditory training	1065	18.6	1949	19.9	4642	35.6	2335	24.9	9991	26.3
Occupational/Physical Therapy (OT/PT)	666	11.6	907	9.3	1067	8.2	710	7.6	3350	8.8
Other	742	13.0	1253	12.8	1827	14.0	1307	13.9	5129	13.5

ADDIT. CONDITIONS OTHER THAN DEAFNESS**	Northeast N	Northeast %	Midwest N	Midwest %	South N	South %	West N	West %	Nation N	Nation %
Total students	5871	100.0	9973	100.0	13268	100.0	9632	100.0	38744	100.0
Information NOT reported	446	7.6	667	6.7	507	3.8	965	10.0	2585	6.7
Total known information	5425	100.0	9306	100.0	12761	100.0	8667	100.0	36159	100.0
No condition in addition to deafness	3221	59.4	5571	59.9	7676	60.2	5392	62.2	21860	60.5
Low vision	145	2.7	278	3.0	394	3.1	317	3.7	1134	3.1
Legal blindness	81	1.5	115	1.2	209	1.6	112	1.3	517	1.4
Learning disability	724	13.3	1031	11.1	886	6.9	980	11.3	3621	10.0
Mental retardation	452	8.3	969	10.4	1050	8.2	817	9.4	3288	9.1
Attention Deficit Disorder	410	7.6	744	8.0	810	6.3	424	4.9	2388	6.6
Emotional disturabance	164	3.0	191	2.1	229	1.8	130	1.5	714	2.0
Cerebral palsy	174	3.2	268	2.9	398	3.1	313	3.6	1153	3.2
Other conditions	606	11.2	1061	11.4	2218	17.4	933	10.8	4818	13.3

** Percent may total more than 100.0 because multiple responses were allowed

Method of analysis: The Z test for statistically significant differences in proportions was done. The proportions are 27/100 deaf inmates to 229/12,761 deaf non-criminals.

Findings: The Z score was 18, showing that the prison sample had a greater proportion of emotional/psychological disturbance than the non-criminal sample.

Conclusion: Hypothesis E_1, that the prison sample had a higher proportion of emotional disturbance than the general deaf sample, is supported by statistically significant evidence. McClelland, Chisholm & Powell (2001) stated that it is widely recognized that deaf people are a misunderstood minority with unique communication needs. Further that they are *more likely* than hearing people to suffer from mental health problems and have high levels of physical and learning disabilities (although it is much more difficult for them to gain access to services and information about the existence of services). Child and adolescent psychiatrists who work with children who have hearing loss will note a high frequency of co morbid neurological and congenital conditions. (Roberts and Hindley, 1999). A study completed by the Department of Health in the United Kingdom (2005) states that *there is* a link between mental ill health and deafness. Estimates in children suggest a prevalence of mental health problems of 40% in Deaf children compared to 25% in their hearing counterparts. In adults, a number of studies from different countries have indicated a significantly higher level of mental ill health for deaf adults than hearing adults.

Hypothesis E_2 is that there are greater degrees of hearing loss in the prison sample, than in the deaf non-criminal sample.

Measures: The data regarding degree of hearing loss from the prison sample and the Gallaudet sample, from the southern region will be used.

Method of analysis: The Z test for statistically significant differences in proportions was done.

Findings: According to the Gallaudet data, those individuals from the southern region with severe to profound (60dB and up) number 7,555. The proportion of severe to profound hearing loss in this sample is 7,555/11385, which equals, .66. The prison sample shows that 44 out of 45 inmates had hearing losses greater than 60dB; this proportion is 44/45, which equals, .98. Therefore, there is a difference in proportions of .32. This proportion was tested for significance and the resulting Z score is 4.5. Thus, Hypothesis E_2 that the prison sample has a larger degree of hearing loss, is supported by statistically significant evidence.

TABLE 38:

2003-2004 REGIONAL AND NATIONAL SUMMARY

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UNAIDED AUDIOMETRIC THRESHOLDS MEASUREMENT	Northeast N	Northeast %	Midwest N	Midwest %	South N	South %	West N	West %	Nation N	Nation %
Total students	5871	100.0	9973	100.0	13268	100.0	9632	100.0	38744	100.0
Information NOT reported	1232	21.0	1902	19.1	2740	20.7	2108	21.9	7982	20.6
Total known information	4639	100.0	8071	100.0	10528	100.0	7524	100.0	30762	100.0
Earphone (preferred measurement)	4308	92.9	7174	88.9	8999	85.5	6730	89.4	27211	88.5
Sound field	331	7.1	897	11.1	1529	14.5	794	10.6	3551	11.5

DEGREE OF HEARING LOSS	Northeast N	Northeast %	Midwest N	Midwest %	South N	South %	West N	West %	Nation N	Nation %
Total students	5871	100.0	9973	100.0	13268	100.0	9632	100.0	38744	100.0
Information NOT reported	880	15.0	1170	11.7	1883	14.2	1213	12.6	5146	13.3
Total known information	4991	100.0	8803	100.0	11385	100.0	8419	100.0	33598	100.0
Normal (< 27 dB, ANSI)	882	17.7	1963	22.3	1218	10.7	1567	18.6	5630	16.8
Mild (27-40 dB, ANSI)	524	10.5	1361	15.5	1158	10.2	1091	13.0	4134	12.3
Moderate (41-55 dB, ANSI)	509	10.2	1320	15.0	1454	12.8	1156	13.7	4439	13.2
Mod-severe (56-70 dB, ANSI)	515	10.3	1052	12.0	1609	14.1	974	11.6	4150	12.4
Severe (71-90 dB, ANSI)	760	15.2	1155	13.1	1903	17.5	1201	14.3	5109	15.2
Profound (91 dB and above, ANSI)	1801	36.1	1952	22.2	3953	34.7	2430	28.9	10136	30.2

COCHLEAR IMPLANT	Northeast N	Northeast %	Midwest N	Midwest %	South N	South %	West N	West %	Nation N	Nation %
Total students	5871	100.0	9973	100.0	13268	100.0	9632	100.0	38744	100.0
Information NOT reported	300	5.1	357	3.6	376	2.8	558	5.8	1591	4.1
Total known information	5571	100.0	9616	100.0	12892	100.0	9074	100.0	37153	100.0
Have not had a cochlear implant	4989	89.6	8636	89.8	11451	88.8	8502	93.7	33578	90.4
Have had a cochlear implant	582	10.4	980	10.2	1441	11.2	572	6.3	3575	9.6
Implant Use										
Total students	582	100.0	980	100.0	1441	100.0	572	100.0	3575	100.0
Information NOT reported	35	6.0	41	4.2	51	3.5	33	5.8	160	4.5
Total known information	547	100.0	939	100.0	1390	100.0	539	100.0	3415	100.0
Implant still used	522	95.4	856	91.2	1237	89.0	503	93.3	3118	91.3
Implant no longer used	25	4.6	83	8.8	153	11.0	36	6.7	297	8.7

TABLE 39: PURE TONE AVERAGE	RIGHT EAR	LEFT EAR
MEAN	86	89

Hypothesis E3 is that the inmates experienced a higher rate of pre-natal exposure to maternal illness/rubella.

Measures: The data regarding degree of hearing loss from the prison sample and the Gallaudet sample, from the southern region will be used. The values from the Gallaudet sample's variable "Etiology" used in this analysis include:

1. *Maternal Rubella*
2. *Cytomegalovirus*
3. *RH incompatibility*
4. *Other complications of pregnancy*

Method of analysis: The Z test for statistically significant differences in proportions was done.

Findings: The prison sample shows that 23 out of 48 of the inmates were deafened as a result of maternal illness or rubella the proportion is 23/46, which equals, .5. In the Gallaudet sample, the number of individuals whose mothers had any of the pregnancy difficulties is 934; the proportion is 934/12860, which equals, .07. The difference between proportions is .43, which results in a large Z score of 11.

Conclusions: Accordingly, Hypothesis E_3 that deaf inmates experienced a higher rate of pre-natal exposure to maternal illness/rubella than deaf non-inmates, is supported by a statistically significant margin.

TABLE 40: CAUSE	COUNT	PERCENT
MATERNAL ILLNESS/RUBELLA	23	23%
CHILDHOOD ILLNESS	18	18%
INJURY	2	2%
FAMILY HISTORY	2	2%
CONGENITAL	1	1%
MISSING DATA	53	54%
TOTAL	101	100%

TABLE 4:

AGE AT ONSET OF HEARING LOSS	Northeast N	Northeast %	Midwest N	Midwest %	South N	South %	West N	West %	Nation N	Nation %
Total students	5871	100.0	9973	100.0	13268	100.0	9632	100.0	38744	100.0
Information NOT reported	268	4.6	355	3.6	322	2.4	467	4.8	1412	3.6
Total known information	5603	100.0	9618	100.0	12946	100.0	9165	100.0	37332	100.0
At birth	2355	42.0	3663	38.1	5793	44.7	3833	41.8	15644	41.9
Under 3 years	1313	23.4	1690	17.6	2655	20.5	1500	16.4	7158	19.2
3 years or older	365	6.5	607	6.3	691	5.3	457	5.0	2120	5.7
Unknown	1570	28.0	3658	38.0	3807	29.4	3375	36.8	12410	33.2
ETIOLOGY **	Northeast N	Northeast %	Midwest N	Midwest %	South N	South %	West N	West %	Nation N	Nation %
Total students	5871	100.0	9973	100.0	13268	100.0	9632	100.0	38744	100.0
Information NOT reported	288	4.9	373	3.7	408	3.1	549	5.7	1618	4.2
Total Known Information	5583	100.0	9600	100.0	12860	100.0	9083	100.0	37126	100.0
Genetic/Hereditary/Familial	1361	24.4	2085	21.7	2655	20.6	1986	21.9	8087	21.8
Pregnancy Related										
Maternal rubella	71	1.3	34	0.4	79	0.6	62	0.7	246	0.7
Cytomegalovirus (CMV)	93	1.7	134	1.4	281	2.2	121	1.3	629	1.7
Maternal drug/alcohol abuse	46	0.8	76	0.8	67	0.5	71	0.8	260	0.7
Medications taken by mother	23	0.4	28	0.3	33	0.3	25	0.3	109	0.3
Rh incompatibility	13	0.2	21	0.2	39	0.3	24	0.3	97	0.3
Consequence of prematurity	231	4.1	353	3.7	680	5.3	259	2.9	1523	4.1
Trauma at birth	44	0.8	74	0.8	115	0.9	63	0.7	296	0.8
Other complications of pregnancy	211	3.8	324	3.4	535	4.2	348	3.8	1418	3.8
Post-Birth Disease/Injury										
Otitis media	264	4.7	717	7.5	477	3.7	393	4.3	1851	5.0
Meningitis	246	4.4	330	3.4	559	4.3	348	3.8	1483	4.0
Other infections	93	1.7	90	0.9	163	1.3	132	1.5	478	1.3
Medications taken by child	88	1.6	160	1.7	192	1.5	137	1.5	577	1.6
Trauma after birth	34	0.6	73	0.8	92	0.7	77	0.8	276	0.7
Other post-birth cause	180	3.2	340	3.5	450	3.5	295	3.2	1265	3.4
Cause cannot be determined/DNA	2821	50.5	5099	53.1	6958	54.1	5067	55.8	19945	53.7

** Percent may total more than 100.0 because multiple responses were allowed

DISCUSSION:

The model of relative disability experienced by the deaf inmates, shows that the inmates are proportionately more afflicted (or more relatively disabled) by emotional disturbances, adverse pre-natal conditions and higher degrees of hearing loss. Combining these findings with the findings about higher rates of violent crimes, as well as sexual crimes, creates a different model than the one originally proposed for testing. The Relative disability model shows a *relatively* more disabled and more violent population than the general deaf population and the general, non-deaf prison population. The inmates in this sample are a very small subset of the general prison population, but are suffering from greater disabilities, developmental disorders and emotional problems. Additionally, the inmates in this sample are *relatively* more disabled than even the non-offender, deaf population with greater hearing loss, adverse pre-natal exposure and emotional/psychological disturbances.

Although the originally proposed hypotheses; A & B and A_1, A_2, B_1 and C_1, were not supported, the socialization model is one that can still be tested on larger groups of deaf inmates. The inmates in this sample are not representative of all deaf inmates, and thus, the results cannot be generalized to the entire deaf prison population. Future considerations for research should include more comprehensive analyses of the roles that language acquisition and early socialization may have on the development of criminal behavior in the deaf population. Certainly, the findings of relative disability suffered by this population merit further research as well. The notion of relative disability could be broadened to include other disabled offenders, as well as the deaf offenders. Implications of any findings that support the relative disability model could include legislative or

policy changes supporting earlier intervention for disabled children; better pre-natal care for pregnant women and stronger emphasis on providing culturally sensitive education to disabled youngsters.

CHAPTER 9: LIMITATIONS AND IMPLICATIONS OF THE STUDY

This study has a number of limitations that are: insufficient data about the socialization, familial and educational histories of deaf inmates universally, meaning the sample of inmates from Texas cannot be compared to another sample of deaf inmates. Also, there is insufficient data about deaf/Deaf non-offenders against which this sample can be compared.

The most limiting aspect of this study is that the data about the prevalence of deaf individuals generally do not state if any of those people are criminal offenders. Official statistics from ASHA, NIH and even the U.S. Census say only that there are X number of deaf people, but do not specify *if they are also offenders.* This may result in duplications and instances where an individual is compared to himself. However, regardless of the limitations, this sample has the capacity to provide adequate data about the state of deaf incarcerated offenders, which serves in turn as a basis for future studies

IMPLICATIONS OF THIS STUDY:

The theories presented in this proposal are not in any way dispositive of the underlying question of why deaf people commit crimes. Certainly, this paper is a broad overview of some of the issues involved in the criminal development of deaf offenders and, as such, is still hypothetical at best. One explanation for the high incidence of hearing loss among inmates is that early loss can cause poor language skills, frustration, academic problems, and inadequate social skills; even though the socialization model tested in this dissertation did not support this notion, the sample was not representative of the entire population. These in turn may lead to school drop out, juvenile delinquency, and eventual adult criminal behavior.

However, future research with this unique population must be carried out in order to learn more about the special circumstances that might explain their criminality. By learning more about the etiologies of criminal behavior in this group, prevention may be possible. Prevention may be as simple as early identification as a deaf person and providing the appropriate education and socializing and cultural experiences. If these criminal antecedents are uncovered and understood, it is hoped that future research will also be devoted to addressing the needs of deaf people.

Appropriate interventions would include the following: first and foremost, good pre-natal care. Then, for children by regular hearing screenings, educational placement made on the basis of the needs of the child *and* according to best practices standards-i.e. a deaf child should not be placed in a "special education" class in which children with different disabilities/needs are warehoused, but rather in appropriate "deaf education" class, outreaching to the parents and families of deaf children with Deaf Cultural resources, and opportunities for the deaf child and his or her family to learn sign language. These are just some of the ways to reduce cultural and linguistic disparity for these children and to promote better social bonding. Appropriate educational placement is also important for the acquisition good literacy skills, which showed as being statistically significant in the second analyses done in Chapter 8 of this dissertation. When educated in mainstream schools, it seems that children with special educational needs and disabilities are more at risk than their peers of social exclusion, bullying and teasing (Dixon, Smith & Jenks, 2004).

CHAPTER 10: CONCLUSION:

Vernon (1995) stated that there are an estimated 35 to 40 percent of hearing-impaired inmates, of which 13 to 20 percent suffer a *significant* hearing loss. A population based study of profoundly deaf defendants admitted to a maximum security facility in the Midwest United States, found the prevalence rate of pre-lingual deafness to be 5.1 per 1,000. They concluded that this was *five times* higher than the rate for pre-lingual deafness in the general population, which is estimated to be approximately 1 percent (Harry & Dietz, 1985 and Young, Monteiro & Ridgeway, 2001). Although there is a disparity between the various findings of prevalence rates of deafness amongst offenders, and barring a sophisticated statistical analysis, it is clear that the ratio of deaf and hearing impaired inmates to hearing inmates is still much greater than the ratio of deaf and hearing impaired non-offenders to hearing non-offenders. Accordingly, it is important to try to learn as much as possible about this population so we can strive to develop the best and most efficient strategies of intervention and rehabilitation that will be as useful to deaf children as possible. These strategies should be especially useful to deaf children, who are at the greatest risk of becoming criminal offenders, by using a combination of early screening, providing appropriate an education as well as instructing parents and other family members about the special needs of their deaf child.

Models of crime prevention are developed based upon the hearing population. There exists a need to have more proactive, specific models for the special needs of Deaf and deaf offenders. In order to accomplish the goal of developing programs to curb criminality in the deaf population, theories about the etiologies of criminal behavior must be researched more thoroughly.

Although the original hypotheses in this study were not conclusive in their findings, they do provide a starting point from which future studies may begin. Due to the small sample, lack of generalizability to other deaf criminal offenders, as well as the relatively unexplored nature of the subject, this study was able to focus on only a fraction of the possible factors associated with this topic. Future research designs for further study of hearing disorders in offender populations might address various subgroups within the populations (e.g., juveniles, females, federal penitentiary inmates) in order to specify the nature and etiologies of hearing problems in the prison population and the contribution of hearing loss to offender behavior and substance abuse (Castrogiovanni, 2005). Indeed, the second model of Relative Disability is a good beginning for future studies.

APPENDIX I:

12 February 2004

I, Aviva Twersky-Glasner, understand and agree to the following statements:

a. The video interviews that I will be viewing are of 10 deaf inmates who have given written permission to Dr. Katrina Miller for their use in research and education settings;

b. This is a research project of the Graduate Center of the City of the University of New York and I am the principal investigator;

c. As this is a research project of the University of New York, I am responsible for securing IRB approval, should that approval be deemed necessary by my graduate advisor, Dr. Benton;

d. The 10 videoed interviews, 10 video transcriptions with non-identifying information, and 101 data sheets with non-identifying information of deaf inmates will be made available to me for use in a pilot study for my dissertation;

e. I agree to keep the identities, personal information, and identifying information of the 10 videoed and 101 other participants strictly confidential;

f. I understand that I may view the 10 videotapes and take notes or transcribe them, but that I may not take copies of the videotapes;

g. I agree to make available to Dr. Miller the transcriptions of the videotapes that I produce; and,

h. I agree to provide Dr. Miller with an opportunity for second authorship, should I publish this as a study in a peer-reviewed or non-peer reviewed journal.

Avivia Twersky-Glasner, M.A. — Date 2/13/04

Katrina R. Miller, Ed.D. — Date 2/13/04

APPENDIX II:

CONFIDENTIAL MATERIAL-KATRINA R. MILLER, ED.D, UNIVERSITY OF ARKANSAS

5/16/2001

Case Study

Participant #E38
Age: 44
IQ: 116
Reading Grade Level: 9.5
Language: English, ASL
Topic: Prison Life/Personal History

Time: 90 minutes

Vocabulary: FREE WORLD[2], HOUSE, BOSS, RACKUP[1], RACKUP[2] , CHICKEN, BADASS, HOMEBOY, GIVE-ME SOME, FEDERAL PENITENTIARY, STUCK OUT, CONTRABAND, BUSTED, WHITE (person), PAROLE, ENEMY.

Deaf culture in the Free World centers on social events such as bowling and other activities, while here the Deaf are idle. We do get to go to church and that gives us a chance to visit with friends we don't often see, however we are not allowed to talk in church. We have to wait for the service to finish and then we can go to the cafeteria, which is sometimes called a restaurant. We take that opportunity to visit but there seems to be more of a longing to use ASL than you would see in the Free World. In the Free World, people can socialize at their leisure, but here I've noticed that there is more of a drive to use ASL whenever we can.

Deaf people have a difficult life here. For instance, our dayroom, E-1 Wing, is for handicapped people. They don't recognize disabilities, they see it as handicapped only. Blind people, deaf people, people who use wheelchairs, and people with other disabilities

are together here. Deaf people don't really fit in with these other disability groups, but we have to deal with the fact that we are placed in the PHOP, or Physically Handicapped Offenders Program.

They provide the deaf with some signaling devices on E-1. In our houses we have an old fashioned buzzer system. It's a panel with different lights on it that are supposed to flash whenever the buzzers go off. It has different colors so we can see what the signal means, but the thing never works right. It just goes off indiscriminately. This makes participation difficult for deaf people. There are very few bosses who sign. There are some who provide minimal communication such as rack up and shower time. That's why deaf culture in prison is limited in comparison to deaf culture in the Free World. In the Free World there are lots of entertainment options, such as going to a movie with captions or renting a video,

among other things.

I would say we have a fledgling deaf culture here in prison.

Regarding the attitude of the bosses toward communication and the deaf, I would say about 2% of them are good in terms of getting along with the deaf, maybe they know some sign language. But the other bosses look down on us as if we are dogs. I feel like when I use my voice or write something down, they are surprised. I don't mean I am super intelligent, but I can write and read at a higher level than some of the other deaf here, who really have poor literacy skills. That makes it difficult for them to communicate with the bosses through writing, so sometimes I assist as an intermediary between the bosses and other deaf prisoners. Overall, I'd say the bosses attitudes are extremely poor.

There are about 5 to 10 deaf people here with higher education levels, while the others are less educated. Let me quantify that by saying that I feel we are all equal regardless of our educational backgrounds. For example, I'm no basketball player, while there are deaf prisoners here who are great at it. So it all evens out in the end. In terms of education, some of the deaf go to school to learn reading and writing. Personally, I am happy to help them with their studies. I am terrible at math and maybe some of them excel in math. I hate math but I can figure out how to do it, yet some of them are very quick with numbers. It really depends on what skill you are looking at in the individual. I take courses here at _____. I wasted 20 years of my life, but I am now trying to improve myself. I'm not that intelligent, it's a process and it takes time. I guess that the loss of communication, loss of education, and loss of socialization opportunities have taken their toll on me.

I do use my voice sometimes, to communicate with the bosses. Sometimes they have a hard time understanding what I say.

I would have to say there are a lot more negatives than positives associated with prison. The list of negatives is extensive. There are no programs available to us. There is no rehabilitation. I feel that the deaf are punished more harshly, for example, the hearing can access education courses, sex offender treatment, and chemical dependency programs such as AA. The deaf do not receive these opportunities. They did have an AA group for the deaf at one time, and I don't know why, but that program is no longer available to us. I think one reason may be that they are short-staffed on bosses, so there is no one to take us to meetings. There are no interpreters there to provide services anyway, we can't learn what we are supposed to do in the AA program and how it applies to parole.

Church services are offered on Tuesdays and Fridays, but there are no Catholic services that are interpreted. Once in awhile, the Catholic priest visits, but I haven't seen him in awhile. He does sign, but he hasn't been around. I miss him. So we just sit there during the service with no clue what the priest is talking about. It's hard for me but I pray on my own and try to retain my spiritual connection. I keep hoping for an interpreter.

When the Catholic services had an interpreter, I was really motivated to go to church.

There are so many negatives here. I am trying to think of some positives. We finally got a TV with captions, at long last. That's the only good thing I can think of.

Before, we had _____ here. I've been trying to figure out what case management is. My understanding is that it was like an advocacy role, someone who would meet with us and assess our rehabilitation needs and help with planning for parole. But that is not how it works here. Case management seems to mean interpreting services. We have interpreting services for court and for doctor's appointments. I guess that's the extent of it. I am really confused about the situation. I would like to see a separation of the role of case manager and interpreter. The case manager would help us with medical, communication, and rehabilitation needs to ready us for parole. The interpreter should pass communication back and forth between the doctor and patient and hold that information confidential. I think case management needs to be improved. Most of the deaf here think that the deaf services program is grossly inadequate in comparison to the hearing-impaired and blind case management programs. They have good services.

The dual case manager and interpreter roles mean less services for us. I think they are conflicting roles to begin with.

Here in prison we use signs such as rack up[1]. When the bosses sign this (rack up[2]), it means get in your house for the count.

When a deaf inmate has a problem with a hearing inmate and the situation gets volatile, the deaf inmate makes a sign that looks like a dog putting his ears back while being scolded. That's a sign I learned in prison and I didn't see that in the Free World. It's prison talk to indicate that a person is a coward, or a chicken.

Bad means baaaad or a bad-ass. For example, if you win a game, then you might say oooh, he's baaad. That's a cool one.

Homeboy. That's the sign for homeboy or homie, as in my homeboy.

"Give me some" is signed part. Some of the hearing prisoners know this sign and if they see you with a doughnut or something, they will say, part, meaning they want some of what you have. The hearing have learned from deaf culture, especially signs like chicken, bad-ass, and part. Also, enemy means I am not your friend. The hearing learn these gestures and signs from the deaf. Some hearing cellies have even taken sign language classes. My suggestion is that hearing inmates learn sign language so that when they are released, they can work as interpreters for deaf prisoners in the Free World and provide some role modeling.

Personally, I do not get involved with selling cigarettes or making any secret codes with the hearing. Maybe some communication like "have house" and others don't know what that means, but that's all I know about. I try to keep my nose clean. I don't want trouble. An example of contraband would be something you get in the mail or something you aren't supposed to have in your house. Most deaf use the sign contraband (illegal).

Infirmary is one sign for sick call, but some of the deaf use doctor. I've tried to teach them the deaf culture signs I learned in the Free World, but some of them still use "doctor," which is kind of like baby talk.

It's dangerous for deaf inmates here because hearing inmates can walk up from behind without the deaf inmate knowing. Some of the deaf inmates watch each other's backs. Also, when doors clang open, the deaf can't hear that. There are a lot of dangers, I'd have to say prison presents hazzards for deaf people.

When deaf prisoners fight, that's a pretty bad situation and some of them are not good fighters at all.

Yes, I know that sign, it's stuck. That means unable to move around, I think. (stuck out).

Yes, we have TTYs but they keep them locked up and you have to write a request to use it. Then they give you a five-minute limit. Five minutes is not enough time to use a TTY. Of course hearing people can communicate much faster on the telephone but deaf people need more time. That's why I don't use the TTY much. Most of the time I write letters. If there is a family emergency, say I receive word that someone is in the hospital, then I'll use the TTY, mainly just to find out how they are doing. Using an interpreter to make calls for me is fine, I don't mind doing that.

I have contact with my family, they still write me. It's wonderful and keeps my spirit alive. I wish I was home with them now. I used to cook for my family. My parents are getting older, my father is 75 and my mother 68. I am concerned about them. My siblings are supportive, we write each other and offer advice. They look up to me because I've been through a bad experience. My brother went through the same thing but

things are improving in the family and with my nephew. When I hear about family problems, I write them to remind them of what could happen if they get into trouble. My family comes to visit me regularly, with the exception of my halfbrother who is serving 3 years in a federal penitentiary in California.

Please help deaf people out there in the Free World. We require better programs to keep us from coming back to prison. I know that no one is perfect but we do need more programs for the deaf. The most needed programs are AA, chemical dependency treatment, sex offender treatment, and rehabilitation. The entire gamut of services are badly needed, including spiritual ministry.

Topic: Personal History

Hi, I've been asked here to talk about my life experiences and I've decided to share some of my stories with you. I grew up in what is called the TexMex culture, the food and culture of the west side, near St. Mary's University. I grew up in this area. My mother was a housewife and my father was a police officer.

The first time I used a hearing aid, I was five years old. My aunt, who is what we call loca or crazy, said that my mother dropped me when I was a baby. I find it hard to buy that story. I think the real story is that I had the mumps, and this caused my hearing loss. I was deaf before I was five. The first time I used a hearing aid it was very loud. Let's see if I can remember that story. We went to a place called _____, which was an oral school for deaf children. Sign language was not permitted there. Sometimes the deaf students would be outside and they would sign when the staff was not around, but the requirement was to learn to speechread and use spoken English. I remember the

teacher would slap our hands and we'd have to sit with our arms at our sides and we were not allowed to communicate using signs.

I guess you are wondering how old I am, I am 44 years old.

I think it was when I was about 8 or 9, the principal told my parents that I was ready to go into a hearing school. My parents agreed with the principal and it was decided that I would be placed in a Catholic school called _____. I went there until 8th grade, and then transferred to _____ where I went until I completed the 12th grade. You may be wondering how I did it. I was the only deaf person at _____. I was isolated from other deaf people while I was there, and I had to sit at the front of the class and speechread the teacher. It was horribly boring watching the teacher's lips flapping and it was tiring as well. But I decided that I needed to exercise patience and try to learn as best I could. But, my social life was nonexistent. Most of the time I could not understand what people were saying. Sometimes other students would help me to cheat on the tests, and that's how I survived the academics. They had moved me to a special education classroom because they thought I was mentally retarded, but I'm not. It's just that I didn't know how to speak English correctly, that's all. I began to learn how to speak English properly.

As for sign language, I had no exposure to it at this time except during high school, when I learned to fingerspell my ABCs. Other students taught me the ABCs to help me during exams. I would act like I was rubbing my temple but it would really be the letter A. This was my way of asking if the answer was A. I'd rub my nose and it would really be the letter B, and this is how I could find out from other students what answer to select. The

teacher had no idea that this was going on. That's how I was able to answer the exam questions correctly.

The school subjects I love are history, English, and storytelling. I'm not a skilled writer but I do enjoy reading. I am really crazy about art. I'm in 7th heaven when I am drawing or painting. I like to paint abstract designs that reflect people's emotions. I despise math, it's the number one subject I hate having to mess with. I find that art projects keep me occupied and out of trouble.

Let me go back a minute and talk about the communication situation with my family when I was growing up. We used home gestures to indicate routine household activities. My mother communicated with me the most, as my father worked three or four different jobs. He was always moonlighting, or what they call working a second job.

Here's a strange story. The doctor told my parents not to speak Spanish with me, as I should learn English. Consequently my parents never spoke Spanish with me. Every time I got into trouble as a child, my parents would have these heated discussions in Spanish, with me standing there understanding nothing of the communication. I had no clue what they were talking about. I feel that they may have been arguing about the fact that I continually broke my hearing aid. I had one of those big old box aids that is worn in a halter which looks something like a woman's bra.

It was very difficult for my parents and siblings to communicate with me. I spent a lot of time with my younger sister, who was like a little doll to me. She also became the person who helped me to communicate. For example, when we watched a movie, she would explain the dialogue to me. This was prior to captioning. But another way I dealt with this whenever a book was made into a movie, I'd read the book before watching the

movie. But my sister was the person I communicated through. My father and were never close until 1980, when we finally became father and son. That's when my father really started to understand about my deafness. This happened in 1980 because that's when I went to _____. This was my first exposure to Deaf culture and sign language. I was 23 years old at the time. Can you imagine being 23 years old and just learning ASL? This really blew my mind, I learned so many new words and everything about life. I felt that my mind had never really been stimulated until I went to _____.

My parents agreed to allow me to go to _____ to attend _____ even though it meant leaving _____. _____ presented a real culture shock for me. For one thing there was a lot of drinking and partying going on there. I lost a friend there, a deaf friend of mine was stabbed to death by another deaf student. This was a time of great change for me. For the first time I was coming out as a gay man. It was so open and free there, and then my friend was murdered. I wish I could tell you that story sometime. Maybe I can tell you now but first I'll need to go back to a previous moment in time in order to explain clearly.

I see a parallel in my life with that of Drew Barrymore. At nine, I was drinking, at 13 I was dropping acid, smoking weed, and everything. I guess that's one reason I was living in a fantasy world. I was really out of my mind at that time. I think that has contributed to me becoming creative in my art. When I arrived in _____, my God, I loved the culture there.

There were so many art and history museums I just went bananas. Let me give you an example: One time I was sleeping in my room. I was there alone but one of the other

students, and I have no idea how he got in there, maybe he came in a window I forgot to shut or popped the lock on the door, but anyway, one of the other students came into the room where I was sleeping with my mouth wide open. He dropped some acid onto my tongue and when I woke up I was having all kinds of wild hallucinations. I went to a history class and although I'm smart, I was asking all these stupid questions. The teacher got annoyed with me and I was unable to focus anyway, so I decided to leave campus and check out an art museum. I felt really good because there is all this beautiful art around _____. I really enjoyed just walking and looking at it, and sometimes I'd just ditch class and go.

In 1980, the gay Deaf culture in _____ was in full swing. There was massive partying going on. I ended up withdrawing from _____ after my friend was murdered. I left because it just became too stressful for me. I think it had to do with the culture shock I was experiencing. It was just so overwhelming.

I went back to _____ to take it easy for awhile. It was in 1983 that I left _____, and by 1984 I was working with the multihandicapped providing independent living skills. The folks I worked with were deaf-blind, mentally retarded, and so on. I was the only deaf person working there, most of the people I worked with were a bunch of fat ladies. I was teaching them about deaf culture and sign language. God, I couldn't believe those people! It was of course a hearing environment, but they were trying to teach them how to cook and clean and other basic skills like riding the bus to work. You would think these things are simple, but for the deaf-blind and mentally retarded, it can be very difficult.

For example, I can't believe they let them cook hot food over a flame. I told them they had better change the battery in the smoke detector. The goal was to teach them how to cook independently, but for people with these kinds of disabilities, it's not going to happen. One of the residents got frustrated and began to hit himself in the forehead. I was thrown for a loop initially, but I put him in a Mandt hold, which is a technique used to restrain people who are out of control. This happened all the time at work. One time I was teaching him how to eat properly, and he threw back his head, slamming it into the wall. I tried working in this environment but it just wasn't for me.

Somehow I got a position at _____ in _____. This was from 1987 to 1993. I worked supervising rehabilitation activities for male students with severe behavior problems. I could tell you about this.

Remember when I was talking about when I was a kid? There are so many stories I could pick from to share with you. When I was working at _____, I disagreed with some of the techniques they used with the troubled boys. For example, I don't believe in giving them a lot of psychiatric medications like Ritalin or Prozac. I can understand it for hearing students because it assists them with communication and self control.

For deaf kids, you have a group of kids who may not even know how to sign. Communication is such a sensitive issue for deaf people. I can see the purpose of providing psychiatric medication to hearing children but the deaf children do not need it. They are just messing with the adult's minds. I know this from observing them. Staff would tell them to settle down and get busy on their work and they would say, "I don't want to, I want to play." They would ignore staff directives. But with me, I would find ways to convince them to behave by promising to cook tacos or bring in a video. They

would be on their best behavior. I liked that. I wasn't trying to bribe them, I just wanted to motivate them to improve their behavior. I taught them to clean their rooms, keep things orderly, how to socialize with others at the teen center, and play pool and other games. I wanted to better their lives, and most of the time, they never had a problem with me. We had a great time together, but the kids often had problems with the hearing staff. There were frequent outbursts, chaos, and damage there. The first time I went there, I helped them out of a rough situation. I could get the kids to behave instantly in my presence and I think this hadto do with communication, as I was the only deaf staff person there.

Somehow, when I worked for the _____…well, I had been abused in my own past. I was not happy there and I started feeling a temptation to drink and use drugs. I wanted to escape from my own problems. I was not happy there but each time I talked about moving on, the school begged me to stay there. My parents couldn't understand why I'd stay in a job I wasn't happy with, but I explained to them that it was the only position available in which I could work in the Deaf world. It wasn't easy for me to find other work with deaf people.

I did have other jobs where I worked in the hearing world. I worked for _____ when I was 19 years old. I was a cashier, and I would make change for people. It was a small business. One time the place got held up. I didn't argue, I just opened the cash drawer and handed over the money. I didn't care. I could smell spray paint fumes on the guy and I suspected he was high. I let him take what he wanted, and luckily there was 10 cents left so that I could call 911.

Oh, I forgot to tell you it was 1975. In 1975, I was a junior in high school. At the time, _____ law permitted people 18 and above to consume liquor. I was a junior in high school working in a liquor store and going out and getting wild in the bars. It was during the disco craze, and I was a good dancer. I have to brag a little about that because it's something I am proud of. I went out drinking almost every night. My parents started to suspect something and would ask me where I was going. I'd tell them I was going to study with a friend. I'd go out and we'd party a little and I'd come home before 10 to prove to my parents that I was studying hard. On the weekends I'd stay out until 3 or 4 in the morning. My mother tried to convince me to stay home but she couldn't get through to me. I felt like I was 18 years old and she couldn't tell me what to do.

The disco years were some wild times. Every kind of drug was available everywhere. I guess you could say there was peer pressure to take drugs but I confess I enjoyed it.

It was a hearing group I ran with. Communicating with them was difficult, but there was always the music. Most of the time I'd be dancing alone. The hearing people liked the way I danced. I can communicate one-to-one with hearing people, and sometimes we'd go out in the park and visit. Oh boy. At that time there was no knowledge of AIDS. In 1980 when I went to _____, I heard immediately about the spread of AIDS and KS, I don't know how to spell that one out. (Kaposi's Sarcoma).

It's really strange. I don't think I mentioned that I am 44, but all my friends have died from AIDS. There are only a few left. I tried to teach them how to be careful and protect themselves but I guess some of them just weren't smart enough. So, umm… life is not easy.

I am sorry for going back and forth with my memories. I imagine you would enjoy it more if I went more in depth with some of my stories. I'd like to tell you more but maybe I just feel it's the not yet the right time to tell them.

My family knows I am gay because when I was younger I was extremely swishy. But the family has struggled to accept my deafness. I always felt I was different than the rest of my family. Let me give you an example. When my sister was born, they named her after my grandmother. When my brother was born, he was named to honor my father. My other sister was named to honor another grandmother. They did not name me a family name. I asked my mother about it and she said that she just liked that name. I think it is a white boy's name. I don't know why they gave me a name that was not a family name. I don't know about having identity issues because of my sexual identity or being deaf, but I think the name issue caused me some identity problems growing up in a Mexican home. My family background is European and Hispanic.

I have one grandmother who speaks Spanish only. Whenever she would tell me something, she would speak in Spanish and I couldn't understand a word she said. Sometimes she would smack me on the back of the head and I wouldn't know why I was in trouble. It's strange, how isolated I felt. My brothers and sisters didn't learn Spanish either, because of what the doctors told my parents about me needing to learn English. My sister speaks Spanish now and my brother is learning. All of them have taken classes, but I just now started taking a Spanish course here. I enjoy it although it's a challenge because there is no interpreter. I have to speechread, just like I used to in high school. Most of the learning I do is through reading and writing.

My mother and father never talked to me about culture. They never made any distinction between racial groups. I guess we just fit into the culture of the area at that time. Back then, the west side where we lived was all Hispanic. The blacks lived on the east side and the whites resided in the northern part of _____. We socialized with our community, and we didn't have a problem with people of other cultures. We felt like everyone was equal. I've had black friends, Mexican friends, and white friends.

It's never been a problem for me. I've never thought about the cultural aspects.

One time when I was watching TV, I saw blacks fighting. That was in the 1960s. TV had a strong effect on me. I saw JFKs funeral, and I saw the blacks revolt in the 1960s, and I learned a lot about the world from TV. I learned about the outside world through TV, which also fed my fantasy life. I found out about the Viet Nam war as it unfolded over a period of time. Dan Rather would talk about what was happening there. I saw a lot of the world through that black and white TV.

In 1969, that was the year my brothers and sisters went to Woodstock. My parents told me that I couldn't go, but my brother was graduating in 1969. I think I was 12 years old at that time. I heard the word, Woodstock, and I saw all the people on TV, with long hair and peace signs. It looked like a beautiful scene and I promised myself that one-day I would go to Woodstock. This was just a fantasy I had, but in 1994, I did go to Woodstock. It was a crazy time. It was the last party I went to. It was wild, drinking, smoking weed, and partying heavily. But I loved it, because I got a chance to see Carlos Santana, he was playing guitar there. I was standing there in the crowd. My friends that

went with me were family, they were lesbians, and there was a man next to me smoking a fatty, and I could smell it. I looked over and used pantomime to sit like a dog and beg. He gave us some and we passed it around. That blew my mind! The sun was setting and it was beautiful. We were there all night until sunrise. It seemed to me that Carlos Santana recognized that I was out there and was a Mexican just like him, and he was playing just for me. He was playing a song called Europa, which was all about the world and the wind. His playing really touched my heart. I was shocked, well, not shocked, but it was a pleasure to look down and see a man and a woman totally naked in the mud. The mud was up to here. Anyway, they were down in the mud making love. It fit together so perfectly with the music and the sunset. I had my hearing aid and I could hear the music. That whole scene just blew my mind. I could see the clouds in the sky, they looked like ____. It was beautiful music and I enjoyed it. That was Woodstock and it was also the last big party I went to before I got busted in 1995.

I was with a younger lover. I got busted at the _____. They've called me a baby raper and a child molester. I'm not really that kind of person. I'm just someone who made a mistake. He and I are both sexual victims. It happened to me at _____ when I was 8 years old, too, with one of the teachers. I never thought of it as abuse. I thought that it was love, at least that's how it felt to me. I think it happened 3 or 4 times. One time we were out playing baseball at the top of the hill. The PE teacher was batting. The PE teacher had blonde hair and looked like a Greek god. He was quite muscular, a beautiful man.

We were out there playing softball and he was batting. He hit the ball out pretty far and it went rolling down the hill. I said, "I'll get it, can I get it?" He was very gruff and he said

to go on. My friend and I chased after the ball down into the trees. There were thorns and somehow we got into a wasp's nest. I was stung all over my head and face. I was so frightened. I was crying and running up the hill swatting at them wildly as they were swarming around me. It was quite painful to be stung in the face and head.

I went to the principal's office, which was next to the infirmary. The PE teacher came in to check on me and I was sobbing. That was the last time I saw him. He looked at me and a single tear rolled down his cheek and he said, "I love you."

After that, I went to the doctor and got checked out. I was okay but I had to stay home for a few days. When I returned, it was almost the end of the school year. The principal told my parents, "it's time for him to go." I never realized at the time why they wanted me to leave school and I never saw the PE teacher again. I don't know what happened to him. In 1981 or 1982, when I was out partying with the deaf in _____, I met some deaf people who had also gone to _____. I asked if they had seen the PE teacher. They said, "You haven't heard? He got fired because of something that happened with one of the boys there." I said, "What do you mean, what are you talking about?" They said, "Yeah, he had sex with one of the boys." I never told them that boy was me. I just flashed on that memory suddenly.

Anyway, I never thought about what he was doing to me as abuse. Sometimes he did make me do things, like dance around like a ballerina in front of other students. When it was raining we could not go outside and I would get up on the stage and dance like a ballerina. The Mexicans liked to be macho and play around like crazy. The PE teacher would yell at us to knock it off. One time I was really proud of myself. I had run all the way around the track first but he made me run around again one more time so another

student won. I was protesting, “hey, I ran to the finish line first.” He did a lot of things to me. I don’t enjoy playing sports. I also I feel that I may have an aversion to sports due to my experiences with the PE teacher.

In the neighborhood, we often played touch football in the street but I got hit on the head. I wish he had never done that to me. I’m not mad at him for what he did to me. I enjoyed it. It seems morbid to say that, but I did. I agree that it is wrong but at the time I did not realize that. I am not angry with him. I wanted to tell the boy that it happened with that I was sorry about it. I think we are both smart enough to understand how it happened. I told him about my experience with my PE teacher and something similar had happened to him before as well. So both of us had been victimized.

I decided to leave that job. I didn’t want to work there anymore as I had gotten too heavily involved in drinking and drugging, and I wanted out of that situation. I decided to seek help. When it all went down, I decided not to go to court. I didn’t want to put my family or the boy’s family through that, so I accepted the charges. I decided not to go to trial and get people emotionally upset. One or two other staff were involved, and they are not there anymore either. I think they got fired or kicked out, it was a big mess.

Anyway, here I am in prison.

I believe the abuse affected me, and changed the way that I think. For one thing, it caused me to have really bizarre fantasies. I think the drugs and drinking made me feel like a child again, like a little boy. When I was having withdrawals, I had hot flashes, sweats, and I was very tempted to use again, but I am trying to fight those demons and keep myself straight. I am okay now. Here in prison, I have to be careful because others may find out about my situation. The boy from _____ is here now, too. I tell him I

am still looking after him as his counselor and I wag my finger at him. It's kind of funny and we laugh about that. He is here in prison as well.

When people ask me what my charges are, I tell them I wasbusted with a young lover. They don't need to know the details. I would say it's important to keep one's charges private because of the other prisoners. Some of the men here will be very angry and call me a child molester and a baby rapist, and some of them will threaten me. But I don't care what they say about me. It doesn't bother me. They can beat me up or rape me. I am here only to take care of myself and my business. I just try to keep a low profile. I don't want to get involved in the things that go down in here. I don't want to get into altercations or make smart remarks about their charges and have them retaliate. Life is funny. It's crazy. I just pray to God that I will be okay and that I can take care of my own business.

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