Violent Offenders in a Deaf Prison Population

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Previous research suggested an unexplained difference in the patterns of offending behaviors among deaf people when compared to hearing people. This study, conducted in Texas, compares the incidence and types of violent offenses of a deaf prison population in comparison to the hearing prison population. Sixty-four percent of deaf prisoners were incarcerated for violent offenses in comparison to 49% of the overall state prison offender population. This finding is consistent with previous research. The most significant difference between the populations was found in the category of sexual assault, which represented 32.3% of deaf offenders in contrast to 12.3% of hearing state prison inmates overall. Factors potentially impacting violent offending by deaf persons are their vulnerability to child sexual abuse, use of chemicals, educational histories, and development of language and communication skills. Additionally, there is a widespread lack of accessible intervention and treatment services available to deaf sex offenders across the nation.

Violence rates in the United States are far greater than in any other industrialized nation in the world (Siegel, 2000). In addition, researchers have identified an over-representation of inmates with hearing loss in county jails and state prisons (Jensema, 1990; Zingeser, 1999). However, it is difficult to study violent offending by deaf people due to barriers such that the low prevalence of prelingually deaf people and the fact that the justice system does not keep offender records based on hearing status (Harry & Dietz, 1985; Vernon & Greenberg, 1999). Although several researchers have made pioneering efforts to piece together information about deaf offenders from the service records of interpreting agencies and data from psychiatric institutions, these limitations have restricted the sample sizes and the generalizability of the research studies completed in this area (Harry & Dietz, 1985; Jensema, 1990; Jensema & Friedman, 1988; Klaber & Falek, 1963; Vernon & Greenberg, 1999; Young, Howarth, Ridgeway, & Monteiro, 2001; Young, Monteiro, & Ridgeway, 2000). Consequently, there is still considerable conjecture in the literature about criminality among deaf people as well as the prevalence and causes of aggression and sexual deviance reflected in deaf prison inmates (Miller & Vernon, 2002; Young et al., 2000).

By the 1960s, psychologists had developed the concept of a “deaf personality,” typified by egocentrism, a lack of conscience, and aggressivity (Altschuler & Rainier, 1969; Klaber & Falek, 1963; Myklebust, 1964). Profoundly deaf people were perceived as more likely to commit crimes of violence and sexual deviance (von Hentig, 1979). This pathological view of a deviant deaf personality has since been largely rejected by current research (Lane, 1992; Vernon, 1996a; Young et al., 2000).

It is now recognized that society’s responses to deaf offenders’ mental health and communication needs are often inadequate or inappropriate (Bakke, 2000;
Gibbs & Ackerman, 1999; Green, 2001; Kovaleski & Williams, 2001; Miller, 2001; Vernon & Coley, 1978; Vernon, Raifman, & Greenberg, 1999; Wilson by Branch v. North Carolina, 1996; Young et al., 2000). For example, one study of deaf offenders incarcerated in a hospital for the criminally insane included several participants who had committed only minor offenses, such as theft or indecent exposure (Harry & Dietz, 1985). Such placements are often due to misdiagnoses by psychologists and psychiatrists unfamiliar with deafness (Vernon & Raifman, 1997).

Contemporary researchers in deafness note that many prelingually deaf people share a number of common experiences such as social isolation, a lack of access to education, and minimal communication with their families due to language barriers. Not all deaf people respond aggressively to these circumstances (Vernon & Greenberg, 1999; Young et al., 2000). Still, it is understood that some of the common experiences of deaf people can significantly impact their level of functioning in terms of the ability to understand moral reasoning and the consequences of one's actions, particularly within the framework of the criminal justice system (Miller, 2001; Vernon, 1996b; Young et al., 2000).

Previous research, although limited in volume and sample sizes, suggests an unexplained difference in the patterns of offending behaviors among deaf people when compared to hearing people (Young et al., 2000). For example, some factors known to contribute to violent behavior, such as brain damage, are more prevalent in the deaf population (Vernon & Greenberg, 1999). This study reviews the incidence and types of violent offenses of a deaf prison population in comparison to the hearing prison population. Descriptive information is also provided on individual and social factors that may impact violent criminal offending by deaf persons. Specifically, the following five research questions were investigated:

1. Is there a significant difference in the percentages of deaf inmates and the general prison population who were convicted of violent offenses?
2. Is there a significant difference in the percentages of deaf inmates and the general prison population who were convicted of sexual assault?
3. Is there a significant difference in the percentages of inmates and the general prison population who were convicted of robbery?
4. Is there a significant difference in the percentages of deaf inmates and the general prison population who were convicted of homicide?
5. Is there a significant difference in the percentages of deaf inmates and the general prison population who were convicted of assault?

Method
Participants
This is a study of the entire population of male and female deaf state prisoners incarcerated in Texas. The participants were located at a centralized location. This is because the Texas Department of Criminal Justice (TDCJ) groups all its profoundly deaf offenders in one facility to promote efficacy in service provision. The Texas population of profoundly deaf offenders runs at about 85 inmates daily.

The total inmate population of the state of Texas ranged from 127,066 to 133,680 throughout 2001 (TDCJ Statistical Report, 2001; TDCJ Statistical Summary, 2001). Participants in this research consisted of all 99 deaf inmates incarcerated throughout a 90-day period in 2000, at which time this study was conducted. All 99 participants had a severe-to-profound hearing loss as evidenced by their prison medical records and their placement on a sheltered unit for offenders with disabilities. Of these, 89% self-reported that they were born deaf (Miller, 2001). Ninety percent used American Sign Language (ASL), home signs, or other manual communication systems as their primary mode of communication. There was essentially no difference in the racial makeup of the deaf and hearing offender groups, with roughly 43% African American, 32% White, and 25% Hispanic (Miller, 2001; TDCJ Statistical Report, 2001; Table 1).

Permission to view deaf inmates' medical records was obtained individually from each offender. This was done because of the high rate of functional illiteracy in this population, so that concepts such as voluntary participation and right to withdraw without penalty could be explained using the language most
readily understood by potential participants. Inmate medical records were then reviewed in order to obtain demographical statistics and information about criminal offenses and convictions.

The entire population of deaf prisoners was compared to the hearing prison population in the state of Texas. Information on the remaining hearing state prison population of 133,581 was obtained from the state of Texas Statistical Report and Statistical Summary (TDCJ Statistical Summary, 2001), which is available online from http://www.tdcj.state.us.tx

Statistical Analyses

The chi-square test of independence was used to test for possible differences in terms of percentages convicted of various offenses. The independent variable in each analysis was hearing status, the dependent variables were violent offenses, and the four subcategories of violent offenses as observed in this study were sexual assault, homicide, robbery, and assault.

Because there were only seven deaf women offenders, men and women were considered a single group rather than analyzed separately. However, we realize that the motives for criminal behaviors, types of offenses, and rehabilitative needs of women throughout incarceration are fundamentally different than those of male offenders (DeBell, 2001; Gondles, 2001; Miller, 2002).

For the purpose of our study, the crimes of rape, homicide, robbery, and assault comprised the category of violent offending (Siegel, 2000). This is consistent with the crime categorization system used by the state of Texas (TDCJ Statistical Report, 2001). Rape, or sexual assault, is included because it is an aggressive or coercive act. The term for rape used by TDCJ is sexual assault, which includes the sexual assault of minors. Although 75% of pedophiles do not use overt physical force (Bartol, 1995; Vernon & Rich, 1997), tricking, threatening, or bribing a child to obtain sexual contact is considered an act of violence, because minors are not capable of knowingly consenting to engage in sexual activity as per the law.

Results

Addressing the first research question, deaf and hard of hearing inmates were found to be more likely to be convicted of violent offenses than the general population. Of the 99 deaf offenders, 64.6% were convicted of violent offenses, as opposed to 49.7% of the overall Texas prison population (TDCJ Statistical Report, 2001). This represents a significantly higher percentage of deaf violent offenders than in the hearing prison population, \( \chi^2 (1, N = 127,066) = 8.93, p < .01 \) (Table 2). The remaining four research questions address subcategories of violent offenses, and the answers for each question are presented below.

Sexual Offenses

In this deaf inmate population, there were 41 sex offenders, although only 32 were categorized as violent offenders (Table 2). Sex offenses such as peeping or

<table>
<thead>
<tr>
<th>Race</th>
<th>Deaf population (N = 97)</th>
<th>Entire population (N = 133,680)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
</tr>
<tr>
<td>Black</td>
<td>42</td>
<td>43.3</td>
</tr>
<tr>
<td>White</td>
<td>32</td>
<td>33.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>23</td>
<td>23.7</td>
</tr>
<tr>
<td>American Indian</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>97</td>
<td>100.0</td>
</tr>
</tbody>
</table>

\( ^a \)Two inmates in the total deaf inmate population of 99 did not have any information recorded in the category of race.

\( ^b \)The entire Texas prison population of 133,680 as presented here includes the 99 deaf offenders who participated in this study.

indecent exposure were not included, because these are categorized as a nonviolent crime as per Texas state guidelines. Fifty-four percent of the 41 deaf offenders were convicted of sex offenses, including statutory rape, against male or female children under the age of 17, 14.6% were convicted of sexual assault against adult women, and 31.7% were convicted of sexual assaults for which no descriptive data were available (Miller & Vernon, 2002). In answer to the second research question, the 32.3% of deaf offenders incarcerated for violent sexual assault were found to make up a significantly higher percentage than those incarcerated for violent sexual assault in the hearing offender population (12.3%), $\chi^2 (1, N = 127,066) = 36.89, p < .01$.

**Factors Associated with Violent Crime**

**Substance abuse.** The use of alcohol is associated with crimes of violence. As many as 80% of all people arrested for violent offenses test positive for drugs (Siegel, 2000). In this study, there were limited data available in participants’ medical files regarding drug and alcohol use by deaf offenders at the time their crimes were committed. Only four deaf violent offenders’ medical records indicated that they had been intoxicated during the commission of their crimes, however, 62.5% reported a history of alcohol and/or marijuana use, 35.9% of whom reported the use of other substances, such as heroin, lysergic acid diethylamide, cocaine, speed, phencyclidine, inhalants, barbiturates, and hallucinogens ($N = 64$). In a previous

<table>
<thead>
<tr>
<th>Offense</th>
<th>Deaf population ($N = 99$)</th>
<th>Nondeaf population ($N = 127,066$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>32</td>
<td>32.3</td>
</tr>
<tr>
<td>Assault</td>
<td>16</td>
<td>16.1</td>
</tr>
<tr>
<td>Homicide</td>
<td>9</td>
<td>9.0</td>
</tr>
<tr>
<td>Robbery</td>
<td>7</td>
<td>7.0</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>64.4</td>
</tr>
</tbody>
</table>

*This category includes Injury to a Child/Person, which is coded as Assault by TDCJ.

study of 29 deaf murderers, half were intoxicated at the time of murder (Vernon et al., 1999).

Although some studies report a lower incidence of self-reported substance abuse among deaf persons, these responses may be influenced by factors such as incorrect diagnoses by service providers and deaf individuals’ lack of access to treatment services (Leigh & Pollard, 2004; Pollard, 1994). It is estimated that substance abuse among deaf individuals is at least as prevalent as it is among hearing individuals (Guthman, 2002).

**Intelligence.** In Texas prisons, offenders’ intelligence is measured during the intake process using the Revised Army Beta Test. The Beta is a nonverbal instrument that yields an 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 50 of the 64 deaf violent offenders in this study. The mean IQ of the deaf violent offenders was 93.4, as compared to the mean IQ of the total number of Texas prison offenders, which was 91.0 (TDCJ Statistical Summary, 2001). Both these scores indicate that the typical violent offender was of average range intelligence regardless of audiological status.

**Educational Achievement.** The educational achievement (EA) of offenders entering Texas prisons is determined by administering the Test of Adult Basic Education (TABE). It yields an EA grade level by averaging scores obtained in three areas: reading, math, and language. The TABE scores in reading and the overall EA of the 47 deaf violent offenders for whom educational data were available are shown in Table 3.

Although statistical analyses were not possible without comparison data, the average reading grade level for deaf violent offenders was grade 3.5, which is well below the 4.5–5.5 reading level of the average deaf person upon leaving school at age 18 (Center for Assessment and Demographic Studies, 1996). The average EA of offenders in Texas prisons was grade 7.4 (TDCJ Statistical Summary, 2001). For the entire population of deaf violent offenders, the average EA was 3.6 (Miller, 2001). However, 34.0% of deaf violent offenders had reading levels of 2.8 or below, which is the federal government’s standard for defining functional illiteracy.

**Communication.** Of the entire deaf offender population, there were 94 for whom language use information was available (Table 4). Of these, 89.3% (84) were using sign language or gestures to communicate, whereas the remaining offenders used spoken English or Spanish. Sixty-nine percent of the signing deaf population was using ASL, Pidgin Sign English (PSE or contact language), or Mexican Sign Language (LSM), whereas 20.2% of deaf offenders in the study possessed minimal language skills (MLS). MLS is characterized by markedly restricted sign language, English vocabularies and syntax, and impoverished social skills (Miller, 2001; Vernon, 1996a). In all probabilities, these individuals were linguistically incompetent to stand trial despite their convictions (Vernon, Steinberg, & Montoya, 1999). Their convictions thus

| Table 3 Reading and educational achievement of a deaf violent offender populationa |
|------------------------------------------|---------------------|---------------------|
| **Reading achievement test results**     | Educational achievement test results |
| **(N = 47)**                             | **(N = 45)**         |
| Grade level | Number | Percentage | Number | Percentage |
| ≤2.8b       | 16     | 34.0       | 13     | 28.8       |
| 2.9–4.9     | 8      | 17.0       | 8      | 17.7       |
| 5.0–7.0     | 7      | 14.8       | 7      | 15.5       |
| ≥7.1        | 4      | 8.5        | 3      | 6.6        |

aComparable data for the hearing prison population was not available.
bIndicates functional illiteracy.
may represent a major violation of their constitutional rights (Vernon & Miller, 2001).

Mental Disorders. Approximately 70% of state prisons screen inmates for mental illness (“One-fifth of mentally ill,” 2001). Although the state of Texas provides mental health screening, limited data were available on psychiatric disorders in this deaf population. This may be due, in part, to difficulties inherent in diagnosing deaf individuals and in part to the fact that the mental health problems of deaf people may be exacerbated within the structure of a state prison (Gibbs & Ackerman, 1999; Young et al., 2000).

Approximately 32.8% of the deaf violent offender population of Texas were diagnosed with a psychiatric condition, over half of whom reported symptoms of depression or a depression-related illness. Persons with specific etiologies of deafness, such as spinal meningitis, premature birth, and cytomegalovirus, experience a somewhat greater incidence of depression than do other deaf people and hearing people who have never had these illnesses. Although little mental health statistics were available regarding the general prison population in Texas, reports on studies of offenders in other states indicate that 16% of all prison inmates are mentally ill, which is probably a modest estimate (“One-fifth of mentally ill,” 2001; Randall, 1999).

Studies that review etiologies of hearing loss identify deaf individuals as at risk for brain damage than the general population (Leigh & Pollard, 2004; Vernon & Greenberg, 1999). This can impact an individual’s ability to manage his or her anger appropriately. The deaf population experiences about the same incidence of mental illness as the hearing population (Pollard, 1994). However, because deaf people think and communicate differently than hearing people, misdiagnosis by clinicians inexperienced with this population has the potential to inflate the percentages of deaf people with mental illness (Leigh & Pollard, 2004; Pollard, 1994). Additionally, deaf persons are more at risk to experience a mental illness and substance abuse simultaneously than hearing individuals (Leigh & Pollard, 2004).

Discussion

In Texas prisons, for the year 2001, there were a significantly higher percentage of deaf violent offenders than hearing violent offenders in comparison to other types of offenses. Differences were also found in the types of violent offending by deaf inmates. A lower percentage of deaf violent offenders committed robberies than did the hearing offenders, whereas a higher percentage of deaf violent offenders committed sexual assaults. A possible explanation for the lower percentages of robberies among deaf violent offenders could be the language barrier. It would be difficult for a deaf person to adequately control the situation and instruct his or her victims during a robbery. Additionally, two or more deaf persons working together to commit a robbery would need a clear view of each other’s faces for communication purposes and would not be likely to cover their heads. This would expose them to easy recognition by their victims.

Substantially more deaf violent offenders were convicted of sexual assault than was the case with hearing violent offenders. There are a number of theories that address contributing factors in sexual offending by deaf people. Evidence exists, which indicates that deaf

Table 4  Language use of a deaf prison population, N = 94

<table>
<thead>
<tr>
<th>Language</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Sign Language, Mexican Sign Language, or Pidgin Sign English (contact language)</td>
<td>65</td>
<td>69.1</td>
</tr>
<tr>
<td>Minimal language skills (MLS)</td>
<td>19</td>
<td>20.2</td>
</tr>
<tr>
<td>English</td>
<td>9</td>
<td>9.6</td>
</tr>
<tr>
<td>Spanish</td>
<td>1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Adapted from Forensic Issues of Deaf Offenders by K. R. Miller, 2001, Dissertation study, Lamar University, Beaumont, TX.
children are more likely to be sexually abused than those who are hearing (Schwartz, 1995; Sullivan, Vernon, & Scanlon, 1987). Sexually abused children are at a high risk to become sex offenders (“Natural born predators,” 1994). Sexual abuse may occur due to vulnerabilities in young deaf children in terms of their living situation and communication skills. For instance, young deaf children who attend residential schools and live in dorms may be at a heightened risk for sexual abuse by older youth and caretakers. Dorm living provides greater access for youth who are engaged in sexual experimentation or adults who are sexual predators.

Many deaf children receive little or no sex education presented in sign language by responsible adults. This is due, in part, to the caretakers’ lack of knowledge of the appropriate signs of sexual behavior (Harry, 1984). Residential schools are cherished in the Deaf community, partly because they are recognized as a place where peers teach peers to communicate using ASL (Moore & Levitan, 1993). However, depending on other deaf youth for language and sex education can lead to an inadequate understanding of appropriate social and sexual behaviors.

In terms of reporting sexual abuse, deaf children who are language delayed may not possess the language skills to be able to identify body parts and actions taken against them. Previous research also suggested that deaf children who report sexual abuse may not receive an appropriate response from school administrators in terms of making police reports or removing an abuser from the campus (Sullivan et al., 1987).

There were no substantial differences between deaf violent offenders and the remaining hearing offender population in terms of race, sex, or IQ. However, deaf violent offenders had substantially lower levels of academic achievement and reading ability, which is representative of existing differences between deaf and hearing people in general.

Self-reported substance abuse appeared to be somewhat lower in the deaf violent offender population than is estimated for inmate populations in general (Bureau of Justice, 1995). The incidence of diagnosed mental disorders among deaf violent offenders was double what was self-reported for inmate populations in other states.

The vast majority of the deaf prison population in Texas communicated using ASL or some other form of manual communication (Miller, 2001). One-fifth of deaf prisoners demonstrated MLS (Table 4). The use of a sign language interpreter is usually the best way to accommodate a signing deaf defendant, so that he or she can understand the charges and assist in building a defense (Miller & Vernon, 2001). It is impossible for individuals who cannot communicate effectively using any spoken, signed, or written languages to receive their constitutionally guaranteed due process rights (Miller & Vernon, 2001, 2002). One proposed solution to this problem is to develop regional centers for deaf defendants and those convicted in trials in which their due process rights were violated due to a lack of accommodation or failure to recognize linguistic incompetence. Deaf defendants could reside in these facilities until they learn enough language to allow for a reasonable understanding of legal proceedings (Davis, 1993; Vernon & Miller, 2001).

Current social approaches to the needs of profoundly deaf persons present substantial barriers to the identification, intervention, and research of those at risk for violent offending. In general, these barriers most often occur when agencies and professionals fail to recognize the importance of providing appropriate accommodations. For example, chemically dependent deaf people almost always receive less access to aftercare and other essential support programs because communication services, primarily interpreters, are not made available (Guthman, 2002). Only small numbers of educators and service providers are aware of sign language that describes sexual behavior as used by deaf people (Harry, 1984; Job, 2004). Thus, sex education and knowledge of illegal sexual behavior is often lacking. This problem is compounded because deaf persons with mental disorders are frequently misdiagnosed by professionals unskilled in sign language (Vernon, 2001). Deaf victims of domestic violence cannot receive effective interventions until visually accessible public education is provided on the topic (Egley, 1983). As a consequence of these factors, frequently deaf people have been inappropriately incarcerated or institutionalized (Bakke, 2000; Kovaleski & Williams, 2001; Lockhart, 2001; Wilson by Branch v. North Carolina, 1996).
Continued, in-depth research on violent offending by deaf persons is needed in order to better understand the causative traits and social factors present in this population and to develop effective interventions. Future research should include studying the sociological records of deaf violent offenders as gathered by TDCJ and at other state correctional facilities. Such data have the potential to provide detailed and rich personal histories of deaf violent offenders. This information would allow researchers to obtain a more accurate description of deaf inmates than has previously been available, such as information about whether the individual committed instrumental or expressive violence, the rates of deaf-on-deaf crime, and the opportunity to examine other relevant social variables not readily evident in deaf inmates’ medical records.

References


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