

Deconstructing Bias: The Impact of Privilege on EHDI Services & Outcomes

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Introduction

Based on mass movements of people from marginalized groups organizing for things like #blacklivesmatter and #sayhername, it is appropriate to assess how implicit and explicit bias, in the form of privilege, of Early Intervention providers may have impacts which counteract their intentions. Introduction of social justice theories and multicultural competence provide a framework for this analysis. Because Early Hearing Detection and Intervention (EHDI) professionals often work across areas of difference (i.e. being a hearing/able-bodied provider working with a deaf, hard of hearing, deaf-blind, or deaf-disabled [DHHDBDD] child), allyship is also considered.

Definitions

Privilege: Personal, societal, and institutional advantages, entitlements, benefits, responsibilities, assumptions, choices and positive expectations granted to a person based on one's membership in a dominant group. These benefits are often bestowed unintentionally, unconsciously, automatically, and are often invisible to the receiver.

Power: Access to resources and institutions; the ability to exercise control, influence others, and gain access to decision-makers to get what you want done.

Oppression: The systemic subjugation of a social group by another social group with access to institutional or systemic power. Power + Prejudice = Oppression

Diversity: Having multiple people represent various backgrounds, identities, and experiences.

Accessibility: Having accommodations in place so that people in marginalized groups have access to places of power and privilege. Access usually requires requests for accommodations.

Inclusion: The pre-existing accessibility of a space or group. Intentionally making accommodations available prior to requests. Members of marginalized identities have full access to their environment and are not the only token person of their group.

Intersectionality: The intersection where multiple forms of identities come together. The experience of holding multiple oppressed or multiple dominant identities at the same time.

Bias (implicit and explicit): Prejudice in favor of or against one thing, person, or group compared with another. Unconscious (**implicit**) or conscious (**explicit**) preference which is usually left unchallenged, and unquestioned.

Prejudice: Pre-judging or making a decision about a person or group of people without sufficient knowledge. Prejudice is often based on stereotypes.

Discrimination: Denial of opportunities, justice, and fair/equal treatment. Granting advantages to one group while denying opportunities to another.

Ally: A member of a dominant group who works to dismantle the oppression from which he/she/xe benefits.

Myths about Allyship

Knowing, working with, or loving a person of color does not preclude you from racism.

Knowing, working with, or loving a LGBTQIAP person does not preclude you from homophobia, heterosexism, or transphobia.

Knowing, working with, or loving a woman does not preclude you from sexism or misogyny.

Knowing, working with, or loving a person with a disability does not preclude you from ableism.

Knowing, working with, or loving a person from a different socioeconomic or educational background does not preclude you from classism.

Knowing, working with, or loving a Deaf or hard of hearing person does not preclude you from audism.

Discussion

Like most medically informed social service organizations, EHDI providers value the Hippocratic Oath and the concept of "first do no harm." We are steeped in the desire to be helpful and supportive. So, what happens when we find out that our impact was different than our intentions? How do we integrate information from our clients when they say, "That did not work for me." or even "That was harmful."?

In a profession dominated by hearing individuals with multiple other intersections of privileged identities (i.e. education level, employment, class), we must be especially mindful of the fact that we are working across areas of difference. An inherent power dynamic exists when hearing practitioners work with DHHDBDD clients. The privilege of a provider may cross intersections of class, race, ethnicity, sex, gender, socioeconomic status, education, first language, age, sexuality, or religion. For that reason, the practices of allyship (see *Table A*) and intercultural sensitivity (see *Table B*) are of crucial importance for EHDI outcomes.

EHDI outcomes include hard skills (i.e. language development) and soft skills (i.e. emotional resilience). An increasing body of research and anecdotes indicate that soft skills influence the development of hard skills. Fields of interpersonal neurobiology, epigenetics of trauma and oppression, and neuroscience explore this interplay in more depth. For example, social and emotional development is subtly influenced in young children by cues of power, privilege, and oppression. The Clark Doll Test is a primary example of the rapid internalized oppression that children acquire from social interactions and media representations, omissions, and misrepresentations of members of their group. In this experiment, after playing with a white doll and a black doll, both white children and black children would identify the white doll as "good" and the black doll as "bad." As EHDI providers, we must do all we can to counteract institutional, ideological, interpersonal, and internalized messages that associate hearing with "good" and non-hearing with "bad."

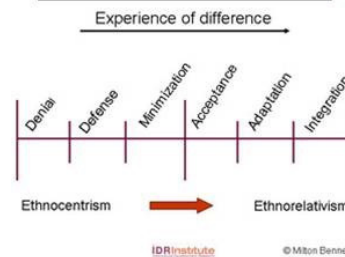
At this pivotal moment in history, dominant society is receiving ample feedback from marginalized populations that implicit and explicit bias of people with privileged status is impeding the development of soft skills in people of disadvantaged identities. In EHDI services, that information is coming from DHHDBDD children, adolescents, and adults.

Table A.

Aspiring Ally Identity Development (Edwards, 2006)			
	Aspiring Ally for Self-Interest	Aspiring Ally for Altruism	Aspiring Ally for Social Justice
Motivation	Selfish – for the people I know and care about; for my self-worth	Other – I do this for them	Combined selfishness and altruism – we do this for us
Relationship to target group	Working <i>over</i> members of the target group	Working <i>for</i> members of the target group	Working <i>with</i> members of the target group
Identified victims of oppression	Only people I am connected to (i.e. my child, friend, etc.)	They are victims	All of us are victims—although victimized in different ways
View of mistakes	I don't make mistakes; I'm a good person and perpetrators are just bad people	Struggle to admit making mistakes; Defensive when own behavior is reflected	Seeks critique and admits mistakes as part of doing the work; has accepted own -ism
Focus of work	Perpetrators	Other members of the dominant group	My people – doesn't separate self from other agents
Privilege	Doesn't see privilege; wants to maintain status quo	Feels guilty about privilege and tries to distance self from privilege	Sees illumination of privilege as liberating; empowering force for change

Table B.

Development of Intercultural Sensitivity



Conclusion

First and foremost, it is ideal for EHDI providers striving for allyship and intercultural sensitivity to recognize that privileged identities sometimes cause unintentional harm. Because "privilege is not having to think about it," many competent providers can still omit important details which support the inclusivity of people with diverse identities and experiences. Accepting the reality that we can cause unintentional harm does not mean we are bad people, nor that we are incompetent providers. It simply means that there is space for an apology, learning something new, and making appropriate changes to prevent similar harm in the future.

As we move towards a model of allyship, it is important to remember that diversity is different from inclusion. Furthermore, accessibility does not guarantee inclusion. Inclusion includes the valuing of clients' autonomy, choice, and wisdom about what works for them. The Deaf community has joined the Disability movement in emphasizing the importance of this principle: "Nothing About Us, Without Us." Just like no decisions about women should be made without women's involvement and leadership, no decisions should be made about Deaf people without Deaf people's involvement and leadership.

When considering the impacts of privilege on EHDI services and outcomes, we see that implicit bias impacts social and emotional development. When social and emotional development is impacted and deterred, so is cognitive and academic development. We have learned this from extensive anecdotes of children who grew up without sign language finding full linguistic accessibility in the Deaf community, learning to sign, and wishing they had known sign earlier. This reality extends to intersections of additional marginalized identities, as identified in the Discussion section.

Due to the long history of the medical system being run by people with extensive intersectional privilege, classism, racism, heterosexism, audism, and ableism are inherently embedded in the way people work with Deaf children. The question ultimately is not about whether the system is biased but whether people are willing to transform this reality. How might EHDI providers further demonstrate allyship and engage with Deaf people as partners and grant them autonomy?

The question is where we go from here. How do we acknowledge our judgments and interrupt them before they cause harm? When we learn that we unintentionally caused harm, how do we apologize and repair that relationship?

The authors collaboratively suggest investing in allyship trainings which support the development of intercultural sensitivity. As we engage in these types of trainings, we learn how to be present with the pain and confusion of people across differences. We learn to take ownership for the historical, institutional, and interpersonal impacts of power and privilege. We learn to say "I believe you." instead of "That can't be true!"

Ultimately, privilege is not inherently a negative thing. Sometimes it cannot be avoided, nor given up considering our abilities. As allies, people can do much to actively minimize harm, as well as counteract systemic bias. Unquestioned privilege, however, can bulldoze through the sense of self-worth of people with marginalized experiences and identities. It is critical for EHDI providers to be competent in issues of power, privilege, and oppression in order to optimize EHDI services and outcomes.

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Authors' Backgrounds

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- Teacher of the Deaf
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The Four I's of Oppression

Institutional

Media, medical system, legal system, early intervention system, education system, organized religion, academia and research, textbooks...

Ideological

Dominant narratives, stereotypes, cultural norms, people's beliefs, assumptions, fears, and logic...

Interpersonal

Racist jokes, sexual harassment, bullying, person to person violence, double-standards, unreasonable expectations, condescension, patronizing views, slurs, helper/savior mentality...

Internalized

Low self-esteem, impaired self-efficacy, self-harm, suicidality, mental health struggles, isolation, anger, committing crimes, learned helplessness, self-hate, behavioral problems...