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# Hard-of-Hearing Inmates in Penitentiaries

## *Les personnes malentendantes en milieu carcéral*

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### **Abstract**

Inmates of penitentiaries become socialized to prison subculture and its behaviour system. Staff have their own behaviour system, which intersects with, and holds power over, the inmate subculture. Inmate behaviours are interpreted and defined by staff in the context of the prison culture. Such definitions influence the rate (lack) of progress of an inmate through the system. This paper reports on a study of inmates of federal prisons in British Columbia. A high percentage of previously unidentified hearing impairment was found in inmates, coupled with a high level of unawareness of the condition by staff. Behaviours typical of a hard-of-hearing person tend to be interpreted negatively by staff, resulting in adverse consequences for inmates in one-to-one interactions and group programs. The broad scope of difficulties and suggested approaches to addressing problems will be presented.

### **Abrégé**

*Les détenus se fondent graduellement au milieu carcéral et à ses règles de conduite. Le personnel a également son propre système de règles qui entrecoupe avec et donne main haute sur celui des détenus. Les comportements des détenus sont définis et interprétés par le personnel dans le contexte d'une culture carcérale. De telles définitions influencent le taux (ou l'absence) de progrès d'un détenu dans ce système. L'étude présentée ici révèle un pourcentage élevé de personnes malentendantes jusqu'alors non-identifiées dans les pénitenciers fédéraux de la Colombie-Britannique. A ces chiffres, il faut ajouter le manque presque total de sensibilisation du personnel à cette situation. Le comportement typique des personnes malentendantes est, en général, interprété négativement par le personnel, d'où des conséquences néfastes pour les détenus, que ce soit en face à face ou en groupe. L'envergure des difficultés rencontrées et quelques-unes des solutions qui peuvent être envisagées seront discutées.*

Hearing loss is generally considered to be a form of deviation from the norm, yet only recently have researchers begun to investigate the relationship between impaired hearing and the perceptions which others report of deviant behaviour. *Deviant behaviour* is defined as behaviour which

has been so labelled (Becker, 1973; Gomme, 1993) and is generally accepted to mean behaviour which is perceived to differ from the cultural norm, and is labelled accordingly. The labelling process is particularly authoritative in the hands of those with power to label.

The lack of inquiry into the relationship between impaired hearing and labelling of behaviour holds true for inmates of prisons. A review of the literature indicates that no study has been undertaken in Canada to examine partial hearing impairment in penitentiaries. Studies in the United States during the years 1970 to 1983 indicate that between 36% and 48% of the prison populations surveyed suffer from some kind of hearing disorder, compared with only 7% among the general population in the United States (Belenchia & Crowe, 1983).

Some researchers have suspected that hearing disorders may contribute to criminal behaviour, or at least to the perception of a criminal profile by authorities. The results of a 1973 national U.S. survey of 200 state and federal corrections administrators indicated that 77% of those polled believed that the psychological and communication problems arising from hearing impairment led to criminal behaviour (ASHA, 1973). The studies also indicate that many of the inmates who failed the hearing screenings had a hearing loss which had been previously unidentified. Such studies did not approach the issue of deviance labelling, but we know that the behaviours associated with a hearing impairment do deviate markedly from behavioural norms in society, and tend to be misunderstood in a social context (Levine, 1960; Oyer, 1985; Jones, Kyle, & Wood, 1980). It is therefore possible that this hidden factor has played a significant part in the labels which have been attached to these inmates, and in the inmates' consequent treatment or care.

Hearing loss is one of the most prevalent chronic disabilities in Canada, affecting about 7% of the population—more than two million Canadians (Health and Welfare Canada, 1988). Within this group, about 20,000 are profoundly deaf, of whom about 75% are adventitiously

deafened (Schein, 1982). The largest group of people with a hearing disability—the hard of hearing—are more difficult to identify 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 (Schein, 1992). The Research and Statistics Branch of the Correctional Service of Canada (CSC) notes that offenders over 50 years of age constitute the fastest growing group in the CSC offender population (Grant & Lefebvre, 1994) therefore it may be projected that the prevalence of impaired hearing in inmates of prisons will also increase.

### Defining Hearing Loss

Hearing impairment, a generic term covering all degrees of hearing limitations, refers to the ability to hear and understand speech (Schein, 1992). Different definitions are employed, with respect to the medical pathology of loss or audiometrically measured decibels of loss; however, the functional definition, which focuses on how a person communicates in daily living, is most relevant to interactional situations and has cultural significance. Thus, a Deaf person may be defined as one whose primary mode of communication is sign language, while a hard-of-hearing person may be defined as a person with any level of loss whose primary mode of communication is speech. Given such a functional definition, the adventitiously deafened are usually grouped with the hard of hearing (but they may also acquire sign language and use it in addition to spoken language). Put another way, the communication problems of one who is congenitally deaf or who has acquired the impairment early in life tend to be both receptive and expressive; for the hard of hearing and late deafened, the communication difficulty is primarily receptive.

### Effects of Hearing Impairment

It is generally accepted that the problems resulting from early or congenital hearing loss are developmental, whereas those resulting from acquired hearing loss are traumatic (Thomas, 1984). More specifically, early onset or congenital hearing loss affects how one acquires and develops language, emotional, and social skills. The associated problems commonly lead to assessment of a person with this type of hearing impairment as socially immature, or as a poor academic performer. The onset of hearing impairment during adulthood has a negative, pervasive effect on interactive and verbal communication. It is this aspect of behaviour during interactive communication that greatly influences how a person is perceived, interpreted, and defined by others (Harvey, 1985; Goffman, 1967, 1969).

Rules for social behaviour are tightly bound to methods of communication. Such rules are mostly implicit, but everyone knows them as cultural expectations and norms, and everyone complies with them. Social communication rules are spatial (how near one gets to another), kinetic (body language), vocal (loudness, intonation) and linguistic (content and phraseology). A hard-of-hearing person may

**Table 1. Behavioural Characteristics Typical of Hearing Impairment in the Adult**

Behaviour
<ul style="list-style-type: none"><li>• Does not hear/understand when spoken to from another room.</li><li>• Does not hear/understand when spoken to from behind.</li><li>• Frequently asks for statements to be repeated (Says "uh" and "what" a lot.)</li><li>• Frequently gives incorrect or inappropriate replies (Often guesses, often wrong. Has more misunderstandings and arguments with others).</li><li>• Closely watches the facial expression of the speaker (More use of eyes, always watching).</li><li>• Strains or leans forward to hear.</li><li>• Turns one ear towards the speaker.</li><li>• Frowns or looks puzzled during conversation (Startled looks, perplexed looks).</li><li>• Frequently nods head as though understanding the conversation, but continues to nod inappropriately or otherwise reveal non-understanding of what was communicated (for example, does not get the punchline of a joke).</li><li>• Understands at one time and not at another, giving rise to the impression that he or she hears only when he or she wants to.</li><li>• Complains about the way people talk nowadays.</li><li>• Does not understand the speaker if any physical barriers intervene, for example, a teller in a cage or a clerk behind a transparent barrier.</li><li>• Reacts inappropriately in a situation as a result of misunderstanding or missing significant sections of what was said.</li><li>• Has difficulty hearing on the telephone. May hear better on telephone with one ear than another (Uses the telephone less than others do).</li><li>• Not aware of environmental sounds which are signalling others (for example, music, birds, wind, oncoming train or airplane, fire alarm, telephone, or doorbell).</li><li>• Turns television and radio up louder than is comfortable for other listeners.</li><li>• Is quiet in social situations, does not participate actively in group conversations. This applies in classroom situations also.</li><li>• Jerks head around to locate speaker.</li><li>• Impatient with interruptions (focuses on one speaker and is frustrated by interruptions by another speaker).</li><li>• Understands one speaker but not another in the same situation.</li><li>• Appears to be confused about the topic, or decisions taken or to be taken.</li><li>• Indulges in inappropriate social behaviour within group conversation by, for example, picking up a book or magazine to read, or otherwise separating self from the group.</li></ul>

- Tends to seek out one person to talk to in social situations.
- Tires more easily than others do in social situations, may fall asleep.
- Rejects invitations to social events.
- Avoids strangers.
- Complains of head noises.
- Has a very loud or very soft speaking voice.

*Note.* This list was compiled by the author from a review of the literature pertaining to social aspects of being hard of hearing (Dahl, 1994).

violate all of these categories of rules during one interaction (see Table 1). Violation of any social communication rule may render a person suspect. Continued violations will lead to deviance labelling and impose the deviant, outsider status on the perpetrator (Becker, 1973; Goffman, 1967, 1969).

### **Hearing Impairment and the Correctional Service of Canada**

During the late 1980s, the CSC conducted a survey of its regions to identify the number of offenders with disabilities, as well as the variety of services available to them (CSC, 1980s). This included both those in institutions and those in the community. Regional responses from correctional staff identified five inmates with hearing impairment in the Pacific Region, four in the Prairie provinces, ten in Ontario, seven in Quebec, and five or six in the Atlantic Region. Since these figures are well below the national average for hearing impairment in the general population, they are suspect.

In general, offenders do not receive hearing-screening tests as part of their health status assessment upon admission to a correctional institution (J. Konrad, personal communication, 1989). Rather, they are encouraged to undergo a hearing test if a hearing problem is suspected or identified. Staff of all regions surveyed in the CSC stated that hearing-related needs were dealt with on an individual basis. However, an assessment of survey responses reveals that only the specific needs of the profoundly deaf inmates who use sign language as a form of communication were addressed. There appears to be insufficient knowledge about the true prevalence of hearing impairment in the institutionalized criminal population of Canada, in particular, with respect to people with partial hearing impairment, who are usually not so readily identified.

### **Hearing Impairment in Prisons in the Pacific Region of the CSC**

In 1992 and 1993 Dahl (1994) conducted a study in eight federal prisons in British Columbia. The study was facilitated by the Chiefs of Health Care responsible for each institution. 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 and cultural analysis.

A few excerpts from survey findings pertaining to prison culture and relationships are provided here. The majority of inmates responding to this survey were aware of negative labels applied in prisons specifically to people who did not hear well. Sixty-six per cent of respondents felt that negative labels applied to people with impaired hearing affected how those so labelled were viewed by others. When respondents were asked to list such labels, 80% of the labels indicated the labelee lacked normal intelligence, 14% indicated "weird behaviour," and 6% were obscenities. People with impaired hearing in society at large commonly fear that they will be in some way labelled as lacking in intelligence. Another common fear is that others will become irritated or frustrated with them. These types of fears seem legitimized for the hard-of-hearing prisoner experience, as depicted by the labels reported in the survey.

A composite prisoner profile from this survey (n=189) shows the average study participant as a white male, under age 40, in a maximum-security institution, who held a semi-skilled job prior to incarceration; he has secondary school education and possibly some additional academic or technical education while in prison; he is likely to be single, with an annual pay under \$20,000 prior to incarceration. He has been in this and other prisons for 5 to 15 years, and charged with an offense involving violence and having something to do with another person. He believes that he has a hearing problem, which was first identified by himself or his family. He thinks noise and illicit drugs (cocaine, heroin) caused his hearing loss. He uses tobacco, illicit narcotics and prescription drugs. He has not had his hearing tested before or since incarceration, and he complained of a hearing problem but was refused a hearing test by the prison physician.

Survey data and interviews provided a picture of the prison culture (Dahl, 1994). Prisoner perspectives varied with the institution, the level of security of the institution, and the character of the respondent. Common negative features of prison culture included little socialization, fear, violence, and illicit drug use. An interesting point was inmates' attitudes towards guards. The majority felt they got along well with guards. This appears to correlate with Yates's (1993) picture of prisoner/guard relationships. One of the unexpected findings was a common complaint by inmates that prisons are very noisy; for example, a prisoner said, "Always the public address system blaring, radios, tvs going." The prison reported by all as having the highest level of noise also, in their experience, evoked the most fear in inmates, caused the most tension, and was the site of the most fights.

## Hard-of-Hearing Inmates in Penitentiaries

**Table 2. Extent of Hearing Loss (HL) in 87 Subjects Who Received Audiologic Tests**

Hearing loss	Left ear		Right ear		Total ears	
	n	%	n	%	n	%
Mild	29	33	29	33	58	33
Moderate	19	22	20	23	39	22
Mod. severe	5	6	11	13	16	11
Severe	18	21	10	11	28	16
Profound	6	7	7	8	13	7
No loss	10	11	10	11	20	11
Total	87	100	87	100	174	100

*Note.* The study utilized Yantes' (1985) categories of hearing loss as follows:

Decibels of loss	Category
<10-15	Normal
16-25	Slight
26-40	Mild
41-55	Medium
56-70	Moderately severe
71-90	Severe
90>	Profound

### Results of Audiometric Testing

The hearing of 144 inmates was screened with a portable audiometer, in acoustically quiet rooms in each facility. Sixty-nine percent of this group of inmates had some degree of loss, which was confirmed later by audiological tests (see Table 2). This is more than nine times the rate (7%) of hearing loss in the general Canadian population. Audiological tests to confirm hearing loss were conducted by a certified practising audiologist, and included otoscopic examination; pure-tone air-conduction thresholds testing for frequencies from 500 to 8000 Hz; immittance audiometry (tympanometry and screening for acoustic reflex thresholds and reflex decay at 105 dB SPL (1000 Hz) using a Madsen impedance audiometer ZS76-1). Tests were conducted in a rented industrial audiometric van with soundbooth; this van was driven into each prison compound by the author. Speech discrimination was not tested.

Of 42 inmates with partial hearing loss who were interviewed, almost half (48%) said that they had complained of their hearing loss to institution staff. Approximately two thirds (70%) of these offenders said they were told by the

prison physician, on examination, that their outer ear canal looked clear and that no follow-up examination was warranted.

Two facilities had a hearing-screening device on hand, to be used only if there was significant behavioural indication of hearing loss. Hearing screening therefore was not a part of the admitting health assessment, and no notations about hearing appeared on the health file unless the inmate already had a hearing aid or manifested behaviours indicative of a severe hearing loss. Of the 42 hard-of-hearing inmates interviewed, 81% believed or knew they had some hearing loss; 17% did not know they had any loss of hearing until the study was undertaken; and 69% believed that their period of incarceration had been adversely affected by their hearing impairment (see Table 3).

Study findings indicate a high level of unawareness of behaviour associated with hearing impairment amongst prison officials. In individual interviews, 41 prison officials were first asked, "What are the behaviours by inmates which give you the most trouble in talking to them?" Officials provided 94 individual responses, listing 46 different labels,

**Table 3. Inmate Perception of Hindrance Experienced from Hearing Impairment in Prison**

Area of hindrance experienced	%
Social contact with other prisoners <sup>a</sup>	69%
Employment	21%
Guards and/or administrative staff	41%
Health care staff	43%
Parole	24%
Groups and classes	74%
Phone, TV, public address system	90%
Interpersonal relationships	24%
Everywhere in general	7%
Excess noise levels in institution	31%

Note. n=42.

<sup>a</sup>An additional 13% who noted that social contact with other prisoners had not been hindered stated, "No, there is not much social contact between prisoners anyway."

which fell into three categories: defiant behaviours, such as aggression, rule-breaking and anti-authority stance, and lack of responsibility or effort (passive aggression); deficit behaviours, such as deficits in education, intelligence, or social skills; and defective behaviours, such as personality deficits, mental illness, or physical defects. Sixty-nine percent of officials specified defiant behaviours; 19% of officials identified deficit behaviours; 13% noted defective behaviours as problematic in interactions.

**Table 4. Questions Asked of Prison Officials**

Questions
How do you describe the character of a prisoner with the following characteristics? (For example, refusing to carry out an order is "stubborn.")
1. Won't answer unless you come right up to him, to speak to him to his face.
2. Often asks for things to be repeated (Says "uh" and "what" a lot).
3. Often gives a reply that is incorrect or inappropriate.
4. Has a lot of misunderstandings and arguments with others.
5. Is always watching, staring (closely watches the facial expression of the speaker).
6. Leans toward you when you talk. Gets close.
7. Often looks startled or puzzled.
8. Frowns a lot during conversation.
9. Nods head a lot during the conversation as though agreeing, but later you discover that he never understood what was said.
10. Hardly ever understands a joke (Never seems to get the punchline).
11. Acts like he hears only when he wants to.
12. Responds to some officials, but there are some officials to whom he never replies.

13. Complains about the way people talk—accuses others of mumbling.
14. Complains that others are talking about him behind his back.
15. Doesn't follow directions given to the group.
16. Doesn't want to use the telephone.
17. Doesn't get in line with the others when the bell rings or siren goes.
18. Turns television and radio up louder than the others want it.
19. Does not participate actively in group conversations. This applies in classroom situations also.
20. Jerks his head around a lot to locate who is speaking.
21. Gets impatient with interruptions (focuses on one speaker and is frustrated by interruptions by another speaker).
22. Often seems confused about the topic, needs a lot of individual explanations to understand.
23. Doesn't behave appropriately in a group conversation, for example, picks up a book or magazine to read, or gets up and walks out.
24. Tends to separate himself from the group—will talk to one person only.
25. Doesn't follow directions—doesn't do what he is told to do. Seems mixed up about what he was told to do.
26. Refuses to participate in social events.
27. Complains of noises in his head.
28. Always speaks in a loud voice.
29. Always speaks in a soft, low voice.

Each official was then asked to identify the meaning of specific behaviours (see Table 4), when manifested by inmates, within the context of their work experience. It was found that behaviours which are typical of the hard of hearing (see Table 1) often tend to result in negative perceptions by officials. For example, when asked to describe the meaning of a particular behavioural trait, approximately 86% of the time officials chose a negative label to describe their perception of the behaviour, which also described a behaviour characteristic of a person who is hard of hearing. Put another way, staff were five times more likely to perceive a certain behaviour as indicative of a behavioural or personality problem (a deviant behaviour) rather than a hearing problem.

Interviews with inmates with hearing impairment revealed that they perceived themselves as not being well understood by officials; this is reflected in how specific behaviours are interpreted by officials. Fifty-five percent of hard-of-hearing inmates expressed concerns about being misjudged or mislabelled. Ethnographic data reveal that inmates believe officials discriminate against inmates with partial hearing impairment largely due to unawareness of the condition (see Table 5).

The majority of prisoners in the penitentiaries visited were incarcerated as a result of offenses involving violence.

Table 5. Hard-of-Hearing Inmates' Perception of Discrimination by Prison System

Area of discrimination identified	No. of responses	%
"Unconsciously, so due to unawareness of hearing loss."	42	100
"Lack of awareness of special needs such as telephone, television, and excessive noise everywhere in institution - blaring P.A. System, noisy living quarters."	13	31
"Staff are impatient with inmates, expect to be heard, don't want to repeat"	3	7
"I had a very scant health check on admission. Health checks depend on how busy the health staff are. I was healthy otherwise so hearing problem ignored."	1	2
"I was blamed in class and in group for not paying attention & I accepted the blame. Now I realize it was because I could not hear."	2	5

Note. 61 responses from 42 inmates.

Prisoners in the study mentioned fear, violence, and tension as characteristics of prison culture. Given a frame of reference which perceives aggressive behaviours as most problematic and most prevalent in inmates, taken together with the high degree of unawareness by officials of partial hearing loss and its implications, it is not surprising that "hard-of-hearing" behaviours are interpreted in negative terms at correctional facilities. These interpretations would result in adverse consequences for people with impaired hearing in correctional institutions.

The implications relate not only to individual interactions but also to how the individual performs in and benefits from the various classes and group therapies offered. He or she may do well in a one-to-one interview in a quiet room, but do poorly in group settings, before a parole hearing, in court, or being taken into custody.

Barriers for prisoners who are hard of hearing are prevalent in prisons. Such barriers interfere with access to therapeutic programs and socialization. It was observed that there was a lack of assistive communication devices for the hard of hearing or for the deaf in prisons. This included the absence of amplified telephones, hearing-aid compatible receivers, TTY (teletype, also known as TDD, telecommunication devices for the deaf) phones, television closed-captioning decoders, and individual or group listening systems. There was also no awareness of the existence or need for such devices.

## Conclusion

The study of one region of Canada has demonstrated the difficulty faced by people with loss of hearing who are in correctional facilities. The fundamental issue appears to be one of unawareness of the potential for partial hearing

impairment in inmates. This unawareness is complicated by deeply embedded cultural indicators of appropriate social communication behaviours. The importance or weight of embedded cultural norms on social perception is illustrated by the failure of officials in the study to identify specified behaviours as indicative of hearing impairment, even though the study was commonly referred to throughout the prisons as "the hard-of-hearing study." The three officials with the highest scores in identifying the listed behaviours as indicative of impaired hearing stated they themselves had some hearing loss or a family member who was hard of hearing.

People who are hard of hearing, by virtue of the hidden nature of their loss, and the tendency for them to conceal their disability, can further accentuate the difficulty of identification. For prisoners, the problem is also one of powerlessness and increased vulnerability to deviance labelling. Several inmates told of individual instances of punishment following a guard's refusal to believe the prisoner had not heard his order.

There are difficulties associated with diagnosis. Here the traditional gatekeeping role of the physician, and institutional policies which do not mandate hearing screening on admission, appear to be the primary problems. Similarly, nurses hold the power to omit hearing screening from health assessments. A decision to screen for hearing appears to rest on the nurse or attending physician's assessment of how the inmate responds to dialogue during admission procedures. Since health assessments take place on a one-to-one basis in a quiet room, a person with moderate-to-severe hearing impairment may communicate successfully, and his hearing loss may go unnoticed unless he is interacting with someone who is knowledgeable about the behavioural indicators of impaired hearing. As one inmate noted, "the old watch test is not enough" for diagnostic purposes.

Quite frequently during this study, staff of various disciplines—health care workers, social workers, correctional officers—stated to the author that they lacked knowledge about hearing impairment and had learned nothing about the hard of hearing in their training. It can be concluded that staff should receive in-service education from those with expertise in the area, in order to understand the behavioural indicators of impaired hearing and its implications for the rehabilitation of prisoners.

#### Author note

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