



Physical Anthropology Section - 2013

135 An Institutionalized Elderly Sexual Offender: A Case Report

Graziamaria Corbi, PhD, Univ of Molise, Dept of Medicine and Health Sciences, Via Giovanni Paolo II - Loc. Tappino, Campobasso, ITALY; Ignazio Grattagliano, MD, Univ of Bari, Piazza Cagnola, 3/B, Casamassima, ITALY; Dario Sallustio, MD, Central Direction of Criminal Police, Ministry of Internal Affairs, Via Paolo Di Dono 149, Rome, 00142, Roberto Catanesi, MD, Univ of Bari, Section of Forensic Psychiatry, Piazza Giulio Cesare, Bari, ITALY; Nicola Ferrara, MD, Univ of Molise, Dept of Medicine and Health Sciences, Via Giovanni Paolo II - Loc Tappino, Campobasso, 86100, ITALY; Alessandro Dell'Erba, Univ of Bari, Piazza Giulio Cesare, Bari, ITALY; Graeme Yorston, MD, Centre for Ageing and Mental Health, Staffordshire Univ, Blackheath Ln, Stafford, UNITED KINGDOM; and Carlo P. Campobasso, MD, PhD, Univ of Molise, Dept of Medicine & Health Science, via De Sanctis, snc, Campobasso, ITALY*

The goal of this presentation is to describe a case of sexual abuse perpetrated by an institutionalized patient toward a young visitor.

This presentation will impact the forensic science community by focusing on elderly sexual offenders in order to better understand the mechanisms and factors that lead to elder sexual offenses in both family and formal care settings.

Background: More commonly, older people are the victims of sexual abuse but they can be also the perpetrators. The phenomenon is complex, consisting of institutional mistreatment toward all residents or individual neglect toward a single patient. The reasons older adults commit sexual offenses, in particular against children, are still an unsolved problem that requires understanding the motivations and distinguishing between senile or pedophile. Such offenses can occur in the family as well as within the hospital, nursing home facility, or a residential care home for elderly. This case report describes an episode of sexual offense by an elderly institutionalized patient toward a young visitor.

Case Report: A 70-year-old man in a residential care home was accused of sexual abusing a 6-year-old girl who was with her mother to see the grandmother. In the late afternoon, the grandmother reported to staff members that the male resident had come to her room, promised the child some candy, and had then taken her with him to his room. Once back in her grandmother's room, the girl disclosed that the man had lowered her underwear and touched her private parts. The elderly man suffered from Parkinson's disease for several years, was first treated with dopamine agonists, then, for the appearance of long-term treatment syndrome and gambling, with atypical neuroleptics. During an interview, the child was able to mimic the abuse perpetrated, by using a doll, and by psychodiagnostic tests performed, she was found to be reliable in reporting the sexual abuse. On genital examination, no injuries were observed except for some hyperemia. The analysis of the micro-traces on her underwear gave negative results for the presence of seminal fluid but it was able to detect a DNA profile consistent with that of the elderly man. The man was found guilty and sentenced to five years in prison. A civil action was also brought against the staff of the nursing home for inadequate supervision of the resident.

Discussion: The elderly are often unrecognized victims of sexual abuse but also at risk of perpetrating abuse on vulnerable targets like children or frail elderly co-residents because of many factors associated with aging. Mental illness and cognitive disturbances (related to dementia, other neurological or iatrogenic factors), as well as a range of problems in addition to physiological or pathological sex behaviors (i.e., pedophilia) are just some of the several age-related factors that can lead to such offenders. Recently, evidence has been found linking antiparkinsonian therapy and disorders in the impulsive-compulsive spectrum including gambling and hypersexuality as well as dopamine dysregulation syndrome. A distinguishing characteristic of elderly sex offenders is that the illegal activity will usually take place in a private place, such as the home of either the offender or the victim, or in a hospital or residential care home. Because of the aging of our population, elderly sexual offenders are becoming an increasing concern to clinicians and criminal justice agencies.

Conclusions: It is important to have a fuller understanding of the factors leading to elder mistreatment and sexual offenses in both family and formal care settings. Caregivers have responsibilities to ensure the safety of dependent elders and to protect them from elder abuse and also to ensure they do not pose a risk to those they are living with and any visitors they may have. Moreover, it is necessary to better understand the motivations and psychological factors relating to elderly sex offenders, to prevent these offenses, and to define standards for surveillance of residents who are potential perpetrators.

Elderly Offenders, Nursing Home, Sexual Abuse