

**CASE REPORT****PSYCHIATRY/BEHAVIORAL SCIENCE**

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**Elderly Sexual Offenders: Two Unusual Cases\***

**ABSTRACT:** The aim of this case report is to describe two cases of sexual abuse by elderly subjects for which the Judge commissioned an expert psychiatric-forensic opinion. The elderly are generally believed to commit nonviolent crimes, whereas the two cases we observed feature forcible rape committed by elderly offenders, who showed no form of mental disease and had rationally planned their offense. They had never previously committed similar acts and had no history of homosexuality; both had been married for many years before the death of their wives and had adult children. Finally, no previous episodes of rape emerged in their personal histories during interrogations. The sociocultural context in which the crimes were committed was identical and arouses interest as regards both the method employed and how the crimes were discovered. The legal authorities then commissioned accurate investigations including medicolegal and psychiatric-forensic evaluations of the offenders and their victims.

**KEYWORDS:** forensic science, elderly, sexual offenders, sexual abuse, mental disorder, social isolation

Crime is often associated with youth, but even elderly subjects or those “over the age of maturity,” in other words over the age of 60, can commit serious crimes. A study of crimes committed by elderly subjects highlighted interesting aspects, showing that they are different from those committed by “younger” subjects (1). In Great Britain and the United States, data on sentences passed on people over the age of 60 show that the number has remained stable over the last 10 years. However, when only sexual offenders are taken into account, it becomes apparent that jail sentences for sexual crimes committed by elderly offenders have increased sharply in these same years (2). In fact, various studies have shown that sexual offenders are more likely to start committing sexual offenses at more advanced ages or to continue to commit them even when older (3,4).

Among all the elderly people arrested in 2006, 4% were sexual offenders (5). These data show an opposite trend to those emerging from investigations conducted years ago, which showed that elderly people are more likely to commit “nonviolent” crimes, such as indecent exposure or pedophilia (6,7), rather than violent sexual offenses such as rape or rape and murder (8). The victims of elderly offenders are prevalently minors (9), and the act is generally committed in either the offender’s or the victim’s home (10).

High indices of mental disease have long been associated with violent crimes committed by elderly subjects (11,12). The most frequent diagnosis, according to recent studies (13,14), is dementia,

often associated with behavior defined as “hypersexuality,” in other words characterized by a poor control of sexual impulses and lack of sexual inhibition. This is in line with the data that emerged from a previous study by Ferragher and O’Connor (15), demonstrating that the main psychiatric diagnosis in a population of sexual offenders over the age of 65 years was dementia (66%). However, different conclusions were drawn in a study by Fazel and Grann (16) of a sample of elderly offenders that identified a psychotic disorder in 6%, a major depression syndrome in 7%, and a personality disorder in 33%.

The risk of elderly subjects committing violent crimes seems to be correlated to various factors: the male sex; a low cultural and social level; a history of violence, alcohol abuse, and social isolation; and a divorced/separated or widower civic status (1,17–19). The same risk factors are present in elderly sexual offenders (7,20,21).

Old age is inevitably a period of social change and personal uncertainty. It coincides with a loss of security as regards one’s own physical powers, activities and control, and the efficacy of one’s performance in general and is often associated with physical and mental disease. Moreover, owing to their fragile conditions, dependency, and isolation, elderly subjects are often the victims of criminal acts (22) such as physical, psychological, or sexual abuse, of economic or material difficulties, and of a state of abandonment (23). Finally, even violence between elderly partners is widespread (24,25): 58% of the violent acts against elderly people are committed by their own partner, also elderly (26).

**Case Reports**

The cases that came to the observation of the authors share many features in common but are unlike those described in literature as regards various factors, including the sociocultural context

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(small mountain villages in Southern Italy); the type of offender (widowers over the age of 70, with a family and adult children, retired and not affected by mental disease, with no previous homosexual experience) and of victim (adult men over the age of 40, affected by severe mental retardation and language difficulties, certified as totally unfit for employment, and well known in the village); the type of crime (repeated rape episodes lasting about 1 year); the way the crime came to the attention of the legal authorities (reported by citizens not the Police force); the offender–victim relationship (previously simple acquaintances); the police investigations (videorecordings of the encounters that occurred in a stable or farmhouse belonging to the offender); the type of medico-legal evaluations (of the victims) and psychiatric–forensic investigations (of the victims and offenders).

#### *Case No. 1*

The facts occurred in a small village in the province of Matera. M is a bachelor aged about 40 years, affected by “severe mental retardation due to perinatal brain damage, and severe language impairment,” who has always lived with his original family. After leaving compulsory middle school, he had never worked, but spent much of the day in the main square and meeting places in the village. He is docile, and well known and liked by all the village inhabitants. He has no history of a previous intimate relationship nor homosexual experience.

The sexual offender is a retired widower aged 75 years, with adult children, resident in the same municipal area as the victim. The offender and the victim were simply acquaintances frequenting the same social milieu.

The crime came to light when M, approached by a municipal traffic warden following reports by other citizens, informed him and then, in his presence, the Carabinieri (Italian Police) that he was the victim of sexual rape by a man who drove him in his car to a stable on his farmhouse property, and then sexually abused him. This rape had been repeated frequently over a long period of time. At the end of the rape, the victim was taken back to the village (lying on the back seat) and then left to go home alone. It later emerged that the victim had been convinced to submit to the rapes partly by small bribes (small sums of money) and partly by menaces.

The medico-legal examination did not yield elements providing a clear confirmation of the rape. Instead, the victim’s declarations were confirmed by police investigations and the installation of a videocamera both inside and outside the place where the abuse was alleged to occur.

A subsequent psychiatric–forensic examination of the victim confirmed the diagnosis of “severe mental retardation,” such as to preclude his being able to give free consent to sexual relations with the other man and his ability to testify. The videorecordings demonstrated that the victim had not opposed any kind of resistance: He allowed himself to be driven to the farmhouse and docilely allowed the man to remove his pants and then rape him, standing leaning over a bench.

Instead, the psychiatric–forensic examination of the offender showed that he was in full command of his faculties and entirely responsible for the crime.

#### *Case No. 2*

In the same way as the first case, A also came to the authors’ observation for the purposes of a psychiatric–forensic consultation

commissioned by the legal Authorities, to ascertain the victim’s psychiatric condition and ability to testify to the suspected rape.

At the time of the sexual abuse, the victim was 62 years old. Affected by severe mental retardation (as a result of perinatal encephalitis) and generalized epilepsy, he also suffered from severe language problems. He had never been able to go to school and never worked. Certified as totally unfit to work, he lived with his original family in a small mountain village in the Province of Foggia, and spent his time in the center of the village where he had a series of stable points of reference and was known and liked by all the inhabitants. He was not known to have had any previous intimate relationship and certainly no homosexual experience. Again the facts came to light when other citizens confided in his sister. She reported her suspicions of a 71-year-old man to the Carabinieri. This man, a retired widower with adult children and no criminal record, was casually acquainted with the victim.

When interrogated by the Carabinieri, A was not able to provide useful details, but recognized a car in which he had “been for a drive,” with a friend who had given him money to buy sweets. Medico-legal examination of the victim did not provide proof of the rape. At the psychiatric–forensic examination, the man was judged unable to testify to the alleged rape.

The Carabinieri organized videorecordings of the meeting between the two men and ascertained that the offender drove the victim to his farmhouse, where he raped the man in the stable. At the end of the act, he drove the victim back to the village and left him in an unfrequented place. The offender was examined and shown to be fully responsible for his acts. In this case, too, the videorecordings demonstrated that the victim followed the sex offender without opposing any resistance during the transport and subsequent rape.

### **Discussion**

A comparison of the data in literature with the present case reports reveals various points of interest. In fact, whereas in literature it is reported that the elderly generally commit nonviolent crimes such as indecent exposure and pedophilia, the two cases we observed feature forcible rape committed by the elderly offenders.

Moreover, neither of the offenders evaluated showed any form of mental disease. They had both planned their offense in a rational, organized fashion. They had never previously committed similar acts and had no history of homosexuality. In addition, both had been married for many years before the death of their wives and had children, now adult. Finally, no episodes of rape emerged in their personal histories during interrogations.

During the psychiatric–forensic assessment, neither of the two offenders made any statement as to the reason why they had raped their victim. One of them attempted to simulate a condition of dementia, but this was excluded by instrumental investigations (magnetic resonance imaging), as well as by clinical and psychodiagnostic tests. Nor could the offenders’ children provide any possible explanation of the crime.

These curious cases share many aspects in common and occurred during the same period, albeit at several hundred kilometers’ distance. The above-described differences from the elderly sexual offenders reported in literature also include the sociocultural context where they occurred, that is again similar. The characteristics of this milieu, an isolated mountain village, seem to have played an essential role not only in fostering the repeated episodes of rape, but also in furthering the way the crimes finally came to the attention of the legal Authorities.

Both offenders were given a lower sentence than normal in such cases: 5 years' house arrest to the man who had simulated dementia and 4 years to the other man. In fact, the Italian penal code envisages alternatives to jail detention for subjects over the age of 70. Both were condemned to pay damages to their victim.

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