

Language Development in Southern Varieties of American English

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1. Introduction

This research investigates the development of language in Southern English and Southern African American English (AAE), two relatively stigmatised varieties of American English. Earlier research as well as professionals working with these varieties focused on the differences between AAE and Standard American English using test norms obtained by children from “White middle-class Mainstream American English-speaking backgrounds” (Wyatt, 1995). A shift in the past 30 – 40 years in how the acquisition of this variety of American English has been studied has brought to surface numerous research concerns on how language research with AAE-speaking children is conducted.

To date, there is no (comparative) research available on these two Southern varieties, especially with regard to language development. A growing, but still small, body of work on the developmental patterns in child AAE suggests stark contrasts, but also subtle differences as well as similarities across AAE and Mainstream American English (MAE) (Green, 2011). Though there have been claims in existing research arguing that AAE-speaking children first develop the language or MAE, and then around the age of 3 start exhibiting or acquiring AAE (Cole, 1980), there are also claims that there is very little evidence for distinguishing between AAE-specific characteristics and universal language acquisition processes observed in children younger than 3 (Blake, 1984; Cole, 1980; Seymour and Seymour, 1981; Steffensen, 1974).

Examining the absence of auxiliary *be* in child AAE, Green et al.(2007) proposed that omission of *be* preceding a verb inflected with *-ing* is explained under Kratzer’s (1995) event argument analysis, where $\emptyset be_{aux}$ is licensed by the presence of a predicate indicating a more temporary property. Kovac (1980), however, noted that it was virtually impossible to determine whether copula omission was due to a developmental limitation (i.e. it was not acquired yet) or because it is the/an acceptable structure in their variety of English. There have been instances where the AAE variety has benefited AAE-developing children to acquire more complex syntactic structures, as in the case of *wh*- questions of the kind *How did the woman learn what to bake?* (de Villiers, de Villiers & Roper,

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2011). Additionally, AAE-speaking children who are able to dialect-shift or code-switch have been observed to have better reading skills and a higher rate of academic achievement (Charity et al., 2004; Craig & Washington, 2006).

Differences with Mainstream American English, as well as other American varieties of English are found on phonetic/phonological, syntactic/morphological and even semantic/pragmatic levels. Some common differences include shift of stress (e.g. ['po,lis] as opposed to the more common [pə'lis]), vowel lengthening (e.g. [ma:n] for *mine*), use of labio-dental instead of dental fricatives, as in the cases of [f] instead of [θ] (as in [bæf]) and [v] instead of [ð] (as in [bri:v]). Morpho-syntactically, we often find changes with the use of copulas and auxiliaries (e.g. *is/was* instead of *are/were*), and omission of copulas, auxiliaries and the 3rd person singular agreement morpheme *-s/-es* (*sleep* instead of *sleeps*). These differences are one of the main reasons that children speaking AAE have often been referred to a speech language pathologist (SLP), because reduction of overt inflectional marking, a characteristic of the two varieties highly resembles the speech of children with specific language impairment (SLI) (Oetting & McDonald, 2001; Smith, 2015; Smith & Bellon-Ham, 2015). However, Smith & Bellon-Ham (2015) showed that AAE-SLI children's use of the auxiliary *be* was parallel to that of typically developing child and adult AAE speakers. Moreover, some (earlier) varieties of AAE show variant characteristics. For example, a 3rd person singular agreement suffix, may be found with a full noun phrase subject but not with a pronoun subject (e.g. *the girl washes* vs. *she wash*) Poplack & Tagliamonte 2001; Wolfram, Thomas, & Green 2000).

The current work had three main goals: first we wanted to document language development in Southern African American English and Southern English and determine whether our participants' language development does indeed present a variation of English deviating from Mainstream, or whether their exposure to Mainstream American English through school has neutralised the variation of English they are exposed to in their home and social environment. We additionally aimed to examine what the similarities and differences across these variations of American English are. Second, we aimed at testing whether any of our participants were at risk for a language disorder, and cross-check our results with the reports we received from schools where the children were tested. Our final goal was to produce the first developmental trajectories of language variation and risk for language disorder for the two varieties.

2. Materials and Method

One hundred and sixty-five Southern English-speaking children aged 2 to 11, and forty-eight children, speakers of Southern African American Vernacular English aged 3 to 13, from at least 7 different schools participated in this study. All participants lived in the northern part of Mississippi, and came from different socio-economic backgrounds. They were reportedly monolingual speakers of their respective varieties of English, but were exposed to MAE as well as the two varieties under investigation, at the very least during school hours.

TABLE 1. Participant Information

	N (F/M)	Age Range	Raven's IQ Raw Score	Mental Age
SE	78F/87M	2;3–11;6 <i>M</i> =7;1 <i>SD</i> = 2.4	3–35 <i>M</i> =22.6	<4.0 – > 11.6 <i>M</i> =8.4
AAE	31F/17M	3;2–13;8 <i>M</i> =7;9 <i>SD</i> = 2.3	2–35 <i>M</i> =22	<4.0 – > 11.6 <i>M</i> =8.1

Categorization of the children in the two study groups was determined based on two questionnaires that parents were required to complete, which inquired on information related to the children's and parents' entire linguistic background as well as information on their place of birth, education, employment, etc. The number of AAE-speaking participants was lower because it was extremely difficult to find children whose parents would agree to have them participate in the study. Two pilot studies were conducted to test how easily and efficiently our standardised and customised experimental tasks could be administered and to correct any difficulties with the material and method of administration.

To eliminate the possibility of hearing challenges, two auditory tests were administered to all participants prior to data collection; Test 1 was an imitation production task (25 items) and Test 2 was an imitation production and picture matching task (15 minimal pairs). The selection of stimuli was based on the frequency and age of acquisition for each word, following the *Age of Acquisition Mean for American English* (AoA) corpus. All words had concrete meaning and several other variables (e.g. phonetic length) were controlled. Native speakers of each variety were employed to administer all experimental stimuli. This was deemed necessary to avoid any bias effects from non-native speakers. In order to avoid any potential biases caused by variability across speakers/examiners, each child had only one native speaker administer all experimental stimuli, except for the *Raven's Coloured Progressive Matrices* IQ test, which was administered to all children by the first author.

As means of linguistic comparison we used the *Diagnostic Evaluation of Language Variation Screening Test (DELV-ST)* (Seymour, Roeper & de Villiers, 2003), a standardized test designed to explicitly test for varieties of English that vary from the Mainstream. The test is divided into two sections: Part I tests for *Language Variation Status*, categorizing participants under Mainstream American English (MAE), some variation from MAE (sMAE), or strong variation from MAE (stMAE). Part II is a *Diagnostic Risk Status*, testing how likely it is for a child to be at risk for a language disorder and places children under four potential categories: lowest risk for a language disorder (ILD), low to medium risk for a language disorder (lmLD), medium to high risk for a language disorder (mhLD), and highest risk for a language disorder (HLD).

TABLE 2. Summary of Experimental Material from the two sections of the DELV-ST

Diagnostic Evaluation of Language Variation Screening Test		Part II: RISK FOR LANGUAGE DISORDER	
Target	Example	Target	Example
Phonetic Variation (Repetition of Stimulus) (Items 1-5)	Prime: I see her brushing her <i>teeth</i> . Answer: (I see her brushing her) <i>teef</i> <i>teeth</i>	Copula (or Auxiliary) <i>was</i> (response includes the verb) (Items 1-3)	Prime: <i>Today</i> this boy is at school. But <i>yesterday</i> he could not get out of bed, and his mother gave him some medicine. Why? Answer: <i>He was sick. / He wasn't feeling good.</i>
3rd person singular <i>have/has</i> (Items 6-7)	Prime: I see little kites. I see a big kite. The <i>boys</i> have little kites but the <i>girl</i> ... Answer: ... <i>have got/ has (a bit kite)</i> ...	<i>Wh-</i> question Response includes two paired groups (Items 4-5)	Prime: This boy and this girl got new presents from their grandmother. Here are the children playing with their toys. Who played with what ? Answer: <i>The boy played with the ball and the girl with the yo-yo.</i>
3rd person singular (response includes a verb) (Items 8-11)	Prime: I see sleeping bags kites. I see a bed. The <i>boys</i> always sleep in sleeping bags, but the <i>girl</i> ... Answer: ... <i>sleep/ sleeps (in a bed)</i> ...	<i>Wh-</i> question Response addresses a double <i>wh-</i> question, which is preceded by a story. (Items 6-7)	Prime: This little girl wanted to ride her horse, but she didn't want to take him on the road. She called her dad on the phone and asked, "Where can I ride my horse safely?" Her dad said, "On the beach would be a good, safe place." So here she is riding safely on the beach. How did the girl ask where to ride? Answer: <i>on the phone/she called her dad</i>
3rd person singular do/does (response includes the verb) (Items 12-13)	Prime: This <i>girl</i> likes to swim, but this <i>boy</i> ... Answer: <i>don't, do not/doesn't, does not (like to stand)</i> ...	Auxiliary (or Copula) <i>was</i> (response includes the verb) (Items 8-9)	Prime: <i>Today</i> the sun is shining very brightly. But <i>yesterday</i> this boy had his umbrella open because ... Answer: <i>it was raining...</i>
Copula or Auxiliary <i>was/were</i> (response includes a plural subject plus <i>was/were</i>) (Items 14-15)	Prime: See the lady with the clothes. She said the clothes needed to be washed. So she washed them. Why did she wash these clothes? Answer: <i>They was / They were (dirty)</i>	Possessive Pronoun (response includes hers/theirs) (Items 10-11)	Prime: He has a kite. She has a ball. The kite is his . The ball is ... Answer: <i>hers...</i>
		Non-Word Repetition (Items 12-17)	Prime: g oy fow m

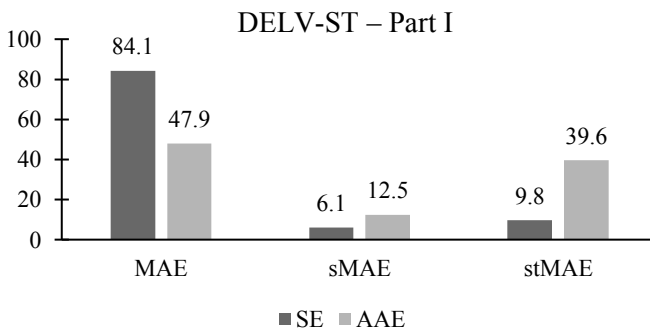
Data – including the two hearing tests and Raven’s IQ test – were collected through typically one session, ranging from 35 minutes to 60 minutes, depending on the age of the participant, over a period of thirteen months.

Table 2 summarizes the category of items tested by each section and gives an example for each category. For example, when testing for the use of 3rd person singular, the authors included primes similar to the following. The researcher would say: “*I see little kites. I see a big kite. The boys have little kites but the girl ...*” and the participant was expected to say **has got or has** (*a big kite*). According to the diagnostic’s authors, items and scoring are designed in a way where language variation does not affect results on language disorder.

With regard to Part II, when testing the use of copulas or auxiliaries, the researcher would say: “*Today this boy is at school. But yesterday he could not get out of bed, and his mother gave him some medicine. Why?*” ... and the participant was expected to say “*He was sick. / He wasn’t feeling good.*” We considered dialectal variation answers to also be grammatical. For example, if a child said *he have got* instead of *he has got* we considered it grammatical, but we considered responses like *it is raining* instead of *it was raining* as incorrect. Each stimulus was accompanied by the equivalent visual stimulus.

3. Results

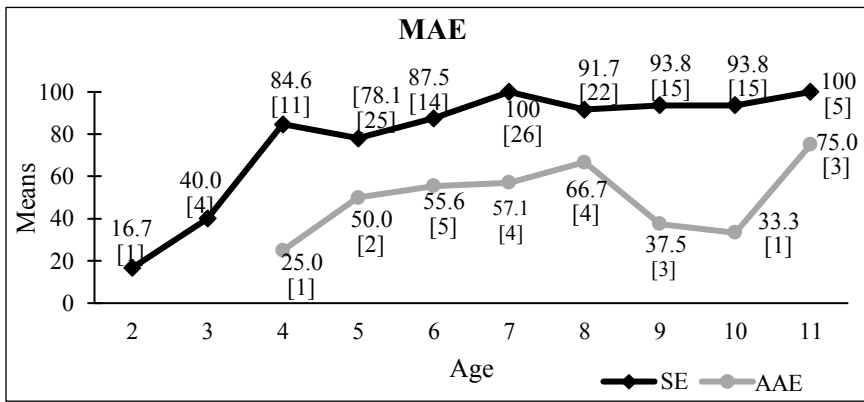
Graph 1 shows the participants’ performance across the three language variation categories. As is evident from the graph, the overwhelming majority of SE-speaking children’s language was evaluated as Mainstream American English (MAE), with much lower percentages across the two other categories. Of our AAE-speaking children only about half fell under the MAE category and the majority of the remaining children exhibited strong variation from MAE. Statistical analysis revealed that SE-speaking children are much more likely to use MAE than AAE-speaking children: $F(1,3) = 18.5, p < .001, \eta^2 = .08$.



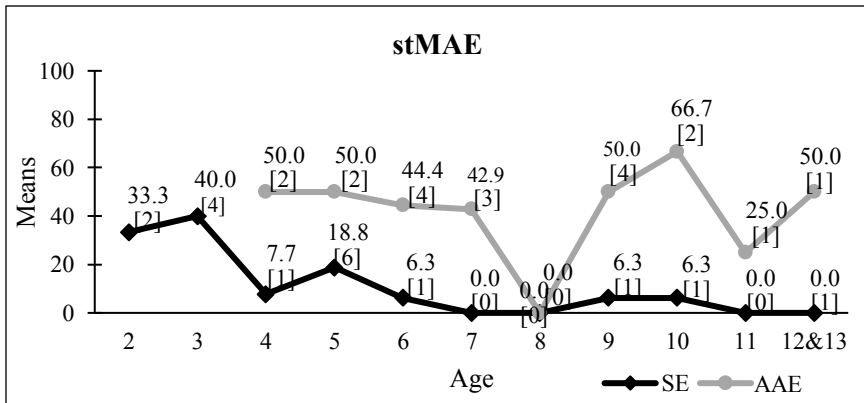
N	MAE	sMAE	stMAE
SE	139	10	16
AAE	23	6	19

GRAPH 1. Language Variation across SE and AAE-Speaking Children

Graphs 2 and 3 outline the participants' performance per age across different ages with the MAE and stMAE categorizations. Numbers in brackets indicate the number of participants per age for each linguistic variation. Further analysis, as illustrated in Graphs 2 and 3, revealed that younger SE-speaking children present a higher percentage of strong variation from MAE but once they enter the school system that percentage gradually drops, and eventually by age 11 100% of the children speak MAE. Results for AAE-speaking children show a high percentage of strong variation from MAE, with approximately 50% of the children exhibiting stMAE across all ages. Statistical analysis revealed that the two groups did not differ significantly in their performance across age neither for the MAE comparison, $F(1,8) = 0.5 p = .888 \eta^2 = .02$, nor for the stMAE comparison, $F(1,8) = 1.7, p = .107 \eta^2 = .065$.

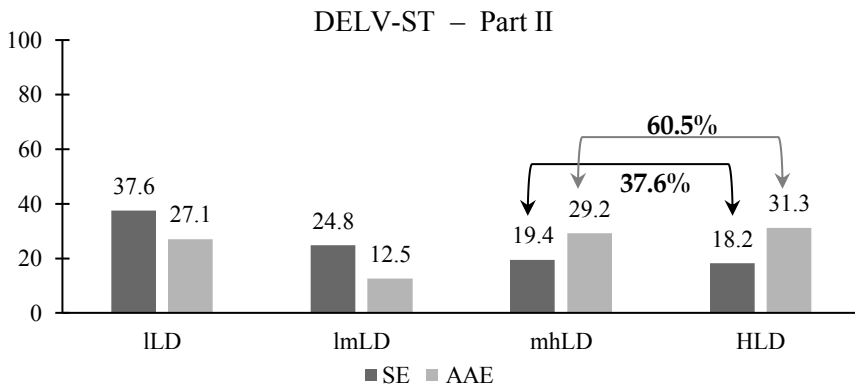


GRAPH 2. Results on MAE across Age for SE and AAE-Speaking Children



GRAPH 3. Results on stMAE across Age for SE and AAE-Speaking Children
 Notes: When percentages for a specific age across the two graphs do not add up to 100%, it means that the remaining percentage of children for that age exhibited sMAE. Each number across the x axis includes means for the entire age range (e.g. 2 = 2;0 - 2;11).

With regard to the children's risk for a language disorder, *Graph 4* shows results from the second part of the DELV Screening Test, the diagnostic for language disorder. While most of SE-speaking children exhibited low risk for Language Disorder (ILD), we still see surprisingly high rates of children under the remaining three categories. In fact, the sum of medium high (mhLD) and highest (HLD) risk is 37.6%. Statistical analysis on the SE-speaking participants' performance across the four classifications revealed a significant difference across the four categories: $\chi^2(3)16.7, p = .001$. Means for language disorder for AAE-speaking children follow a similar trend, with considerably higher percentages under the last two categories. Unlike SE-speaking children, the classification of AAE-speaking children under the four categories was not statistically significant: $\chi^2(3)4.5, p = .212$, such that the AAE-speaking group was distributed relatively evenly across the four risk categories. A univariate ANOVA with *risk type* as the dependent variable and *group* as a factor (independent variable) revealed that the two groups differed significantly: $F(1,3) = 6.1, p = .001, \eta^2 = .08$.

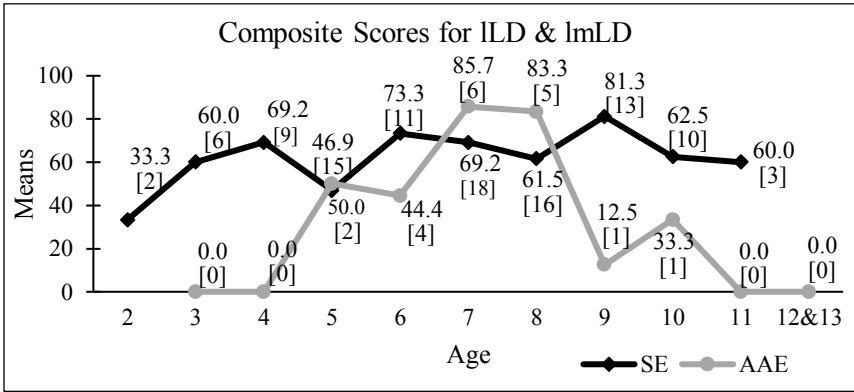


N	ILD	lmLD	mhLD	HLD
SE	62	41	32	30
AAE	13	6	14	15

GRAPH 4. Language Disorder across SE and AAVE-Speaking Children

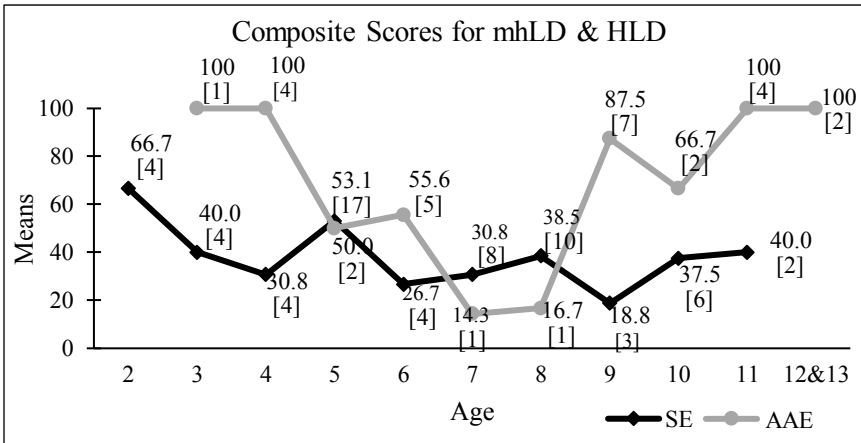
As illustrated by *Graphs 5 & 6*, we observe considerably higher risk for language disorder for children under 6 and over 9 years-old, with percentages for AAE-speaking children being much higher. There is a rise in the risk for language disorder for 5-year-olds, which is typically the age children enter a (K)indergarten or a pre-K class, the first year of schooling for most. Our AAE population shows higher percentages for a language disorder for children under 7- and over 8- years old, sometimes as high as 100%. Statistical analysis revealed that participants from the two groups differed significantly across different ages when presenting lower risk for language disorder, $F(1,8) = 2.5, p = .014, \eta^2 = .09$, suggesting that SE-

speaking children had less diversity and higher rates of *ILD* and *lmLD* across age than AAE-speaking children. However, those categorized under medium to highest risk for language disorder presented parallel performance across different ages, $F(1,8) = 1.3$ $p = .233$ $\eta^2 = .05$, confirming that the performance of the two groups across age for the *mhLD* and *HLD* categories is comparable.



GRAPH 5. Results on ILD and *lmLD* (combined) across Age for SE and AAE-Speaking Children

Note: Percentages per age across the two graphs represent the population tested per age.



GRAPH 6. Results on *mhLD* & *HLD* (combined) across Age for SE and AAE-Speaking Children

We acknowledge that the number of participants for the AAE group is much lower therefore these percentages may look different if a larger population is tested. However, considering that 7 out of 8 9-year-olds exhibited medium-high to highest risk for a language disorder, we don't really expect much variation,

especially given the fact that these children were recruited from the best schools in the state (i.e. from *Oxford* and *Lafayette* school districts), from both public and private schools.

We also tested whether the mother's educational level was a potential factor affecting the participant's linguistic variation from MAE or risk for a language disorder. With regard to linguistic variation, results revealed that the parents' educational level played no role as to which linguistic variation children were placed under: $M=74.5$, $SD=25.2$ (1,163) $p=.282$ for SE-speaking participants and $M=73.8$, $SD=20.2$ (1,46) $p=.327$ for AAE-speaking participants. Though there is a tendency for lower risk for a language disorder with children whose mothers are more educated, a linear regression analysis revealed no significant differences, for either group: $M=74.3$, $SD=20.1$, (1,163), $p=.209$ for SE-speaking participants and $M=51.8$, $SD=27.5$, (1,46), $p=.664$ for AAE-speaking children. *Tables 5* and *6* in the *Appendix* provide a complete distribution of percentages across the three linguistic variation types (*Table 5*) and four language disorder types (*Table 6*).

Further analysis revealed that participants' productions are overwhelmingly grammatical in both parts of the diagnostic, with the exception of responses under answer type C (Other). According to the authors, answers under column C do not signify (a) variation from MAE for Part I or (b) risk for a language disorder for Part II, to the same extent as responses falling under category A or B, respectively.

TABLE 3. Grammaticality of Responses per Answer Type for Part I and Part II

	A	B	C
PART I	LV	MAE	Other
SE	99.8	99.4	87.3
AAE	98.9	97.8	81.7
PART II	Target	ALT/INC	Other
SE	99.8	89.9	26.5
AAE	99.3	87.5	23.9

Our final comparison concerns correlations across the two sections of the test. The top row for each language variation type in *Table 4* gives the number of participants under each category and the lower row indicates the percentage of participants. We observe a clear correlation for children from both groups between those exhibiting some variation from MAE and mhLD – HLD. We also see high percentages of mhLD and HLD with those children presenting strong variation from MAE, especially AAE-speaking children. Statistical analysis, however, revealed only a marginal difference, $F(1,7) = 2.3$, $p = .079$, $\eta^2 = .03$, meaning we cannot really predict that participants under, for example, stMAE are more likely to present HLD. Instead, it seems that perhaps participants that fall neither under MAE nor under stMAE do not really exhibit some variation from MAE, but rather their language exhibits some characteristics of language disorder also in the first part of the test, and this is possibly what the sMAE in the first part of the test really records.

TABLE 4. Correlations across the Two Sections of the DELV-ST

	SE					AAE				
	ILD	lmLD	mhLD	HLD	Over all	ILD	lmLD	mhLD	HLD	Over all
	58	36	26	19	139	10	4	3	6	23
MAE	41.7	25.9	18.7	13.7		43.5	17.4	13.0	26.1	
	0	2	3	5	10	0	1	3	2	6
sMAE	0.0	20.0	30.0	50.0		0.0	16.7	50.0	33.3	
	3	4	3	6	16	3	1	8	7	19
stMAE	18.8	25.0	18.8	37.5		15.8	5.3	42.1	36.8	
Total	61	42	32	30	165	13	6	14	15	48

Below, we provide some examples of the participants' productions for each part of the test. We are mainly giving examples of cases where the utterance did not match the target or expected production. Full primes can be found in *Table 2*.

Part I

- (1) Expected production, based on MAE: I see that fish **breathe** under water.
Participant production: I see that fish **breave** under water.
(Chronological Age (CA):5.1, SE-speaker)
- (2) Expected production, based on MAE: ... **sleeps** in a bed.
Participant Production: ...**sleep** in big beds (CA: 9.5, AAE-speaker)

Part II

- (3) Expected production: The boy played with the ball and the girl (played) with the yo-yo.
Participant production: The girl played with the boy. (CA: 3.5, SE-speaker)
- (4) Expected production: ... **it was** raining.
Participant production: ... **it's** raining (CA: 6.3, AAE-speaker)

4. Discussion

The main goals of the current study were to (a) test if the language of children raised in the State of Mississippi, expected to speak SE or AAE, presented variation from MAE and (b) examine the children's language development (across different ages) and determine whether there are children who are at risk for a language disorder. We determined that the majority of our 165 SE-speaking children's language was parallel to MAE, while of our 48 AAE-speaking children only about half fell under the MAE category and the majority of the remaining children fell under stMAE. Further analysis revealed that younger SE-speaking children present a higher percentage of stMAE but once they enter the school system that percentage gradually drops, and eventually 100% of the children

speak MAE by age 11. Results for AAE-speaking children show a high percentage of stMAE throughout, across all ages.

With regard to the children's risk for a language disorder, we see an unexpectedly high risk for a language disorder, for both groups: SE: 37.6% for SE-speaking children and 60.5% AAE-speaking children, which means that 3 out of the 5 AAE-speaking children we tested are at true risk for a language disorder. Though we observe a considerably higher risk for language disorder for children under 6 and over 9 years-old, we did not find a predictable pattern per age.

The parents' educational level was also not a reliable factor for predicting either variation from MAE or risk for LD.

When testing for potential correlations across the two sections of the DELV-ST, we found a clear correlation for children from both groups between those exhibiting sMAE and mhLD and HLD. We do also see high percentages of mhLD and HLD with those children presenting stMAE from both groups, though statistical analysis revealed only a marginal difference. We maintain that these distinct correlations do not necessarily mean that those children who have some variation from MAE are at risk for language disorder, but rather that there is some type of interaction or relation across the two sections of the diagnostic that the authors have not considered.

The results from this study raise some serious concerns and implications in relation to early education and early intervention in the state of Mississippi. 95% of the children under medium high to highest risk had not been diagnosed with any linguistic or cognitive limitation and were included in mainstream classes. The fact that most of them were 8+ years old, old enough to have been screened, raises an important question with regard to the lack of or even perhaps reliability of (early) diagnosis and intervention as well as early education programs. This is further supported by the fact that Mississippi currently ranks among the bottom 2–3 States in terms of educational programs and academic achievement. Results from the grammaticality analysis potentially suggest that there may be other possibilities to account for these unexpectedly high percentages of language disorder. One possibility is that the standard diagnostic experiment used, though designed to test for risk of a language disorder for American dialects that deviate from MAE, may unintentionally over-screen and hence falsely identify *some* children with a language disability who *may not* in fact have one. A second possibility is that these children are developmentally hindered by the near absence of early education and early intervention in the State of Mississippi, compared to other areas of the country where such programs are available. A third, most likely, possibility, is that a combination of the two factors applies, such that gaps in the acquisition of grammar created by limited education and/or exposure to language before the age of 5 'allow' the test to over-screen and produce false-positives. Nevertheless, it is abundantly clear that there is a pressing need for both better testing and opportunities for early education and early intervention, as results from the current study raise some serious concerns and have major implications in relation to early education and early intervention in the state of Mississippi. An additional, quite possible explanation for this result is that children may perform

poorly at school, and the current test used in this study, because they have difficulty comprehending instructions, due to a gap between their variety of English and MAE, and cannot navigate the differences across the two. These conclusions also align with McWhorter (2017), who suggests that AAE-speaking children perform poorly at school because of the quality of the schools these children attend, as well as the environment and disadvantaged communities they are surrounded growing up.

The work presented in this paper is just a small part of a much larger project looking into language use and language development in the two southern American varieties of English, where numerous standardized and customized tests were administered. We are currently in the process of analyzing those results and preparing them for publication, but, based on this additional standardized and customized testing, we can already say that some children identified to be at low-medium, medium-high risk for a language disorder have been ‘over-screened’ which further corroborates the possibility of testing and educational shortcomings suggested above.

5. Conclusion

This is the first study of its kind to examine language development of Southern English and Southern African American English by children as young as 2 years old. It reveals a critical need for re-evaluation of the existing educational and clinical assessment systems currently in place in the state of Mississippi and perhaps non-standard varieties of English in general, as well as the tools utilized to assess the linguistic as well as cognitive abilities of these children. Shortcomings in the current educational and clinical system, as well as the experimental tools used to study these two varieties may very well lead to misdiagnosis (both over- and under-diagnosing) of the linguistic abilities of children. Upon completion of data analysis from this project we will be able to confirm the true percentage of risk for a language disorder and clarify which production effects are variation-specific and which are the outcome of language impairment, information critical for diagnosis and intervention. We also anticipate that, results will help identify what can be done to improve the methods/tools used to educate these children as well as the clinical tools used for diagnosis and intervention. Finally, since children speaking either variety are frequently stigmatized, even by educators, we hope that results from this study can assist in social and educational inclusion and the efficient integration of children speaking the SE and SAAE varieties, not only during primary and secondary education but also tertiary education.

Appendix

TABLE 5. Mother's Educational Background for SE-speaking children across the four linguistic variation types

Note: Numbers in brackets [N] indicate the number of participants.

	SE			AAE		
	MAE	sMAE	stMAE	MAE	sMAE	stMAE
Not stated	100 [3]	0 [1]	0 [0]	100 [1]	0 [0]	0 [0]
Elementary	100 [1]	0 [0]	0 [0]	100 [1]	0 [0]	0 [0]
Middle School	0 [0]	0 [0]	0 [0]	0 [0]	25 [1]	75 [3]
High School	72.7 [16]	4.5 [1]	22.7 [5]	42.9 [3]	14.3 [1]	42.9 [3]
College	91.5 [43]	6.4 [3]	2.1 [1]	61.1 [11]	5.6 [1]	33.3 [6]
University	78.7 [37]	4.3 [2]	17.0 [8]	41.7 [5]	8.3 [1]	50.0 [6]
Master's	85.3 [29]	8.8 [3]	5.9 [2]	25 [1]	50 [2]	25 [1]
Doctorate	90.0 [9]	10.0 [1]	0 [0]	100 [1]	0 [0]	0 [0]

TABLE 6. Mother's Educational Background for SE-speaking children across the four language disorder types

	SE				AAE			
	ILD	lmLD	mhLD	HLD	ILD	lmLD	mhLD	HLD
Notstated	33.3 [1]	33.3 [1]	33.3 [1]	0.0 [0]	0 [0]	0 [0]	0 [0]	100 [1]
Elementary	0 [0]	0 [0]	100 [1]	0 [0]	0 [0]	0 [0]	100 [1]	0 [0]
Middle School	0 [0]	0 [0]	0 [0]	0 [0]	0 [0]	0 [0]	75 [1]	25 [3]
High School	22.7 [5]	27.3 [6]	22.7 [5]	27.3 [6]	14.3 [1]	28.6 [2]	28.6 [2]	28.6 [2]
College	34.8 [16]	26.1 [12]	21.7 [10]	17.4 [8]	33.3 [6]	16.7 [3]	16.7 [3]	33.3 [6]
University	38.8 [19]	28.6 [14]	16.3 [8]	16.3 [8]	33.3 [4]	8.3 [1]	25.0 [3]	33.3 [4]
Master's	41.2 [14]	23.5 [8]	11.8 [4]	23.5 [8]	25 [1]	0 [0]	50 [2]	25 [1]
Doctorate	70 [7]	0 [0]	30 [3]	0 [0]	100 [1]	0 [0]	0 [0]	0 [0]

References

- Blake, Ira, K. 1984. *Language Development in Working Class Black Children: An Examination of Form, Content and Use*. Unpublished doctoral dissertation, Columbia University Teachers College, New York.

- Charity, Anne, H., Scarborough Hollis, S. & Griffin, Darion, M. 2004. Familiarity with School English in African American Children and Its Relation to Early Reading Achievement. *Child Development*, 75, 1340-1356.
- Cole, Lorraine, T. 1980. *A Developmental Analysis of Social Dialect Features in the Spontaneous Language of Preschool Black Children*. Unpublished doctoral dissertation, Northwestern University, Evanston, Illinois.
- Craig, Holly & Washington, Julie. 2006. *Malik Goes to School: Examining the Language Skills of African American Students from Preschool-5th Grade*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- de Villiers, Gill, G, de Villiers Peter, A. & Roper, Thomas. 2011. *Wh- Questions: Moving beyond the First Phase*. *Lingua*, 121(3), 352-366.
- Green, Lisa. 2011. *Language and the African American Child*. Cambridge: CUP.
- Green, Lisa. 1995. Study of Verb Classes in African American English. *Linguistics and Education*, 7(1), 65-81.
- Green, Lisa., Wyatt, T., & Lopez, Q. 2007. Event Arguments and ‘Be’ in Child African American. *University of Pennsylvania WPL*, 13(2), 95-108.
- Kovac, Cecil. 1980. *Children’s Acquisition of Variable Features*. Unpublished doctoral dissertation, Georgetown University.
- Kratzer, Angelika. 1995. Stage-Level and Individual-Level Predicates. In *The Generic Book*, ed. Greg N. Carlson and Francis Jeffrey Pelletier, 125–175. Chicago: University of Chicago Press.
- McWhorter, John. 2017. *Talking Black, Talking Black*. New York: Bellevue Literary Press.
- Oetting, Janna. B., & McDonald, Janet. L. 2001. Nonmainstream Dialect Use and Specific Language Impairment. *Journal of Speech, Language, and Hearing Research*, 44, 207–223.
- Poplack, Shana, Tagliamonte, Sali, & Eze, Ejike. 2000. Reconstructing the source of Early African American English Plural Marking: A Comparative Study of English and Creole. In: Poplack, Shana (ed.), *The English History of African American English*, 73–105. Oxford & Malden: Blackwell Publishers.
- Seymour, Harry N., Roeper, Thomas W. & de Villiers, Jill. 2003. *Diagnostic Evaluation for Language Variation Screening Test*. San Antonio TX: The Psychological Corporation.
- Seymour, Harry, & Seymour, Charlena. 1981. Black English and Standard American English Contrasts in Consonantal Development of Four- and Five-Year-old Children. *Journal of Speech-Hearing Disorders*, 46, 274-280.
- Smith, Shana, L. 2014. *Emergence of Auxiliary Is and Are in AAE Dialect-Speaking Preschoolers with Specific Language Impairment Following Language Treatment*. *Master’s Dissertation*, Lamar University, Beaumont.
- Smith, Shana, L. & Bellon-harn, Monica. 2015. Rates of Auxiliary *Is* and *Are* in African American English Speaking Children with Specific Language Impairment Following Language Treatment. *Clinical Linguistics and Phonetics*, 29(2), 131-149.
- Steffensen, Margaret. 1974. *The Acquisition of Black English*. Unpublished doctoral dissertation, University of Illinois, Urbana-Champaign.
- Wolfram, Walt, Thomas, Eric, R., & Green, Elaine, W. 2000. The Regional Context of Earlier African American Speech: Evidence for Reconstructing the Development of AAVE. *Language in Society* 29: 315–355.
- Wyatt, Tonya. 1995. Language Development in African American English Child Language. *Linguistics and Education* 7(1), 7-22.

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