

SPEECH AND LANGUAGE DISORDERS
AND YOUTH'S ABILITY TO TELL THEIR STORY
IN THE JUVENILE JUSTICE SYSTEM

by

MACIE VARNELL

A THESIS

Presented to the Department of Communication Disorders and Sciences
and the Robert D. Clark Honors College
in partial fulfillment of the requirements for the degree of
Bachelor of Arts

May 2024

An Abstract of the Thesis of

Macie Varnell for the degree of Bachelor of Arts
in the Department of Communication Disorders and Sciences to be taken June 2024

Title: Speech and Languages Disorders and Youth's Ability to Tell Their Story
in the Juvenile Justice System

Approved: *Katie Mason, Ph.D.*
Primary Thesis Advisor

Youth who have a speech or language impairment are more likely to be misjudged and detained within the juvenile justice system. Once in the system, youth offenders with a speech or language disorder are more likely than offenders without a disorder to have difficulty participating in the judicial process, navigating the justice system environment, forming positive relationships, communicating their needs, and expressing their complex histories and stories to advocate for themselves. Residential care facilities are often used as an alternative placement to juvenile detention centers for at-risk youth, but these settings do not always provide the quality of care and attention youth need, including access to services from a speech language pathologist (SLP).

This thesis seeks to understand how speech and language disorders impact a youth's ability to communicate in order to advocate for themselves and tell their story within the justice system. The present study utilized a questionnaire administered to staff at two Central Oregon residential care facilities to gather information about staff's experiences working with youth who have a speech or language disorder, and how this impacts the treatment of the youth.

The findings of this study indicate that more work is needed to advocate for these youth and promote better education and training about speech and language disorders within the context of the juvenile justice system in order to mitigate the barriers and inequalities that the youth currently face.

Acknowledgements

I would like to first thank Katie Mason, my amazing primary thesis advisor, for her inspiration and support. Having previously taken a course about developmental disorders of communication with her, she provided me with vital foundational knowledge for this topic and motivated me to learn more. Throughout this project, she has been as enthusiastic about this research as I am and has given me invaluable and thoughtful feedback. I would also like to thank my CHC representative, Trond Jacobsen, for his key role on my committee.

I would like to express thanks to the Clark Honors College and all affiliated faculty for making my undergraduate experience unique and meaningful. The incomparable courses offered and brilliant professors and students that make up the CHC have supported my learning and growth in ways I didn't experience anywhere else on campus.

Finally, I would like to thank my loving partner, my friends, and my family for always lending a listening ear and keeping me motivated every step of the way on this project. I am endlessly grateful for everyone's support and would not have been able to complete this project without them.

Table of Contents

Introduction.....	8
Research Question.....	8
Definitions.....	8
Literature Review.....	9
Language and Behavior.....	9
Language and the Justice System.....	10
Residential Care Facilities.....	12
Methods.....	13
Participants.....	13
Materials.....	13
Analysis.....	14
Results.....	15
Discussion.....	24
Limitations and Future Directions.....	25
References.....	26

List of Figures

Figure 1: Question #1 Responses	15
Figure 2: Question #2 Responses	16
Figure 3: Question #3 Responses	17
Figure 4: Question #4 Responses	18
Figure 5: Question #5 Responses	19
Figure 6: Question #6 Responses	20
Figure 7: Question #7 Responses	21
Figure 8: Question #8 Responses	22

List of Tables

Table 1: Frequency of Responses when Reduced to Easy/Difficult

23

Introduction

It is well understood in public education that when a child becomes disruptive in the classroom, they may face disciplinary action (Stanford, 2019). Recent research on public education punishment policies has enforced the idea of a school-to-prison pipeline due to the often harsh nature of zero-tolerance policies and resulting consequences that include involving the justice system. Researchers wondered about the role of communication skills in this pipeline and found that over 80% of youth affected by these public education policies have a communication disorder (Stanford, 2019). A question that isn't being asked, however, is how communication disorders impact youth once they are *in* the juvenile justice system.

Research Question

My thesis seeks to understand how speech and language disorders impact a youth's ability to communicate in order to advocate for themselves and tell their story within the justice system. The goal of this study is to highlight barriers and inequalities that exist for youth in the juvenile justice system that advocacy and future work could help mitigate.

Definitions

For the context of this project, I will be using the terms speech and language disorder. Speech disorders are characterized as any impairment of the production, planning, and/or perception of speech (Simmons, 2020). A language disorder is defined as communication that deviates in a significant way from the norms of the community due to an impairment of understanding and/or using oral language (Simmons, 2020). Overall, speech and language disorders disrupt an individual's ability to learn, understand, and use language, and can affect an individual's speaking, listening, reading, and writing (National Institute of Health [NIH], 2023).

Literature Review

Language and Behavior

One of the most commonly reported characteristics of students with an emotional or behavioral disorder is a lack of social skills necessary to develop and maintain positive interactions and relationships with peers and adults. Decades of research also suggests that a significant proportion of children with an emotional or behavioral disorder also have language-based communication challenges that contribute to their social difficulties (Rinaldi, 2003). In early childhood, children learn and practice pragmatic language skills as well as social skills that prepare them for future interpersonal relationships. Proper language use and positive peer relationships are protective factors against later development of problematic behaviors. Specifically, research suggests that expressive language deficits (deficits in vocabulary use, organizing ideas, and creating narratives) as well as deficits in form, content, and function have the most significant impact on children's cognitive processing, behavior control, and social interaction (Griffith et al., 1997; Rinaldi, 2003).

One of the possible explanations in the current research for the interdependence of language and emotional/behavioral disorders is shared early risk factors (Donahue et al., 1994). Preterm birth has been found to be indicative of both language delay and behavioral disorders. Similarly, child abuse and neglect has also been found to have negative effects on both language development and emotional development in early life. Experiences of peer rejection and a lack of social acceptance is also a known risk factor for communication difficulties and later emotional/behavioral issues. Conversely, youth with language impairments may have a more difficult time making connections and feeling accepted by their peers (Donahue et al., 1994).

Regardless of the origins and connections between language impairments and emotional/behavioral disorders, one of the primary issues that has been discussed in relevant literature across the last few decades has been assessment. It is common for emotional and/or behavioral evaluation processes to leave out any form of language assessment and, as a result, language impairments as a whole are overlooked and can easily be misinterpreted as solely behavioral issue (Rinaldi, 2003). Since language impairments so clearly contribute to social skills development, they need to be considered in reevaluation and referral processes for children with emotional/behavioral disorders in order to see the whole picture (Rogers-Adkinson & Hooper, 2003).

Language and the Justice System

Youth with a language impairment are more likely to be misjudged and detained within the juvenile justice system (Stanford, 2019). The majority of youth that have a speech or language disorder do not engage in criminal behaviors, but these disorders are significantly overrepresented in youth justice populations (Snow, 2019). The prevalence rate of speech and language disorders in the overall population has been found to be around 7 to 12%, but research involving the juvenile justice system has consistently demonstrated the prevalence of speech and language disorders within youth offenders to be more than 20% (Chow, et al., 2022). Studies that have focused on residential facilities specifically have shown even more dramatic differences, with 64% of youth offenders having a speech or language disorder compared to only 10% of non-offending peers (Lount et al., 2017). Additionally, male youth with a speech or language disorder are four times as likely as female youth to become involved in the juvenile justice system.

Current research does not have a definitive explanation as to why youth with speech and language disorders are more likely to be involved in the justice system, but common comorbidities and risk factors have been identified. Risk factors include exposure to abuse and neglect early in life, which impacts early language development and many emotional/behavioral characteristics, and low socioeconomic status. Comorbidities of speech and language disorders that are present in youth offenders include mental health problems such as anxiety and depression, substance misuse disorders, and lower than average IQ. Research suggests that a combination of genetic dispositions and environmental risk factors can work together to prevent normal language development and ultimately increase the risk of a speech or language disorder (Snow, 2019).

It is obvious that youth with speech and language disorders are disproportionately represented in the juvenile justice system, and their disorder continues to present challenges once already in the system. Youth offenders with a speech or language disorder are more likely than offenders without a disorder to have difficulty with adequately participating in the judicial process. Youth with a speech or language disorder may have a harder time navigating the justice system environment, forming positive relationships, communicating their needs, and expressing their complex histories and stories to advocate for themselves (Chow et al., 2022).

The World Health Organization identifies communication skills as one of the most globally important life skills, and it is especially crucial to support life skills of youth offenders so that they still have a chance to lead successful lives outside of the justice system (Chow et al., 2022). Literature shows that early assessment opportunities as well as providing evaluation practices within the justice system could be the key to helping youth navigate the system and reduce their contact with the justice system in the future (Blanton & Dagenais, 2007; Snow,

2019). Undoubtedly, more speech and language support within the juvenile justice system is necessary and would only be beneficial to youth offenders who knowingly or unknowingly have a speech or language disorder.

Residential Care Facilities

My thesis will be looking specifically at youth in residential care facilities. Residential care facilities are often used as an alternative placement to juvenile detention centers for youth who have already been involved in the juvenile justice system or who are at risk to in the future. Residential settings, unfortunately, do not always provide the quality of care and attention youth may otherwise receive in formal education systems outside of the justice system. In many residential care facilities, there is no access to language evaluations or a speech language pathologist to provide services, and literacy, basic communication skills, and learning abilities that are impacted by language impairments are not being assessed (Fulcher, 2001). The complex needs of youth offenders are not always able to be met, but research shows that when these needs are addressed and programs exist in the context of residential facilities, recidivism can be reduced significantly (Smith et al., 1983).

Once again, it is clear that speech and language support within the juvenile justice system is necessary and beneficial for youth offenders. My thesis aims to explore how youth's needs are being met in terms of speech and language support at a residential facility in Central Oregon and the goal of this research is to shed light on the complex and unique needs and barriers faced by youth offenders with speech and language disorders.

Methods

Participants

To determine how speech and language disorders impact youth within residential care, I developed a questionnaire to distribute to staff at two youth residential psychiatric facilities in Central Oregon. The youth themselves were not questioned or interviewed for this project due to the vulnerable nature associated with a youth offender population. The staff that completed this questionnaire were direct care staff that work with youth in both residential and school settings. The questionnaire was completely anonymous and did not ask for any information that would identify staff or the youth within the facility. Additionally, no demographic data about the staff or youth was collected. A link to the questionnaire was given to supervisors to share with their supervisees and staff working on their shifts. In total, thirty direct care staff from these two residential care facilities completed the questionnaire.

Materials

The purpose of the questionnaire was to gather information about staff's experiences working with youth who have a speech or language disorder, and to determine if this impacts the understanding- and therefore treatment of- the youth. The questionnaire provided definitions and examples of common speech and language disorders to provide context for staff that do not have any background with communication disorders.

The staff were then asked to rate the extent that they believe a speech disorder impacts different treatment situations they might engage in with the youth on a daily basis. The rating system utilized in this questionnaire was a Likert scale, with five rating options: 1 = Very Easy [to understand], 2 = Fairly Easy, 3 = Neither Easy nor Difficult, 4 = Fairly Difficult to 5 = Very Difficult. The staff were asked to rate how easy/difficult it is to understand and engage with a

youth with a speech disorder in several different situations in a total of eight questions. The questions are as follows: 1) How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are asking for something (water, bathroom, etc.), 2) How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are asking for help on a task, 3) How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are telling you about their day or telling a story, 4) How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are upset or frustrated, 5) How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are happy or excited, 6) How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are emotional and/or crying, 7) How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are escalating and/or becoming violent, and 8) How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are disclosing abuse or telling you about something traumatic that happened?

Analysis

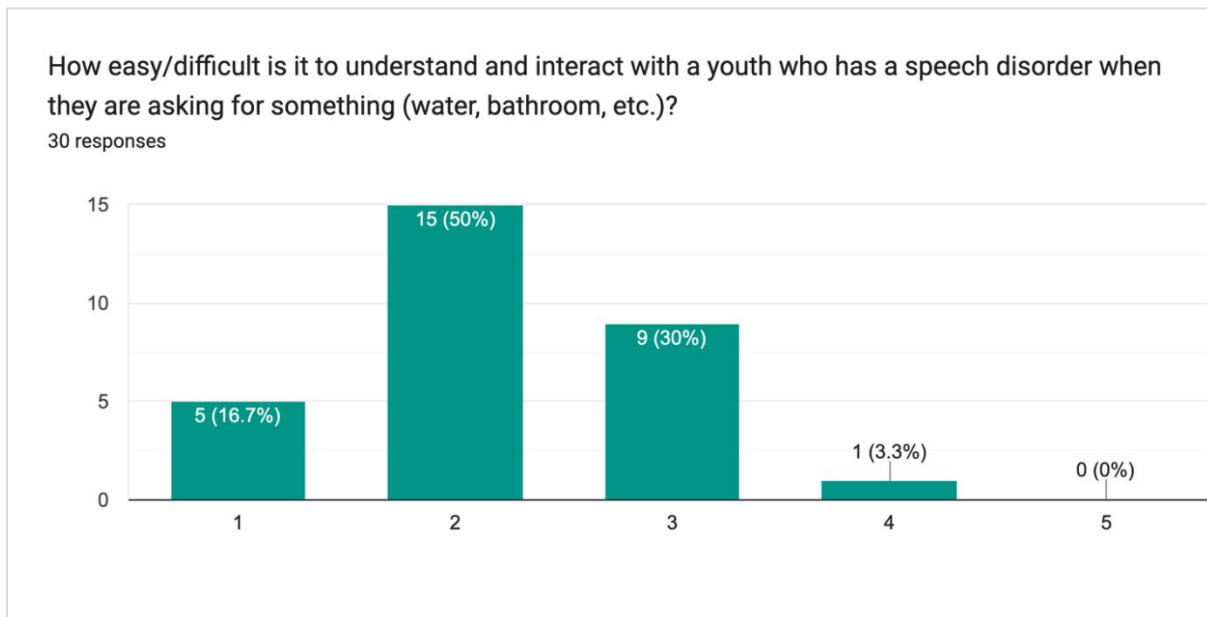
After the questionnaire was distributed and staff submitted responses, I analyzed the answers and identified any trends that could be seen across the responses in order to make conclusions about what types of conversations/interactions are most impacted by a youth having a speech or language disorder. First, I used descriptive analysis to identify the most frequent ratings per each question. Finally, I used these analyses to draw conclusions about the implications this has on the youth and connect this to existing literature and recommendations for improvement.

Results

In order to draw conclusions to answer the research question- how do speech and language disorders impact a youth in the justice system's ability to communicate? - descriptive analysis was utilized to determine the most frequent rating (*Mo*) by staff on each question of the questionnaire.

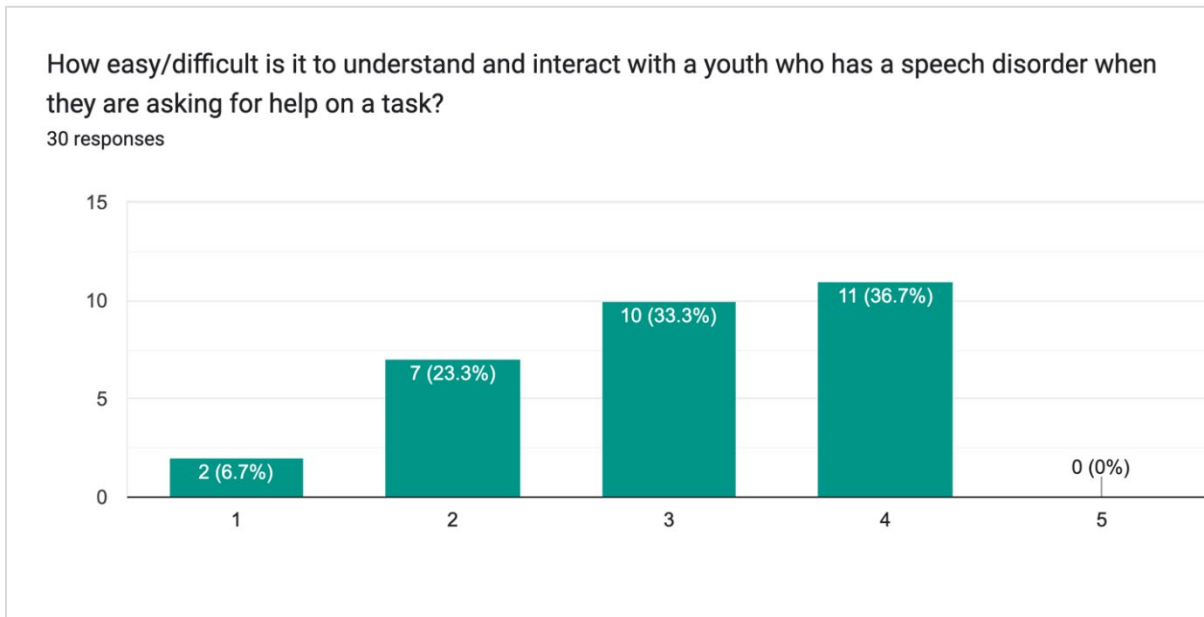
Question #1 asks: How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are asking for something (water, bathroom, etc.)? The most frequent staff response for Question #1 was a rating of 2 (Fairly Easy), as shown in Figure 1 ($n = 15$, $Mo = 50\%$).

Figure 1: Question #1 Responses



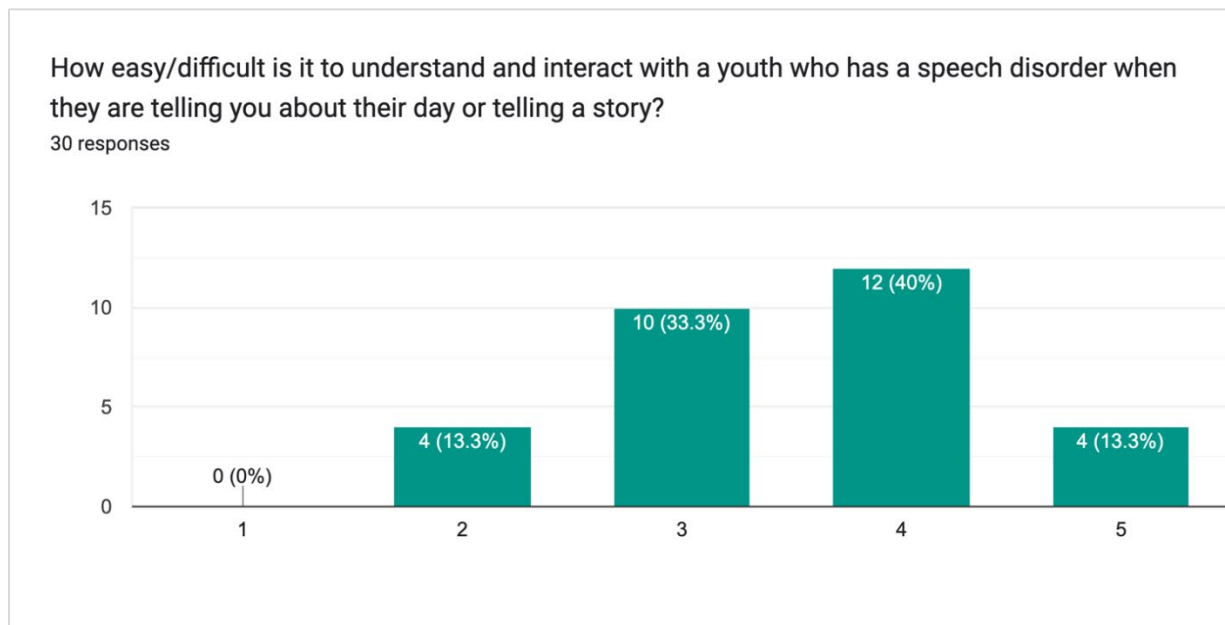
Question #2 asks: How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are asking for help on a task? The most frequent staff response for Question #2 was a rating of 4 (Fairly Difficult) as shown in Figure 2 ($n = 11$, $Mo = 36.7\%$).

Figure 2: Question #2 Responses



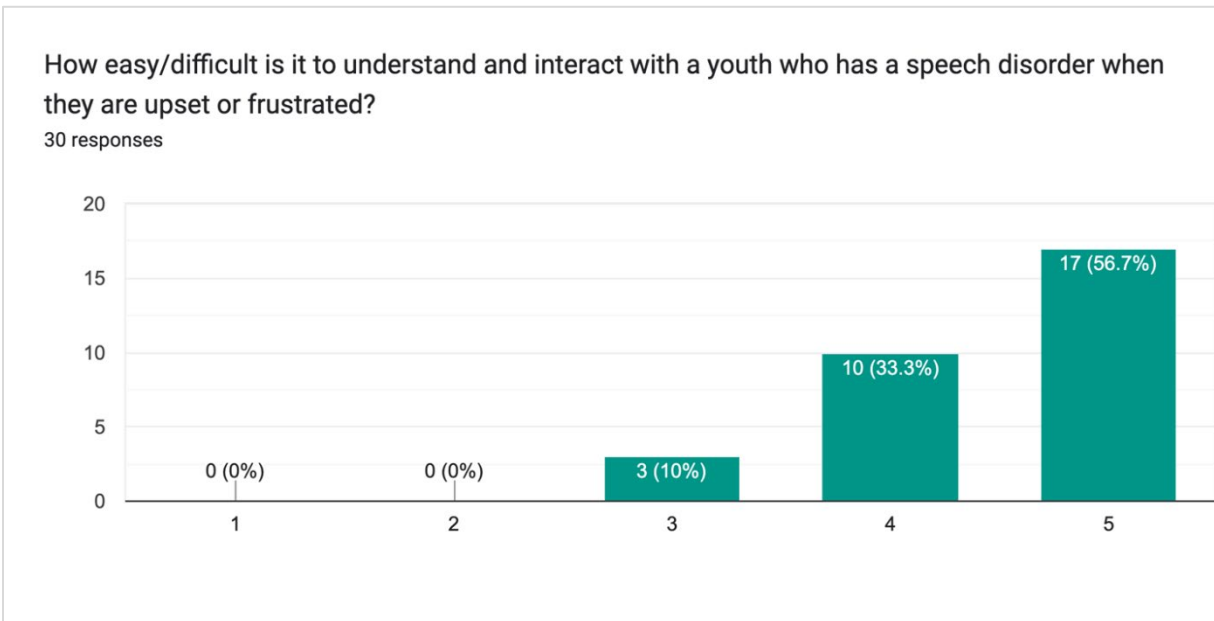
Question #3 asks: How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are telling you about their day or telling a story? The most frequent staff response for Question #3 was a rating of 4 (Fairly Difficult) as shown in Figure 3 ($n = 12$, $Mo = 40\%$).

Figure 3: Question #3 Responses



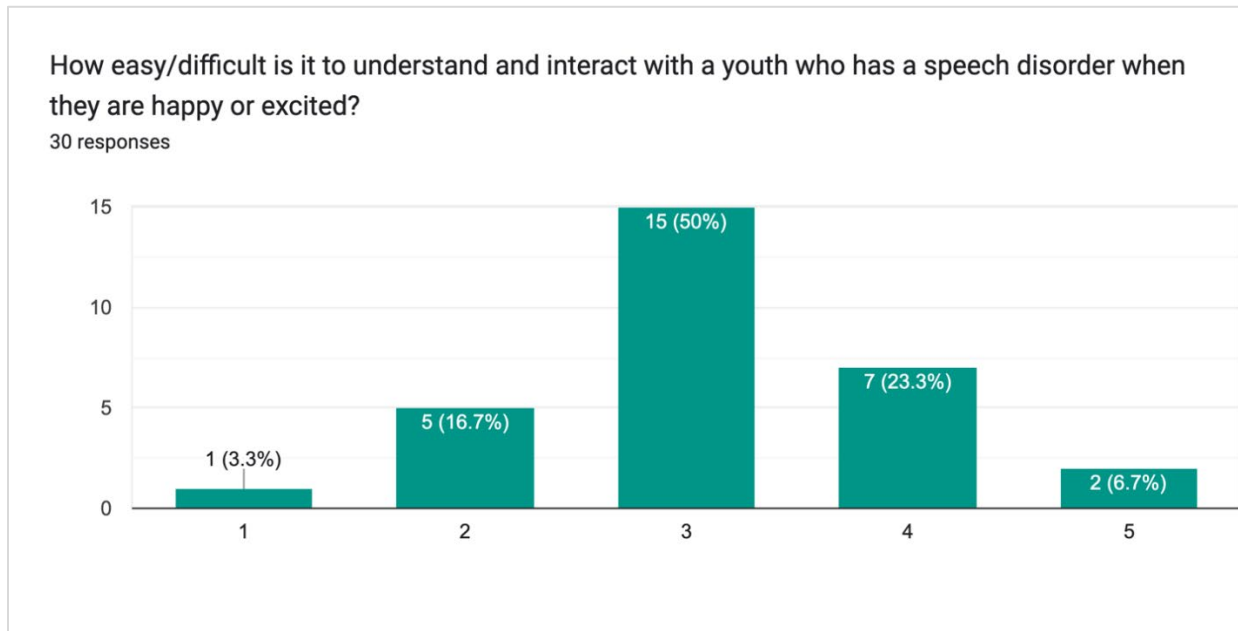
Question #4 asks: How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are upset or frustrated? The most frequent staff response for Question #4 was a rating of 5 (Very Difficult) as shown in Figure 4 ($n = 17$, $Mo = 56.7\%$).

Figure 4: Question #4 Responses



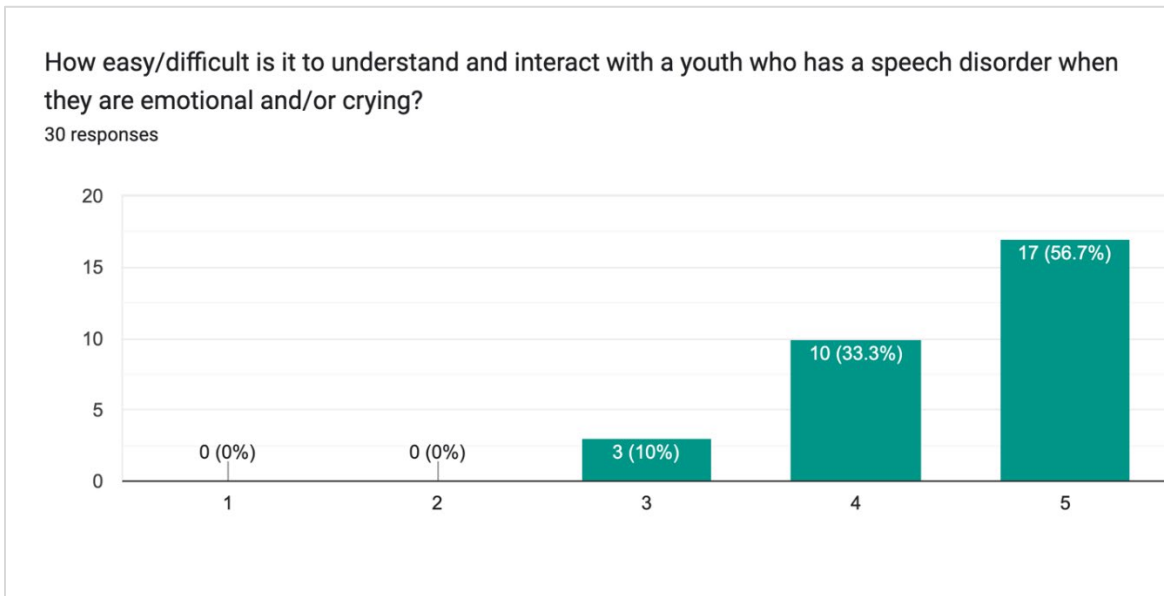
Question #5 asks: How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are happy or excited? The most frequent staff response for Question #5 was a rating of 3 (Neither Easy nor Difficult) as shown in Figure 5 ($n = 15$, $Mo = 50\%$).

Figure 5: Question #5 Responses



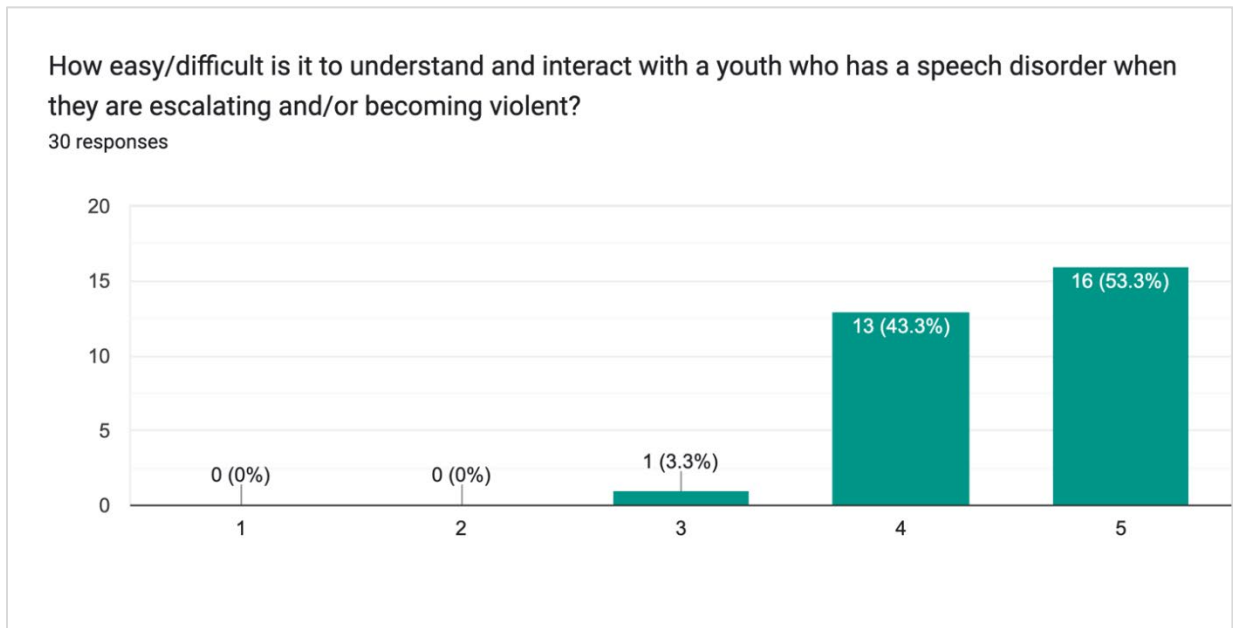
Question #6 asks: How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are emotional and/or crying? The most frequent staff response for Question #6 was a rating of 5 (Very Difficult) as shown in Figure 6 ($n = 17$, $Mo = 56.7\%$).

Figure 6: Question #6 Responses



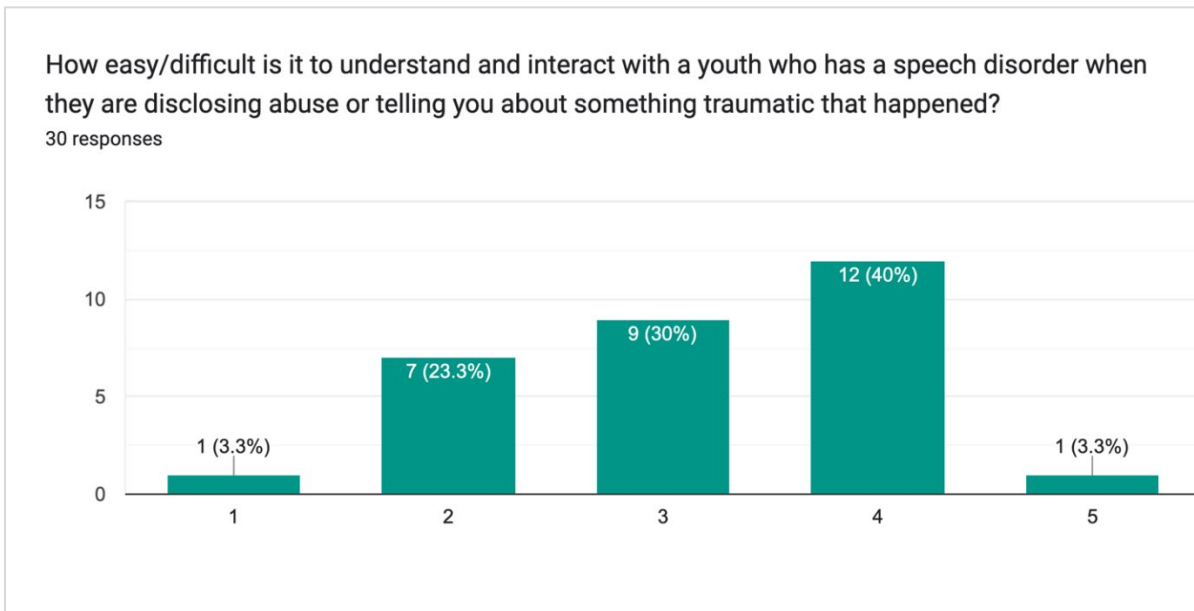
Question #7 asks: How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are escalating and/or becoming violent? The most frequent staff response for Question #7 was a rating of 5 (Very Difficult) as shown in Figure 7 ($n = 16$, $Mo = 53.3\%$).

Figure 7: Question #7 Responses



Question #8 asks: How easy/difficult is it to understand and interact with a youth who has a speech disorder when they are disclosing abuse or telling you about something traumatic that happened? The most frequent staff response for Question #8 was a rating of 4 (Fairly Difficult) as shown in Figure 8 ($n = 12$, $Mo = 40\%$).

Figure 8: Question #8 Responses



After determining the most frequent staff rating per question, the data from the Likert scale ratings were then reduced to the nominal level and simplified into two categories. Data for ratings on each extreme of the scale (1 and 2; 4 and 5) were reduced to the categories “Easy” and “Difficult,” respectively. With the data organized this way, it is easier to use descriptive statistics to determine the overall, broad perspectives of staff working with youth with a speech or language disorder. As exemplified by Table 1, it is easier to visualize where staff differed in their ratings and where there was unanimous agreement when the frequency of staff responses categorized into the “Easy” and “Difficult” categories.

Table 1: Frequency of Responses when Reduced to Easy/Difficult

Situation	Easy (1 - 2)	Difficult (4 - 5)
#1) When asking for something (water, bathroom, etc.)	66.7%	3.3%
#2) When asking for help on a task	30%	36.7%
#3) When telling you about their day or telling a story	13.3%	53.3%
#4) When upset or frustrated	0%	90%
#5) When happy or excited	20%	30%
#6) When emotional and/or crying	0%	90%
#7) When escalating and/or becoming violent	0%	96.6%
#8) When disclosing abuse or telling about something traumatic that happened	26.6%	43.3%

Discussion

The results of this study show that there is perceived difficulty among staff at these residential care facilities to understand youth who have a speech or language disorder. By looking at the frequency of responses in Table 1, it is possible to determine which specific situations staff experience difficulty understanding the youth and, ultimately, answer the research question: how do speech and language disorders impact a youth's ability to communicate in order to advocate for themselves and tell their story within the justice system?

It is evident through the questionnaire responses that staff find it easy to understand a youth asking for basic needs like bathroom and water ($Mo = 66.7\%$) in comparison to more complex situations. For example, the response frequencies indicates that staff have a particularly difficult time understanding youth with a speech or language disorder when the youth is upset or frustrated ($Mo = 90\%$), when the youth is emotional and/or crying ($Mo = 90\%$), and when the youth is emotionally escalated to the point of becoming violent ($Mo = 96.6\%$). Unfortunately, experiencing sadness, frustration, and other strong emotions is not atypical for youth residing in residential care facilities, and staff are the ones responsible for intervening and supporting the youth through these emotions. If staff are unable to even understand youth who have a speech or language disorder during these situations, they are not able to fully support and care for the youth. This places youth with a speech or language disorder in the justice system at a disproportionately higher risk of developing comorbid mental health issues, as well as increased recidivism.

Overall, the results of this study indicate that staff are not adequately trained or prepared to interact and care for youth who have a speech or language disorder to the same extent as they can with youth without a disorder. When these at-risk youth in residential care facilities are not

even able to have their words be understood by their caregivers, they are undoubtedly then not able to get all their needs met, advocate for themselves, or tell their unique and complex stories that deserve to be heard. The goal of this study was to highlight barriers and inequalities that exist for youth with speech and language disorders in the juvenile justice system, and the results have made it clear that, in their current states, these residential facilities are not able to serve the whole youth. More work is needed to advocate for these youth and promote better education and training about speech and language disorders within the context of the juvenile justice system in order to mitigate the barriers and inequalities that the youth currently face.

Limitations and Future Directions

One limitation of this study is the small sample size of staff that completed the questionnaire. Two residential care facilities in Central Oregon participated in distributing the questionnaire to their staff, and of this only thirty staff in total responded. The results of this study can be reasonably generalized to the population within these two residential facilities, but not necessarily to the general population of individuals who work at residential care facilities.

In the future, additional research should be conducted to expand this study and determine what barriers exist for youth at other residential care facilities. Future research has the potential to illuminate methods and/or policies that better prepare staff to work with youth who have speech and language disorders, knowledge that is crucial in order to mitigate this barrier that exists for youth in the juvenile justice system.

References

- Blanton, D. J., & Dagenais, P. A. (2007). Comparison of language skills of adjudicated and nonadjudicated adolescent males and females. *Language, Speech, and Hearing Services in Schools, 38*(4), 309-314. [https://doi.org/10.1044/0161-1461\(2007/033\)](https://doi.org/10.1044/0161-1461(2007/033))
- Chow, J. C., Wallace, E. S., Senter, R., Kumm, S., & Mason, C. Q. (2022). A systematic review and meta-analysis of the language skills of youth offenders. *Journal of Speech, Language, and Hearing Research, 65*(3), 1166-1182. https://doi.org/10.1044/2021_JSLHR-20-00308
- Donahue, M., Cole, D., & Hartas, D. (1994). Links between language and emotional/behavioral disorders. *Education and Treatment of Children, 17*(3), 244-254. <http://www.jstor.org/stable/42899362>
- Fulcher, L. (2001). Differential assessment of residential group care for children and young people. *The British Journal of Social Work, 31*(3), 417-435. <http://www.jstor.org/stable/23716387>
- Griffith, P. L., Rogers-Adkinson, D. L., & Cusick, G. M. (1997). Comparing language disorders in two groups of students with severe behavioral disorders. *Behavioral Disorders, 22*(3), 160-166. <http://www.jstor.org/stable/23888086>
- Lount, S. A., Purdy, S. C., & Hand, L. (2017). Hearing, auditory processing, and language skills of male youth offenders and remandees in youth justice residences in New Zealand. *Journal of Speech, Language, and Hearing Research, 60*(1), 121-135. https://doi.org/10.1044/2016_JSLHR-L-15-0131
- National Institute of Health. (2023, May 8). Developmental language disorder. *National Institute on Deafness and Other Communication Disorders*. <https://www.nidcd.nih.gov/health/developmental-language-disorder>
- Rinaldi, C. (2003). Language competence and social behavior of students with emotional or behavioral disorders. *Behavioral Disorders, 29*(1), 34-42. <http://www.jstor.org/stable/23889486>
- Rogers-Adkinson, D. L., & Hooper, S. R. (2003). The relationship of language and behavior: Introduction to the special issue. *Behavioral Disorders, 29*(1), 5-9. <http://www.jstor.org/stable/23889483>
- Sanger, D. D., Johnson, A. A., TenHulzen, P. N., Ritzman, M. J., & Lambert, M. C. (2019). Juvenile offenders with co-occurring language and behavior problems: Language suggestions. *Journal of Correctional Education (1974-), 70*(1), 20-35. <https://www.jstor.org/stable/26864120>

- Simmons, E. S. (2020). *Introduction to clinical methods in communication disorders* (R. Paul, Ed.). Brookes Publishing.
- Smith, B. J., Ramirez, B. A., & Rutherford, R. B. (1983). Special education in youth correctional facilities. *Journal of Correctional Education*, 34(4), 108-112.
<http://www.jstor.org/stable/41971259>
- Snow, P. C. (2019). Speech-language pathology and the youth offender: Epidemiological overview and roadmap for future speech-language pathology research and scope of practice. *Language, Speech, and Hearing Services in Schools*, 50(2), 324-339.
https://doi.org/10.1044/2018_LSHSS-CCJS-18-0027
- Stanford, S. (2019). Casualties of misunderstanding: Communication disorders and juvenile injustice. *The ASHA Leader*, 24(6). <https://doi.org/10.1044/leader.FTR1.24062019.44>