



Deaf and Hard of Hearing (DHH) in the Criminal Justice System: A Brief Introduction

Amanda Fenrich, M.A.

Professionals working in correctional and jail settings interact with a diverse population, and it is not uncommon for offenders to present a variety of language difficulties. Offenders who are deaf and hard of hearing may pose unique challenges during their interactions within the criminal justice system and with various correctional professionals. The literature reports that individuals in childhood who are deaf and hard of hearing (DHH) demonstrate higher prevalence rates of behavioral disorders (Bigler, Burke, Laureano, Alfonso, Jacobs, & Bush, 2019). If these behaviors continue into adolescence and adulthood, it may result in some individuals becoming entangled with the criminal justice system. While Bigler et al. (2019) discuss DHH in children, it can be speculated that adult offenders with hearing loss may suffer from communication impairments, poor social interactions, and difficulties with educational development, as well. This can make programming and educational classes difficult for offenders who are DHH.

Below are some key points to consider when interacting with an offender who is DHH:

- Communication barriers between the offender and correctional staff may lead to misdiagnosis and misinterpretation of symptoms (Wakeland, Rose, & Austen, 2019).
- There is a lack of resources and awareness about the DHH culture and sign language, and individuals who are DHH may not be able to interact with other DHH offenders, which leaves them feeling isolated and alone (Kelly, 2018).
- Aggressive and destructive behaviors are not uncommon among this population (Buskermolen, Hoekman, & Aldenkamp, 2017), but more research is warranted to determine prevalence rates.
- Bramley (2007) raises an important point that those who are DHH may not have the same access to services; however, they continue to be referred to programming or services that are not designed for the DHH.

During interactions with this population, it is important to keep in mind that not all individuals who are DHH have severe behavioral issues (Glickman, Lemere, & Smith, 2013). It is suggested that professionals working with the DHH population educate themselves about the barriers, misconceptions, and ways they can help DHH individuals who are involved in the criminal justice system.

Author biography

Amanda (Mandy) Fenrich, M.A., obtained her Master of Arts in Human Services with an emphasis in forensic mental health and her Bachelor of Criminal Justice from Concordia University, St. Paul in St. Paul, Minnesota. She is currently completing her Ph.D. in the advanced studies of human behavior program from Capella University. Fenrich is currently employed as a psychology associate for the Washington State Department of Corrections' Sex Offender Treatment and Assessment Program (SOTAP). She provides sex offender treatment to individuals at the Special Offender Unit (SOU), a residential treatment unit for individuals with serious mental illness. She also has experience providing treatment to sex offenders with intellectual disabilities and is one of the authors creating an adapted sex offender treatment manual for this population. Her previous experience includes working as a community corrections officer, where she supervised offenders in the Special Needs Unit with various mental health needs. In addition, she has co-authored articles and is the copy editor for *Forensic Mental Health Insider*.

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