PARENTS’ COMMUNICATION CHOICES FOR CHILDREN WHO ARE DEAF OR HARD OF HEARING AND THEIR VULNERABILITY TO MALTREATMENT: INFORMATION SOURCES AND THE INFLUENCE OF THE MEDIA

Kalli B. Decker, Michigan State University, East Lansing, MI

Introduction

Abuse and neglect is one of the most pervasive issues facing the ethical treatment of our nation’s children. Some children are more likely to experience maltreatment than others, particularly those who have disabilities. More specifically, children who have hearing loss are disproportionately vulnerable to maltreatment for a variety of reasons that are centered on communication. In order for children with hearing loss to develop to the best of their abilities and gain essential communication skills, it is necessary for their parents to make decisions about communication methods early in their lives. These decisions are often complicated, overwhelming, and are based on the opinions of not only parents but also the individuals from whom they turn for help. Ultimately, parents and the professionals that offer them support are influenced by the media’s portrayal of individuals with hearing loss. The media’s portrayal of individuals who are deaf or hard of hearing has typically been negative and stereotypical. However, the impact of the media must be studied in more depth so that its impact on parents and professionals can be better understood, and ultimately so that better and more timely decisions can be made for children based on accurate, complete, and unbiased information. The purpose of this paper is to describe current research regarding maltreatment of children with disabilities, explain the factors that make children who are deaf or hard of hearing more vulnerable to maltreatment, and explore the role of the media in shaping the views of professionals and parents who are making critical decisions about the communication options for children who are deaf and hard of hearing. A discussion focused on how media can better inform parents, professionals, and society at large is also included.

Maltreatment Perpetrated Against Children with Disabilities

Current literature that focuses on child maltreatment concludes that children with disabilities are significantly more likely to experience abuse or neglect when compared to children without disabilities (Sullivan & Knutson, 1998a, 1998b, 2000). Despite overwhelming agreement that children with disabilities are more vulnerable to abuse, reported rates of maltreatment in this population vary between different studies based on the sample population and the research methodology used. For example, in a study that gathered data from Child Protective Service (CPS) agencies, children with disabilities were 1.67 times more likely to experience maltreatment as compared to children who did not have disabilities (Crosse, 1992). In another study, records were merged from multiple databases that contained information about children who had been patients of the Boys Town National Research Hospital (BTNRH) and who were Nebraska residents. The data gathered from this study indicated that twice as many maltreated children had disabilities as compared to non-maltreated children (Sullivan & Knutson, 1998a). This research also indicated, in comparison to children without disabilities, “children with disabilities were 1.8 times more likely to be neglected, 1.6 times more likely to be physically abused, and 2.2 times more likely to be sexually abused” (Sullivan & Knutson, 1998b, p. 300). Lastly, in a study containing more than 50,000 children, school records from Omaha, Nebraska Public Schools were merged with other Nebraska state records to identify students who had been maltreated. It was concluded that children with a disability who were receiving special education services were three times more likely to experience some form of maltreatment when compared to students without disabilities (Sullivan & Knutson, 2000). These studies demonstrate that children with disabilities are much more likely to be abused and neglected, but that there are gaps in the information necessary to document this completely.

Even though children with and without disabilities may experience maltreatment at differing rates, there are a number of common findings in the literature regarding the maltreatment of both types of children. Regardless of whether or not a child has a disability, child abuse and neglect is typically carried out by an immediate family member, usually the primary caretaker (Sullivan & Knutson, 1998a; Crosse, 1992); approximately 88% of all abuse and neglect cases occur in the
child’s home (Sullivan & Knutson, 1998b). Also, because the majority of primary caregivers are women, studies have shown that women are most likely to be responsible for the neglect of a child (Sullivan & Knutson, 1998a), and that 84-89% of child maltreatment is carried out by the child’s mother (Crosse, 1992, p. 45). Lastly, data indicated that the most common type of maltreatment children endured was some form of neglect, whether or not the child had a disability (Sullivan & Knutson, 2000; Crosse, 1992).

Although there are similarities between maltreated children with and without disabilities, there are also notable differences. While most maltreated children suffer from more than one type of maltreatment, this is especially true for children with disabilities (Sullivan & Knutson, 2000). Children with disabilities are also more likely to experience multiple incidences of maltreatment rather than a single episode (Sullivan & Knutson, 2000). Further, although all children are most likely to be maltreated by an immediate family member (Sullivan & Knutson, 1998a; Crosse, 1992), sexual abuse is much more likely to be carried out by a family member when the child has a disability (Sullivan & Knutson, 1998a and 1998b). Therefore, not only are there higher rates of maltreatment for children with disabilities, but also greater severity and more maltreatment perpetrated by family members against these vulnerable children.

**Maltreatment in the Population of Children with Hearing Loss**

Among children with disabilities, those with hearing loss are some of the most likely to experience abuse. When compared to non-maltreated children, children with some type of communication disorder – including hearing loss – are twice as likely to be maltreated (Sullivan & Knutson, 1998a). Another study by Sullivan and Knutson (1998b) determined that the most common type of maltreatment for children with hearing loss was neglect, followed by physical, sexual, and then emotional abuse. Each of these is described further below.

Most reports on maltreatment of children who are deaf or hard of hearing focus on neglect. Sullivan and Knutson (1998b) report that neglect accounts for over 68% of all maltreatment of children with a communication disorder. These authors also found that children with a communication disorder were much more likely to experience longer episodes of neglect when compared to children who had no disability (Sullivan & Knutson, 1998a), and that children with hearing loss were much more likely to experience neglect compared to maltreated children without disabilities. One study found the rate of maltreatment of children with hearing loss to be 1.4 times that of children without a disability (Sullivan and Knutson, 1998b), while another report by the same group found the rate to be 2.3 times higher (Sullivan and Knutson, 2000).

The second most prevalent type of maltreatment among children with hearing loss is physical abuse which accounts for nearly 19% of all maltreatment experienced by these children (Sullivan & Knutson, 1998b). Children with hearing loss are more likely to endure physical abuse than those children with learning disabilities, speech and language disabilities, or no disability. Children with hearing loss are between 2 (Sullivan & Knutson, 1998b) and 4 times (Sullivan & Knutson, 2000) more likely to endure physical abuse compared to children without disabilities. Further, more than half of the maltreated children with hearing loss suffer from several forms of maltreatment that include physical abuse (Sullivan & Knutson, 1998b).

Sexual abuse accounts for nearly 13% of all maltreatment endured by children who are deaf or hard of hearing (Sullivan & Knutson, 1998b). These children were 1.2-1.3 times more likely to endure sexual abuse as compared to children without disabilities. Also, for this group, sexual abuse is more frequently carried out by family members as compared to children with no disability (Sullivan & Knutson, 1998a, 1998b and 2000).

Lastly, emotional abuse of children who are deaf or hard of hearing is rarely reported. In one of Sullivan and Knutson’s studies (1998b) a 0% rate of ‘some emotional abuse’ was recorded. Sullivan and Knutson report that emotional abuse rarely occurred in isolation and is often not even part of the records from which they gather data (Sullivan & Knutson, 1998a and 2000). Part of the problem in the data on emotional abuse comes from the challenge of defining psychological or emotional abuse in a consistent way when dealing with individual differences in parenting practices, cultural influences, and individual parents’ intentions (Sebald, 2008).

Although it is clear that children with disabilities, including those with hearing loss, are more likely to experience maltreatment, the research involving these children is somewhat scarce and results vary. Part of this existing problem can be attributed to the fact that there is currently no central database that collects and retains information about maltreatment that is specific enough for researchers to use for a thorough, complete analysis of this topic. Therefore, methodological issues arise when researchers must gather information from different sources, such as records from Child Protection Agencies, police,
institutions like schools or hospitals. Different sources and sampling methods, combined with a lack of consistent or qualified reports of children’s disability status, also make methodological issues more widespread.

Another problem contributing to the lack of current, dependable information is that researchers do not have a reliable way of understanding the prevalence of childhood disabilities in our population in general. Although data is available from the United States Census Bureau regarding the rates of disability, these figures only include individuals aged 5 years and older (U.S. Census Bureau, 2007); this represents a serious problem for vulnerable children because 44.3% of maltreated children with a communication disability (including those with hearing loss) first experienced maltreatment before they were 5 years old (Sullivan & Knutson, 2000). Further, based on nationally representative data collected from CPS agencies, the following was noted: “Nearly 32 percent (31.9%) of all victims of maltreatment were younger than 4 years old” (U.S. Department of Health and Human Services, 2009). These issues make it nearly impossible for researchers to understand the actual rates of disabilities in society, and even harder to determine the rates of maltreatment within specific groups of children with disabilities.

**Communication Issues That Lead to Increased Vulnerability**

There are a number of reasons why children who are deaf or hard of hearing are more susceptible to abuse and neglect. Of all the reasons cited in the literature as contributors to higher rates of maltreatment in this population, most explanations are somehow related to aspects of communication. The major aspect of communication that creates vulnerability for children with hearing loss is centered on the communication struggles between children and their parents and with other influential adults in their lives. These difficulties commonly include differences between the child’s method of communication and that of his or her parent or teacher. These breakdowns in communication sometimes lead directly to maltreatment, but also perpetuate a lack of education about certain topics that make the child more vulnerable to certain types of abuse.

Some descriptive statistics about the population of children with hearing loss shed light on these children’s lives. Research conducted by the Gallaudet Research Institute (2003) found that during a typical school year nearly 90% of all children who were deaf or hard of hearing had parents with no hearing loss (as cited in National Child Traumatic Stress Network (NCTSN), 2004). This research also concluded that although half of the students were using some type of signed communication method, over 70% of all parents did not use signs regularly (Gallaudet Research Institute, 2003 as cited in NCTSN, 2004). This inconsistency between parent and child communication methods may be at the heart of the breakdowns in communication that could lead to maltreatment by a parent or allows maltreatment by someone else to continue because parents do not understand their child’s attempts to communicate what is happening to them.

As noted above, the majority of child maltreatment is carried out by an immediate family member whether or not the child has a disability (Sullivan & Knutson, 1998a). However, children with disabilities are much more likely to be maltreated, so even though they are also typically maltreated by immediate family members there must be other contributing factors related to their increased vulnerability. Reasons for much higher rates of maltreatment within the population of children with hearing loss could be partially attributed to the lack of quality parent-child communication. Having a child with a disability often places added stress on a family, and those children with different communication methods than their parents may be misunderstood more often, creating greater frustration (Hibbard, Desch, the Committee on Child Abuse and Neglect, & the Council on Children with Disabilities, 2007; NCTSN, 2004). Maltreatment perpetrated by immediate family members could also be attributed to the limited support that parents feel they are receiving from their community or society in general (Ammerman & Baladerian, 1993 as cited in Hibbard, Desch, the Committee on Child Abuse and Neglect & the Council on Children with Disabilities, 2007).

In regards to sexual maltreatment, it is possible that children with hearing loss are more susceptible to this type of abuse because they typically do not receive adequate information from their parents regarding appropriate sexual behavior (Vernon & Miller, 2002). Furthermore, other adults that could possibly provide this information to students (such as teachers, counselors, or staff in residential school settings) often are not capable of adequately teaching children about this topic because of differences in communication methods or, in the case of both an adult and child who uses American Sign Language (ASL), a lack of knowledge of sexual signs is also common (Chandler, n.d.; Vernon & Miller, 2002). If teachers and other influential adults in the child’s life do not have an understanding of sexual signs this could lead to an inability for children to learn about the topic, and would also not give them an opportunity to be familiar with any of the associated signs.
that they would need in order to report sexual abuse. Lastly, even when children may have the opportunity to learn this information, some parents think that knowledge about sexuality is simply unnecessary for their child because they believe that sexual situations will not arise because of their child’s disability (Hibbard, Desch, the Committee on Child Abuse and Neglect, & the Council on Children with Disabilities, 2007). Also, the National Child Traumatic Stress Network (NCTSN, 2004) noted an important factor that may contribute to communication difficulties resulting in maltreatment—perpetrators often choose children with communication difficulties because they view these children as easy targets who will not be able to report what is happening to them.

The lack of age-appropriate sex education not only contributes to children with hearing loss not knowing that certain behaviors are inappropriate, but could also contribute to misunderstandings if they do reach out for help (Chandler, n.d.; Vernon & Miller, 2002; NCTSN, 2004). This is especially important to note because even though children with disabilities are more likely to be sexual abused by someone in their family as compared to children without disabilities, a significant proportion of sexual abuse is still carried out by someone outside of the family (Sullivan & Knutson, 1998a and 1998b). This is significant because children with disabilities are taught to listen and comply with adults in charge to a greater extent than most children because they are typically more dependent on adults because of their disability (Hibbard, Desch, the Committee on Child Abuse and Neglect, & the Council on Children with Disabilities, 2007). Therefore, although a child may feel uncomfortable with what is happening, s/he could be confused and not understand that such behavior is wrong, not feel comfortable saying “no”, or assume that it is normal (Chandler, n.d.; Vernon & Miller, 2002).

In conclusion, maltreatment that is perpetrated against children with hearing loss may result from frustrations arising from differing methods of communication between parents and children, as well as the lack of knowledge and vocabulary that children may have about sexuality. These situations could easily be exacerbated when children reach out for help and are not understood or cannot explain what is happening to them. If parents and children were better prepared to communicate effectively with one another, then it is possible that the stress and misunderstandings that lead to maltreatment could be lessened. Furthermore, in the case of sexual abuse, if parents were able to accurately teach their children about appropriate behavior, then children would be better prepared to understand and communicate their experiences to a parent or other adult. These facts about child maltreatment within the population of children with hearing loss, as well as possible ways to reduce this maltreatment, demonstrate the importance of promoting effective parent-child communication as a critical way to prevent abuse and neglect in this population.

**Hearing Loss—Detection, Intervention, and Parents’ Struggles to Make Choices**

In order to promote more effective parent-child communication—both to prevent or curtail maltreatment, and to simply promote healthy child development—children must be identified with hearing loss and begin receiving intervention services within a short time after hearing loss has been identified. Within this same timeframe parents must begin making complex, overwhelming choices that are fraught with controversy. Most parents have insufficient knowledge and experience to make well-informed decisions about their child’s communication options. Nonetheless, parents are asked to make these choices quickly, knowing that they will have a lasting effect on their child’s development, lifestyle, and later opportunities.

As Universal Newborn Hearing Screening (UNHS) programs have become more widespread throughout the United States, children are being identified with hearing loss at much earlier ages. Currently there are 42 states, as well as the District of Columbia and Puerto Rico, which have laws regarding the implementation of UNHS programs. These programs ensure that the majority of newborns are screened for hearing loss, preferably before they leave the hospital. In states that have these laws for screening, the number of infants screened ranges between 85 and 100 percent, and depends on the particular standards set by each state’s laws (National Center for Hearing Assessment & Management (NCHAM), 2009). Similar to UNHS programs, Early Hearing Detection and Intervention (EHDI) program recommendations include that children who are referred for further hearing tests should be evaluated for hearing loss before the age of three months and those that are confirmed to have hearing loss should begin receiving services before the age of six months (White, 2003). Before such programs were in place, it was common that children would be identified with hearing loss after age 2, and would begin intervention programs at even later ages when language should have already started to form. Between UNHS programs in states with mandated infant hearing screening tests and standards set forth by EHDI programs, the average age of children being identified with hearing loss and beginning intervention services is now two months old (Yoshinaga-Itano, 2003).
This push for early screening, detection, and intervention services grew from a number of studies that showed the detrimental effects on language, as well as other developmental domains, if such actions were not taken early in the child’s life. One researcher mentions that before the implementation of early identification programs the lag in hearing loss identification led to the lack of appropriate communication-based services and, in particular, “[children who were deaf or hard of hearing] steadily fell behind their hearing peers with increasing age in several areas: language, cognitive performance, social skills, literacy, and academic skills” (Vohr, 2003, 62). Multiple studies have confirmed the link between the child’s age at the time of identification and intervention to later outcomes, particularly in the realm of language development. Children who are identified with hearing loss early and begin intervention services shortly thereafter are most likely to have vocabulary skills similar to those of their hearing peers, and they are also more likely to have better expressive and receptive language skills than children with hearing loss who were identified and received services later in life (Moeller, 2000; Yoshinaga-Itano, Sedey, Coulter & Mehl, 1998; Calderon & Naidu, 1998). Another important factor contributing to the language skills of children with hearing loss is their family’s participation in intervention; children’s vocabulary skills are better when their parents participate to a greater extent in intervention programs for their children (Moeller, 2000). Lastly, the degree of the child’s hearing loss has no significant relationship to their language abilities if they receive early intervention and families participate (Moeller, 2000; Yoshinaga-Itano, Sedey, Coulter & Mehl, 1998; Calderon & Naidu, 1998), a fact that demonstrates the importance of early identification and intervention, and in some cases, family involvement.

Now, more than ever before, parents of children who are deaf or hard of hearing are being encouraged to make informed decisions early in their child’s life about the method of communication their child will use. Parents have a number of communication options, including a signed or spoken language, some alternate form of signed or spoken communication, or a combination of both a signed and spoken method (Marschark, 2007). Along with those choices also come options for intervention that coincide with the communication method. Though these choices are most beneficial to the child when made early, the choices that parents are faced with are both complex and overwhelming for a number of reasons.

One of the reasons these choices can be so overwhelming is the fact that certain methods of communication and coinciding intervention services have become increasingly political and controversial. Choosing a method of communication for a child, who cannot yet speak for him- or her-self, is essentially choosing a lifestyle. This is true because there are two ways that hearing loss is typically viewed, which are seen as opposites of one another and are sometimes referred to as the sociocultural and audiological views (Senghas & Monaghan, 2002). In the context of the United States, those individuals who view hearing loss in a sociocultural perspective view deafness as a cultural possibility for individuals with hearing loss and are likely to support the use of American Sign Language (ASL). In this case, individuals with hearing loss who take part in this lifestyle consider themselves culturally “Deaf” (Senghas & Monaghan, 2002). The other common view of hearing loss is known as audiological, which is also commonly called a “medical model” of deafness. Individuals who view deafness this way typically believe that hearing loss is something to be fixed and, therefore, support the idea of individuals with hearing loss learning to speak using an oral method of communication so that they can fit into “normal” (hearing) society (Senghas & Monaghan, 2002). The consequence of the audiological/medical perspective is that sometimes the use of a controversial medical procedure – a cochlear implant – is necessary. Individuals who have hearing loss that take part in this lifestyle usually refer to themselves as “deaf” and view their hearing loss as simply a lack of hearing rather than a cultural aspect of life (Senghas & Monaghan, 2002; Hyde & Power, 2006).

Whether or not they are aware of it, this controversy impacts the parents of children who have hearing loss as they attempt to make decisions for their child. These differing views of hearing loss are held by different professionals with whom families interact and can create biases in the kinds of information that parents receive, including how different communication options are presented. Confirming this problem in parents’ access to unbiased information, studies have shown that after parents have already made decisions about their child, they report that they later realized they were not given information about all the options available to them because of a bias of the professional(s) from whom they were seeking guidance (Beazley & Moore, 1995 as cited in Young, Carr, Hunt, McCracken, Skipp & Tattersall, 2006). Parents feel that they were not given information about all possible options, that certain options were promoted more avidly than others, and that professionals were simply biased toward one way of thinking and were not able to provide them with information that they could use to make a fully informed decision (Young, 2002; Young, Carr, Hunt, McCracken, Skipp & Tattersall, 2006).

The decision process is further complicated by the short window of time in which parents are expected to make choices (White, 2003). Parents typically feel fortunate to find out early about their child’s hearing loss so that they can begin intervention and curtail, as much as possible, any lags in language and other developmental domains. However, sometimes
this knowledge puts parents on a very short timetable that leads to stress and feeling overwhelmed (Young & Tattersall, 2007). The vast majority of parents, around 90%, who are raising a child with hearing loss are neither deaf nor hard of hearing (Gallaudet Research Institute, 2003 as cited in NCTSN, 2004). Therefore, parents often feel unprepared to make the necessary decisions, especially since so many decisions are made in such a short amount of time, leaving little time to fully understand their implications (Young, Carr, Hunt, McCracken, Skipp & Tattersall, 2006).

Taken as a whole, parents’ process of making significant decisions about their children’s methods of communication are often controversial and difficult. The impact that these choices have on children’s language development is important to the child’s overall development, and also to his or her vulnerability to abuse and neglect. Some parents may delay making a decision about the method of communication their child will use because of the complexity of the choice. If this happens and children struggle with language and communication as a result, their ability to understand and/or convey a maltreatment experience is compromised, making children even more vulnerable. Also, if children struggle with language, or if parents choose to have their child use a particular method of communication that they do not themselves use (for example, some parents choose to have their children learn sign language, but do not themselves learn to communicate with signs), then less effective parent-child communication could lead to maltreatment—either through the neglect of children’s needs, or the frustration that leads to abuse. Therefore, it is essential that researchers begin to understand how parents are making these choices, including the factors that influence their decisions. Furthermore, to support parents to make the best decisions possible for their children, it is essential that parents are offered complete, accurate, and unbiased information about the options available.

Factors Contributing to Parents’ Communication Choices for their Children

There is a dearth of research on parental communication choices for children who are deaf or hard of hearing. The few articles in the existing literature report similarities in some of the major contributing factors to this complex decision process. The information or guidance that parents receive from medical or educational personnel seems to be one of the most influential factors that contributes to parents’ choice of communication method for their children (Eleweke & Rodda, 2000; Kluwin & Stewart, 2000; Li, Bain, & Steinberg, 2003). Other influential factors include the cost or availability of services that would support the communication method chosen (Eleweke & Rodda, 2000; Li, Bain, & Steinberg, 2003). Other contributing factors noted less often in the literature are parents’ understanding and views of assistive technology (Eleweke & Rodda, 2000), how they were treated by service professionals and educators (Eleweke & Rodda, 2000), advice that parents received from friends (Li, Bain, & Steinberg, 2003), and parents’ desires to have a “normal” child— one who functions as if s/he were hearing (Kluwin & Stewart, 2000).

Although not based on empirical research, there is another article that focuses on the issue of parents’ choice for children’s method of communication. Young (2002) presented two main points about ways parents view deafness and the way those views affect parents’ decisions. Young states that if parents believe that deafness means “personal tragedy and likely social exclusion and isolation, then an approach to communication that seems to maximize a child’s ability to speak and hear and function as near as possible to ‘normal’ within a hearing world will make sense” (Schwartz, 1996 as cited in Young, 2002, p. 6). On the other hand, Young thinks that if parents view deafness as “a particular linguistic and cultural experience of the world that is apart from but still connected with the hearing world around, then a sign bilingual approach to communication is likely” (Knight & Swanwick, 1999 as cited in Young, 2002, p. 6).

Given the literature reviewed above, it is evident that the views of professionals and parents are impacted by a broader societal view of deafness or hearing loss. Therefore, some of the most influential factors that shape parents’ decisions are societal biases that come through friends and professionals, and those that parents have themselves. Therefore, we must ask: What is shaping professionals’ and parents’ views of deafness and hearing loss in general?

Media’s Portrayal of Deafness and its Influence on Parental Choices

Considering that these professionals and parents live in a culture that is infiltrated by mass media, it seems imperative to begin to understand how aspects of media are impacting adults’ perceptions of deafness and subsequently influencing choices about their child’s communication. There is no research to date that focuses on the role media plays in the process of parental decision-making regarding a child’s method of communication. Nor has there been any study to focus
specifically on the media’s portrayal of deafness as a contributing factor to how individuals view deafness or hearing loss. However, there are studies that examine the media’s portrayal of deafness, from which we can begin to understand the possible impacts of the media on parents’ perceptions of their child’s hearing loss and their subsequent decisions.

In the past it was common for individuals who were deaf or hard of hearing to be viewed as dumb and unable to be successfully educated. Derogatory beliefs about individuals who are deaf, which ultimately led to them being referred to as ‘deaf and dumb’ or ‘deaf and mute’, have historical roots as far back as Plato, Aristotle, and St. Augustine (Power, 2006/2007). It was not until the 16th century that Giralomo Cardono spoke out against the belief that just because individuals with hearing loss could sometimes not speak did not mean that they could not be educated. Pedro Ponce de Leon, Juan Pablo Bonet, and Abbé Charles Michel de l’Ëpée were some of the first individuals to embrace the idea of educating students who were deaf (Power, 2006/2007). As centuries have passed, the work of these individuals and the many who have followed have made a tremendous impact on the way that individuals with hearing loss are viewed. However, this is not to say that views of hearing loss have completely changed.

Even though our society is becoming more diverse and making strides toward equality, there are still ways in which individuals who are deaf or hard of hearing could be portrayed more accurately. For example, when Heather Whitestone was crowned Miss America in 1995 the media seemed to focus on her deafness rather than other aspects of her life while holding the crown (The New York Times, 1994). Also, when actress Marlee Matlin appeared on Dancing with the Stars in 2008 the media drew attention to her hearing loss repeatedly (Cohen, 2008). These are just a few examples of the way that media focuses heavily on the hearing loss that an individual has rather than the individual themselves. At other times it seems that media portrays individuals with hearing loss in negative ways or completely leaves them out. A group called the Deaf Performing Artists Network (D-PAN) gives examples of the ways in which these individuals are being portrayed negatively, or are simply being excluded, in the media through examples from headlines, videos, and quotes from media sources (Deaf Performing Artists Network (D-PAN), 2008). D-PAN takes a stand against the negative portrayal of individuals with hearing loss in the media, as well as the exclusion, by creating music videos that use American Sign Language (ASL). One of their videos called “Waiting on the World to Change” gives examples of how individuals with hearing loss are judged and portrayed inaccurately in the media (D-PAN, 2008). Another of their videos is based on Christina Aguilera’s song “Beautiful”. When Aguilera sings “words can’t bring me down,” words such as dumb, unable, and ignorant appear. Individuals in the video use ASL show their belief that these words do not accurately portray them (D-PAN, 2008). These videos demonstrate that although individuals with hearing loss still feel as if they are not being viewed fairly, they do see hope for the future.

In the last few decades there have been greater attempts to understand and promote equality for individuals with disabilities, including those who are deaf or hard of hearing. Because of these shifts in the way that deaf individuals are being viewed in our society, one would expect changes in the media that reflect these newer points of view (Power, 2006/2007). Therefore, Power (2006/2007) studied the current portrayal of deafness in the media by using the Google search engine to record any and all instances of news articles written in English that used the word “deaf”. The U.S. was the country that had the most articles published, having a total of 445 articles reported during the 6 months of data collection. Based on analysis of the articles from the U.S. and U.K., Power (2006/2007) found that the vast majority of all articles concerned the normal daily lives of adults who were deaf. However, when cochlear implants were mentioned, the articles were usually about children and the way the procedure could ‘cure’ deafness and allow them to lead ‘normal’ lives just like hearing individuals (Power, 2006/2007, p. 517). The use of the word deaf was also commonly found in metaphors in ways that meant some type of complaint, request, or advice was ignored. Nearly 19% of the articles Power found used the word in this way. Power states, “Invariably, the sense that a reader would get from reading these reports is negative: Deafness is something that leads to undesirable events and outcomes” (2006/2007, p. 517).

In response to the impacts of this negative portrayal on communication choices for individuals who are deaf, the National Association of the Deaf (NAD) website focuses their position statement specifically on the issue of cochlear implants (NAD Board of Directors, 2000). The NAD states that medical professionals and media view deafness as something to be “fixed” through the use of cochlear implants. The statement goes on to say that media portrays deafness as a burden and, therefore, “There is little or no portrayal of successful, well adjusted deaf and hard of hearing children and adults without implants” (NAD Board of Directors, 2000).
Another popular website that could shed light on how deafness is currently being viewed, and how terms surrounding the topic are used, is Urban Dictionary\textsuperscript{7}. This website describes itself as “the slang dictionary you wrote” (Urban Dictionary, n.d.). A search for the word *deaf* brings up eight separate definitions—four of which refer to aspects of not being able to hear or using certain types of communication or amplification devices, three of which are derogatory (which use words such as dull, stupid, or dumb to define the word *deaf*) or refer to some type of insult, and one of which stands for a completely unrelated acronym. There are 50 synonyms that are listed on this page, at least ten of which are simply disrespectful (i.e. retarded, moron, ignorant). However, there is another aspect of the website that should be mentioned. Individuals who visit any page with a definition posted on it can give their opinion by clicking on a ‘thumbs up’ or ‘thumbs down’ icon next to the defined word. When *deaf* was actually defined with respect to some aspect of hearing loss, the overwhelming majority of the viewers gave these definitions a ‘thumbs up’ in three of the four definitions. On the other hand, the three definitions of *deaf* that were related to insults or offensive terms received an overwhelming rating of ‘thumbs down’ from site users. A brief look at this popular website demonstrates that the word *deaf* is used with an understanding of its real meaning, hearing loss, but is also used as slang for offensive purposes. However, derogatory uses of the word are seen as unacceptable by most.

The way in which hearing loss is viewed by society will impact parents’ decisions about communication methods for their children, because parents and professionals alike are influenced by society’s view of individuals who are deaf or hard of hearing. In order for parents to make well-informed decisions that are based on the realities of hearing loss, rather than discriminatory stereotypes, another portion of the NAD position statement should be taken seriously. They specifically recommend that “Reporters, journalists, anchors and directors of newspapers, television networks and film are encouraged to research and prepare their material more carefully and without bias. There is a serious need for a more balanced approach to fact-finding and reporting” (NAD Board of Directors, 2000).

**Conclusion**

Child maltreatment is an urgent issue that must not be ignored. Children with disabilities, including those with hearing loss, are susceptible to abuse and neglect at much higher rates than children who do not have disabilities. Since children with hearing loss are more vulnerable to abuse and neglect because of communication difficulties between them and significant adults in their lives, it is essential that parents make decisions about their child’s communication early in the child’s life so that healthy communication patterns can be created. The decisions that parents make about their child’s communication are difficult and filled with controversies, and are commonly influenced by the biases of the professionals from whom they seek valuable information. It is evident that parents’ decisions are also influenced by the media’s view of individuals with hearing loss. Typically, media portrays individuals with hearing loss in negative, stereotypical ways that contribute to misunderstandings about these individuals and to the biases held by professionals and ultimately parents. The seriousness and difficulty of the decisions that parents must make in order for their children to develop language should not be complicated by media’s negative stereotypes of individuals who are deaf or hard of hearing. Rather, the media should give parents an opportunity to see this group of people for who they really are, and also provide unbiased, realistic, and useful information on which to base their choices.

To gain a better understanding of these issues it is necessary that additional research be conducted. Current literature does not contain enough information related to parents’ decision making processes regarding the communication choices that they make for their children who are deaf or hard of hearing. In particular, even though media has a strong influence on parents and the professionals from whom they seek advice, there is hardly any research that addresses how individuals who are deaf or hard of hearing are portrayed in the media. There is also a lack of research that describes the influences on parents’ decision-making processes, even though anecdotal reports and lay publications describe, in essence, a cultural battle fueled by society’s view of individuals who are deaf or hard of hearing and their portrayal in the media.

In conclusion, in order to help parents make well-informed decisions for their children, cultural and professional biases about hearing loss perpetuated by the media need to be better understood. To that end, research should investigate how parents feel their children are portrayed in the media, how parents’ themselves see deafness and hearing loss, and how parents’ make their decisions about communication for their children who are deaf or hard of hearing.

\textsuperscript{7}www.urbandictionary.com
References


