



Geriatric Sexual Offenders: Exposing An Overlooked Population at Risk

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Sexual Offender Committee

You are asked to evaluate a 68-year-old man who was convicted of multiple counts of sexual assault against minor children. The victims are his grandchildren, and the family is bewildered by his actions. He is recently retired and widowed. He has no previous criminal history, nor a history of sexually violent behavior prior to the index offenses. How would you conceptualize his risk of recidivism, and what recommendations could you offer to mitigate that risk?

To tackle the timely and often overlooked topic of geriatric sexual offenders, AAPL's Sexual Offender and Geriatric Committees co-sponsored a panel discussing the evaluation and risk management of elderly sexual offenders for the 54th Annual Conference in 2023. Panelists from the session "*Balancing Assessment and Management in Older Sex Offenders*" shared their experiences working with these patients and for institutions tasked with managing their evaluations and care.

Fatima Masumova, DO, Clinical Assistant Professor of Psychiatry and Behavioral Health for the Pennsylvania Psychiatric Institute and Pennsylvania State College of Medicine, discussed the interplay between neurocognitive disorders and inappropriate sexual behavior among the elderly. Kathryn Baselice, MD, Medical Officer for the Washington DC Department of Behavioral Health's Forensic Services Division, discussed challenges in caring for patients who were found Not Guilty by Reason of Insanity (NGRI) for sexual offenses, including struggles finding appropriate community-based resources and

the effects of long-term institutionalization in the criminal justice and psychiatric systems on patients. Carla Rodgers, MD, former Consultant for Sex Offender Treatment at Norristown State Hospital in Pennsylvania, discussed her experience working within a state hospital system managing elderly sexual offenders and highlighted the reluctance of many institutions to diagnose dementia even when that diagnosis is warranted. Abhishek Jain, MD, Medical Director for the New York State Office of Mental Health's Division of Forensic Services, discussed risk assessment among elderly sexual offenders, highlighting the general decline of recidivism in offenders of advancing age as well as the importance of evaluating these patients with special attention to their unique physical and psychological circumstances. Finally, Brad Booth, MD, Associate Professor for the University of Ottawa and author of many publications related to sexual offenders, focused on overall risk mitigation and use of pharmacologic agents in the treatment of elderly sexual offenders.

There is little doubt that the number of incarcerated geriatric offenders is growing (1, 2). According to federal prison system data gathered by the US Sentencing Commission, while the number of all offenders over the age of 50 is less than their younger counterparts, the proportion of individuals incarcerated for sexual offenses increases with age, from approximately 4.1% of offenders under age 50 to 11.9% of offenders over age 70 (1). Further, in state prisons, 4.1% of offenders under the age of 55 are admitted for sexual offenses, while 11.2% of offenders over 55 are admitted for sexual offenses (2). These statistics suggest that, although sexual offense recidivism risk tends to decline with age, we cannot discount the risk of sexual violence in older adults.

One cannot discuss the characteristics of an older sexual offender without first appreciating the limitations in the available research. The data on those who commit illegal sexual acts focuses on those charged and convicted. This overlooks those who may not have been charged for various reasons, including those who escape detection, those who die, and those who are considered less culpable due to neurological dysfunction, such as dementia. Studies often rely on small samples, which raise concern about their generalizability. They focus almost exclusively on male offenders. The definition of when the "geriatric" time of life starts can range from 50 to 65, depending on the study. In

addition, the literature might not separate offenders who are charged in their geriatric years with historical offenses from those who commit new offenses at that age. Finally, data often relies on retrospective review of documentation, some of which is incomplete or potentially inaccurate.

With these caveats in mind, what are some general trends seen among elderly sexual offenders? Older sexual offenders tend to be Caucasian, retired or unemployed but with a history of steady employment, and widowed or previously married (3). Their victims tend to be vulnerable individuals, such as children or adults with intellectual disabilities (3-5). The victims tend to be mostly female and an acquaintance or relative of the perpetrator (3-5), which can be an important consideration for recidivism risk. The perpetrators themselves also tend to have lower scores on Hare's Psychopathy Checklist-Revised and, depending on the type of offense, higher rates of paraphilic arousal on phallometric testing, regardless of whether they are first-time or recidivist offenders at an older age (3).

Literature focusing on offenders whose first offense occurs in their geriatric years shows that compared to offenders who started offending prior to age 50, these elderly first-time offenders tend to have less pedophilic interests, more familial victims, and fewer male victims overall (6). Despite incomplete diagnostic data, Chua et al. found that at least half of their identified elderly first-time offenders were diagnosed with some type of dementia (4). Finally, Ghossoub & Khoury found only three of 172 elderly first-time offenders recidivated (a rate of 1.3%) within four years (5).

Aside from the general characteristics of the offender population, the panel's presentation reviewed the limited resources within the community and hospital settings for these offenders, particularly how their history of sexual offending can hamper reintegration into society, even if they are at low risk of reoffending. Housing resources for the mentally ill are scarce and this is even more so for those who committed sexual offenses. Being on a sexual offender registry, which may include those acquitted NGRI of their sexual offense or found incompetent and unrestorable, can lead to being harassed, assaulted, denied housing, and denied employment (7). With our understanding of lifestyle instability and lack of social connectedness as risk factors for recidivism, registry and

housing difficulties may pose vexing dilemmas for those seeking to employ thoughtful risk mitigation for the geriatric sexual offender.

Overall, the panel offered attendees a comprehensive review of this increasingly important population for forensic psychiatry. The panel's knowledge of and experience with geriatric populations and sexual offenders offered unique insights into this complex population, highlighting how collaborative panels can offer greater expertise for these complex forensic cases. It also emphasizes the importance of the AAPL Annual Meeting in featuring discussions on topics that may otherwise fly under the radar.

References

1. United States Sentencing Commission. Older Offenders in the Federal System. Washington, DC: USSC; 2022. [Cited 2023 Sept 1]. Available at https://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2022/20220726_Older-Offenders.pdf
2. Human Rights Watch. Old behind bars: The aging prison population in the United States [Internet]. Human Rights Watch; 2012. [Cited 2023 Sept 1]. 16 p. Available at https://www.hrw.org/reports/usprisons0112_brochure_web.pdf
3. Crookes RL, Tramontano C, Brown SJ, et al. Older individuals convicted of sexual offenses: A literature review. *Sexual Abuse*. 2022;34(3):341-71
4. Chua J, Cheung G, Friedman SH, et al. What are the characteristics of first time older sexual offenders? *International Psychogeriatrics*. 2018;30(5):647-62
5. Ghossoub E, Khoury R. Characteristics of older adult first-time sex offenders: Insights from the Missouri registry. *The American Journal of Geriatric Psychiatry*. 2021;29(3):230-238
6. Rodriguez M, Boyce P, Hodges J. A neuropsychological study of older adult first-time sex offenders. *Neurocase*. 2017;23(2):154-61
7. Tewksbury R. Collateral consequences of sex offender registration. *Journal of Contemporary Criminal Justice*. 2005;21(1):67-81