

Elderly Sexual Offenders Admitted to a Maximum-Security Forensic Hospital

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ABSTRACT: The purpose of the study was to determine the clinical and demographic characteristics of elderly sexual offenders at a maximum-security forensic hospital. Charts of male elderly patients charged with sexual offenses were reviewed to obtain clinical and demographic data. The majority of sexual offenders had mood or psychotic disorders. Almost one third had a history of violent or assaultive behavior. 57% had significant medical history. A history of violence and sexual assaultive behavior may be risk factors for future sexual offenses.

KEYWORDS: forensic science, elderly, geriatric, sexual offenders, rape, prison hospital, violence, mental illness

The elderly population continues to grow. It is estimated that by the year 2030, about 70 million people in the United States will be elderly (1). Such growth entails additional challenges, especially in health care. It is assumed that with these changes in demography, the prison community will also experience “graying” of its population. The importance, therefore, of studying the needs and pathology of elderly inmates cannot be overemphasized.

The purpose of this study is to determine the clinical and demographic characteristics of elderly sexual offenders at Bridgewater State Hospital. To my knowledge, this is the first study of elderly sexual offenders admitted to a maximum-security forensic hospital. The data will provide vital information about present and future needs of elderly sexual offenders and the unique pathology that needs to be addressed by prison personnels, health care providers, and policymakers.

Method

The charts of elderly patients, aged 55 years old and older, who were charged with indecent assault and battery or rape and who were admitted to Bridgewater State Hospital from November 1995 to March 1998, were retrospectively reviewed.

The following data were obtained: age, marital status, race, reason for the referral, religion, alcohol abuse, drug abuse, education, vocation, history of military service, family history of mental illness, history of sexual abuse, history of physical abuse, psychiatric history, current diagnosis, history of violence and aggression based on previous arrest, history of sexual assaultive behavior, medical history, and history or current neurologic illness. Repeated admis-

sions were considered one admission. Most of the data were obtained from forensic reports.

Bridgewater State Hospital is a 300-bed forensic hospital. It is the only maximum-security forensic site in Massachusetts. This all-male facility provides various services that include competency evaluation (15B), aid to sentencing (15E), and evaluation of need for hospitalization (18A). Both psychologists and psychiatrists do forensic evaluation of offenders at various phases of the legal process. Offenders can be examined before or after trial, conviction, or sentencing.

Case Histories

Case 1

A 62-year-old male with a history of depression and suicidal gesture was admitted to the forensic hospital after he tried to submerge his head in a toilet bowl in an attempt to commit suicide. He felt very depressed and hopeless after being charged with indecent assault and battery on a child. On admission, he was unkempt. He reported recurrent thoughts of suicide. He said that he lost two wives within four years. He was diagnosed with recurrent major depressive disorder. His childhood was generally good. After completing tenth grade, he left school due to seizure disorder.

Case 2

A 55-year-old male who was recently found guilty of rape of a child. He had peculiarities in his speech and unusual interests, e.g., setting quasi-shelter for cats. His eccentric ideas included claims that the “system was being taken over by the Roman law which protects the vaginal canal.” He made comments about the female uterus becoming a “spinning top.” He seemed more interested in talking about signs and symbols, word derivatives, Celtic history, and mythology rather than his current legal situation. On admission, he claimed that the “judge made a big error in judgment.” Despite his eccentricities, the hospital staffs did not notice any thought or behavior disorganization, hallucinations, or delusions. He was diagnosed with schizotypal personality disorder. No medication was started.

Case 3

A 67-year-old single male charged with indecent assault and battery. He was alleged to have “grabbed and cornered” a woman customer in his store. He served two years in the army during the Korean war. He had been treated for insulin-dependent diabetes for 30 years. On admission, he showed pressured speech. He reported difficulties with town officials he thought were harassing him. His hospital stay was generally unremarkable. Clinical findings did not reveal a substantial disorder in mood or thought.

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Case 4

A 64-year-old man who was charged with rape after he forced his wife to have sex with him. He believed that his wife had sex with their sons, prompting him to terminate his relationship with them. He also accused her of having sexual relations with neighbors. He made statements about conspiracy by family members to get him into trouble. He also believed that even his own lawyer was part of the conspiracy. He was diagnosed with delusional disorder. Despite noncompliance to medications, he was observed to be behaviorally stable. Evaluation by a neuropsychiatrist revealed mild cognitive decline. An EEG yielded abnormal results.

Case 5

A 61-year-old man who had a history of bipolar disorder, lithium toxicity, alcohol abuse, and psoriasis. He was referred for paranoia and grandiosity. He had ideas that he was working undercover with cops and that he had an important mysterious job. On admission, he claimed that he invented an amplifier for which he had a patent. He refused medications in the unit. His agitation and pressured speech would increase when discussing his legal situation and past doctors. His insight into his illness was severely impaired. Cognition appeared intact.

Case 6

A 60-year-old man who was admitted with a diagnosis of major depressive disorder with psychotic features. He had a history of suicidal gesture, alcohol abuse, head injury, and verbal abuse from his father. Prior to arrest, he earned money by collecting empty bottles from the streets. On admission, he felt hopeless and experienced voices telling him to kill himself. His hospital course was complicated. He was not responding to any medication and was always preoccupied with death. An IQ test revealed mental retardation.

Case 7

A 60-year-old male who had a prior arrest for indecent assault and battery. At age 12, he was dragged into the woods and molested, the molestation involving oral sex. He was charged currently for touching the private parts of his victims. He reported physical abuse from his father as a child. He was hospitalized multiple times for schizophrenia. On admission, he blamed the victim's mother for framing him to hurt him and to extort money from him. He attributed his strong sexual urge to the food he ate. He talked of being the victim of "brainwashing." He was put on Haldol and Prozac. In addition to schizophrenia, he was also noted to suffer from pedophilia.

Results

There were seven elderly sexual offenders, 55 years old and over, who were admitted to Bridgewater State Hospital for evaluation and who were charged with indecent assault and battery or rape.

Five offenders were 60 years old or older (Table 1-A). The majority of the offenders were unmarried at the time of admission (Table 1-B). Sixty-seven percent were Caucasians (Table 1-C). Four were referred for 18A or need for hospitalization (Table 1-D). More than half were Christians (Table 1-E).

The majority of the offenders had no history of alcohol or drug abuse (Tables 1-F and 1-G). Seventy percent attained secondary

TABLE 1—Offenders' data outline.

	No. of Subjects
A. Age	
50–59	2
60–69	5
70–79	0
B. Marital Status	
Divorced	2
Single	2
Separated	1
Widowed	1
Married	1
C. Race	
Caucasian	6
Hispanic	1
African American	0
D. Reason for the Referral	
Need for hospitalization	5
Competency evaluation	3
Aid to sentencing	1
E. Religion	
Protestant	2
Catholic	2
Hebrew	1
Unknown	2
F. Alcohol Abuse History	
Yes	1
No	5
Uncertain	1
G. Drug Abuse History	
Yes	1
No	5
Uncertain	3
H. Level of Education	
College	2
Secondary	5
Primary	0
I. Vocation	
Blue collar	3
Entrepreneur	1
Retired	1
None	2
J. History of Military Service	
Yes	3
No	2
Unknown	1

school education (Table 1-H). Almost half held blue collar jobs (Table 1-I) and three offenders served in the military (Table 1-J).

A family history of mental illness was significant in three offenders (Table 2-A). Fourteen percent either had a history of sexual abuse or physical abuse (Tables 2-B and 2-C). Twenty-eight percent of the offenders had a history of prior violence causing arrest (Table 2-D).

The predominant mental illness was mood disorder (3) followed by psychotic disorder (2) (Table 2-E). Only one was diagnosed with paraphilia. Two had a either a history of psychotic or mood disorder (Table 2-F). Two had a history of sexual assaultive behavior (Table 2-G). Only 28% had a history or current neurologic illness, but more than half had significant medical history (Tables 2-I and 2-H).

Discussion

A majority of elderly sexual offenders belonged to the 60 to 69-year-old range. Eighty six percent were unmarried at the time of

TABLE 2—*Offenders' history outline.*

	No. of Subjects
A. Family History of Mental Illness	
Yes	4
No	1
Uncertain	4
B. History of Sexual Abuse	
Yes	1
No	2
Uncertain	4
C. History of Physical Abuse	
Yes	1
No	2
Uncertain	4
D. History of Violence based on Previous Arrest	
Yes	2
No	3
Uncertain	2
E. Current Diagnosis	
Mood disorder	3
Psychotic disorder	2
Personality disorder	2
Paraphilia	1
F. Psychiatric History	
Psychotic disorder	4
Mood disorder	3
Substance Abuse	1
None	2
G. History of Sexual Assaultive Behavior	
Yes	2
Uncertain	5
H. Medical History	
Yes	4
Uncertain	3
I. History or Current Neurologic Illness	
Yes	2
No	3
Uncertain	3

admission. This suggests that lack of a stable sexual partner may increase the likelihood of acting in a sexually inappropriate way. Only one had a history of alcohol abuse. This finding is in contrast to a 1976 study. Henn et al. (1976) found that alcohol abuse was one of the most common secondary diagnoses in rapists or child molesters (2).

Almost half of the elderly sexual offenders served in the military. A history of sexual or physical abuse occurred only in 14% of the offenders. This is contrary to the common notion that most abusers were themselves abused as a child.

In this study, a majority had either a mood or psychotic disorder. Only one was diagnosed with paraphilia. This is in contrast to the findings of some studies. Henn et al. (1976) found that in sexual

offenders 50 years old and over the dominant diagnosis was pedophilia (2). Farragher et al. (1995) noted that in sex offenders 65 years old and over, the predominant psychiatric diagnosis was organic brain disorder (3).

Based on prior arrest, violence was present in 28% of offenders. Also, two offenders had a history of sexual assault. This suggests that almost a third of the time past criminal events are predictive of future sexual offenses.

Medical history was significant in 57%. This stresses the importance of medical services within the maximum-security prison hospital to address the health care needs of the growing elderly population.

Limitations of the Study

This study involves a small number of patients and cannot be used to extrapolate findings. This is mainly a descriptive study of elderly sexual offenders in a maximum-security forensic hospital.

Conclusions

To my knowledge, this is the first study that identifies the clinical and demographic characteristics of elderly sexual offenders admitted to a maximum-security forensic hospital. Sexual offenders had either a mood or a psychotic disorder. A history of violence and sexual assaultive behavior may be predictive of future sexual offenses in about one third of patients.

The small number of patients in this study precludes clear conclusions and suggests possibilities for further study.

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