

Please stand by for realtime captions.

This is Jenna, is Harold, call yet? >> This is Janet, good morning Sam.

We will get started in just a few minutes.

Hi Janet, this is Harold, just joined the line.

Good morning, Harold, Sam here.

We are about 80 miles outside of Columbus, so we should have good cell phone range.

Sarah, are you on the call yet? Yet? >> Sam, thank you for taking time out of your schedule to join us.

Harold, you are not driving while you are talking, are you?

No, we just switched.

I did not want to get you in trouble.

Good morning, this is Janet from hands and voices, who just joined us?

We would like to welcome everyone who is joining us this morning, we will be getting started at close to the top of the hour. We also have people joining us through captioning, as well. We want to welcome you to the hands and voices O.U.R. monthly call.

We will be getting started in just a few minutes, thank you for joining us.

Good morning, this is Janet from hands and voices, you can hear people coming in on the call this morning. We will be getting started in just a few minutes for just -- is doctor Loomis on the call yet? -- Is Dr. Gabe Lomas on the call yet?

He was coming from a meeting.

Very good, is Sarah here yet? >> Who else has joined us this morning?

This is Sam from St. Joseph University in Philadelphia. >> I am here with Nevada hands and voices. >> I am here from Arizona.

Fantastic. >> Hi Janet, this is Jamie from Colorado.

Hi Jamie, welcome.

Good morning, welcome to O.U.R. monthly Hands and Voices call. If you can please put your phones on mute during the call, except for our facilitated discussion time, we would really appreciate that. We will be getting started here in just a few minutes. Is anyone else here that has just joined that would like to let us know you are here?

Hi, this is Sarah from Colorado.

This is Anna Paulson from Minnesota.

This is Christine from Washington.

This is Sam, again, what is the code for muting the phone. --? The code for muting and I muting is star six to mute and hashtag six to unmute.

Got it, thank you very much.

This is Poppy from Tennessee.

We are glad you are here.

Hi, it is Kathy from Alberta Canada .

Hi, this is Nancy from California.

This is Marie from Minnesota.

This is Leslie from Minnesota.

This is Gwen from West Virginia.

Good morning everyone, this is Janet from hands and voices, we would like to welcome you to today's meeting. It is just the top of the hour right now, so we will give this one or two more minutes so that the phone of people joint tone of people joining does not interrupt. Once we start, I will begin a recording and turn it over to Harold. Dr. Gabe Lomas are you on the call yet?

Yes, I am here. We will be --

Thank you, we will be getting started in a minute.

Those of you who are not presenters this morning, if you could please go ahead and mute your online, you can do it by pressing star six to mute your line and then hashtag six to on mute. To unmute. It is just about one minute after the hour, so we will get started. If you can all just bear with me for a moment as I get the recording started.

Good morning, everybody, this is Janet from Hands and Voices , we want to welcome you to our monthly cut -- call. It is so encouraging for us as we hear everyone coming on the line from all over the US and Canada. We are really excited to have you all participating in this project. Before I introduce Harold who will be introduce our guest speaker , for those of us as parents in our junior of raising kids who are deaf or hard of hearing, and all the perspectives and emotion we put into raising our children, I am so proud of this organization from a positive angle with which we approach this journey. As we tackle some of the tougher topics, those within the journey, I am very pleased and proud that this organization does that as well. We are glad you are here today for this

discussion and I am now going to turn it over to doctor Harold Johnson who will introduce our speaker today, Harold?

Thank you Janet and thank you everyone for joining us. We will hear from Dr. Gabe Lomas today. He spoke to this group first just over two years ago. Today, Dr. Gabe Lomas will be speaking to us about problems and solutions within the school to prison pipeline. He is a critical resource and one who knows great deals about people with disabilities particularly those who are hard of hearing. Also, I must tell you that Dr. Gabe Lomas is one who provides direct counseling support. He is a tremendous resource, not only for Hands and Voices and for his University, but for the nation as a whole. Today he was speaking to you about cutting research that he is recently completed. Not just problems, but also some solutions. Once he is completed, we will have time for questions and answers and a summary. With that introduction I would like to introduce Dr. Gabe Lomas to the monthly hand call. I am looking forward to hearing his information and learning more about his knowledge base. Dr. Gabe Lomas?

Thank you, doctor Johnson, I really appreciate that. Before I get started, can you hear me clearly? I am on a speakerphone.

Yes, I can hear you clearly.

Good, can you please remind me how much time I have? 30 minutes? 20 minutes?

Yes, about 25-30 minutes would work.

Thank you for having me, that was such a nice introduction, I appreciate it. As doctor Johnson has said, my whole career is dedicated to working with deaf and hard of hearing and in the field of advocacy and mental health. In the past 10 years, my career has turned a great deal into law as I get called to help with court cases sometimes by attorneys and sometimes by judges. That has really led me to my next study that I just recently completed. I could I completed it about a year ago, but I am currently writing the manuscript on it. You will get a little bit of a taste on it before it's really in publication. I would like to start with sharing something we can all probably relate to. In 1854 a doctor from London traced an epidemic of cholera to a tainted water pump. His discovery really revolutionized helping illness during that time. When he identified the source of it came through water, we quickly reduced the incident of cholera in the community. So, what researchers believe now is that by looking at early childhood experiences and trying to make changes and improve the lives of young children, that we can also make substantial reductions and -- in health outcomes for when those children grow up. The evidence is pretty strong that when children do experience negative childhood experiences, that there outcomes -- their outcomes are truly impacted in a negative way. NPR had a story about a study -- and ACE study. There are people that may not be familiar with it and so I will go through the 10 key questions. Some of these are little taboo, I apologize, but these are the questions the way they were written. Number one says, did a parent or adult in the household you grew up in, before you were 18, often or very often

swear at you, insults you , or make you feel hurt? Number two, did a parent or adult in the household very often hit you or throw things at you, or hit you hard enough to leave marks on you?

You can see that we are looking at aggression in the household of the child when they are young. Number three, did an adult or person older than you ever touch you or fondle you or have sexual intercourse with you? Number four,

did you often or very often feel that no one in your family loved you or thought you were special? Number five, did you often or very often feel that you did not have enough to eat, you were dirty clothes war dirty clothes, or no one detected you? Number six, were your parents ever separated or divorced? Number seven was your mother or stepmother often pushed, grabbed, or slapped? That one focuses on whether or not there was domestic violence in the home. Number eight, was there anyone who was a problem drinker or alcoholic or used street drugs? Number nine, was a household member depressed or mentally ill or commit suicide? And then number 10? Did a household member ever go to prison? These are complicated questions in their wording. When we think about how sign language is used, some of them were very difficult to interpret. The truth is, the out of those 10 questions that were asked, a lot of this can apply to everybody for the most part. Lots of people we know are happy, resilient adults, whether their parents were separated or divorced, so as we go through these questions, some of them seem pretty common and benign, but others are pretty significant especially with regards to abuse. I worked with a team and we were done putting them into sign language videos and we distributed them to people who were -- who identified themselves as death deaf or hard of hearing and were incarcerated. So, we had 45 people respond to my study. I want to kind of go back just to make sure that you get a good sense of what ACE was about. In the original study that was published with the physicians with Kaiser clinic, they had 19,000 people respond to the study. These are all people 17,000 people respond to the study.

Nearly 80% of them were Caucasian, they had attended college, so this was not a representative study of over the nation. This was not my study, this was a pretty educated group of people. With that group, their exposure , in spite of the fact that they were highly educated, had insurance, 1 in 4 had exposure to these , 25% of them were sexually abused as children and two out of three women had experienced abuse in their childhood. If you look at those numbers and you think about it, if ACE was a physiological disease, it would be an epidemic and our country. -- In our country. The results of that study show that the greater your ACE score, the lower your life expectancy. The more ACEs , the more a person checked yes , the earlier their death would be. The greater their likelihood of disease and disability and adulthood. The more expensive it would be to care for them at the Kaiser clinic. They were trying to find ways to reduce the cost of healthcare. What they are finding, their findings were profound across the board. The more ACEs a person had, the more serious their psychological and emotional problems. Also they were more likely to engage in risky behavior. Something else that was pretty profound, was that the more ACEs a person has, the more likely they were to be sexually assaulted. So, a person who has no ACE points, a person has a pretty good life, there

was no divorce, no separation, no violence in the home, nobody went to prison, they had a less than 5% chance of being sexually assaulted in their lifetime. Then a person who has 2 ACE points, had a 10% chance. A person who had six ACE points had a greater chance. The greater the chance that you experienced some of these, the greater that you -- greater chance that you will be sexually assaulted. ACEs also set the stage for mental health. The more a person experiences negative childhood experiences, the greater the likelihood of health and risky behaviors and adoption of health risk behaviors and early death. So, we can see from that, that introduction, the ACEs are really critical for everybody. Early childhood experiences are so critical in -- and trying to read remediate them and making sure that they are protected, that is so important across the entire population. So, my focus is really on deaf children, or deaf adults who had been incarcerated. I wanted to see what their early childhood experiences were like. I started a couple years ago and it was really a labor-intensive project because interpreting these videos, interpreting these questions into sign language was really challenging, and then of course there were a lot of taboo aspects of that as well. That is probably another research project in and of itself. I had a grant for this study so I was able to give a small gift as an incentive to people who had parts the -- participated. It is not easy to find people who want to share information and admit that they had been incarcerated or arrested. The grant allowed us to participate .

Allowed us to find people who would be willing to participate.

I am skipping a lot of the information that I have prepared, but I'm going to go right to the findings. That's probably what you are most interested in. On ACE question one, when we did the data analysis, we could see that for some reason, we were finding some differences with people who identify themselves as death and those who identify themselves as hard of hearing. -- Death

I can see how people would say that, because kids who are hard of hearing are more likely to be understood by hearing adults than for a child who is deaf and cannot be understood by a hearing adult . Sometimes hearing adults put their hands on a child to force a child to do something. Sometimes the intent was not to be aggressive, the intent was more to be a directive, but the child may have felt it was forceful. So, the deaf respondents felt that they were -- had more emotional responses than just the hard of hearing. What was interesting is that the hard of hearing found more sexual assault than the deaf . Not too surprising to me is that mammals had longer males had longer incarceration than females. I think the terminal justice criminal justice

program has come down harder on men than on women. What I found to be most profound was that the number of ACEs was positively correlated with the number of incarcerations. The more ACEs a person had, the more times they went to jail . This was especially true for males . Those were our key findings. We had some more nuanced findings as well. So I will shift gears now, for the next five or 10 minutes and talk about things that we can do to build resiliency and maybe take some questions and talk a little more about it. I think that the implications from

this study point to schools and parents. Both have a huge impact on the community. The child welfare should be focused on children. If there is a report to child welfare

agencies, and they do an investigation, people who do that kind of work are not usually well-versed in working with children with hearing loss. Sometimes in the most egregious situations, they will go right to the caregiver and ask what happened to the child but never really interviewed the child. Sometimes they do not document disability, although I do believe that is changing. Sometimes, kids who, it is important to identify disability because if they are doing investigations multiple investigations over a period of time, the disability could be due to some sort of family violence. Of the child is pushed and has limp, now, if it had been documented by state officials, we could clearly see a pattern of home violence and that has contributed to the disability. Clearly, we need better parent education programs. The parent education programs really need to focus on healthy attachment holding resiliency building resiliency and understanding what are the things that contribute to them. Just having a parents divorcing as being >> Excuse me, this is Janet, could you all please put your phone on mute. There is someone making quite a bit of noise, so please put your phone on mute. Thank you.

I hear that as well, okay. Parent education programs have to focus on healthy attachment if we are going to build resiliency with the kids. We have to make sure that the attachment is strong. One of the examples that I started to share was that if parents and that being divorce, often times there is a great deal of guilt. Just because that is an ACE, that does not all parents should be aware that that is a factor, but other ACEs are factors as well. We should be working to make sure that we mitigate them. We are attaching in a healthy way to the children. Schools have a big role to play as well in educating youth on the risks of personal safety. I think a lot of times, our hearing kids are listening and they catch the conversation. There listening to what goes on, they hear about their peers getting in trouble, and through that they learn in sort of an -- a secondhand way what they should and should not do. So we all have sort of a built-in radar, and we are always using that radar to determine, are we safe? A lot of time, deaf kids, their radars are not attuned to these things.

I think that the ideal place for these things to happen is in schools. Schools are focused much more on academics and very little on personal safety. I do not think it would be difficult for school-based helpers to adapt the ACE tool. They can use it as a screening tool to identify which children should be monitored and say this child checked off three of the ACEs, this child checked off five. Maybe we should be checking off five aces and see if they are doing okay. So, I think the ACE questionnaire could really be adapted to a screening tool. I think also schools can be reviewing the existing literature on school to prison pipeline. They can do this with the aim to disrupt the pipeline. If you have heard me speak before, there was a case that I was working on where the school had a zero tolerance policy for drugs on campus. It sounds really great in theory, but a 12-year-old boy brought a single dose of Ritalin to school and he ended up being arrested and taken to a juvenile justice program. When I stepped in, I tried to fight for this kid. I was saying,

look, I am not certain that he understands what a zero tolerance policy is and that he should not have had it in his pocket. Also that he probably did not understand that a prescription drug was not equal to a street drug. I have been in touch with that young man, and as a young adult he was still incarcerated, not for the same offense, but for other offenses. When you are locked up in the justice system, you have to survive and you often learn lots of other bad behavior from the peers around you. So there is also literature out there, good articles out there, about what it is like for a deaf person to be in prison. They are generally not ADA accessible, so there almost set up to fail. If you are asked to respond to a whistle, you will not have the benefit the same as a person who can hear. There are also other complications, but those are some basics where deaf people do not tend to be successful and get early relief because they are seen as uncooperative in general. I have a couple other points that we should look at to build resiliency. This one in particular focuses on the justice system. Protocols for representing deaf and hard of hearing people in the justice system, we should disseminate them to, here are ways you can educate yourself on working with a deaf client. There are a number of skilled lawyers who are either deaf themselves were very fluent in sign language, they should be establishing mentoring programs with attorneys who are new to the field. I think it would be wonderful, it would certainly be wonderful for my research, but it would be wonderful in general for deaf and hard of hearing offenders to be tracked in the system. I took this from the justice system from a few years ago, and tried to extrapolate it. Is based on numbers of people with disabilities in the system and I took that down to a percentage of deaf people and we estimate that there, at any given time there about 10,000 deaf or hard of hearing youth in the juvenile justice system. Those are based on solid numbers of people within the justice system as a whole. That is based on solid data from the justice system. We could get that better, if they could break down it -- break it down by different disabilities. We do know that deaf and hard of hearing juveniles are over represented a -- over represented. A lot of times, where there are large deaf communities we see more engagement, where they are bringing trainers into help them be more sensitive, and to be more accessible when they are interacting with deaf or hard of hearing people, but we are still far from where we need to be with them. And then also reentry and rehabilitative services are largely absent. I know of maybe one or two programs that are not very strong but are designed for deaf people, but I would be shocked if anybody else on this call has really heard of a deaf reentry program for people who are looking to reenter their community. There is almost no support for them at all. Finally, domestic violence, family stressors, these are some things that parents on the line can really think about to build resiliency with their own kids. When he programs that include children with disabilities for kids who are experiencing divorce in the family, may have a child with a disability, you have a child with hearing loss, what do they need? In Connecticut where I work, there is a requirement for mediation before divorce. I do not know if that is the case in all states, but I am not even clear on the depth of the mediation. I think people can bypass that, but most couples go through that. Those programs should potentially include at least a brief piece on considerations if you are divorcing and you have a child with a

disability. How to build up protective factors. I think there could be media campaigns to promote better parent-child relationships. High school curriculum can include social and emotional learning. I'm only about eight miles from Sandy Hook, Connecticut. Emotional learning has become part of the fabric of schools in my area. So, I may be a little bit, it may be looking at it through rose colored glasses, but my sense is that across the nation we are seeing a great deal of social and emotional learning being included in curriculums. Sometimes I visit schools and asked them about social and emotional learning, and they will talk about it at the elementary level but not at the secondary level. It is really needed across the board K-12. Also, I am sure someone might bring this up, these ACE questions, do not really address any kind of deprivation. I think that we have enough

data but I think we can recognize that this can be an adverse experience. When children do not have accessibility to clear language and the ability to communicate, they will respond

usually with behavior. Sometimes that can be very aggressive behavior and the adult responses to the are often behavioral intervention. Years ago, it was sometimes physical intervention. Holding a child down, putting them down to get them to complied comply to directives when they really don't understand. That really turns into a childhood trauma for kids, in my opinion. We have to consider language deprivation as a, an adverse experience in my opinion. I'm not sure where we are with timing, >> [Indiscernible- background noise] >> We have about 10 minutes or so for questions so I will open the floor for people have questions at this time.

Dr. Gabe Lomas, as people are considering what questions they might ask, , responding to them in a way that might be supportive of them, but also to recognize that their behavior might be rooted in the experiences that they have had. How can parents and professionals better respond?

I apologize, doctor Johnson, the call has become very muddy here. >> How can we respond to kids in a way that understands that maybe their behavior can be explained by trauma. How can we react to kids in a way that does not traumatize them?

You know, Dr. Johnson, you really hit the nail on the head. This is really challenging. It can be done, I have not really seen it done holistically and systemically.

I recently received a grant here at my university and I have focused all the training of the grant on trauma training. I recently reached out to a school in Massachusetts that identified themselves as a trauma informed school, and I tried to get a sense for what they were doing their. For what they were doing. It is really hard to do that if the school's administration is not fully on board and constantly training their teachers to be mindful of, reactions. Probably, if a school was going to come close to doing something like that, they would really need to have an ongoing program where they are always looking for trauma symptoms. Especially, as a teacher starts new there, or school personnel starts new, then maybe every time they have a behavioral intervention, any kind of a meeting, that addresses a child's learning, that they have some sort of a checklist that identifies if these are trauma responses. There are some great standardized checklists on child

trauma, I'm not aware of any school that uses that systematically in their day-to-day teaching.

I was wondering if I could make a comment please

I am an educational audiologist and I think there are a few things that would help a parent

to be aware of. Parents need to be trained on optimal communication strategies. For example, getting the child's attention first, talking to them face-to-face, speaking clearly and getting rid of background noise. This is important for kids to use total communication llama sign language, as well as oral communication. First we need to set the tone, we must assume that the child did not hear clearly. We need to assume it is a communication issue before we assume it is a behavioral issue. Similarly we talked to our teachers in the classroom about making the assumption about behavior, making the assumption that the child may not be hearing the instructions clearly before jumping to the assumption that the child is not responding to a request because of behavior. Lastly, one of the things that we feel is important in our district is that when a child who is deaf or hard of hearing gets a notification to see the principal because of behavior, we feel it is really important that a deaf and hard of hearing teacher be present for that discussion, understanding that the child may not know either some of the straightforward rules, or the vocabulary of those rules, or may not know some of the more subtleties of the rules.

Thank you for that comment. Dr. Gabe Lomas did you have a reply to that?

I agree. I think those are all great points. >> Dr. Gabe Lomas, I have a, and then a question. I found this so interesting, thank you so much. I think for a lot of us we are often in the trenches of parent to parent support in the early days for families, and it was really interesting to look at this from the perspective of starting at the adult level and then looking back. For those of us who do parent to parent support, and I know we have, we have different resources in terms of how to share our experiences with a parent, but you have any advice for us in terms of when we are with other families and we, not really in terms of reporting, but may be more subtle or positive pieces that we can give to other families in terms of supporting them in their thinking about their own child's safety? I do not think that was a very clear question -

I think your asking how can one parent help another parent. We really have to follow our own intuition. I think that, there is a great book out there that has nothing to do with deafness, but it is great when it comes to safety. It is an adult read, not a child read, it is called the gift of fear by Gavin De Becker, he talks about how our own intuition and the things that we think might be fearful really can be helpful and beneficial for us and what can be dangerous and how do we separate those. I think that is a resource that is really helpful. It is not a textbook, it is more of a self-help book that you might find on the shelves at Barnes & Noble already. It talks about really understanding ourselves.

Dr. Gabe Lomas this is Dr. Johnson again. How often are kids who are deaf or hard of hearing believed are believed when they are expressing a hurt?

In terms of when we think about a child making an outcry, it is very difficult for them when they are sign language users or do not have good speech. Any other child can reach out to a teacher, cafeteria workers, bus drivers, anybody who can speak and listen can be there for them to outcry to. A deaf child can really only outcry to a person that can communicate effectively. Sometimes they are not even sure that their outcry is warranted. That's where the education component comes in, but there are limited places for them to outcry. Research shows that deaf children who are abused and drip much longer because there are fewer people for them to communicate with and told their stories to. And tell their stories to. It is really helpful to let them know that you're there for them to hear their story. I want to share the second thing that came to mind. If I'm missing something then you can ask. Another key area that I think from my clinical experience, that I see is problematic is transition from high school to post high school. Especially for kids from lower socioeconomic groups or minorities, their families are not native English speaking, those groups sometimes do not have access to post high school resources. Maybe they are not a citizen and they are fearful of interacting with the resources and the government, or sometimes, if the parents cannot communicate effectively, then the child is not skilled enough and they often times do not access some of the resources. There have been quite a few cases that I've been involved with where the young adult is just a year or two out of high school and has committed a crime and if they would have been at a training program or college or something like that where they were clustered with other deaf people, there probably would have been a better condition for them and they would not have committed the crime. But if they did not go on to post high school training, they end up looking for socialization, for intimacy, and they are on the computer and they may meet somebody out who is a minor or maybe another drug crime, or something different, a lot of it has to do with their lack of awareness of the system. They do not have the post high school supports that they should -- that they did have when they were in high school. That is a huge risk factor there, when children get to be young adults is transitioning them well into their adult life. [Indiscernible]

Okay, I am going to go back to what you are just talking about before the

but because there may be limited communication partners, people who are competent at communicating with a child who is deaf, I wonder if you could talk about your thoughts on that being a risk factor. In my particular research, I found that people in some instances, not kids who are deaf, but other kids, but the people who were responsible for being their primary risk primary communication people, were also the ones who were maltreating these kids. They would never be the ones letting the kids ask for help. Do you have any thoughts or comments on that.

No, that is a very good point that you are making. We are seeing a mass exodus over the past decades of schools for the deaf into public schools. There have been kids that I have worked with that are may be highly intelligent and doing well in the public school, but the only person they can communicate with is there sign language interpreter directly. -- Their sign language interpreter, and they really cannot voice frustrations with that person because they need the interpreter . If they do not have the interpreter, they cannot explain their frustration when the interpreter is their frustration. They are sometimes , if there are layers of supervision , where people are answering to other people, and there are checks and balances, then usually we can mitigate most of those problems. The example I just gave was significant in the emotional health of that young person. It was not an abusive situation I totally agree and I will underscore your point. That was a good point. >> [Indiscernible]

If you make a comment, please mute yourself after. >> First, I would like to thank you Dr. Gabe Lomas,

recently I listened to a podcast that basically said that the things we hear we avoid, the things that we are hopeful for we go after. We try to emulate, to do. [Indiscernible- background noise] we are working to have the next speaker to talk to us more in depth about how we can help in both the school and the home. I am going to turn it back over >> This is Janet, thank you all for joining us today. I want to apologize for the audio drop off. We would like to invite all of you to be a part of the O.U.R., the children's O.U.R. project where we explore all different aspects of our children's safety. We have a section on our website at Henza voices.org, if you click to the O.U.R. project , you can see -- handsandvoices.org you can see there the resources. We will be posting this presentation on that section of our website , along with some previous presentations that we have had. Again, Dr. Gabe Lomas, we want to thank you so much for being here with us today. You have no idea the impact this has in terms of people from all over the US and Canada being able to listen in and think about this. Think you again for your time today, and thank you all of you, for your participation today. We hope to see you next month. Thank you so much.

My pleasure, by -- goodbye.

Goodbye. [Event concluded]