

## Under-identification of hearing loss in the Canadian federal inmate population

Hearing loss is one of the most prevalent chronic disabilities in Canada, affecting about 7% of the population - more than two million Canadians.<sup>(2)</sup> Within this group, about 20,000 are profoundly deaf, of which about 75% are deafened" (they have acquired deafness as adults).<sup>(3)</sup> The largest group of people with a hearing disability have only partial hearing loss. However, the hard of hearing are more difficult to identify as hearing impaired because of the relatively hidden nature of their loss.

It has been demonstrated that the prevalence of hearing loss in Canada is increasing because the population is aging, and some degree of hearing impairment tends to accompany aging.<sup>(4)</sup> Further, society in general is becoming increasingly noisy, and noise is a major cause of hearing loss.

Marilyn Dahl, who is herself hard of hearing, is currently preparing her doctoral thesis on partial hearing impairment and deviant behaviour. This article focuses on how the under-identification of offenders with some hearing loss may lead to their being mislabelled as "problem inmates" and to institutions failing to adequately address their programming needs. Defining hearing impairment Hearing impairment is a term covering all degrees of hearing limitation and refers to the inability to both hear and understand speech.<sup>(5)</sup> There are degrees of hearing impairment, but this general definition focuses on communicates in daily life.

A person who is "deaf" may be defined as one whose primary mode of communication is sign language, while a person who is "hard of hearing" may be defined as someone with any level of hearing loss whose primary mode of communication is speech. Given such a functional definition, the "late deafened" are often grouped with the "hard of hearing." Effects of hearing impairment The problems resulting from early or congenital hearing loss are developmental; those from acquired hearing loss are traumatic.<sup>(6)</sup> More specifically, hearing loss early in life affects how one acquires and develops language and emotional and social skills. Commonly, someone with this type of hearing impairment is assessed as socially immature or as a poor academic performer.

The onset of hearing impairment during adulthood has a pervasive negative effect on interactive and verbal communication,<sup>(7)</sup> and this factor greatly influences how a person is perceived, interpreted, and defined by others.<sup>(8)</sup> Hearing impairment and the Correctional Service of Canada During the late 1980s, the Correctional Service of Canada conducted a survey of its regions to determine the variety of services available to offenders with disabilities (both those in and those in the community).<sup>(9)</sup>

Correctional staff found that there were 5 inmates with hearing impairment in the Pacific region, 4 in the Prairie region, 10 in Ontario, 7 in Quebec, and 6 in the Atlantic region. Since these figures are well below the national average for hearing impairment in the general population, it would appear that these findings are suspect. Further, although no Canadian study has examined partial hearing impairment in correctional institutions, studies in the United States from 1970 to 1983 indicate that between 36 and 48% of the prison populations surveyed suffer from some form of hearing disorder -compared with only 7% of the general population.<sup>(10)</sup>

Hearing screenings are not part of offenders' health assessments on admission to a correctional institution.<sup>(11)</sup> Institutional staff encourage inmates to undergo a hearing test only if staff identify or suspect a hearing problem - in all the regions surveyed, the Correctional Service of Canada dealt with hearing needs on this type of individual basis.

This means the Service may address the special needs of only profoundly deaf inmates (those who usually use sign language as a form of communication). Therefore, there is apparently insufficient knowledge of hearing impairment within the Canadian federal correctional system, particularly with respect to individuals with partial hearing impairment, who are not readily identified. Hearing impairment in Pacific region institutions In 1992-1993, a study was conducted in eight federal institutions in British Columbia, with the assistance of the chiefs of health care of the institutions.<sup>(12)</sup> Of 1,439 inmates receiving survey forms, 219 agreed to participate and 189 returned completed questionnaires, providing self-reports of hearing as well as data that could be used for demographic analysis.

The hearing of 144 of these inmates was tested with a portable audiometer (an instrument for measuring hearing ability) in acoustically quiet rooms in each institution. Sixty-nine percent of this group of inmates had some degree of hearing loss, which was confirmed by follow-up testing. This is more than nine times the rate (7%) of hearing loss in the general Canadian population.

Of 42 inmates with partial hearing loss interviewed, almost half (48%) had complained of their hearing loss to institutional staff. Approximately two thirds (70%) of these offenders were told on examination that their outer ear canal looked clear and that no follow-up examination was needed.

Two facilities did have a hearing screening device, but it was to be used only if an inmate's behaviour indicated hearing loss. Hearing screening is therefore clearly not a part of the health assessment of offenders on admission to federal institutions, and offender health files at these institutions contained no notes on hearing ability, unless the inmate already had a hearing aid or later experienced a severe hearing loss.

Of the 42 inmates interviewed in the British Columbia study, 81% believed or knew they had some hearing loss; 17% did not know they had some loss until the study was undertaken; and 69% believed their hearing impairment made their incarceration worse than it had to be. Implications... Some researchers suspect that hearing disorders contribute to criminal behaviour or, at least, to authorities' perception of a criminal profile. The results of a 1973 U.S. national survey of 200 state and federal correctional administrators indicated that 77% of those polled believed that the psychological and communication problems arising from hearing impairment led to criminal behaviour.<sup>(13)</sup>

U.S. studies also indicate that many offenders who failed hearing screenings had a previously unidentified hearing loss. Therefore, this hidden factor may have played a significant part in the mislabelling of these offenders as "problem offenders," affecting their consequent treatment or care.

The British Columbia study indicates that many institutional staff are unable to recognize behaviour indicative of hearing impairment. Further, when 41 prison officials were asked to explain the meaning of

specific behaviours (within the context of their work experience), the officials tended to have a negative perception of behaviours typical of the hard of hearing.

For example, when asked to describe a particular behavioural trait characteristic of a person who is hard of hearing, the officials chose a negative label approximately 86% of the time (on average).

Put another way, staff were five times more likely to perceive behaviours relating to inmate behavioural or personality problems as deviant than to perceive them as indicative of a hearing problem.

Further, inmates with hearing impairment felt they were misunderstood by officials. The inmates believed officials discriminated against prisoners with partial hearing impairment largely because the officials were unaware of the condition. Fifty-five percent of the inmates with partial hearing loss expressed concern about being misjudged or mislabelled.

Officials were also asked which general inmate behaviours created the most problems during staff-inmate interaction. Sixty-nine percent of the officials specified "defiant" behaviours, such as aggression, rule breaking, anti-authoritarianism, irresponsibility and lack of effort. Nineteen percent of the officials identified physical or personality defects or mental illness as the most problematic. Thirteen percent noted that inmate education, intelligence or social skill problems negatively affect the officials' interaction with these inmates.

Therefore, many officials' frame of reference through which they view interaction with inmates could potentially have adverse consequences for offenders with hearing impairment.

Given this frame of reference and institutional staff's general lack of awareness of partial hearing loss and its implications, it is not surprising that officials interpreted typical hard-of-hearing behaviours in negative terms.

Hearing impairment has implications not only for the quality of interaction between prison officials and inmates but for the individual inmate's performance in, and benefit from, programming. The hard-of-hearing inmate may do well in a one-to-one interview in a quiet room but do poorly in group settings, at a parole hearing, in court, or when taken into custody.

The British Columbia study further revealed a lack of assistive communication devices for offenders who are hard of hearing or deaf in correctional institutions. There was an absence of amplified telephones, hearing-aid-compatible receivers, teletype (TTY/TDD) phones, television closed-captioning decoders, or individual or group listening systems. Perhaps more important is the finding that there was little, if any, staff awareness of the existence of, or the need for, such devices. Discussion Given the scope of difficulties in the identification of offenders with hearing impairment and in the provision of care and services to them, it is reasonable to generalize these findings to the Canadian inmate population.

The extent of hearing loss among federal offenders is clearly greater than officially recognized thus far. The problems discussed indicate that institutional budgets should take account of the need for hearing aids and assistive communication devices and that staff should receive training so that they will better understand the behavioural indicators of hearing loss and its implications for rehabilitation.

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- (2) Health and Welfare Canada, *The Health of Canadians: Report of the Canada Health Survey* (Ottawa: Supply and Services Canada, 1981).
- (3) These statistics are American but probably valid for Canada. See J.D. Schein, "The Demography of Deafness," *The Deaf Community and the Deaf Population*, eds., P. Higgins and J. Nash (Washington: Gallaudet College, 1982).
- (4) Health and Welfare Canada, *Acquired Hearing Impairment in the Adult* (Ottawa: Supply and Services Canada, 1988).
- (5) J.D. Schein, *Canadians with Impaired Hearing* (Ottawa: Statistics Canada Publications, 1992).
- (6) A.J. Thomas, *Acquired Hearing Loss: Psychological and Psychosocial Implications* (London: Academic Press, 1984).
- (7) M.A. Harvey, "Between Two Worlds: One Psychologist's View of the Hard of Hearing Person's Experience," *Journal of Self Help for Hard of Hearing* (May/June 1985): 4-5.
- (8) A.H. Hastorf, D.J. Schneider and J. Polelka, *Person Perception* (Reading: Addison-Wesley, 1970).
- (9) Survey conducted by the Correctional Service of Canada in the late 1980s (unpublished).
- (10) T. Belenchia and T. Crowe, "Prevalence of Speech and Hearing Disorders in a State Penitentiary Population," *Journal of Communication Disorders*, 16, 4 (1983): 279-285.
- (11) J. Konrad, written communication, 1989.
- (12) M. Dahl, *Partial Hearing Impairment and Deviant Behaviour: A Study of Federal Prisons in British Columbia*, Ph.D. thesis, University of British Columbia. (In progress).
- (13) *American Speech and Hearing Association Task Force Report on Speech Pathology and Audiology Service Needs in Prison* (Washington: American Speech and Hearing Association, 1973).