



## **Let's change the language culture around deafness; eradicating the use of 'hearing impairment'**

NB: This is an update to the positive terminology document compiled in 2021, found [here](#)

Below are reasons to eradicate the use of 'hearing impairment', 'hearing impaired' or similar negative connotations in relation to deafness.

'We' refers to the deaf teachers group (DTOD) and BATOD throughout this document. We also use the term 'deaf' to include all levels of deafness from mild to profound deafness.

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### **1. Origins and Impact of Hearing Impairment**

The term 'hearing impairment' stems from a [medical model of disability](#), and indicates a deficit, impairment, or an impediment; something that needs to be fixed. When this use of language is used with families from the point of identification of deafness, we feel it negatively impacts on the family. [As 90-95% of deaf children are born to hearing parents](#) with no prior experience of deafness, exposing them to such negative terminology is likely to traumatise their journey. This medical viewpoint contributes to a negative culture around deafness, which is not a disease, nor is life-limiting or life-threatening on its own. Exposing a deaf child to a negative language culture from the point of identification (amongst other factors) can contribute to their poor or [negative mental health long-term](#).

### **2. Professional and Societal Views**

We acknowledge that professionals working in the medical field, and indeed society in general, consider deafness to be an impairment or a disability, but for deaf and informed hearing professionals or deaf people in the deaf community, this is not considered as such. We wish to advocate the use of 'deaf', 'deafness', 'hard of hearing', 'partially hearing', 'partially deaf' as a



range of positive terminology when referring to deafness. Creating a positive culture around deafness from birth will only contribute [to developing positive deaf identities](#) in deaf children as they grow up. These positive terms do not reflect deafness as a medical deficit.

### **3. Subliminal Messaging**

By consistently referring to deaf children as 'hearing impaired' children we serve to subliminally and subconsciously permeate a message in this negative culture that they are not hearing children and thus, subconsciously cultivating an internal feeling that deaf children are inferior to hearing children.

### **4. Sensitivity in Language Use**

We acknowledge that families will be sensitive to the use of language and terminology at the beginning of their journey with their deaf children. Conflicting messages from various professionals because of their approach in managing deafness further seeks to internalise needless conflict for parents in the early days. Parents often report that they wished for positive terminology to be used from the beginning with some sensitivity given their lack of prior knowledge or experience of deafness.

### **5. Promotion of Negative Culture**

By using 'hearing impairment' or 'hearing impaired' in discussions with parents/carers and deaf children and young people (DCYP) themselves and professionals, we are promoting a negative culture around deafness and subconsciously promoting the idea that we are trying to 'fix' deaf children and/or make them hearing, reinforcing a medical model of disability. For professionals, parents and DCYP completely unaware of deafness this is the first message they will receive when encountering deafness.

### **6. Self-Perception Among Deaf Children**

Deaf children often refer to themselves as 'hearing impaired' as a result of this negative culture around deafness and often have a poor view of their own life prospects and poorer mental health compared to deaf children with a positive view of their deafness. [When surrounded by positive examples of successful deaf people with the use of positive terminology the impact is immediate.](#)



## 7. Changes in Education Training

Teacher of Deaf Children and Young people (ToD) mandatory qualification courses have [amended their course titles](#) to remove hearing impairment, reflecting the change in positive language being used in deaf education.

## 8. Value of the Deaf Community

Many Qualified Teachers of Deaf Children and Young people (QToDs) and deaf QToDs find that the term 'hearing impaired' dismisses the importance and value of the Deaf community and the right of the DCYP to have or develop a Deaf identity as part of a linguistic and cultural minority. It serves to continue to divide the people involved with deafness; to see deafness as something to be 'fixed', and to avoid any interaction with the Deaf community and its benefits, or to be completely involved with the deaf community and embrace British Sign Language / Irish Sign Language (Northern Ireland) and develop a [positive deaf identity](#). Many deaf children will be encountering both a 'deaf world' and a 'hearing world' and it is important we develop deaf children's language, communication and skills to be involved in both. [Deaf children belong to both worlds and deserve to be able to access both equally.](#) We know that when deaf children have access to the Deaf community, they and their families reap the [benefits](#). '[Deaf gain](#)' is defined as a reframing of 'deaf' as a form of sensory and cognitive diversity that has the potential to contribute to the greater good of humanity. We strongly feel all deaf children should grow up believing they can contribute and participate in society.

## 9. Respecting Individual Identities

Some deaf children prefer/want to identify with aspects in the hearing world; i.e. family, a common interest (e.g. local schools / clubs / activities etc) and this should be respected and encouraged where access is possible. We still strongly feel that these deaf children should have exposure to the Deaf community wherever possible; but we recognise that accessing the Deaf community can be challenging for geographical / socioeconomical / cultural reasons.



## 10. d/Deaf terminology

[d/Deaf](#) is often used to distinguish between deaf people who are more aligned with a medical model of deafness, and those who are more aligned with a social model of deafness. When deaf is written in the lowercase it refers to those who identify more with the audiological experience of deafness. When deaf is written in the uppercase, Deaf, it refers to those who identify as Deaf through a cultural experience of deafness. While this terminology was widely accepted at the beginning, and is referred specifically for the Deaf community, we feel it can be perceived as if deaf people should firmly be in one 'camp' or the other. The reality for many deaf people is that they fluctuate can between both 'camps', and this should be supported. We urge caution in using this terminology in naming services/provisions. BATOD and NDCS use 'deaf' in all written publications to mean all levels of deafness and experiences. More and more people are moving away from the d/D definition as it is binary and many young deaf people are part of the Deaf community even if they don't primarily use British Sign Language.

## 11. Diagnosis / Identification

We would like to move away from using 'diagnosis' when referring to deaf children are formally recognised as having deafness. Diagnosis is often used in relation to medical conditions that present as a 'disease'. We do not feel that deafness is a disease, so using the word 'diagnosis' with families at the beginning of their journey can only add to the negative experiences they have. We would encourage the use of the word 'identification', e.g.. Ahmed was identified deaf at 3 months old, with a moderate level of deafness. We are aware 'hearing loss' is still used and often preferred sometimes dependent on context.

## 12. Long-Term Conditioning

Deaf children and adults who refer to themselves as hearing impaired is a consequence of widespread and long term conditioning- "I can't ..... because I'm impaired". This can be a result of the negative view around deafness in which they have been exposed to. By exposing deaf children and their families to positive terminology from the beginning we contribute to changing the viewpoint of families' experiences with deafness and to a developing positive deaf identity and positive mental health in the long-term. This will positively impact on professionals or wider society encountering deafness for the first time.



### **13. Audism**

This has been [defined](#) as “the notion that one is superior based on one’s ability to hear or to behave in the manner of one who hears” (Humphries and Lane, 1977). Lately, it has been described further by Eckert and Rowley (2013), “the corporate institution for dealing with deaf people, dealing with them by making statements about them, authorising views of them, describing them, teaching about them, governing where they go to school, and in some cases where they live; in short, audism is the hearing way of dominating, restructuring, and exercising authority over the Deaf community”. We strongly feel that deaf views should be listened to particularly when it comes with lived experience, knowledge and skills that is unique to their perspective that would not come naturally to hearing people. We strongly feel deaf people can live fulfilling and capable lives when they are given the appropriate tools and skills to do so, rather than trying to live up to being as ‘hearing’ as possible.

### **14. Comparison with Vision Impairment / Deafblind**

We are aware that those with visual conditions – vision impairment /visually impaired (VI) - do not view the terminology in the same way as we view hearing impairment. There are many reasons for this; deafness has a community where a main shared language (British Sign Language/Irish Sign Language (Northern Ireland)) is used, and with this comes culture, linguistics, social norms and a shared history, etc. We respect those who wish to use VI as their terminology and wish to make it clear they are two separate groups with different needs. There are also deaf people who have visual conditions, and are part of the Deaf community and use British Sign Language/Irish Sign Language (Northern Ireland) and prefer the term; deafblind / DeafBlind.

### **15. Microtia Atresia Terminology**

Deaf children who have [microtia atresia](#) have suggested that positive terminology also be used around this condition, particularly where there is an obvious difference to their outer ear/s as a result of microtia. Words to avoid are; ‘bad ear’, ‘deformed ear’, ‘rubbish ear’, ‘poor ear’. They have suggested that when referring to the microtia to use terms like; ‘this/that ear’, ‘hearing ear’, ‘deaf ear’, etc.



## 16. Late-Onset Deafness

We recognise that some hearing people become deaf later in life (i.e. after the age of 50), referred to as 'deafened', and will see their deafness as a deficit or a hearing loss, particularly as research shows a link to an [increased risk of dementia](#). We empathise with this group of people and hope that they feel strategies and guidance from the Deaf community will be beneficial in supporting them to adapt to a new way of living with hearing loss, particularly with amplification. We hope their connection with the Deaf community will serve to go some way to reducing the stigma around deafness in old age.

### Terminology to use

We suggest that going forward, in place of HI terminology the following is used: deaf, hard of hearing, partially deaf or partially hearing.

For example;

For resource bases for deaf children; Flexstone Primary deaf resource base/  
Flexstone Secondary deaf resource base.

We also suggest deaf bases/services/institutions could be named after an inspirational deaf role model who has made a significant contribution to society, some suggestions can be found here; [Deaf Mosaic](#).

Referring to deaf children and young people; Mohammed is deaf and has a moderate level of deafness without his hearing aids.

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[Feedback on positive terminology](#)



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