A Deaf Sex Offender

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ABSTRACT: Sex offenders are common among deaf criminals seen for psychiatric evaluation. This has previously been attributed to discretionary handling of deaf criminals within the criminal justice system. The author presents the case of a deaf sex offender which illustrates discretionary handling, but which also suggests altered psychosexual development. He then discusses several characteristics in the development and lives of deaf people that may contribute to an altered psychosexual development and an increased likelihood of committing sex offenses.

KEYWORDS: psychiatry, deafness, criminal sex offenses

Several authors have noted a preponderance of sex offenders among groups of deaf criminals seen for psychiatric evaluations. Remvig and Stürup studied 32 Danish male offenders who lost their hearing before acquiring verbal language [1,2]. Fifteen of these prelingually deaf subjects were charged with sex offenses: five were charged with molesting minors, five with indecent exposure, three with rape, one with stealing woman's underwear, and one with pimping. Another offender was charged with attempted murder following his strangulation of a woman and he also bound himself with ropes while naked.

Klaber and Falek studied 51 prelingually deaf offenders from a variety of sources in New York [3]. They found 19 subjects were charged with various sex offenses: 7 were charged with homosexuality, 5 with pedophilia, 3 with molesting females, 3 with promiscuity, and 1 with exhibitionism. They also suggested that discretionary handling of deaf offenders by the criminal justice system was at least partly responsible for the large proportion of sex offenders in their sample. However, homosexuality and promiscuity were crimes at the time of their study.

Harry and Dietz reported on five prelingually deaf defendants drawn from a population of 1427 first admissions to a maximum security hospital for pre-trial psychiatric evaluation [4]. Three of these defendants had sex offense charges: two were charged with sexually molesting minors and one was charged with rape. They also found that prelingually deaf men appeared in that maximum security hospital at a rate of five times greater than the expected prevalence of prelingual deafness in the general population.

I present another case of a prelingually deaf sex offender and discuss some factors that may contribute to the apparently increased prevalence of sex offenses among deaf criminals seen by mental health professionals.

Case Report

A 17-year-old unmarried white man was committed to a maximum security psychiatric hospital for pre-trial psychiatric evaluation on a charge of rape.

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He was the youngest of five children, having four hearing siblings, and was the only child living at home. His deafness was detected during infancy and its etiology was unknown. He lived in a working class family in which no other members had a psychiatric or criminal history and his parents apparently overprotected him. His mother was the only family member who used manual language.

He attended local and state residential schools for the deaf but was expelled after the ninth grade because of fighting and rebelliousness. His parents claimed that he had good social and academic performances until he began associating with troublesome students at age 15. He began drinking and experimenting with street drugs at that time. He had a history of part-time and summer employment on the family and local farms. He had no history of military service or psychiatric treatment.

Within the past two years, his parents contacted the prosecutor's office claiming their son was uncontrollable. They were referred to the area juvenile officer but never complied with that referral. Approximately three months prior to the charge of rape, the patient was charged with third-degree property damage resulting from his attempt to steal from a soft drink machine. Prosecution was deferred for that offense contingent upon his parents paying restitution. He was charged with careless and imprudent driving and as a minor in possession of intoxicants one month before the rape and was placed on a "supervised probation" for those charges.

The rape occurred after he followed a 14-year-old girl from her residence and stopped her near a building. He dragged her across a road into an unsecluded field, slapped her, and forcibly disrobed her. He removed his clothing and pushed her to the ground. He rolled her onto her stomach and raped her. She sustained serious scratches and bruises, and he gave the victim a one-dollar bill upon leaving.

When questioned regarding the offense, he complained that the victim had a reputation of being "easily had," and that several of his friends had prior sexual relations with her. He believed that he did no harm and offered her the dollar as a fee for services. He also admitted to drinking and taking drugs prior to the offense. For these reasons, he assumed his sexual act had no negative consequences. He also admitted to having previously experimented with homosexual acts and that this was his first heterosexual experience.

Upon admission, he demonstrated confusion, disorientation, and incoherent communications. He also claimed to have auditory and visual hallucinations, and was observed to have a labile mood. These symptoms resolved after three months and he showed residual low-average intelligence. Following the initial evaluation, prosecution was withheld contingent upon successful psychiatric treatment and community placement. He had no significant problems with aggression while hospitalized and successfully resisted several homosexual advances by other patients. He required no medications. His family visited occasionally throughout the hospitalization.

Discussion

This paper presents a prelingually deaf man charged with rape. Sex offenders have been among the most common types of offenders in groups of prelingually deaf criminals studied by psychiatrists. This may be due to discretionary handling of such offenders by the criminal justice system or an increased prevalence of psychosexual disorders among the prelingually deaf.

Sexual behavior by prelingually deaf people has been the subject of much speculation but little empirical research. In 1856, Peet opined that deaf persons were "apt to interpret as serious, to encourage by receiving them with evident gratification, attentions which had no worthier motives than curiosity and compassion, and which are continued merely because the flirtation is agreeable" [5]. He further noted that "a deaf-mute, isolated in society, is peculiarly susceptible to attentions that once flatter her vanity, increase her social enjoyments, and relieve the painful sense of inferiority to her speaking companions." In this century, Von Hen-

tig believed that the deaf had "an inclination to outbursts of anger, to crimes of violence, sometimes to sex delinquency" [6].

Rainer subsequently observed "The complicated nuances of social and sexual mores, of rules and roles in dating behavior, and of mutual responsibilities in this field tend to be misconstrued and vaguely defined" [7]. Another study found 7 cases of "sexual deviation" among 159 deaf patients seen at a psychiatric institute affiliated with a large urban hospital [8]. Homosexuality was the most common "pathology" although pedophilia, promiscuity, and exhibitionism were also reported. Problems with sexual adjustment and a lack of sexual information were considered even more problematic than sexual deviations among the study population.

Several authors have expressed modifications of these views. Robinault suggested that deafness may lead to a falsely enriched sense of privacy, and that sexual communications involving deaf persons were largely idiosyncratic and must depend on tactile and visual cues [9]. However, Woodward studied the sign language of sexual behavior among deaf persons and found a highly developed lexicon [10]. He suggested that these signs have been kept from hearing people to preserve the subcultural identity of the deaf.

Other authors have suggested that such deaf people may have altered psychosexual development and may suffer from psychological and sexual immaturity, isolation, and the commonly experienced period of prolonged residential education during which they live in sexually segregated dormitories [11, 12]. Although its prevalence is unknown, homosexuality is also apparently common among noncriminal populations of prelingually deaf people [13], and may be complicated by limited emotional and social supports [14]. Schein and Delk found that lower proportions of deaf persons marry, they tend to marry later, and certain age groups of deaf people have a higher divorce rate than hearing people [15].

This man apparently committed the rape because of altered psychosexual development. He had a history of having been allowed minimal autonomy by his family, was isolated as the only deaf member of his family, and had a long period of residential education during which he lived in a sexually segregated dormitory. He also had previously experimented with homosexuality, and other patients continued to approach him for homosexual favors despite his resistance. Prelingually deaf people may be at greater risk for altered psychosexual development and may subsequently become involved in sexual aggression. I strongly recommend this as an area for future research with an eye toward preventive intervention.

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