Deaf Sex Offenders in a Prison Population

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Very little is known about deaf sex offenders. This descriptive study of a population of 41 deaf sex offenders incarcerated by the state of Texas provides information about the prevalence of sexual offenders in the deaf prison population, the educational achievement and IQ scores of deaf offenders, and the incidence of secondary disabilities in this population. The rate of sexual offending by deaf offenders was 4 times the rate of sexual offending by hearing offenders with 30% recidivism in the population. Sexual offending by deaf adults is discussed in relation to the sexual abuse of deaf children. Sixty-two percent of deaf sex offenders were functionally illiterate, a literacy rate considerably below the average for deaf adults who remained in school until age 18 or above. However, the performance IQs of deaf sex offenders were comparable to those of the overall prison population.

Little is known about deaf sex offenders. Existing studies have limitations such as small, nonrepresentative samples and samples that come from specialized facilities such as maximum security psychiatric facilities. Other studies have grouped sex offenders and violent offenders together (Denmark, 1985, 1994; Harry, 1984, 1994; Harry & Dietz, 1985; Klaber & Falek, 1963; Miller, 2001; Remvig & Stürup, 1957a, 1957b; Vernon, 1969; Vernon & Rich, 1997; Young, Howarth, Ridgeway, & Monteiro, 2001; Young, Monteiro, & Ridgeway, 2000).

These studies vary so greatly in the criteria they used to select the samples and in the methodology they employed that meaningful comparisons are difficult to make. This is understandable because sizable populations of deaf sex offenders are rarely available for study; however, most of the aforementioned research was conducted by well-known psychiatrists or psychologists experienced in working with deaf people. These studies were conducted in the United States, the United Kingdom, and Denmark, with sample sizes ranging from 5 to 431 (Harry, 1984; Young et al., 2001). The basic conclusion of their collective work was that disproportionate numbers of deaf inmates were sex offenders compared to the numbers of sex offenders in the prison population overall.

Method

This study was of an incarcerated deaf sex offender sample taken from the entire population of deaf inmates in Texas state prisons over a 3-month period. A study of the entire deaf population was made possible largely because the Texas Department of Criminal Justice groups nearly all of its 97 signing deaf offenders in one facility. Of these offenders, 41 had been convicted of a sex offense. These individuals made up the study participants, most of whom had severe to profound hearing losses of early onset (Miller, 2001). Although there were 7 deaf female offenders in this deaf prison population, none were sex offenders. Permission to examine inmates’
medical records was obtained individually from each offender.

Results

Victims of Sex Offenders

Of the 41 deaf sex offenders, 27 (65.8%) committed sexual acts against children and 7 (17.0%) against adult women; for 8 (19.5%) of the offenders, data on the age and gender of the victims was not available. Among those 8 victims for whom genders and ages were not available, it appears probable that at least 6 were minors.

When we compared the data on deaf offenders to the data available on offenders in state prisons nationally, the results are troubling (Table 1). The percentage of the total population of deaf inmates who were convicted sex offenders was a little over four times the percentage of the total population of hearing inmates who were convicted sex offenders. These findings are consistent with the studies mentioned earlier.

By contrast, the percentages of hearing and deaf sex offenders who molest children were essentially the same (Table 1). However, this means that the prevalence of child molesting among deaf offenders in general was about four times greater than that among hearing offenders; the percentage incarcerated deaf offenders who were sex offenders was four times greater than the percentage of incarcerated hearing offenders who were sex offenders (Table 1).

Educational Achievement Levels

The educational achievement of all offenders entering Texas prisons is determined by administering the Test of Adult Basic Education (TABE). The TABE yields an Educational Achievement (EA) grade level by averaging scores obtained in three subjects: reading, math, and language. EA reading scores for the 35 deaf sex offenders for whom educational data was available indicated that 62.9% of deaf sex offenders had reading grade levels of 2.8 or below (Table 2). This is below the federal government’s standard for functional illiteracy. The average reading grade level for deaf sex offenders was grade 3.1, which is markedly below the 4.5 to 5.5 reading grade level of the average deaf person upon leaving school at age 18 (Center for Assessment and Demographic Studies, 1996; Traxler, 2000; Vernon & Coley, 1978; Vernon, Raifman, Greenberg, & Montiero, 2001).

A recent study by Traxler (2000) indicates that there may be more hearing readers at these lower levels than previously thought.

The average EA of offenders in Texas prisons was grade 7.4 (Texas Department of Criminal Justice, 2001). For the population of sex offenders who are deaf, the average EA was 3.7 (Miller, 2001). This difference

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**Table 1** Prevalence Comparison of Deaf Sex Offenders and Other Sex Offenders

<table>
<thead>
<tr>
<th></th>
<th>Deaf sex offenders</th>
<th>Other sex offenders</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>All sex offenders</td>
<td>41*</td>
<td>45.7%</td>
</tr>
<tr>
<td>Sex offenders who molested children</td>
<td>27</td>
<td>65.8%</td>
</tr>
</tbody>
</table>

*The total number of deaf prisoners in Texas is 97 (Miller, 2001).
**The total number of offenders in state prisons is 711,643 (U.S. Department of Justice, 1996).

**Table 2** Reading and Educational Achievement Grade Levels of Deaf Sex Offenders

<table>
<thead>
<tr>
<th></th>
<th>Reading, n = 34</th>
<th>Educational achievement, n = 34</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Grade 2.8 or below</td>
<td>22</td>
<td>62.9%</td>
</tr>
<tr>
<td>Grades 2.9–4.9</td>
<td>6</td>
<td>17.1%</td>
</tr>
<tr>
<td>Grades 5.0–7.0</td>
<td>3</td>
<td>8.6%</td>
</tr>
<tr>
<td>Grade 7.1 or above</td>
<td>4</td>
<td>11.4%</td>
</tr>
</tbody>
</table>
was approximately what would be expected based on the differences that exist between deaf and hearing readers in the general population (Center for Assessment and Demographic Studies, 1996).

Intelligence

In Texas prisons, offenders’ intelligence is measured during intake using the Revised Army Beta Test (Beta). The Beta is a nonverbal instrument that yields an intelligence quotient (IQ) score. Deaf offenders who take the Beta test and do not receive a score within normal IQ ranges (85 or higher) are retested using the Test of Nonverbal Intelligence (TONI), or the Wechsler Adult Intelligence Scale—Revised (WAIS-R). IQ scores were available for 34 deaf sex offenders (Table 3). Their mean IQ was 94.0. The mean IQ of male prison offenders overall was 91.0 (Texas Department of Criminal Justice, 2000). These scores indicated that the average sex offender was of normal intelligence, regardless of his auditory status.

Psychosocial Factors

Ninety percent of the deaf sex offender population for which language use information was available (n = 40) were using sign language or gestures to communicate, while the remaining deaf offenders used spoken English, used a combination of signs and spoken English (simultaneous communication, or SimCom), or had no discernable linguistic means of communication. Of the deaf sex offender population (N = 41), 24.3% (10) possessed minimal language skills, characterized by impoverished social skills and markedly restricted sign language and English vocabularies (Miller, 2001; Vernon, 1996).

About 70% of state prisons screen inmates for mental illness (“One-fifth of mentally ill,” 2001). Although the Texas Department of Criminal Justice does mental health screening, limited data was available on psychiatric disorders in this population. In general, self-reports by hearing offenders indicate that 16% of the state prison population is mentally ill, which is probably a modest estimate (“One-fifth of mentally ill,” 2001; Randall, 1999). Depression and suicide gestures or attempts were the most common psychiatric conditions among deaf sex offenders, with 34.1% (14) of such cases identified from available records (Table 4).

Of the 19 deaf sex offenders who acknowledged a history of substance abuse, most reported using alcohol and marijuana. Others had used a variety of other drugs, including heroin, LSD, cocaine, speed, PCP, inhalants, barbiturates, and hallucinogens. Overall, 46.3% of deaf sex offenders gave evidence of serious involvement with illegal drugs (Table 4).

Length of Sentences, Types of Offenses, and Recidivism

The average length of sentence of the 40 deaf sex offenders for which these data were available was 17.9 years; however, this is not the average sentence served by deaf sex offenders overall. Many sex offenders receive probation and do not enter the prison population, especially on their first offenses. Generally, sex offenders who commit the most serious offenses and those who are repeat offenders do get prison sentences, a trend that applies to both deaf and hearing sex offenders. It should be noted, however, that not all sentences are served to completion.

Among state prison offenders nationally, the average sentence for the rape of a child is 15 years, and the sentence for sexual assault of a child is 11 years (U.S. De-

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**Table 3** IQs of Deaf Sex Offenders, n = 34

<table>
<thead>
<tr>
<th>IQ Scores</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Below 70</td>
<td>2.9</td>
</tr>
<tr>
<td>70–79</td>
<td>17.7</td>
</tr>
<tr>
<td>80–89</td>
<td>23.5</td>
</tr>
<tr>
<td>90–99</td>
<td>17.7</td>
</tr>
<tr>
<td>100–109</td>
<td>20.5</td>
</tr>
<tr>
<td>110–109</td>
<td>11.7</td>
</tr>
<tr>
<td>120–129</td>
<td>2.9</td>
</tr>
<tr>
<td>130 or above</td>
<td>2.9</td>
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**Table 4** Documented Disorders of a Deaf Sex Offender Population, n = 41

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Depression or suicide attempt</td>
<td>10</td>
<td>24.3</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Mental retardation</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Behavior disorder</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>19</td>
<td>46.3</td>
</tr>
</tbody>
</table>
partment of Justice, 1996). Ironically, when the same offenses are committed against adults, the average sentences are greater (i.e., 20 years for raping an adult; U.S. Department of Justice, 1996). This is because sexual molestation of a child often involves intimidation or inducements such as money, toys, or candy, whereas rapes and sexual assaults perpetrated on adults usually involve the use of physical force or coercion.

The sex offenses committed by deaf offenders included sexual assault (rape) of adults and children, indecent exposure, vaginal or anal penetration with a foreign object, incest, and fondling. Approximately 40% of this deaf sex offender population had aggravated sentences, indicating the use of a weapon in the commission of the crime or a sex crime of a particularly serious nature. For example, in the case of child molesters, “hands-on” acts such as touching and fondling the victim’s genitals, masturbating in front of a child, and oral-genital contact is considered more serious than “hands-off” acts, such as showing a child pornography or exposing oneself (Schneider, 1997).

In Texas, recidivism is defined as a return to confinement within the 3-year period following an offender’s release from prison. National studies suggest that 8% of rapists reoffend in the 3-year period following their incarceration and up to 35% eventually rape again (“Natural born predators,” 1994). Child molesters are generally considered to be at a high risk for repeating their offenses (Musk, Swetz, & Vernon, 1997). A study of child molesters who had received treatment showed a 7% recidivism rate in the 5-year period following conviction. These data do not address reoffending by child molesters who do not receive treatment, a group for which recidivism is thought to be greater (“Natural born predators,” 1994).

Eight of the 27 known child molesters in this study were recidivists, as were 5 of the known rapists of adult women. These figures represented about 31% of the deaf sex offender population, which was similar to the 38% recidivism rate for all Texas sex offenders (Texas Criminal Justice Policy Council, 1994).

Discussion

Based on the research reported here and in previous studies, the topic most in need of discussion is why the proportions of sex offenders and specifically child molesters was greater in the deaf offender population than in the hearing offender population in this state prison facility. It is impossible to cite a single theory that explains the cause of sexual offending and equally difficult to generalize current theories to deaf offenders, who have unique communication and socialization experiences throughout their lives.

Strong evidence indicates that sexually abused children are at high risk to become sex offenders. One-third of sex offenders report childhood experiences with abuse (“Natural born predators,” 1994). One in 4 hearing females (25%) and 1 in 10 hearing males (10%) are sexually abused before adulthood, in comparison to 1 in 2 deaf boys and girls (50%) (Mertens, 1996; Sullivan, Vernon, & Scanlon, 1987).

The targeting of deaf children for sexual abuse is not a new or recent problem. This issue has made newspaper headlines on more than one occasion (Teichroeb, 2001). Although the number of deaf sex offenders in this study who were victimized as children was not documented in prison records, the topic is relevant to this discussion because of the known relationships between victimization and offending and deafness and victimization. In addition, the language barriers that deaf children experience impede their socialization processes; they may have difficulty learning social constructs such as the incest taboo, which are not innate (Schneider, 1997).

Many deaf youth attend residential schools, which puts them at greater risk for sexual abuse (Dennis & Baker, 1998; Sullivan, Brookhouser, & Scanlon, 1996; Sullivan et al., 1987; Teichroeb, 2001). Because deaf children are more vulnerable to sexual abuse, it happens to them more often (Sullivan et al., 1996). A corollary to this is that deaf children are at an increased risk of becoming abusers themselves (Freund, Watson, & Dickey, 1990), which could account somewhat for the higher prevalence of deaf people who molest children.

If the issue of sex offenders in the deaf population is to be adequately addressed, several steps should be taken. Existing offenders must be examined in greater depth than has been done in this or other studies to yield a better understanding of the psychodynamics leading to sex offenses in this population. For example, residential facilities such as the National Deaf Academy (NDA) are providing resources for the treatment of deaf youths
and adults. Currently, the NDA is testing various behavioral approaches designed to prevent further sex offenses in known deaf sex offenders, many of whom are juveniles.

In addition, more stress must be placed on sex education for deaf children, emphasizing sex education programs such as that suggested by Getch, Branca, Fitzgerald, and Fitzgerald (2001) and prevention programs as recommended by Sullivan et al. (1987). The development of treatment approaches to help those who are already sex offenders should be emphasized. Berlin’s (1985) pioneering work with hearing sex offenders holds promise and could be modified for use with deaf patients as well.

References


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