Language deprivation or dysfluency in the deaf community is unlike aphasia incidents among the majority population resulting from physiological causation such as cluster migraines, strokes, severe hypertension, et al. According to current research the percentage of deaf population with dysfluency is approximately 30% with one study reflecting as high as 75% in an inpatient psychiatric setting.

Language Acquisition

Etiology of deafness
Causation of deaf has been found to impact and predict identifiable linguistic characteristics such as rate, coherence & word salad.

Age of onset or diagnosis
An individual who lost their hearing idio pathically later in life will have different language than one with congenital deafness.

Education
Choices for education include schools for the deaf (instruction in sign language) and mainstream public education with or without an interpreter.

Country of birth
Sign language is not universal. There are between 60+ identified sign languages used around the world.

Primary language used by nuclear family
90% of deaf people are born to English speaking parents. The majority never learn sign language.

Other developmental delays
Some etiologies include varying degrees of blindness, or intellectual, behavioral or emotional disabilities.

Language is the diagnostic tool in a behavioral health setting. The interpreter may be instrumental as the cultural broker to provide linguistic information during post-conferencing with clinicians to discuss language fluency or other impacting factors that may have impeded effective interpretation.