

Unveiling the Silent Truth: An Exploration into Sexual Offending within Deaf Prison Populations

By Savannah Rowe

Introduction

The term 'deafness' refers to hearing impairment, which can be classified by severity or degree. 'Deafness' can also refer to a distinct group of people with a shared perception of the world. Commonly, these individuals are pre-lingually Deaf – meaning they have been hearing impaired since birth or early childhood and use sign-language as their first language¹. This definition is usually distinguished by the use of a capital 'D'. Within this essay, I will be referring to individuals that identify as a part of the Deaf community.

Deaf offenders are over-represented within the criminal justice system. The exact statistics are unclear, however in 2014, the Ministry of Justice identified 937 prisoners with hearing difficulties². These estimates do not account for individuals within high-security psychiatric services, where the Deaf population is approximately twelve times higher than in the general population¹. In addition, the crimes committed by Deaf offenders are predominantly sexual offences, at a higher proportion in comparison to their hearing counterparts^{3,4}. A 2003 study by Miller and Vernon reported the rate of sexual offending by Deaf prisoners to be four times that of hearing offenders⁵.

The discussion surrounding crime within the Deaf community often focuses on Deaf individuals as the victim. Those with disabilities are at a higher risk of abuse and more likely to be the victim of a crime⁶. Notably, Deaf individuals represent a prominent, at-risk subpopulation and are twice as likely to experience violence and abuse than their hearing, non-disabled counterparts^{7,8}. Whilst this is a vital area of research, there remains a deficit in research focusing on Deaf individuals as the perpetrators of crime.

In this essay, I will discuss factors disproportionately affecting Deaf individuals and experiences that are unique to this sub-population. I will evaluate the significance of these factors in contributing to the prevalence of sexual crimes amongst Deaf offenders.

A Deaf Child in a Hearing Home

Over 90% of Deaf children are born to hearing parents with little to no experience of Deafness. The significance of a Deaf child being raised by hearing parents has been explored and can have a detrimental impact on the child's social development. Meadow *et al* found that Deaf children of Deaf mothers were more socially advanced compared to Deaf children of hearing mothers⁹. This outcome may be due to more effective communication between a Deaf child and Deaf mother. The methods of communication used with a Deaf child differ greatly to those used within the hearing community. For example, there is an emphasis on the importance of visual contact in Deaf social interactions. Hearing parents with no experience of Deafness may struggle to adapt their communication strategies to suit a Deaf child¹⁰. Deaf parents, with more experience of Deafness, have been shown to be more

sensitive than hearing parents to the visual communication needs of their Deaf children^{10, 11}. Furthermore, the interactions between Deaf children of Deaf parents are comparable to that of hearing children raised by hearing parents¹⁰. This indicates that a hearing impairment does not disadvantage an individual's social development but the access to effective communication does.

It could also be argued that a lack of engaging activities and social isolation in the family home results in the delayed social development of Deaf individuals. Deaf children in hearing homes commonly experience 'Dinner Table Syndrome' – a phenomena that describes being excluded from social conversations, often due to missed auditory cues¹². Hall *et al* found that Deaf individuals with hearing parents were more likely to report limited access to contextual learning opportunities during childhood¹³. Taggart *et al* described the "paramount importance" of the Early Years Home Learning Environment and the effect on a child's development¹⁴. Activities that engaged the child were associated with higher social and behavioural scores. The benefits of a good quality home learning environment are more important for intellectual and social development than parental factors such as occupation, education or socio-economic status¹⁵.

Furthermore, the parenting style used may affect an individual's perception of personal responsibility and consequences. Knutson *et al* found that mothers of profoundly Deaf children were more likely to select physical discipline than mothers of hearing children¹⁶. Research has shown that physical punishment is linked to increased child aggression and antisocial behaviour^{17,18}. These findings suggest that the wider use of physical discipline in Deaf children precipitates deviant behaviour in adulthood.

Other research contradicts the idea that Deaf children are raised with a stricter, more authoritarian approach. Antonopoulou *et al* found that authoritarian mothers with both a Deaf and hearing child were stricter with the hearing siblings than with the Deaf child. The mothers were more responsive to the Deaf child's feelings and needs. They also tended to encourage hearing siblings to understand the consequences of their own actions more than Deaf siblings. This indicates a more permissive parenting approach with the Deaf child. Antonopoulou's study relied on self-reporting from the mothers, who may have falsely reported parenting behaviours, possibly affecting the validity of the results¹⁹. Nevertheless, a permissive parenting style has been associated with negative behavioural outcomes such as poor self-control and behavioural inhibition^{20,21}. Low self-control is a significant predictor of sexual offending behaviour²². From this, it may be asserted that there is likely to be a link between parenting styles and future offences of a sexual nature.

Contrary to this, a study by Chang *et al* found that whilst permissive parenting was associated with behavioural problems in hearing children, the same association was not found in Deaf children. They hypothesized that a permissive approach may be more appropriate for a Deaf child's developmental status or special needs²³. Outcomes according to this study suggest that permissive parenting would not adversely affect a Deaf child's behavioural outcomes.

Inadequate social development can make it difficult for Deaf individuals to understand the consequences of their actions^{3,24}. Rainer *et al* described Deaf sexual offenders as "ill

equipped to cope with the complexities of society”²⁵. This may support the idea that the sub-optimal social development of Deaf children raised in hearing homes could contribute to sexual violence amongst Deaf populations. In contrast to this, Rienzi found that Deaf parents of hearing children were “more authoritative than authoritarian” and “[deemphasized] punishment but [relied] heavily on logical consequences”²⁶. This parenting style reflects a post-conventional level of moral development²⁷, indicating social maturity. This conflicts the idea that Deaf individuals are less socially developed than their hearing counterparts, but rather that Deaf individuals are at an increased risk from the negative impacts of parenting insufficiencies.

It can be argued that the impacts of a Deaf child being raised in a hearing home largely depend on the parents’ approach. Ineffective communication, differential parenting styles and physical punishment may all result in the inadequate social development of a Deaf child. They may precipitate aggressive behaviour, a lack of responsibility and poor understanding of rules and consequences. This in turn could contribute to future sexual offending behaviour in Deaf individuals.

Wider Social Exclusion

Social isolation and exclusion are prominent challenges faced by Deaf people. Most environments are conducive to the needs of hearing individuals and subsequently exclude those who are Deaf. This may not be intentional but as Deafness often presents as an ‘invisible disability’, it can be difficult for Deaf people to access the support that they need. Communication may be the most difficult aspect in daily interactions. Lip-reading is not an effective method of communication as only 30-40% of speech sounds can be lip-read under optimum conditions²⁸. Vernon and Greenberg identified communication as a causal factor leading to violent behaviour amongst Deaf populations²⁹. When individuals feel that they are excluded from societal structures and deprived of communicative outlets it can lead to frustration and violence^{29,30}. If they are not able to internalise this anger, this can manifest as violent, anti-social outbursts²⁹.

The effects of social exclusion extend to wider interactions within society. Deaf people often face challenges when accessing current news, media and pop culture – elements that largely influence societal evolution and change¹². A study conducted by Zohreh Ghari in Iran found that Deaf participants were limited in the topics that they discussed, avoiding subjects such as politics. They also discussed topics in less depth than their hearing family members, sticking to “visual or physical aspects” as opposed to analysing current events. Ghari proposed that the inability to access media meant that the participants could not develop an analytical mind³¹. This then limited the depth of social interactions that they could have, isolating them from discussions about current affairs. As a result of this, a Deaf person may struggle to fit in and feel as though they belong. A sense of belonging is important in maintaining an individual’s well-being³² and has also been linked to reduced recidivism in offenders³³. Notably, a focus on community reintegration in the rehabilitation of sex offenders has been shown to significantly influence desistance^{34,35}. For example, Circles of Support and Accountability (CoSA) is an international sex offender treatment programme based on providing community and support to sexual offenders. CoSA has been found to

reduce rates of recidivism in sexual offenders^{36,83}. This suggests that extensive exclusion from society may be associated with the increased rate of sexual crimes in Deaf offenders.

Whilst it is evident that Deaf individuals are isolated from the hearing community, the Deaf community still provides an opportunity for individuals to foster a strong sense of identity and belonging. The community organises many different events across the UK including film festivals, camps, comedy clubs and more. This includes internationally recognised events such as the 'Deaflympics'. Being involved in the Deaf community allows a Deaf person to socialise with others who share their experience of Deafness, mitigating the effects of social exclusion³⁷.

It is also important to acknowledge that the majority of Deaf individuals are able to adjust and function well within society, managing their frustrations peacefully³⁸. This opposes the idea that societal exclusion in isolation leads to Deaf people becoming impulsive and violent individuals.

Social exclusion is a process that is encountered by many marginalised groups including the Deaf community. Despite this shared experience of exclusion, other isolated groups do not display increased anti-social, violent, or sexually offending behaviours^{39,40}. Additionally, many Deaf individuals facing social exclusion do not engage in sexual crimes. Thereby, it may be inferred that social exclusion alone cannot sufficiently explain the link between Deaf offenders and sexual crime. It may be that other individual factors, such as poverty or ethnicity, exacerbate the effects of social exclusion. Therefore, a combination of factors resulting in social exclusion may influence sex offending behaviour in Deaf offender populations.

Empathy Deficit

Previous research has suggested that Deaf individuals may experience less empathy. A study by Netten *et al* found that Deaf and hard of hearing (HOH) participants reported lower levels of cognitive empathy and prosocial motivation than hearing participants⁴¹. Cognitive empathy refers to an individual's ability to understand another person's emotions. The Deaf and HOH participants showed the same levels of emotion recognition as the hearing participants, indicating an equal ability to successfully identify emotions. The Deaf and HOH participants were more attentive to the emotion evoking events but displayed less supportive behaviour compared to their hearing counterparts⁴¹. These outcomes may be associated with differences in the social development of Deaf and hearing children.

Nunes *et al* found that Deaf children in mainstream schools were more likely to be neglected by peers. They were also less likely to form friendships compared to hearing children⁴². Childhood friendships and collaborative play are key factors in social development. They allow children to explore and understand emotions, helping them to develop empathy⁴³. Deaf children are less often invited to join in play by their hearing peers^{44,45}. They seem to avoid pretend play⁴⁶, engaging more in physical play than hearing children⁴⁷. If a Deaf child is not exposed to other children's emotions through play, they may find it difficult to understand them. Therefore, a Deaf child may have less opportunities to

develop cognitive empathy through social interaction, potentially resulting in an empathy deficit. Sexual offenders are thought to suffer from empathy deficits which inform their criminal behaviour⁴⁸⁻⁵⁰. Therefore, it may be asserted that Deaf individuals experiencing these deficits may be more likely to commit sexual crime.

Though research has shown that Deaf children experience less empathy than their hearing peers⁵¹, the relationship between group pretend play and empathy should be explored. If a lack of collaborative, imaginative play results in an empathy deficit, other isolated groups of children may show similar delays in social development and empathy. For example, a child who is home-schooled may not be exposed to as many daily peer interactions compared to a child in mainstream schooling⁵². Despite this, research has shown that home-schooled children have better social skills compared to their mainstream schooled peers^{53,54}. They are reported to be more socially mature than other children and function effectively as members of society⁵⁴. This evidence relies on self and parental reporting and therefore may be over-emphasised. However, these findings challenge the assertion that less peer interaction and collaborative pretend play result in empathy deficits and future offending behaviour.

Whilst cognitive empathy is a complex process thought to develop throughout childhood, affective empathy – the mirroring of emotions – is believed to be an innate ability^{55,56}. An article by Helen Riess describes how affective empathy occurs most easily between similar individuals – those who look alike, act alike or share a common goal⁵⁷. Therefore, cognitive empathy – a learned process – plays a major role when empathising with someone who is different. Leigh *et al* found that an individual's hearing status and parental hearing status affected their identity and values. Participants who were Deaf with Deaf parents endorsed more Deaf values than hard-of-hearing or hearing individuals of Deaf parents⁵⁸. This strong Deaf identity may make it difficult for an individual to identify with hearing persons. This could result in an isolated reduced capacity for empathising with hearing individuals, as opposed to a generalised empathy deficit.

There is a strong association between a lack of empathy and sexual offending behaviour. This association is widely supported, and empathy training forms an integral part of sex offender treatment programmes with the aim of reducing re-offending^{59,60}. Research has shown that Deaf individuals are more likely to experience an empathy deficit. It may be argued that a reduced capacity to empathise could contribute to the increased rate of sexual crimes evidenced in Deaf populations.

Academic Attainment in Deaf Children

Deafness in childhood can also have an effect on an individual's school experience. 78% of Deaf children in the UK attend mainstream schools, where they may be the only Deaf child⁶¹.

Mainstream schools may not have the resources or knowledge to allow Deaf children to easily access the curriculum. The lack of support can have a detrimental effect on their attainment in school. Deaf children are less likely to achieve the expected standard in Early

Learning Goals (ELGs). ELGs cover three main areas of learning: emotional and social development, physical development and communication. In 2015, only 26% of Deaf children in England achieved the expected ELG standard, compared to 69% of children with no identified Special Educational Needs (SEN)⁶². Moreover, on average, Deaf children in England achieve one grade less in each GCSE subject compared to their hearing counterparts⁶³. This disparity in academic attainment occurs despite the fact that Deafness is not a learning disability. Many researchers have found that Deaf children in mainstream schools are likely to achieve better academic attainment compared to Deaf children attending specialist schools⁶⁴. This seemingly counters the idea that mainstream schooling negatively impacts a Deaf child's attainment. However, it is important to note that specialist schools often support children with a range of additional special educational needs that likely affect academic outcomes^{63,64}.

It is thought that offending behaviour is associated with lower educational attainment. In 2022, the Office for National Statistics reported that only 36.9% of young adults who received custodial sentences achieved the expected level of English and Maths by the end of key stage 2, compared with 72.4% of young adults without criminal convictions⁶⁵. Groot *et al* found that the probability of committing crimes like assault decrease with years of education⁶⁶. This suggests that poor academic attainment within Deaf populations may exacerbate offending behaviour and criminality.

Cantor *et al* describe the association between a low IQ and sexual offending. Sexual offenders displaying paedophilic and hebephilic (a preferential sexual interest in early adolescents, typically ages 11-14) tendencies were twice as likely to fail a school year or require special education, relative to teleiophilic offenders (a preferential sexual interest in adults)⁶⁷. The scholastic failure rates of sexual offenders were at a significantly higher proportion than that of the general population, indicating a link between poor school performance and sexual crime.

Conversely, Sabates found that whilst an increase in academic attainment was associated with reductions in conviction rates for most offences, this was not true for violent crimes. He concluded that poverty was likely a stronger contributing factor to violent crime⁶⁸. Although this opposes the association between academic attainment and violence, Sabates did not study sexual crimes in isolation. Sexual crimes are not always violent in nature and as a result, Sabates findings may not directly relate to sexual offences.

It is possible that there is an association between academic attainment and sexual violence⁶⁷ and low attainment should be considered as a contributing factor in sexual crimes. However, the associations between academic attainment and sexual crimes are not specific to Deaf offenders. Although poor academic attainment may predict criminal behaviour, it cannot solely account for the disproportionate rate of sexual crime in Deaf offenders.

Deafness and Childhood Sexual Abuse

As with other forms of abuse, Deaf individuals are at high risk of being victim to sexual abuse as a child⁶⁹. Jones *et al* identified three “enablers of help-seeking” for Deaf and disabled children following abuse. The first is the capacity of adults to detect and respond to abuse. The second is access to registered interpreters for Deaf children. The third enabler is supportive relationships which facilitate disclosure⁷⁰.

Heshkowitz *et al* found that disabled children are more likely than their non-disabled peers to delay reporting or never report abuse⁷¹. Therefore, the capacity of adults to detect abuse – Jones’ first enabler – is particularly important for Deaf and disabled children. Parents and carers of Deaf children experience high levels of stress associated to their caring roles. The stigma associated with having a Deaf child may also lead to the parents isolating themselves from society, diminishing their support system⁷². High levels of parental stress are associated with adverse childhood experiences such as neglect and a more chaotic family environment. This may result in the parents or carers of a Deaf child failing to recognise abuse in the home⁷³.

Increased isolation and communication barriers may also make it challenging to educate Deaf children on the signs of abuse. A Deaf child who is unaware of these signs may misinterpret abuse or fail to recognise it altogether. Communication barriers further complicate the identification of abuse, as Deaf children may not be able to express their worries clearly with others. This relates to Jones’ second enabler – access to registered interpreters. The severity of Deafness, which likely correlates with the degree of communication barriers, is associated with the risk of victimisation. Those who are most impaired are at the highest risk of sexual abuse⁷⁴. Difficulty communicating may mean a Deaf child is misunderstood if they do identify and report abuse. They may then internalise the victimisation experience as normal, due to the lack of response from authority figures, and never receive help or support.

Moreover, social isolation results in children having less access to help and support when being abused. This relates to Jones’ third enabler of help seeking. A study by Schenkel *et al* found that having a Deaf sibling was associated with a reduced risk of victimisation. This supports the idea that supportive community relationships act as protective factors against childhood sexual abuse⁷⁴.

However, multiple studies cite increased rates of abuse among Deaf youth attending residential schools for the deaf⁷⁴⁻⁷⁷. The abuse occurs despite the removal of communication barriers, access to specialist Deaf staff and a community consisting almost exclusively of other Deaf children. It may be argued that the effect of social isolation and communication barriers in preventing help-seeking have been overemphasized.

Previous research has explored the relationship between childhood sexual abuse and adult sex offending. Connolly *et al* found that sexual offenders (child molesters and rapists) reported higher levels of both physical and sexual abuse than the non-sexual criminal group. The study also reported significantly different responses to childhood abuse and sexual behaviours between the sexual and non-sexual offending groups. The child molesters were more likely to consider it normal for a child to engage in sexual behaviours prior to adolescence. Furthermore, both sexual offending groups were more confused about their

own experiences of childhood victimisation and abuse⁷⁸. These findings suggest that early victimisation and sexual abuse within childhood may impact an individual's understanding of abuse.

Some research disputes the association between adult sexual offending and sexual victimisation as a child. Langevin *et al* display no findings of increased childhood abuse in sexual offenders, with 54.5% of sex offenders in their study reporting no abuse. They highlighted the importance of other components, such as poor education, within the abused group⁷⁹. These findings may be due to under-reporting of abuse from participants. As described by Connolly *et al*, sex offenders who were sexually abused as children may not identify their experiences as abusive⁷⁸.

It is also important to consider the possibility that some sex offenders may falsely report childhood sexual abuse as a defensive mechanism. Research has shown that convicted criminals are more likely than non-criminals to use moral disengagement mechanisms – a psychosocial process through which an individual “disengages moral self-sanctions from their harmful practices”⁸⁰. A study by Petruccelli *et al* showed higher levels of moral disengagement mechanism use in sex offenders compared to non-sex offenders. This increase was most significant for ‘Diffusion of Responsibility’ and ‘Displacement of Responsibility’⁸¹. Responsibility is an important aspect of sexual offender treatment programmes. The treatment programme Circles of Support and Accountability (CoSA) focuses on providing support to sex offenders whilst promoting accountability for the offender's actions. This approach has been found to reduce reoffending and increase compliance in high-risk sexual offenders⁸². Attributing sex offending behaviour to an offender's childhood trauma may allow the offender to diminish their own accountability, making them more likely to reoffend.

However, many studies have identified the increased rates of childhood abuse in adult sex offenders. The abuse is likely to affect cognitive development and may influence future offending⁷⁸. Sexual abuse is a learned behaviour and failure to identify the abuse as inherently wrong may result in the individual mimicking those behaviours in later life⁸³. Though this is true for both hearing and Deaf sex offenders, a Deaf child may be more at risk of misinterpretation. This could be partly due to a lack of education and understanding regarding sexual behaviours, consent, and abuse. Additionally, barriers to communication and access to support could further contribute. This may lead to the normalisation of sexually abusive behaviours and the child adopting a belief system that favours offending⁸³.

The 'Deaf Personality Type'

Historically, Deafness was perceived to be an evolutionary throwback and Deaf individuals seen as inferior to their hearing counterparts. Psychologists in the 1960s developed theories of a “deaf personality” characterised by impulsiveness, aggression and emotional instability²⁵. It was thought that this personality disorder precipitated criminally offensive and sexual offending behaviour in Deaf individuals. The theory of a specific Deaf personality type is now outdated and no longer accepted. However, the idea of a deviant personality disorder informing Deaf offending behaviour remains a reference point for research and literature.

“Primitive Personality Disorder” (PPD) or “Surdophrenia” refers to the “psychic consequences of congenital or early acquired deafness” affecting a small subpopulation of Deaf individuals⁸⁴. Vernon and Raifman described these individuals as “severely cognitively deprived, psychologically naïve and immature”, stating that they are “often impulsive”. They also identify multiple sociological factors commonly shared amongst these individuals such as social alienation, low academic attainment, and disturbed familial relationships⁸⁵. These factors have all been independently identified and described above as risk factors for criminal deviance and sexually offending behaviours. It may be argued that theories surrounding PPD represent a multifactorial approach to explaining Deaf offending behaviour.

Previous research indicates the prevalence of PPD in Deaf populations and it is estimated that PPD affects between 5% and 15% of prelingually Deaf individuals^{84,86}. Vernon and Rich studied a group of 22 Deaf offenders who exhibited paedophilia. They found that 8 of the 20 male cases suffered from PPD, providing evidence of PPD in Deaf offenders⁸⁸. The majority of participants in the study also had a forensic history of previous sexual molestation or violent crime⁸⁹. A history of molestation is common amongst both hearing and Deaf paedophiles, it is thought that 58-80% of adult paedophiles have exhibited their behaviours since a young age⁹⁰. However, the Deaf offenders in Vernon and Rich’s study displayed a unique history of violent crime that is not found in their hearing counterparts. From these findings, it may be asserted that the increased prevalence of PPD in Deaf individuals influences both sexual offending and violent crime.

Notably, Vernon and Rich identified an increased prevalence of antisocial personality disorder amongst Deaf participants in their study. All of the 20 male cases displayed antisocial personality disorder - or conduct disorder for participants under the age of 15. Furthermore, there was a considerable history of sexual victimisation amongst the study’s participants. Both being the victim of sexual abuse and antisocial personality disorder are factors that are strongly associated with sexual offending⁹¹. Considering the prevalence of these factors amongst Vernon and Rich’s participants, it could be argued that they explain the increased occurrence of sexual crimes in Deaf offenders. However, a history of sexual abuse and antisocial personality disorder are found in both hearing and Deaf offenders. This suggests that these factors cannot account for the significantly high prevalence of sexual crimes in Deaf offenders alone.

It is crucial to note that research surrounding PPD is limited, with the majority of studies conducted by a single author - McCay Vernon. Furthermore, the studies do not provide comparison with hearing individuals and as a result it is difficult to determine whether PPD is unique to Deaf populations. However, research suggests that personality disorders are highly prevalent in Deaf offenders^{87,91}. Moreover, previous studies, such as Arbanas *et al*, support the links between sexual offending and personality disorders⁹¹. This suggests that personality disorders may influence the behaviour of Deaf sexual offenders, though further research is required to support theories surrounding Primitive Personality Disorder in particular.

Conclusion

The deficit of research into Deaf offending populations makes it difficult to ascertain the risk factors influencing their criminal behaviours. Moreover, varying definitions of assault, violent crime and sexual offending are seen throughout the available research. This creates a challenge when establishing patterns between different studies.

Many of the factors highlighted within this essay are not exclusive to Deaf individuals. For example, other marginalised sub-populations may experience social exclusion and poor academic attainment. Moreover, a history of childhood sexual abuse is a factor experienced by many adult sexual offenders. Therefore, these factors cannot independently account for the overrepresentation of Deaf perpetrators within the criminal justice system or the disproportionate rate of sexual crimes.

However, the Deaf population represents a group of individuals with unique experiences and perceptions. These individuals are at a significant risk of victimisation, isolation, discrimination and social exclusion – factors known to increase the risk of criminal behaviour. A cumulative effect may better explain the criminality seen in Deaf offenders, with a combination of factors outlined above resulting in the disproportionate rate of sexual crime and increased rates of incarceration. It may therefore be beneficial to adopt a multifactorial approach to investigating criminal behaviour in Deaf populations.

It is important to acknowledge the social effects of research into factors associated with Deaf sexual offenders. The Deaf community remains a marginalised sub-population. Stigma surrounding Deafness results in audism and ableism, with Deafness historically perceived as a defect that must be fixed. Emphasis on factors such as an empathy deficit in Deaf individuals may vilify the community and result in a negative perception of Deaf people. Furthermore, attributing criminality to external factors may work to diminish individual responsibility and lead to Deaf offenders rationalising their behaviour. Reduced accountability could result in increased recidivism rates and a lack of compliance in sexual offenders. These implications should be considered when conducting studies to assess whether the research is ethical and where possible, measures should be taken to mitigate these effects. For example, initiatives such as Circles of Support and Accountability (CoSA) may counteract the impact on recidivism and could be made available to all sexual offenders nationally.

The disproportionate rate of sexual crimes and the over-representation of Deaf offenders within prisons is a topic that has been largely ignored and under-reported, despite its significance in forensic psychiatry. However, this area of research represents an opportunity to better understand the shared experiences of Deaf persons and potentially identify modifiable risk factors. This data could inform the use of preventive mechanisms and treatment programmes to reduce the risk of sexual offending and recidivism in Deaf individuals. This indicates a vital role for psychiatrists to lead research that facilitates these changes and may advance the rehabilitation of Deaf sexual offenders, creating a better society for all.

Bibliography

1. Young A, Monteiro B, Ridgeway S. Deaf people with mental health needs in the criminal justice system: a review of the UK literature. *The Journal of Forensic Psychiatry*. 2000 Jan;11(3):556–70.
2. Farrell Y, Ministry of Justice. Freedom of Information Request FOI 91199. 2014.
3. Williamson LH, Grubb AR. An analysis of the relationship between being deaf and sexual offending. *Journal of Sexual Aggression*. 2015 May 4;21(2):224–43.
4. Young A, Howarth P, Ridgeway S, Monteiro B. Forensic referrals to the three specialist psychiatric units for deaf people in the UK. *Journal of Forensic Psychiatry*. 2001 Apr 1;12(1):19–35.
5. Miller K. Deaf Sex Offenders in a Prison Population. *J Deaf Stud Deaf Educ*. 2003 Jul 1;8(3):357–62.
6. Putz C, Sparkes I, Foubert J. Outcomes for disabled people in the UK: 2020 [Internet]. Office for National Statistics; 2021 [cited 2023 Nov 10]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2020>
7. Wakeland E, Austen S, Rose J. What is the prevalence of abuse in the deaf/hard of hearing population? *J Forens Psychiatry Psychol*. 2018 May 4;29(3):434–54.
8. Day SJ, Cappetta KA, Anderson ML. A Brief Report: Interpersonal Violence Exposure and Violence Myth Acceptance in the Ohio Deaf Community. *JADARA*. 2019;52(2):1–10.
9. Meadow KP, Greenberg MT, Erting C, Carmichael H. Interactions of Deaf Mothers and Deaf Preschool Children: Comparisons with Three Other Groups of Deaf and Hearing Dyads. *Am Ann Deaf*. 1981;126(4):454–68.
10. Vaccari C, Marschark M. Communication between Parents and Deaf Children: Implications for Social-emotional Development. *Journal of Child Psychology and Psychiatry*. 1997 Oct 7;38(7):793–801.
11. Harris M, Mohay H. Learning to Look in the Right Place: A Comparison of Attentional Behavior in Deaf Children With Deaf and Hearing Mothers. *J Deaf Stud Deaf Educ*. 1997 Apr 1;2(2):95–103.
12. Meek D. Dinner Table Syndrome: A Phenomenological Study of Deaf Individuals' Experiences with Inaccessible Communication. *The Qualitative Report*. 2020 Jun 21;
13. Hall WC, Smith SR, Sutter EJ, DeWindt LA, Dye TD V. Considering parental hearing status as a social determinant of deaf population health: Insights from experiences of the 'dinner table syndrome'. *PLoS One*. 2018 Sep 5;13(9):e0202169.
14. Taggart B, Sylva K, Melhuish E, Sammons P, Siraj I. Effective pre-school, primary and Secondary Education Project (EPPSE 3-16+) [Internet]. Department for Education; [cited 2023 Nov 10]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/455670/RB455_Effective_pre-school_primary_and_secondary_education_project.pdf.pdf
15. Sylva K, Melhuish E, Sammons P, Siraj-Blatchford I, Taggart B. The effective provision of Pre-School Education (EPPE) project [Internet]. *Sure Start*; 2004 [cited 2023 Nov 10]. Available from: <https://dera.ioe.ac.uk/id/eprint/18189/2/SSU-SF-2004-01.pdf>

16. Knutson JF, Johnson CR, Sullivan PM. Disciplinary choices of mothers of deaf children and mothers of normally hearing children. *Child Abuse Negl.* 2004 Sep;28(9):925–37.
17. Durrant J, Ensom R. Physical punishment of children: lessons from 20 years of research. *Can Med Assoc J.* 2012 Sep 4;184(12):1373–7.
18. Smith AB. The State of Research on the Effects of Physical Punishment. *Social Policy Journal of New Zealand.* 2006 Mar;(27).
19. Antonopoulou K, Hadjikakou K, Stampoltzis A, Nicolaou N. Parenting Styles of Mothers With Deaf or Hard-of-Hearing Children and Hearing Siblings. *J Deaf Stud Deaf Educ.* 2012 Jul 1;17(3):306–18.
20. Rankin Williams L, Degnan KA, Perez-Edgar KE, Henderson HA, Rubin KH, Pine DS, et al. Impact of Behavioral Inhibition and Parenting Style on Internalizing and Externalizing Problems from Early Childhood through Adolescence. *J Abnorm Child Psychol.* 2009 Nov 12;37(8):1063–75.
21. Baumrind D, Larzelere RE, Owens EB. Effects of Preschool Parents' Power Assertive Patterns and Practices on Adolescent Development. *Parenting.* 2010 Aug 12;10(3):157–201.
22. Ha OK, Beauregard E. Sex offending and low self-control: An extension and test of the general theory of crime. *J Crim Justice.* 2016 Dec;47:62–73.
23. Chang F, Wu HX, Ching BHH, Li X, Chen TT. Behavior Problems in Deaf/Hard-of-Hearing Children: Contributions of Parental Stress and Parenting Styles. *J Dev Phys Disabil.* 2023 Aug 11;35(4):607–30.
24. Williamson LH, Grubb AR. An analysis of the relationship between being deaf and sexual offending. *Journal of Sexual Aggression.* 2015 May 4;21(2):224–43.
25. Rainer J, Altshuler K, Kallmann F, Deming WE. Psychotherapy for the Deaf. In: Rainer J. *Family and Mental Health Problems in a Deaf Population.* U.S. Department of Health, Education & Welfare Office of Education; 1963. p. 182-192
26. Miller KR. Violent Offenders in a Deaf Prison Population. *J Deaf Stud Deaf Educ.* 2005 Jul 6;10(4):417–25.
27. Kohlberg L. Stages of moral development. *Moral education.* 1971;1(51):23-92.
28. National Deaf Children's Society . Speech reading for deaf children | More information about lipreading [Internet]. *Ndcs.org.uk.* 2019. Available from: <https://www.ndcs.org.uk/information-and-support/language-and-communication/spoken-language/supporting-speaking-and-listening/lip-reading/>
29. Rienzi BM. Influence and Adaptability in Families With Deaf Parents and Hearing Children. *Am Ann Deaf.* 1990;135(5):402–8.
30. Hilker L, Fraser E. Youth exclusion, violence, conflict and fragile states. *Social Development Direct;* 2009 Apr.
31. Vernon M, Greenberg SF. Violence in deaf and hard-of-hearing people. *Aggress Violent Behav.* 1999 Sep;4(3):259–72.
32. Ghari Z. The Cognitive, Psychological and Cultural Impact of Communication Barrier on Deaf Adults' Content of Speech in Iran. *Journal of Communication Disorders, Deaf Studies & Hearing Aids.* 2016;4(3).
33. Schnappauf EM, DiDonato TE. From Solitary to Solidarity: Belonging, Social Support, and the Problem of Women's Recidivism. *Modern Psychological Studies.* 2017 Jan 1;23(1):7.
34. Lee WY, Tan JTA, Kok JK. The Struggle to Fit in: A Qualitative Study on the Sense of Belonging and Well-being of Deaf People in Ipoh, Perak, Malaysia. *Psychol Stud (Mysore).* 2022 Sep 30;67(3):385–400.

35. Farmer M, McAlinden AM, Maruna S. Understanding desistance from sexual offending. *Probation Journal*. 2015 Dec 19;62(4):320–35.
36. HM Inspectorate of Probation. Sexual offending [Internet]. www.justiceinspectorates.gov.uk. 2021. Available from: <https://www.justiceinspectorates.gov.uk/hmiprobation/research/the-evidence-base-probation/specific-sub-groups/sexual-offending/>
37. McCamey JD. Reducing Recidivism in Adolescent Sexual Offenders by Focusing on Community Reintegration. *Resid Treat Child Youth*. 2010 Jan 29;27(1):55–67.
38. Higgins PC. Outsiders in a Hearing World. *Urban Life*. 1979 Apr;8(1):3–22.
39. Foster S. Social Alienation and Peer Identification: A Study of the Social Construction of Deafness. *Hum Organ*. 1989 Sep;48(3):226–35.
40. Bell B, Fasani F, Machin S. Crime and Immigration: Evidence from Large Immigrant Waves. *Rev Econ Stat*. 2013 Oct 1;95(4):1278–90.
41. Spicer N. Places of Exclusion and Inclusion: Asylum-Seeker and Refugee Experiences of Neighbourhoods in the UK. *J Ethn Migr Stud*. 2008 Apr 8;34(3):491–510.
42. Netten AP, Rieffe C, Theunissen SCPM, Soede W, Dirks E, Briaire JJ, et al. Low Empathy in Deaf and Hard of Hearing (Pre)Adolescents Compared to Normal Hearing Controls. *PLoS One*. 2015 Apr 23;10(4):e0124102.
43. Nunes T, Pretzlik U, Olsson J. Deaf children's social relationships in mainstream schools. *Deafness & Education International*. 2001 Oct 19;3(3):123–36.
44. Maguire MC, Dunn J. Friendships in Early Childhood, and Social Understanding. *Int J Behav Dev*. 1997 Nov 30;21(4):669–86.
45. DeLuzio J, Girolametto L. Peer Interactions of Preschool Children With and Without Hearing Loss. *Journal of Speech, Language, and Hearing Research*. 2011 Aug;54(4):1197–210.
46. Vandell DL, George LB. Social interaction in hearing and deaf preschoolers: successes and failures in initiations. *Child Dev*. 1981 Jun;52(2):627–35.
47. Brown PM. Structures Underpinning Pretend Play and Word Production in Young Hearing Children and Children With Hearing Loss. *J Deaf Stud Deaf Educ*. 2001 Jan 1;6(1):15–31.
48. Da Silva BMS, Rieffe C, Frijns JHM, Sousa H, Monteiro L, Veiga G. Being Deaf in Mainstream Schools: The Effect of a Hearing Loss in Children's Playground Behaviors. *Children*. 2022 Jul 21;9(7):1091.
49. Marshall WL, Hudson SM, Jones R, Fernandez YM. Empathy in sex offenders. *Clin Psychol Rev*. 1995 Jan;15(2):99–113.
50. Barnett G, Mann RE. Empathy deficits and sexual offending: A model of obstacles to empathy. *Aggress Violent Behav*. 2013 Mar;18(2):228–39.
51. Hanson RK. Empathy deficits of sexual offenders: A conceptual model. *Journal of Sexual Aggression*. 2003 May;9(1):13–23.
52. Peterson CC. Empathy and Theory of Mind in Deaf and Hearing Children. *J Deaf Stud Deaf Educ*. 2016 Apr;21(2):141–7.
53. Jackson G. Home education transitions with formal schooling: Student perspectives. *Issues in Educational Research*. 2007 Jan 1;17(1):62–84.
54. Abuzandah S. Social Skills for Homeschooling Students. *Creat Educ*. 2020;11(07):1064–72.
55. Medlin RG. Homeschooling and the Question of Socialization Revisited. *Peabody Journal of Education*. 2013 Jul;88(3):284–97.
56. Singer T, Lamm C. The Social Neuroscience of Empathy. *Ann N Y Acad Sci*. 2009 Mar 25;1156(1):81–96.
57. Bernhardt BC, Singer T. The Neural Basis of Empathy. *Annu Rev Neurosci*. 2012 Jul 21;35(1):1–23.

58. Riess H. The Science of Empathy. *J Patient Exp*. 2017 Jun 9;4(2):74–7.
59. Leigh IW, Marcus AL, Dobosh PK, Allen TE. Deaf/Hearing Cultural Identity Paradigms: Modification of the Deaf Identity Development Scale. *J Deaf Stud Deaf Educ*. 1998 Oct 1;3(4):329–38.
60. Wastell CA, Cairns D, Haywood H. Empathy training, sex offenders and re-offending. *Journal of Sexual Aggression*. 2009 Jul;15(2):149–59.
61. Ward T, Durrant R. Altruism, empathy, and sex offender treatment. *International Journal of Behavioral Consultation and Therapy*. 2013;8(3–4):66–71.
62. Information about deaf children and young people in the UK Numbers of deaf children Levels of deafness [Internet]. Available from: <https://www.ndcs.org.uk/media/6809/dcyp-in-the-uk-info-sheet.pdf>
63. Right from the Start: a campaign to improve early years support for deaf children. Ground Floor South, Castle House, 37–45 Paul Street, London EC2A 4LS: National Deaf Children's Society; 2016 May.
64. Hutchinson J. The educational outcomes of deaf children in England: Attainment at key stages 1, 2 and 4 [Internet]. Education Policy Institute; 2023 Mar. Available from: <https://epi.org.uk/wp-content/uploads/2023/03/Educational-outcomes-of-deaf-children-in-England.pdf>
65. van der Straaten TFK, Briaire JJ, Dirks E, Soede W, Rieffe C, Frijns JHM. The School Career of Children With Hearing Loss in Different Primary Educational Settings—A Large Longitudinal Nationwide Study. *The Journal of Deaf Studies and Deaf Education*. 2021 Jun 14;26(3):405–16.
66. The education and social care background of young people who interact with the criminal justice system: May 2022 [Internet]. Office for National Statistics; 2022 May. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/articles/theeducationandsocialcarebackgroundofyoungpeoplewhointeractwiththecriminaljusticesystem/may2022>
67. Groot W, van den Brink HM. The effects of education on crime. *Appl Econ*. 2010 Feb;42(3):279–89.
68. Cantor JM, Kuban ME, Blak T, Klassen PE, Dickey R, Blanchard R. Grade Failure and Special Education Placement in Sexual Offenders' Educational Histories. *Arch Sex Behav*. 2006 Dec 1;35(6):743–51.
69. Sabates R. Educational Attainment and Juvenile Crime: Area-Level Evidence Using Three Cohorts of Young People. *British Journal of Criminology*. 2007 Dec 24;48(3):395–409.
70. Jones L, Bellis MA, Wood S, Hughes K, McCoy E, Eckley L, et al. Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *The Lancet*. 2012 Sep;380(9845):899–907.
71. Jones C, Stalker K, Franklin A, Fry D, Cameron A, Taylor J. Enablers of help-seeking for deaf and disabled children following abuse and barriers to protection: a qualitative study. *Child Fam Soc Work*. 2017 May 27;22(2):762–71.
72. Hershkowitz I, Lamb ME, Horowitz D. Victimization of children with disabilities. *American Journal of Orthopsychiatry*. 2007;77(4):629–35.
73. Gunjawate DR, Ravi R, Driscoll C. Stress among Parents of Children with Hearing Loss and How They Deal with It: A Systematic Review. *Int Arch Otorhinolaryngol*. 2023 Jan 1;27(01):e166–77.

74. Crouch E, Radcliff E, Brown M, Hung P. Exploring the association between parenting stress and a child's exposure to adverse childhood experiences (ACEs). *Child Youth Serv Rev*. 2019 Jul;102:186–92.
75. Schenkel LS, Rothman-Marshall G, Schlehofer DA, Towne TL, Burnash DL, Priddy BM. Child maltreatment and trauma exposure among deaf and hard of hearing young adults. *Child Abuse Negl*. 2014 Oct;38(10):1581–9.
76. Brookhouser PE. Ensuring the Safety of Deaf Children in Residential Schools. *Otolaryngology–Head and Neck Surgery*. 1987 Oct;97(4):361–8.
77. Mertens DM. Breaking the Silence About Sexual Abuse of Deaf Youth. *Am Ann Deaf*. 1996;141(5):352–8.
78. Sullivan PM, Vernon M, Scanlan JM. Sexual Abuse of Deaf Youth. *Am Ann Deaf*. 1987;132(4):256–62.
79. Connolly M, Woollons R. Childhood sexual experience and adult offending: an exploratory comparison of three criminal groups. *Child Abuse Review*. 2008 Mar;17(2):119–32.
80. Langevin R, Wright P, Handy L. Characteristics of sex offenders who were sexually victimized as children. *Annals of Sex Research*. 1988;2(3):227–53.
81. Kiriakidis SP. Moral Disengagement. *Int J Offender Ther Comp Criminol*. 2008 Oct 8;52(5):571–83.
82. Petruccelli I, Simonelli C, Barbaranelli C, Grilli S, Tripodi MF, D'Urso G. Moral Disengagement Strategies in Sex Offenders. *Psychiatry, Psychology and Law*. 2017 May 4;24(3):470–80.
83. McCartan K, Kemshall H, Westwood S, Solle J, MacKenzie G, Cattell J, et al. Circles of Support and Accountability (CoSA): A Case File Review of Two Pilots [Internet]. Ministry of Justice; 2014 Mar. Available from: <https://assets.publishing.service.gov.uk/media/5a7c67efed915d6969f44a4a/cosa-research-summary.pdf>
84. Susan F. Etiology of Adult Sexual Offending [Internet]. U.S. Department of Justice; 2015 Jul. Available from: <https://smart.ojp.gov/sites/g/files/xyckuh231/files/media/document/etiologyofadultsexualoffending.pdf>
85. Basilier T. SURDOPHRENIA. *Acta Psychiatr Scand*. 1964 Nov 15;39(S180):363–72.
86. Vernon M, Raifman LJ. Recognizing and Handling Problems of Incompetent Deaf Defendants Charged with Serious Offenses. *Int J Law Psychiatry*. 1997 Jun;20(3):373–87.
87. Black PA. Demographics, Psychiatric Diagnoses, and Other Characteristics of North American Deaf and Hard-of-Hearing Inpatients. *J Deaf Stud Deaf Educ*. 2006 Mar 15;11(3):303–21.
88. Vernon M, Rich S. Pedophilia and Deafness. *Am Ann Deaf*. 1997;142(4):300–11.
89. Hunter JA, Becker J V. The Role of Deviant Sexual Arousal in Juvenile Sexual Offending. *Crim Justice Behav*. 1994 Mar 30;21(1):132–49.
90. Arbanas G. Personality disorders in sex offenders, compared to offenders of other crimes. *J Sex Med*. 2022 Nov;19(11):S39.
91. Cooper AF. Deafness and Psychiatric Illness. *British Journal of Psychiatry*. 1976 Sep 29;129(3):216–26.