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## A REVIEW ON LINGUISTIC NEGLECT IN DEAF CHILDREN

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### ABSTRACT

*Deaf children who are not exposed to sign language early in their development are at danger of linguistic deprivation; they may never be proficient in any language, and they may struggle with cognitive tasks that need a strong foundation in a first language. Socially and emotionally, these kids are cut off. Deafness renders a kid more susceptible to abuse, and language deficiency makes it worse since the youngster is unable to report the abuse. Parents depend on experts to help them make informed decisions about how to raise and educate their deaf children. However, due to a lack of competence in language development and an overreliance on access to speech, clinicians often fail to suggest that the kid be taught sign language or, worse, is denied sign language. We urge that authorities in charge of social services take prompt measures to safeguard the health of deaf children.*

**KEYWORDS:** *Cognitive Citizens, Deaf Children, Linguistic Neglect, Language Deprivation, Sign Language*

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### 1. INTRODUCTION

Deaf children a term used here to refer to children with a broad spectrum of hearing loss, including those who are hard of hearing have been and continue to be at higher risk of maltreatment. While many types of deaf children's maltreatment have been documented and actively discussed, the majority of people who live and/or work with deaf children have yet to recognize the most common type: linguistic deprivation also known as language deprivation caused by a failure to provide access to and effective exposure to a language[1]. According to new study, a lack of language skills is linked to poor health and psychological consequences. Because language deprivation leads to other forms of maltreatment, the lack of identification of this kind of abuse is important. As a result, failing to expose children to a language that they can understand is considered child neglect. The most important way to protect a deaf kid from this danger is to expose him or her to sign language. The question of how to raise and educate deaf children is not a new one, and it has long been the subject of heated discussions centered on issues of culture and parental rights, as well as philosophical, political, and sociological ideas[2]. We don't get involved in such discussions. Instead, we'll look at new research on the scientific and psychological consequences of a child's inability to fully access language during the time when the brain's plasticity is primed for language development.

Not every deaf kid who is not taught a sign language suffers from linguistic loss and becomes a victim of abuse[3]. While not all children who do not wear a seat belt end up in an accident and suffer damage or death, we as a society believe that children and adults should wear seat belts to protect themselves from possible danger, and we expect responsible parents to ensure that their children do so. In this essay, we argue that sign language experience is equally as important as hearing language exposure while caring for a deaf kid[4]. Examining the causes of language deprivation may help people and organizations better understand their roles in ensuring the safety

and well-being of deaf children. We address the social and cultural factors that limit deaf children's access to language, as well as individual and institutional attitudes and behaviors that limit parents' capacity to safeguard their deaf children from harm[5]. We also talk about how important it is for all deaf children to learn sign language. We conclude with recommendations for policies and practices that may safeguard people from the negative effects of language deprivation.

The incidence of child abuse among deaf individuals has been shown in recent studies. According to a research conducted in the United Kingdom, children with speech and language problems are more likely to be subjected to emotional and physical abuse, which is linked to both psychiatric illnesses and neglect[6]. According to a Norwegian research, deaf girls are twice as likely as hearing counterparts to be sexually abused, while deaf males are three times as likely, and a German prevalence survey study shows that 52 percent of deaf women are at high risk for violence, including sexual assault. In an earlier American survey, 54% of deaf males and 50% of deaf girls said they had been sexually abused. The second National Incidence Study, conducted in 1986 and published in 1988 found that children with disabilities were almost twice as likely as children without impairments to be maltreated although in the case of physical maltreatment, it can be unclear whether the correlation reflects on disability as a precursor or a result of maltreatment. Other studies have shown that having a handicap increases a child's likelihood of maltreatment, such as neglect[7]. While the incidence of self-reported childhood abuse and neglect varies depending on methodological problems, the problem is a worldwide one that is routinely worsened among children with disabilities.

It's crucial to define what we mean when we say "neglect," since defining and determining what constitutes negligence is neither easy nor clear, even though some circumstances are widely accepted as constituting carelessness. It also involves abandonment or expulsion of a child." Emotional neglect, or the inability to give emotional nurturing to a deaf kid, is a serious issue that should be understood as including a wide range of concepts, including parental failure to notice the child's need for self-esteem. Emotional damage is harder to identify and record than physical and sexual injuries, which leave visible scars; nevertheless, it is just as harmful. Neglect is a chronic stressor that, if not treated early, may result in aberrant activation of the neurobiological stress system, which is linked to poor cognitive and psychosocial consequences. A study of 143 deaf college students has shown that problems in basic communication with parents substantially enhance the risk of depressive symptomatology throughout adulthood[8]. The increased odds ratio may be attributable in part to deaf children's unspoken emotional maltreatment, which is not recorded or reported until much later, when the person seeks psychiatric help. Isolating a kid and limiting emotional response to a child go hand in hand with failing to provide an environment in which the child may develop a strong linguistic foundation. During the critical or sensitive period between birth and 3 or 4 years old all children need regular and frequent exposure to an accessible language, or they risk linguistic deprivation a biological state that interferes with the development of neurolinguistics structures in the brain.

Linguistic deprivation reduces fluency in any language and is linked to a variety of negative cognitive and scholastic consequences[9]. A lack of human linguistic contact over an extended period of time has been proven to cause serious problems that are unlikely to be reversible. Deficiencies in adequate input at key developmental stages are more likely to impair a child's cognitive development and, as a result, are linked to the determination of neglect. Many deaf youngsters who are solely exposed to spoken language are unable to acquire language due to a lack of auditory input. Some instances are at the far end of the range of illnesses or damages in that the children do not grow completely proficient in any language and have cognitive impairments in those faculties that need a strong foundation in a first language. The phrase "communication abuse" to characterize the inability to give "complete access to communication" to deaf children as early as 1993. The language deprivation syndrome, or severe language

deprivation, may be regarded its own mental health condition. In addition to these biological consequences, the idea of social communication has developed in recent decades as a means to bring together a variety of notions linked to language deprivation, with most of the debate centered on children with autism[10].

## **2. DISCUSSION**

The architecture of the brain is preserved in deaf children with no language deficits meaning deaf children who sign from an early age and social communication is robust. These youngsters were shown to have no problems with sustained attention, which is a critical cognitive ability for functioning in an educational environment. What factors influence a child's ability to learn a language? The language qualifies as accessible to a kid if he or she is exposed to it on a regular and frequent basis and takes it up spontaneously without any intentional instruction or exercise as is the case with hearing children in a speech environment and deaf children in a signing environment. On the other hand, if a kid is exposed to a language on a regular and frequent basis but does not pick it up despite explicit instruction and practice as may happen in a speech setting with deaf children, the language is arguably inaccessible to that child. Between these two extremes, there is a gray area where choices made by caretakers and experts have just as big of an impact on the lack of access as the hearing loss itself. Decisions to exclude exposure to sign language may impact access to language, which can lead to social restriction, much as hearing loss can affect access to spoken language, which is a biological constraint on language exposure.

That is why, according to a recent panel of experts published in Pediatrics, giving a sign language to a deaf kid as early as possible is the most dependable method to guarantee language development and avoid linguistic deprivation. Providing deaf children with a sign language also helps to counteract the isolation that is prevalent in much of the material on neglect. The damage of failing to ensure language development is exacerbated by the fact that this kind of neglect raises the likelihood of deaf children being subjected to other forms of abuse. The explanation rests in historical perspectives on language acquisition and sign languages, which have resisted change despite new findings demanding a shift in societal attitudes toward sign language and more informed professional practice. Many people have put off accepting that they are being deprived because of this reluctance. They may have been surrounded by rich language input, but were unable to access it; often unbeknownst to their caregivers, but sometimes because caregivers are aware but in denial and do not address the need for their children to learn communication skills. We look at how societal attitudes and a lack of knowledge among professionals may lead to denial in this article. In most cases, language development, which is an important component of total cognitive development, is a naturally acquired product of human interaction.

As previously stated, significant cognitive impairments occur when human linguistic contact is delayed or missing. When abuse is discovered, social services usually intervene. With deaf youngsters, it is believed that using treatments, therapies, and interventions long established by the hearing sciences would suffice. If the deaf kid has deficiencies, it is thought that they are the result of the deafness rather than a lack of activity on the part of the caretakers. Even in the most severe instances, public policy ignores the reality that these damages are foreseeable or avoidable, and no one is held accountable for doing so. One historical misunderstanding that underpins this way of thinking is that language is considered to be equal to speaking. This notion is out of date, and it has serious ramifications. Language is a cognitive capacity that may take on many forms, including oral–aural, which manifests as speech, and manual visual, which manifests as sign. The two modalities are, in a sense, equal cognitive citizens; language development is mode-agnostic, and individuals may fully express themselves in any modality. This is supported by studies in a variety of fields, including linguistic analysis and first language acquisition. Deaf parents do not make choices on how to raise their deaf children in a vacuum. Parents are often selectively informed, at least at first about 96 percent of deaf children in the United States are born to hearing

parents. These professions are notorious for spreading false information. Part of the reason for this is that medical schools have been negligent in not include important material in their curriculum, and CME programs have not picked up the slack. The biological foundations of language learning, the cognitive damage of linguistic deprivation, and the reality that sign languages fulfill cognitive requirements equally as well as spoken languages are not taught in most medical schools and CME programs. Medical practitioners have a prejudice towards sign language as a result of societal stigmatization and erroneous ideas. Medical professionals have historically believed that deafness is a problem that needs to be "treated," and some even say "cured," because they are not kept up to date on relevant scientific research; deafness does not conform to the norm, and deaf children are seen as "apples that fall far from the tree". This gap in modern understanding of language, cognition, and sign language is filled by hearing science professionals and cochlear implant (CI) manufacturers, who offer deafness treatment or cure via technology, a method that the medical profession is willing to trust and that parents are willing to accept. As a result, the medical community and CI manufacturers prefer to advocate a speech-only approach to raising and teaching deaf children. When a speech-only strategy is advocated, public policy conforms to what is considered mainstream acceptable medical practice. Although child welfare agencies are aware and frequently record that deaf children's language and other developmental deficits play a role in a variety of maltreatments, they have not questioned medical or hearing experts about the speech-only strategy.

What they consider to be an effective community practice initiative to address child maltreatment, especially with regard to deaf children. Deaf individuals fare better with therapists that are culturally competent and "who sign themselves and utilize counseling methods that connect with deaf people". In these counseling circumstances, the use of signing may help to form a strong connection and guarantee complete communication as describes for deaf children adopted by deaf parents. While this is commendable, the Los Angeles Child Abuse Councils, which Embry and Grossman described, still does not recommend that deaf children be taught sign language so that they do not have a language deficit and are thus less vulnerable to abuse, despite the fact that they acknowledge that a language deficit makes them more vulnerable to abuse. Even well-intentioned child welfare procedures, it seems, fail to provide suitable recommendations.

The medical profession, hearing science experts, the CI industry, schools, and child welfare agencies are all responsible for protecting deaf children from linguistic neglect and the resulting susceptibility to abuse. This is a crucial gap that must be filled for two reasons. First, physicians and other medical experts often do not monitor the children's growth beyond the first consultations and are therefore unable to predict the implications of their own recommendations, while child welfare agencies see the consequences firsthand. Second, medical practitioners have the possibility for conflict of interest, but child welfare organizations do not. As a result, child welfare organizations are in a unique position to help solve the issue of linguistic neglect. We provide some preliminary recommendations for promoting good impacts, based in part on comparisons of how laws prohibiting physical punishment of children were enacted and their positive consequences in various nations. Whether or whether a parent is justified in slapping or using other forms of corporal punishment on a kid has been a source of debate for decades, and the debate is compounded by the fact that the practice is embedded in many families' personal, ethnic, and even national traditions. Because it is controversial, and because the controversy involves what parents may see as their rights in raising their children within their culture, and because the parents' intent is not harm, the issue of corporal punishment is a useful comparison to the issue of a speech-only approach to the raising of deaf children. Several methods for altering societal attitudes and professional practices may be seen in the fight against corporal punishment of children. One such approach is raising societal awareness of sign languages and the advantages of visual access to language for deaf youngsters, which has already started.

In the social services and medical professions, increasing training and understanding of language acquisition in two modalities, auditory and visual, should be a top focus. In the field of child services, policies and standards of practice must be evaluated, developed, and implemented. Existing laws may need to be amended, and new legislation may be required. To stimulate and strengthen interest and a feeling of responsibility among professionals and their organizations, advocacy by institutions and associations, as well as consumer and public support groups, is required. Although there is still debate regarding corporal punishment, societal and cultural forces, as well as science, suggest that a different route is best for children. The situation for deaf children's language development is even more dire: regardless of one's opinion on the importance of sign language in deaf children's lives, continuing to omit it presents a substantial danger, while adding it poses no such risk. Child Protective Service (CPS) agencies react to complaints of child neglect by focusing their interventions on the specific caregivers involved in each case. CPS agencies have no direct duty for altering the conduct of those who may contribute to parents' failure to safeguard their children. However, in the case of deaf children, those other experts and institutions that have zero tolerance for other methods to speech play a role in parents' inability to offer sign language to their children. As a result, we propose a fundamental shift in CPS engagement with deaf children's health: CPS agencies must take an active role in identifying the issue, defining responsibility, assigning accountability, setting out what needs to be done, and educating the public.

### **3. CONCLUSION**

All deaf children should be given the opportunity to learn sign language via early, frequent, and consistent exposure; failing to do so significantly raises the risk of cognitive damage and therefore constitutes neglect. Professionals who deal with deaf children must stay current on scientific discoveries and adjust their suggestions for parenting and teaching deaf children appropriately, rather than perpetuating methods that damage a specific group of children deaf children. Because learning sign language does no damage and poses no danger, it is much safer for deaf children to be exposed to it early and consistently than the alternative of a speech-only strategy, which has a high risk of insufficient language exposure. Professionals that deal with deaf children's families are responsible advisors when they try to guarantee that deaf children are exposed to sign language on a regular basis. The right to language, a long-standing societal concept, is increasingly being applied to deaf children and their right to an intact and natural language. Because of its accessibility, sign language guarantees this right.

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