

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.ajgponline.org

Invited Perspective

Older Sex Offenders: Expanding the Interface Between Geriatric and Forensic Psychiatry

William J. Newman, M.D., Amanie Salem, D.O.

ARTICLE INFO

Article history:

Received July, 14 2020

Accepted July, 15 2020

COMMENTARY

Every day, hundreds of Americans are affected by sexual violence. The general public's growing awareness about sexual misconduct has piqued public interest. Thus, mass movements such as #TimesUp and #MeToo have gained traction over recent years. However, our understanding of sexual offending in the scientific literature has continued room to develop. One challenge has been variations in terminology, as well as inconsistency regarding how data are gathered and analyzed.¹ For these reasons and others, novel perspectives on sexual offending, such as those provided by Ghossoub and Khoury, loom important.² As our understanding of sex offenders develops, we are learning more about the rates and patterns of sexual misconduct in various populations. Ghossoub and Khoury further examined one understudied population, namely, perpetrators aged 65 years and older.

The number of older adults in the correctional system has been steadily growing. Between 1996 and 2008, the U.S. inmate population 55 years of age and older increased by 278%; meanwhile, the overall U.S. inmate population only increased by 55%.³ As the U.S. population ages, the importance of understanding sexual misconduct by older adults will only increase. Estimates suggest that roughly half of incarcerated older adults aged 60 years or older in Western countries (with available data) are convicted sex offenders. Incarcerated older sex offenders were more likely to be white and more likely to be unemployed at the time of offense, when compared to nonsex offenders.⁴

Ghossoub and Khoury presented data involving older adult offenders in Missouri, which they collected from the state's sex offender registry. They specifically characterized first-time offenders, a unique population that has not been well represented in the existing literature. The authors categorized this population, with nonpornography offenders constituting the largest group of first-time offenders (81%). They

From the Department of Psychiatry, Saint Louis University School of Medicine, Saint Louis, MO; and the New York-Presbyterian, New York, NY. Send correspondence and reprint requests to William J. Newman, M.D., Saint Louis University, Department of Psychiatry, 1438 S. Grand Blvd., St. Louis, MO 63104.

© 2020 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.

<https://doi.org/10.1016/j.jagp.2020.07.009>

Older Sex Offenders: Expanding the Interface Between Geriatric and Forensic

found a clear majority of the population in their study to be first-time offenders.

Previous studies have documented a relationship between personality disorders, paraphilias, and sexual misconduct.⁵ Ghossoub and Khoury's set of older, first-time offenders likely represent different subsets of convicted offenders. One subset could be older adults with long-term aberrant sexual interests who were merely not caught or convicted until after the age of 65 years, for a variety of reasons. Another subset likely includes older adults who are impacted by major neurocognitive disorders, traumatic brain injury, or other medical conditions. Those individuals may maintain similar sexual habits as earlier in their life, though have less ability to keep those behaviors private. For instance, long-term sexual behaviors may become viewed as problematic secondary to the increased scrutiny and lack of privacy related to living in a nursing home. Alternatively, new behaviors, such as groping staff members, may emerge in the setting of significant neurocognitive deterioration.

Ghossoub and Khoury reported that prepubescent girls were most often the victims of first-time offenders convicted strictly of nonpornography offenses. The authors' findings were consistent with the existing literature. Hart⁶ reported that older sex offenders are more likely than their younger counterparts to offend against children. One potential explanation is that child victims are easier to coerce than adult victims, making them a better option for older offenders. Child victims are also easier to physically overpower than adult victims. Additionally, children may view older adults as less threatening and more trustworthy.

Focusing on both prevention and treatment of sexual misconduct by older adults is important. Possible strategies for preventing first-time offenses in the subset whose behavior is primarily due to cognitive impairment include early detection of neurodegenerative diseases,

management of behavioral disturbance, and early placement in facilities with the capabilities to manage these behaviors. Early detection would involve regular visits with a geriatric psychiatrist, cognitive screening (including neuropsychological assessment, when indicated), detailed collateral from family, and coordination with primary care providers for lab work and imaging. Though placement in a nursing facility or group home is often difficult on families, early placement can provide resources otherwise unavailable to the individuals and can more effectively facilitate behavioral modification. Additionally, advancements in understanding the underlying neurobiology can assist with more specific treatment.

Low doses of antidepressants, mood stabilizers, or antiandrogen medications – treatment options also used with younger sex offenders – can similarly assist with managing problematic behaviors in older sex offenders. Psychotherapy also has a potential role in treatment. Previous studies show some benefits from cognitive behavioral therapy focused on relapse prevention, particularly for older sex offenders.⁷ For many offenders, a combination of psychopharmacology and psychotherapy can help improve impulse control.

Ghossoub and Khoury have highlighted a largely understudied population. Their findings will help advance a broader conversation around sexual misconduct and potential approaches to older sex offenders. By examining this sample of the population, they have presented novel data. They have also helped continue to develop the important and ever-growing relationship between geriatric psychiatry and forensic psychiatry. Ghossoub and Khoury have provided a foundation on which to build further study sexual misconduct in older, first-time sexual offenders.

No authors have financial relationships with commercial interests to report.

References

1. The National Research Council: *Estimating the Incidence of Rape and Sexual Assault*. Washington, DC: National Academies Press, 2014
2. Ghossoub E, Khoury R: Characteristics of older adult first-time sex offenders: insights from the Missouri registry. *Am J Geriatr Psychiatry*.
3. Greene M, Ahalt C, Stijacic-Cenzer I, et al: Older adults in jail: high rates and early onset of geriatric conditions. *Health Justice* 2018; 6
4. Fazel S, Hope T, O'Donnell I, et al: Psychiatric, demographic and personality characteristics of elderly sex offenders. *Psychol Med* 2002; 32:219–226
5. Chan HC, Beauregard E: Non-homicidal and homicidal sexual offenders: prevalence of maladaptive personality traits and paraphilic behaviors. *J Interpers Violence* 2015; 31:2259–2290
6. Hart M: The geriatric sex offender: senile or pedophile? *Law Psychol Rev* 2008; 32:153–162
7. Losel F, Schmucker M: The effectiveness of treatment for sex-offenders: a comprehensive meta-analysis. *J Exp Criminol* 2005; 1:117–146