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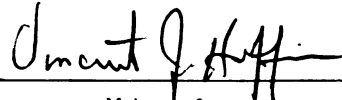
A PROFILE OF ELDERLY SEX OFFENDERS
INCARCERATED IN MICHIGAN PRISONS
IN 1993

presented by

HEATHER LYNN ESPIE

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of the requirements for

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**A PROFILE OF ELDERLY SEX OFFENDERS INCARCERATED
IN MICHIGAN PRISONS IN 1993**

By

Heather Lynn Espie

A THESIS

**Submitted to
Michigan State University
in partial fulfillment of the requirements
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1998

ABSTRACT

A PROFILE OF ELDERLY SEX OFFENDERS INCARCERATED IN MICHIGAN PRISONS IN 1993

By

Heather Lynn Espie

The Michigan Department of Corrections (MDOC) performed a study of all elderly offenders in Michigan prisons. Of this population, a notable minority were convicted of sex offenses, compared with a much smaller percentage convicted of sex offenses within the general prison population. This thesis is a descriptive profile of all elderly offenders in the MDOC's study who were convicted of sex offenses and includes an analysis of such information as gender and age of victim(s), relationship of offender to victim(s), and whether or not the sexual offending is ongoing with a particular victim(s) and/or over time with multiple victims.

The results of this thesis show that the vast majority of sex offenders in this study chose victims whom they knew and who were under age seventeen, and that over half of these sex offenders were committing incest.

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1998

DEDICATION

This work is dedicated in honor of my heroes and heroines, without whose love and support over the years it would not have been possible:

To my mother, Carol J. Espie,
for years and years of encouragement, insisting on the best, and remarkable
financial coordination,
for teaching me to write like an English teacher,
for being my editor here and in life,
and for being not only a fabulous mother but a constant friend ...

To my father, JD N. Espie,
who once watched with only the slightest disappointment as I showed him that
I'd figured out how to ride my bike without training wheels while he was at work,
and never stopped looking at me without that same trace of amazement,
even when I couldn't see it myself ...

To my brother, Rick Espie, who called me "Win" and followed in my footsteps for
a few short years,
then found his own way with marvelous character and simplicity ...

To Cyndi Toth, whose friendship, determination, boundless achievement, and
incessant energy are an inspiration to me ...

To Joy Norton, whose courage and tolerance bring such
confidence and joy to those around her ...

To Patricia and Jim Clark (it's your turn now!) for providing years of friendship,
music, sophistication, and relaxation ...

To Tony Patillo and Nelson Nieves, my colleagues and true friends, for guiding
and commiserating with me over the years ...

To Peggy Williams, my special confidante,
for her special brand of encouragement ...
and, especially, to everyone's children.

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Also instrumental to the completion of this thesis was Susan Trojanowicz, whose organization, guidance, dedication, and persistence are an example of the true meaning of Michigan State University's belief in its students.

Finally, of course, the writer salutes all the fine professors who have provided assistance over the years, but especially Dr. Ken Christian, Dr. Charles Corley, Dr. Vince Hoffman, Dr. Jay Siegel, and Dr. Cyrus Stewart.

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LIST OF ABBREVIATIONS

MDOC Michigan Department of Corrections

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INTRODUCTION

In 1992, budget cuts were forcing correctional facilities in the state of Michigan to provide psychological treatment for fewer sexual offenders. A Michigan Department of Corrections (MDOC) press release was printed in the Lansing State Journal on December 15, 1992. In this press release, it was stated that the premise is to target those sex offenders most likely to recidivate – *and most amenable to treatment* – for institutional sex offender therapy. Offenders who are not amenable to treatment " ... should be kept in prison as long as legally possible, instead of being given therapy."

Treating only sex offenders most amenable to treatment is a logical and perhaps admirable idea; however, it raises the inevitable question of whether we are currently able to select those most amenable to treatment from those who are not. As stated further in the press release:

Not all sex offenders are the same. They vary greatly in terms of type, causation, degree of compulsiveness, numbers and types of victims, danger or risk to the public, amenability or responsiveness to treatment and rate of recidivism upon return to the community.

As a result, the MDOC is currently evaluating its sex offender treatment programs, and the means of implementing those programs, due to environmental constraints placed on the MDOC by the state's budget cuts. Although this change is being forced on the MDOC, properly managing the choices and means for any reforms has the potential of creating more effective treatment programs, or, failing that, of allowing the MDOC to support elimination of some

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sex offender treatment programming in an effort to allocate funds where they may be more productive.

For instance, the MDOC currently administers its sex offender treatment programs in group sessions. Each group consists of all types of sex offenders, from violent rapists to child molesters. One issue at hand is whether effective treatment can occur in an environment that consists of this mixture of sex offenders. It has long been rumored that the general prison population views child molesters as the lowest of the low, and it is not difficult to imagine that a child molester, who perhaps views his offense as a passive and even victimless crime, would find a rapist repulsive. If group treatment programs are intended to foster openness, then certainly an initial and even overwhelming atmosphere of hostility cannot be of benefit to that program.

Additionally, there is a significant difference in the message society gives these different types of sex offenders: the child molester is condemned mainly for choosing an inappropriate sexual partner regardless of consent, while the rapist is condemned specifically for acting without the consent of an otherwise appropriate sexual partner. It is not unreasonable to assume that these very different messages may be unclear in today's mixed treatment setting.

Statement of the Problem

The MDOC conducted a study, published in April 1992, entitled: "A Report on Michigan's Elderly Prison Population." This study of 469 prisoners over age

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60, who then accounted for 1.5% of the Michigan prison population, indicated that Michigan's elderly inmate population had risen 47.5% between 1988 and 1991. Based on current sentencing patterns, growth of this population is expected to continue, reaching 650 individuals by the year 2000 (p. 12). If not for humanitarian concerns, then for the rising cost of medical and health-care costs alone, it is imperative that this population be better understood and managed.

The results of this study indicate that 42% (186) of the 453 males were incarcerated for sexual offenses (p. 3). (None of the females within the elderly population were sentenced for sexual offenses.) This contrasts conspicuously with the proportion of sex offenders in the general prison population, where only 13% are incarcerated for sexual offenses. Furthermore, this study indicated that 59% (278) of the 469 elderly inmates were serving their first prison sentences, with 51% (141) of these "first timers" imprisoned for sexual offenses (p. 8). Finally, this study noted that a "large proportion of these sexual offenders was [sic] convicted of various types of child molestation" (p. 8).

This leads to some specific questions, which this paper will attempt to address:

1. Who are these elderly sex offenders?
2. What do they have in common that might be used to separate them into treatment groups? For instance, how many of these elderly sex offenders are child molesters?

3. Is sex offending within the population identified in the Department of Corrections' study an ongoing activity or proclivity which has never been discovered, sentenced, or reported?
4. Are these offenders only recently becoming involved with illegal sexual activity, and if so, why? For example, if these offenders consist predominantly of child molesters, do they see children as substitutes for appropriate adult sexual partners, and why? Are there factors related to age, such as loss of an appropriate adult sexual partner (to death, divorce, or illness) or prescription medications, which contributed to these individuals becoming sex offenders or which caused them to desire inappropriate sexual contact or to act compulsively or violently?

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LITERATURE REVIEW

Sex Offenders

If it is true that sex offenders are *not* all the same, and it is also true that amenability to treatment is a dividing characteristic, then establishing valid and reliable criteria for separating sexual offenders into subgroups is necessary. McCall, Christopher, and Jurczak (1976) title an article, "Special Problem Patients – Psychotic, Geriatric, Retarded, Sex Offender," and, in doing so, effectively point out that differences create problems in a treatment setting. Their recommendation is to single out these problem inmates, although they do not take this so far as to separate types of sex offenders. Specifically, "If we try to define very clearly where we are and what we're going to do, then I don't think the tiger is going to be as bad as if we tried to 'treat' everybody" (p.188).

Current research and literature supports this idea of classifying sexual offenders into subgroups for treatment and also, of course, in order to achieve a better understanding of these sexual offenders and their motivations. However, the literature provides many conflicting and confusing theories for identifying such subgroups of sex offenders. Furthermore, it for the most part neglects to answer the more significant question of any particular subgroup's amenability to treatment; this question has been largely ignored, or has produced inconclusive results in various studies. Yet, one thing is clear in previous

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research: child molesters are very different and distinct from other sex offenders.

(Previous research also clearly states that child molesters – and sex offenders in general – are almost always male. The reasons for this are not relevant to this thesis and so are not discussed here. Please note that, unless stated otherwise, this paper focuses on male sexual offenders only.)

Child Molesters and Pedophiles

A foundation may be established with West (1983), who finds that studies of sexual offenders indicate the existence of subgroups with very different characteristics: assaultive sex offenders are young and aggressive, while child molesters are older and mostly non-violent (p. 183). In later research (1987, pp. 43-67), West further notes that surveys of known child molesters rarely try to differentiate between those whose primary sexual interest is in children from those who choose children only as substitutes for inaccessible adult sexual partners. With this, West makes an important distinction between child molesters, who commit sexual offenses against children but may prefer adult sexual partners, and pedophiles, who prefer children over adults sexually. West believes that there are several variations of child molester:

- (1) offenders whose attraction to children is in addition to sexual feelings toward adults (child molesters),

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- (2) offenders aroused only by children (pedophiles, spelled “paedophiles” by European researchers),
- (3) homosexual pedophiles (called “pederasts” by West), and
- (4) offenders who engage in sexual contact with their own children (incestuous child molesters).

Both West's own work and previous research indicate most child molesters fall into the first category: the “ ... vast majority [of child molesters] had apparently resorted to children, not for preference, but because they were for some reason frustrated in their attempt to find an older sex partner” (p. 46). West also states that the majority of child molesters prefer females, pederasts are in the minority, and even fewer have sexual contact with children of both genders. Additionally, “ ... the sexual involvement of girls more often took place in the home, when they were very young, with relatives or with members of their immediate family circle,” while “ ... boys' sexual contacts with men more often occur with strangers and at an age when they go out and about unsupervised” (p. 47). Finally, “Homosexually-oriented offenders against boys are usually true paedophiles, interested only in the young. Men who have enjoyed sexual contacts with other adult males are rare among offenders against boys” (pp. 66-67). West's last observation here is notable in that it is in contradiction to the myth believed by much of the public that most child molesters are adult homosexuals.

Recognizing what type of child molester a particular offender is aids in identifying motivations, which might then indicate treatment avenues. For example, West notes that a pedophile who actually prefers girls may have

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contact with boys out of accessibility, or due to a boy typically being more adventurous and thus willing to experiment sexually. West also says that some pedophiles never outgrew their childhood interest in other children, while others regressed to pedophilia when their adult sexual relationships did not produce happiness. West's review shows that unmarried men and pederasts are more likely to recidivate than married or heterosexual child molesters, as are offenders who have never had adult sexual partners. Offenders who engage in incestuous activity are different from other child molesters in that they tend to exhibit intense commitment to their families, but, simultaneously and perhaps as a result, experience isolation and social alienation from those outside their own families.

West also discusses child molesters' proclivity toward violence in detail, stating that incestuous offenders who sexually abuse both their male and female children tend to be more violent and to participate in similar activity with unrelated children. Pedophiles who abuse pre-pubertal girls usually limit themselves to looking and fondling, while sexual intercourse occurs typically with older females; this correlates with an increase in force and injury to older female victims. Where serious violence or injury does occur as a result of a sexual offense against a child, the victim is more likely female than male. As reasoning for this, West cites a 1965 study by Gebhard *et al.* which indicated that the most common activity involving male victims was masturbating the boy, and that seventy percent of the male victims were either passive or encouraging. West also mentions a 1983 study by Baumann which concluded that boys are less likely than girls to be traumatized by sexual contacts with adults. In fact,

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pedophiles “ ... are seeking, however inappropriately, an affectionate response and a mutually pleasurable experience. Paedophiles often develop great sensitivity to children’s reactions” (p. 58). While West notes that a minority of pedophiles who force themselves on children exists, the disparity in strength between adults and children as a probable cause for injury in situations where any struggle occurs is also mentioned. Sadistic violence, defined by West as “ ... the gratuitous infliction of pain to satisfy perverted lust” (p. 59), and murder are extremely rare in offenses against children, though much of the public believes otherwise due to the publicity such cases receive.

In terms of characteristics, West states, “Most paedophiles are gentle and tentative in their interactions with children, persuasive and seductive rather than coercive” (p.50), but also surmises that pedophiles who manage to escape detection may be much more socially adept and confident than their convicted counterparts. Pedophiles are also described as shy, timid, unassertive, having feelings of low self-esteem, insecurity, and societal alienation, which is in opposition with the characteristics of assaultive sex offenders. Additionally, West warns that studies of convicted child molesters must be treated with some reserve because “ ... cases that become known to public officials represent a tiny minority which is probably distorted with the worst examples of their kind” (p.45). These cases could include those where coercion or violence were more prominent. West also notes that convicted child molesters tend to be “ ... relatively poorly educated and verbally unskilled, but little different from the general population on non-verbal tests of intelligence” (p.51).

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Other theories utilize a system of categorizing child molesters. Summit and Kryso (1978) recommend a very specific spectrum to explain incestuous sexual activity between a parent and child; this spectrum includes *ten different types of incestuous child molester*. Shook (1988) uses a means of typing child molesters based on their relationships (relative, stranger, or acquaintance) to their victims.

Maletzky (1991, pp. 1-23) studied and treated (almost entirely on an outpatient basis) a group of over 5,000 sex offenders between 1971 and 1990. A full quarter of Maletzky's sample consists of offenders aged 50 and over, though the average age is 34.7 years. Maletzky indicates most sex offenders are married and employed, and notes, "Only a minority had never been married or had never lived with a female" (p. 13). One third of the men had been previously charged, with 76% of this group being previously charged with sex offenses. However, although the majority (65%) of this sample had no previous criminal record, " ... they had typically committed a number of offenses before being charged" (p. 21). Maletzky's data indicates that heterosexual pedophilia is the most common sex offense; in fact, 74.4% of this sample were convicted for pedophilia, with 57.3% convicted for heterosexual pedophilia (it is important to note that in these particular statistics, Maletzky does not differentiate between child molesters and pedophiles). Maletzky also indicates, " ... an offender with one type of sexual deviance (paraphilia) may possess several others. Mixtures of heterosexual and homosexual pedophilia have been commonly reported" (p. 18). Furthermore, Maletzky notes that a paraphilia may frequently occur in

conjunction with “ ... age-appropriate heterosexual attractions and practices” (p. 18). Maletzky’s results indicate that homosexual pedophiles display the longest duration of deviant behavior (12.7 years) and have a “significantly greater number of victims” (3.6 victims), while heterosexual pedophiles have shorter duration of behavior (7.5 years) and fewer victims (pp. 21-22). It is not clear from Maletzky’s analysis, but seems reasonable to assume, that the heterosexual pedophiles’ contact with each of their 1.4 victims lasted longer than the homosexual pedophiles’ contact with each of their victims. Maletzky concludes that “ ... many offenders, especially those coming to an outpatient clinic, will have molested because the situation presented itself” (p. 23), rather than because they seek children to fulfill a sexual desire or preference (which Maletzky calls “predatory behavior”). Finally, Maletzky deems four characteristics useful in classifying pedophilic offenders based on situational versus predatory behavior:

- (1) whether there were single or multiple victims,
- (2) whether the offender was a stranger or known to the victim,
- (3) whether the molestation generally occurred in either the victim's or offender's home (versus elsewhere in the community), and
- (4) whether the offender “ ... enjoyed heterosexual, adult, consenting relationships” (p. 23).

Using this model, Maletzky concludes predatory behavior occurs more often in homosexual pedophiles.

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While West concludes child molesters are rarely violent, Marshall and Christie (1981) find them to be physically violent individuals who confuse sex and aggression. Baxter, Marshall, Barbaree, Davidson, and Malcolm (1984) perceive pedophiles to be older, more poorly educated, and more likely to be unmarried than other types of sexual offenders. On the other hand, Cavanaugh's work (1986) indicates that pedophiles aged 20 or older are more likely to be married. Virkkunen (1976) compares antisocial (or psychopathic) pedophilic offenders with non-antisocial (or "ordinary") pedophilic offenders and finds that the non-antisocial offenders are immature, have low intelligence, and are less able to have relations with adults than the antisocial offenders. Delin (1978) asserts that child molesters are *psychopaths* with learned behavior problems deriving from childhood abuse, lack of familial love, and sibling rivalry; Garcia (1987) believes the typical child molester is a *non-psychotic* man having a childhood characterized by poverty, alcoholism, a repressive mother, and a physically abusive father.

Fisher (1994, pp. 1-24) believes that an " ... unusually high number of convicted child abusers ... were themselves abused sexually as children, compared to the number in the non-sex offending population" (p. 7). Fisher records the mean age of sex offenders at 31.5 years, and finds most are employed and have a sexual relationship with an adult partner. Fisher notes that most offenders have few victims over few occasions, and that non-incestuous offenders with male victims (classified by other researchers as "homosexual pedophiles") are responsible for the largest number of victims, but have more

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limited sexual contact with each victim. Similarly, Fisher's research agrees that incestuous offenders with female victims have fewer victims but much longer periods of sexual activity with each victim. Fisher, too, finds that offenders are likely to show signs of multiple paraphilias, with 23.3% having both incestuous and non-incestuous victims, and with 20% victimizing children of both genders.

Perhaps Fisher's most important observation is:

Whilst the multi-factorial models may be criticised on a number of issues, and do not provide a full explanation as to why all sex offenders offend, they are certainly more comprehensive and adequate than single-factor theories. It is likely that as more becomes known about sex offenders, it will be possible to develop more accurate models for different types of offenders. (p. 24)

Groth, Hobson, and Gary (1982) do not find *any* social or demographic characteristics which differentiate the child molester from the general population.

Yet, previously (1979, pp. 141-150), Groth had other thoughts on the matter:

The impression that emerges is that, contrary to popular opinion, the child molester is a relatively young, heterosexual man who is neither insane, nor retarded, nor sexually frustrated. He seeks to control the child more than to injure him/her and most of the time poses more of a psychological than a physical risk to the victim. His behavior is highly repetitive, often to the point of a compulsion, rather than being the result of a temporary lapse of judgment while in a state of intoxication. His crime is a symptom, and imprisonment alone is insufficient [sic] to remedy the underlying causes for his problem behavior. (p. 151)

Also in earlier research, Groth found that the majority of child molesters are under the age of 35, knew their victims, are of equal intelligence with the general population, are not dependent on drugs or alcohol (and did not use alcohol or drugs at the time of the offense), are as likely as not to be married, are also involved in sexual relationships with adults at the time of the offense, are non-

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psychotic, and are non-violent with little to no expectation that violence will increase over time. Groth, like West, noted that the majority of offenders chose female victims and found “... the heterosexual adult constitutes more of a threat of sexual victimization to the underage child than does the homosexual adult” (p. 148). In fact, Groth stated, “... [49% of] offenders responded exclusively to children – boys, girls, or both – and showed no interest in adults or age-mates for sexual gratification. These men were pedophiles in the true sense of the word” (p. 148). Groth also noted that child molesters usually act alone, with 95% of these offenders having no codefendants, and appear to choose victims based on age: 14% chose children aged 5 or younger, 46% chose children aged 5 to 11, and 33% chose children aged 12 to 15.

Conte (1991, pp. 11-33) states, “Victim data generally support the notion that sexual abuse of children often involves assault by more than one offender” and, in agreement with other researchers, “Offender data suggest that sexual offenders targeting children tend to abuse more than one child” (p. 18). As a result of the fact that sexual abuse is under-reported, “... it is simply not clear how many adults are in fact sexually abusing children at any one time – although it is clear that a large number of children are sexually abused” (p. 18). Conte continues:

Fundamentally, in terms of understanding the ... nature of sexual deviant sexual interest it is not clear what level of specificity is necessary. For example, it is [sic] important to know that a child molester preferring five year olds is more likely to favor anal intercourse over vaginal? It is currently not clear if this choice is significant in understanding the nature of the deviancy ... (p. 19)

Conte notes that incestuous sexual abuse cases are more likely to include intercourse than non-incestuous sexual abuse cases, and describes “ ... a longstanding belief that incest offenders represent a distinct and different clinical problem from non-incestuous offenders (i.e. pedophiles)” (p. 25). Conte warns that this leads to the idea that incestuous offenders will not offend outside their families, a belief that suggests incestuous offenders are not dangerous to children in general and thus can be treated safely while remaining in the community, “ ... although, perhaps, not in the same house” (p. 26). Conte also points out that nearly half of incestuous offenders also victimize unrelated children. In discussing typologies, Conte states regarding a two-faceted (“regressed” versus “fixated” child molesters) model proposed by Groth:

While this topology may have been popular in the late 1970s and early 1980s ... it appears to have lost much of its clinical value and a number of problems exist. ... To date no empirical evidence exists for the accuracy of the typology to classify adult sexual offenders. ... It appears that the largest group of offenders is a *mixed* group combining certain of the characteristics of both fixated and regressed types. (p. 28)

Instead, Conte suggests offenders be assessed within six dimensions thought to be consistent in cases of sexual abuse of children:

- (1) denial,
- (2) arousal,
- (3) fantasies,
- (4) rationalizations,
- (5) deficits in social skills, and
- (6) other mental health problems, including drug abuse and depression.

Gilgun (1994) takes the multiple-factor models a bit further, using a continuum to categorize offenders. This allows a solution for the problem, already noted in previous research, of offenders falling within more than one paraphilic category. Gilgun may be the first to so clearly state, "Child-sexual-abuse perpetrators are heterogeneous" (p. 468). Gilgun summarizes several typologies used by other researchers, some of which have been discussed here, and then states:

These typologies show great variety among types of offenders as well as among classification schemes. For the most part, however, the language used in these typologies is abstract and provides little insight into how perpetrators view their own behavior with children. (p. 469)

Gilgun's study was comprised of interviews with 20 male and 3 female child molesters, whose ages ranged from 21 to 56. Gilgun indicates most were married, and most "... abused both boys and girls within and outside their family, but in most cases perpetrators were parents of or parental figures to their victims" (p. 470). Gilgun's continuum consists of seven descriptive classifications, with "avengers" feeling the least sense of closeness with their victims and "soulmates" experiencing the greatest sense of closeness. The continuum proceeds as follows:

- (1) avengers, whose goal is to inflict either physical or emotional pain on either the victim and/or someone close to the victim;
- (2) takers, whose goal is to get what they want without regard for their victims;

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- (3) controllers, who bargain with their victims to achieve their own sexual goals;
- (4) conquerors, who use seduction and manipulation to court their victims;
- (5) playmates, who perceive children as their peers and see sex as “only one of the ‘fun’ things they did with their victims” (p. 475);
- (6) lovers, who appear to be in love with their victims, whom they see as equal partners; and
- (7) soulmates, who identify so closely with their child victims that they “ ... confuse themselves with children ... [and] ... are drawn to and see themselves in their child victims” (p. 476).

Gilgun, who found that offenders experienced different roles with different victims, and even sometimes within the same relationship with any particular victim, encourages the importance of deductive rather than inductive reasoning in concluding:

Practitioners should enter case situations with a variety of hypotheses and, in the flow of assessment and intervention, test these hypotheses for their fit. Theoretical frameworks should never be imposed on clients; rather, practitioners need to listen to clients and, as appropriate, probe to draw clients out. (p. 478)

Perhaps by separating sexual offenders into appropriate categories, characteristics of those groups (which might then be used to indicate amenability to treatment and likelihood of recidivism) can be more accurately established. Obviously, then, a method of dividing sexual offenders into smaller groups is needed. As Overholser and Beck (1989) state, “Such specific delineation of subjects seems necessary for the further advancement of studies on sexual

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deviations" (p. 170). Unfortunately, as seen in this review, previous research contains great disagreement regarding any optimum method of classifying child molesters. Freund, Heasman, and Roper (1982), in fact, made such contradictions the subject of their article, "Results of the Main Studies in Sexual Offenses Against Children and Pubescents (A Review)"!

What is clear is that significant differences do exist among child molesters, but that these differences do not necessarily exclude child molesters from any particular category (such as incestuous versus non-incestuous and homosexual versus heterosexual pedophilic offenders). It seems research on child molesters, though fairly extensive, is still in very preliminary stages, but that viewing further research with deductive reasoning and an open mind is the most reasonable path to follow.

Elderly Offenders

Much less research is available regarding elderly offenders, and, more specifically, regarding elderly sexual offenders. Gewerth (1988, pp. 14-25) summarizes some of the previous work done in this area: "... fraud, embezzlement, and larceny-theft seem to be the most frequent crimes for which the elderly are arrested, although some authors have found that assaults and sex offenses are relatively common as well" (p. 23). Gewerth also notes that earlier studies indicate a high proportion of elderly offenders were first-time offenders. Further, Gewerth states:

According to many authors, criminal behavior in old people is often a symptom of some type of organic brain disease associated with the aging process, such as cerebral arteriosclerosis or senile dementia. The pathological changes produced by these disorders are believed to weaken an individual's inhibitions or cause delusions that lead to episodes of violence or deviant sexual activity" (p.23).

Other characteristics of elderly offenders may include depression, alcoholism, and paranoid schizophrenia or other personality disorders. Finally, Gewerth indicates that many have tried to explain elderly sex offenders' activity by suggesting these offenders suffer from weakened inhibitions; high sex drives; a desire or need to prove machismo or youth; and/or feelings of rejection, impotence, or homeliness. It is also of note that Gewerth's literature review is based primarily on work dated in the 1940's, 1950's, and 1960's.

Hacker (1984, pp. 67-73) has some very different conclusions:

By far the most common reason for arrest among the elderly is drunkenness; more serious crimes such as sexual and violent offenses are rare. Nevertheless, these crimes have received disproportionate attention from writers on crime in the aged and, indeed, have sometimes been regarded as typical of this age group. (p. 67)

Hacker continues:

It is widely believed, for example, that sexual offenses involving child victims are the most common crime in old age. Most of these are said to be committed by first-time offenders, who are often described as being of 'blameless character.' Many authors have held that such offenders are suffering from dementia ... (p. 67)

Hacker also notes other theories which have been suggested as reasons for elderly sex offenders' actions; these include prostate changes, regression caused by emotional issues, alcohol abuse, and seduction by the child victim. Furthermore, Hacker advises that prior research on elderly sex offenders is

contradictory regarding their marital status and adult sexual relationships.

Hacker studied the records of 70 elderly transgressors and found 43 of them were sex offenders. An analysis of the records of these 43 offenders indicates the majority do *not* suffer from dementia or other organic brain syndromes, are likely to be or have been married (but are also likely to rate their marital relationships as less than average), have minimal social contact, and were not using alcohol or drugs at the time of the offense. Hacker's study also indicates these elderly sex offenders generally know their victims, with whom they engage in non-aggressive sexual activity without the use of threat or force, either in the victims' homes or in their own homes. Their victims are usually children. After noting that almost half of the offenders had previous criminal records and that almost 25% had committed previous sexual offenses, Hacker concludes, " ... these men have had sexual problems throughout their lives" (p. 71).

Purpose

This thesis, then, will be a descriptive profile of elderly sex offenders already incarcerated within the MDOC in 1993. It is intended that this research will add to the body of work on both elderly sex offenders and child molesters, and perhaps also on pedophiles.

METHODOLOGY

In its previous study, "A Report on Michigan's Elderly Prison Population," the Michigan Department of Corrections (MDOC) defined its elderly prisoners as those aged 60 and over. For consistency, this study maintains that definition. However, the writer has chosen to concentrate on sex offenders who came into the system as elderly offenders, and so has eliminated those in the original study who were committed to prison before turning 55 (those who became elderly while incarcerated). Elderly sex offenders in the Department's original report numbered 186, and included only those elderly offenders sentenced for sex offenses and incarcerated in Michigan as of December 1991. After subtracting the 13 "younger" sex offenders from the original 186, this writer had 173 elderly sex offenders who came into the Michigan Department of Corrections after age 55.

The study undertaken by the writer involved profiling a 25% sample of all 173 individuals who make up the population in question – elderly sex offenders committed at age 55 or older to the Michigan Department of Corrections. As a descriptive study of this population, both the writer and the reader must keep in mind that results can be generalized only to this population. However, the management implications for future research, and especially for reforms of sex offender treatment programs for this population alone, are undeniable.

The 25% sample – totaling 44 inmates – was selected to ensure a sample that included both inmates who had been previously incarcerated within

the Michigan Department of Corrections and inmates who only recently came into the system, as well as a representative portion (over time) of inmates who came into the system on their first prison sentences.

Data collection involved manually reading through each of the 44 inmate files in the sample in order to answer a questionnaire (Appendix A), which was developed by the writer based on the literature and under the direction of MDOC employees W. Lovett, D. Kosinski, T. Murphy, J. Rushbrook, and G. Stockman.

Obviously, as this instrument was created expressly for purposes of this study, it was not tested for reliability and validity. The fact, however, that only one person (the writer) examined each inmate file and filled out the questionnaires provides a certain degree of reliability. Further, because the questionnaire is based on previous research, it thereby acquires some validation. The questionnaire was developed to provide a measure of consistency and assist the writer in collecting data for the same variables, when available in the inmate's file, for each of the 44 inmates.

It is important to note that the writer did not expect to find answers in every inmate file for every question on the questionnaire, or even for a majority of questions on the questionnaire. A good deal of this information was unavailable in most or even all of the files. However, the questions were included for two reasons. First, their inclusion encouraged the writer to view each file with an open mind and an eye toward individual but pertinent or notable data. Second, a slightly unrelated but not unimportant purpose of this study was to identify what information is *lacking* in inmate files, which, if included, could

assist in determining proper and accurate classification of sexual offenders and indicate the most viable means of treatment for them. The implications of this second purpose will, for the most part, be left to the Department of Corrections to analyze and amend.

The writer also briefly scanned most of the remaining files in the target population (some files were in use or missing within the Department of Corrections and were thus unavailable to the writer) to determine the gender of the victim, the age of the victim, and the relationship of the victim to the offender. This provided a broad range of demographic characteristics with which to evaluate the sample's representativeness, as well as with which to draw preliminary conclusions.

Again, as a descriptive study of elderly sex offenders within the Michigan prison system, the results of this research cannot be generalized to other inmate populations such as younger sex offenders, elderly offenders as a whole, or elderly sex offenders in other state prison systems. These questions and their answers are left to further research. This study will, however, aid the MDOC in evaluating appropriate custody and treatment methodologies for elderly sex offenders within its jurisdiction. This focus on the geriatric sex offender population is thus intended to provide practical and immediate uses for the MDOC; it is with their needs in mind that this research is being undertaken. Please refer to Appendix B, a letter from W. Lovett summarizing the MDOC's assessment of the purposes of this research.

DATA ANALYSIS

General Data Analysis

Certain data was collected for the entire study group of 173 offenders, including race, age at incarceration, minimum sentence length, and prison term. Whenever the information was available, data was also collected for the entire group regarding the number of an offender's victim(s), the gender of his victim(s), the age of his victim(s), the offender's relationship to his victim(s), and whether or not the sexual offending was ongoing (with the victim[s] and/or over time). This information was available as long as (1) the Michigan Department of Corrections (MDOC) file was available, and (2) the information had been recorded in the file. Files were available to the writer as long as they were not in use by an MDOC member or filed incorrectly within the MDOC.

It is important to note that all of the offenders profiled in this study are male. This is a direct result of the fact that none of the sex offenders within the MDOC's original study on its elderly offenders, entitled "A Report on Michigan's Elderly Prison Population," are female. Without extensive research on elderly sex offenders in other states, it is impossible to conclude that no elderly sex offenders are female; however, this study supports previous research indicating that female sexual offenders of any age are rare.

Offender Characteristics

As shown in Table 1, the offenders in the study group are predominantly white (154, or 89%). Other races include black (12, or 7%), Hispanic (six, or 3%), and East Indian (one, or 1%).

Table 1. Offender Race

Race	# of Offenders	%
White	154	89%
Black	12	7%
Hispanic	6	3%
Indian	1	1%
Total	173	100%

Offender age refers to the age at which an offender came into the MDOC system. The offenders in the study group ranged in age from 55 to 82, with the majority coming into the system in their sixties (96, or 56%). As shown in Table 2, other ages of incarceration included 56 (32%) in their fifties, 18 (10%) in their seventies, and three (2%) in their eighties.

Table 2. Offender Age

Age	# of Offenders	%
50's	56	32%
60's	96	56%
70's	18	10%
80's	3	2%
Total	173	100%

Sentencing

Minimum sentences ranged from one year to life, with the majority of offenders sentenced to ten years or less (145, or 83.8%). Only 28 offenders (16.2%) were sentenced to more than ten years, with six each sentenced to forty years or life. More detail is available in Table 3.

Table 3. Minimum Sentence

Sentence in Years	# of Offenders	%
3 or less	47	27.2%
4 to 6	49	28.3%
7 to 10	49	28.3%
11 to 20	16	9.2%
21 to 40	6	3.5%
LIFE	6	3.5%
Total	173	100.0%

Racial bias in sentencing has always been of interest to researchers. This study is rather small and the racial mix of this study population diverges greatly with that of study populations in previous research (whether related to sex offenders or not). Additionally, the number of offenders of races other than white in this study is small enough that generalizations and conclusions are difficult and perhaps even hazardous to make; however, as depicted in both Table 4 and Figure 1, there are several points of interest. All offenders in this study who were sentenced to life were white. Approximately 85% of the 154 white offenders in

this study, compared with 75% of the 12 black offenders, were sentenced to ten years or less. On the other hand, 50% of the blacks, versus 26% of the whites, received sentences of three years or less. Meanwhile, 17% of the black offenders, versus only 3% of the whites, received sentences of between 21 and 40 years.

Table 4. Sentence by Race

Sentence in Years	White	Black	Hispanic	Indian
3 or less	40	6	1	0
4 to 6	45	2	2	0
7 to 10	44	1	3	1
11 to 20	15	1	0	0
21 to 40	4	2	0	0
LIFE	6	0	0	0
Subtotals	154	12	6	1

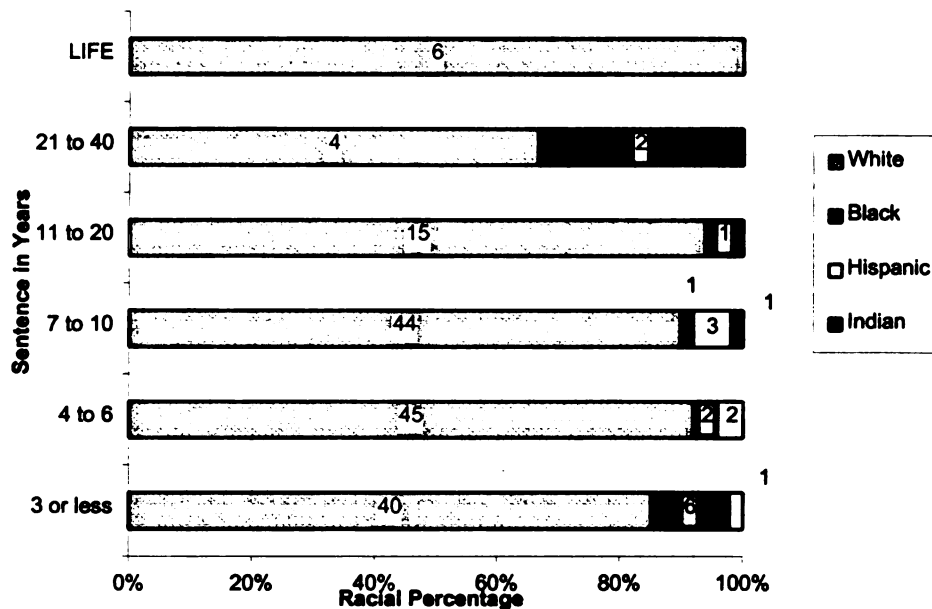


Figure 1. Sentence by Race

Prison Term

The MDOC classifies prison terms using letters, i.e., an A term is an offender's first prison term within the MDOC, a B term is the offender's second prison term within the MDOC, and so on. If an offender previously served any number of prison terms in another state, but is serving his first prison term in Michigan, his classification would still be A. Prison terms for the study group range from A to J (J represents the offender's tenth prison term within the MDOC). As depicted in Table 5, the majority of offenders in the study were in their first prison term (131, or 76%), while 25 (14%) of the group were serving their second prison term. Only one offender (1%) in the group was serving his H prison term; likewise, one was serving his J prison term. The remaining 15 offenders (8%) were serving C, D, or E prison terms.

Table 5. Prison Term

Term	# of Offenders	%
A	131	76%
B	25	14%
C	5	3%
D	6	3%
E	4	2%
H	1	1%
J	1	1%
Total	173	100%

Even so, during the review of the files, only fourteen offenders were noted as having a criminal record that included sexual offending (though this had no correlation to whether or not the offenders had a *history* of sexual offending, as will be addressed shortly). In fact, of these, eight were serving their first term with the MDOC, meaning that their previous record occurred in another state, and/or that previous charges were not punished with prison sentences. The criminal records of these fourteen individuals included crimes ranging from exhibitionism and gross indecency to statutory rape, rape, sodomy, and incest.

Number of Victims

Because the exact number of victims noted in the file was frequently difficult to determine in the instant case (that for which the offender was incarcerated), and because an offender having multiple victims over time shows a historical pattern of sex offending, the number of victims was recorded as accurately as possible by the writer as the number of victims attributed to an offender over his lifetime. This figure is tentative as well; however, it is more accurate than attempting to break down the number of victims in the instant case for several reasons. First, offenders were often sentenced for only a portion of the victims involved in the immediate case, due to factors such as victims who did not wish to press charges, plea bargains, and/or the inability of prosecutors and investigators to identify or locate other victims, even when they had solid evidence alluding to the existence of multiple victims. Secondly, much of the

information available in the MDOC files is based on subjective statements made by individuals, including investigators, prosecutors, psychologists, and offenders. For instance, a psychologist might note that an offender self-reported an earlier incarceration in another state for a sex offense, but these records were unavailable to either the psychologist or the writer to evaluate the number of victims involved. Additionally, it is not unusual for the MDOC file to contain conflicting data regarding the number of victims, both in the instant case and historically; however, it could usually be determined that the number of victims ranged between one or “at least one” (in which case the number of victims was recorded as one) and “at least fifty” (in which case the number of victims was recorded as fifty).

Based on this analysis, the number of victims per offender ranged from one to fifty. As shown in Table 6, nearly half of the offenders in the study (79, or 45.7%) had one victim, while another 37 (21.4%) of the offenders had two victims. The number of victims was completely unclear in 13 (7.5%) of the MDOC files, while the number of victims could not be specified further than either “several” or “many” in ten files (five files, or 2.9%, for each category).

Table 6. Number of Victims per Offender

# of Victims	# of Offenders	%
1	79	45.7%
2	37	21.4%
3	11	6.4%
4	12	6.9%
5	4	2.3%
6	3	1.7%
7	1	.6%
13	1	.6%
50	2	1.2%
Several	5	2.9%
Many	5	2.9%
Unknown	13	7.5%
Total	173	100.1%

Victim Characteristics

As shown in Table 7, female victims (118, or 68%) far outnumbered male victims (24, or 14%), while only 18 offenders (10%) victimized both genders. This coincides strongly with previous research.

Table 7. Victim Gender

Victim Gender	# of Offenders	%
Female	118	68%
Male	24	14%
Both male & female	18	10%
Unknown	13	8%
Total	173	100%

Furthermore, as both Table 8 and Figure 2 show, a greater number of victims per offender correlates to a greater likelihood that the victims are male, which is also in agreement with previous research.

Table 8. Number of Victims (per Offender) by Victim Gender

# of Victims	Both Genders	Male	Female
1	0	13	66
2	8	4	25
3	3	0	8
4	3	2	7
5	2	1	1
6	1	0	2
7	0	0	1
13	0	1	0
50	0	1	1
Several	1	0	4
Many	0	2	3
Subtotals	18	24	118

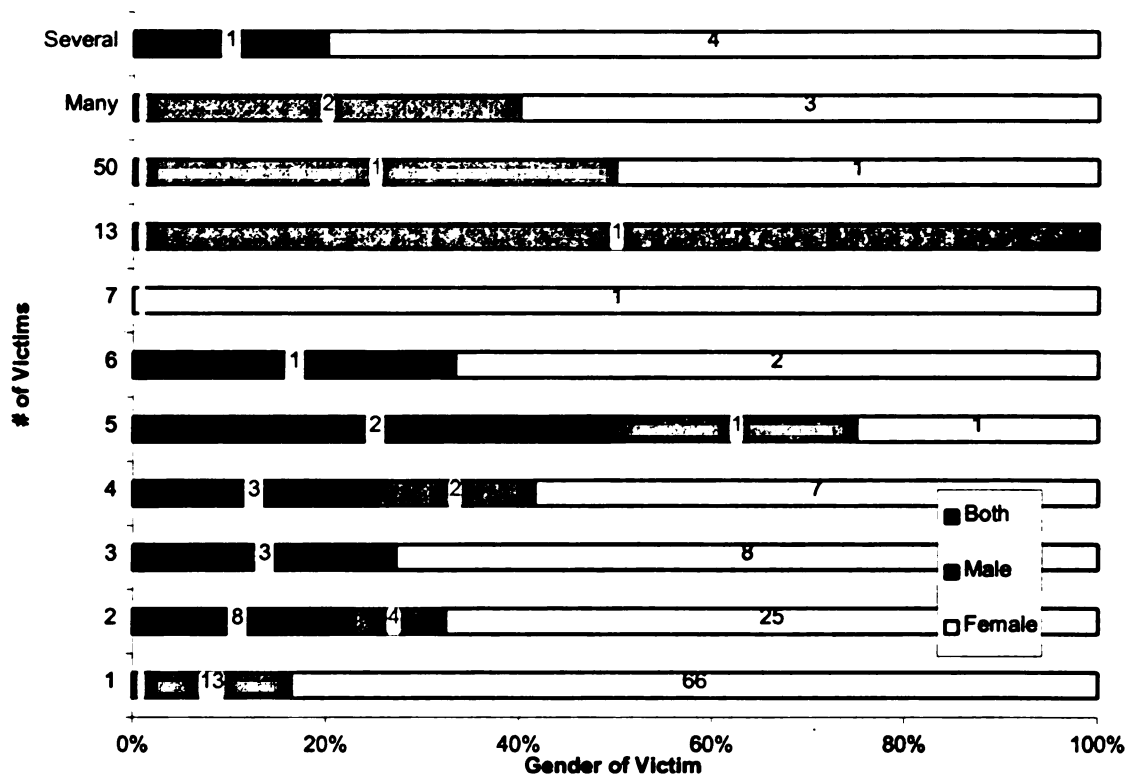


Figure 2. Number of Victims (per Offender) by Victim Gender

During this writer's review of the MDOC files, one thing in particular was overwhelmingly evident: when such information was noted in the file, an offender was more likely than not to have had a history of sex offending, whether with the instant victim or with other victims over time. This history will be discussed in more detail shortly; however, its relevancy to this section cannot be overlooked. As stated previously, almost half of the offenders in this study had *at least one* victim, which means that more than half of the group had more than one victim (and this does not include the thirteen offenders for whom the number of victims could not be discerned).

Related to both the history of sex offending and the number of victims per offender is the fact that many of the offenders' victims were of varied ages and/or that the victims were assaulted over a period of several years. The writer categorized the age of the victims in this study based on typical physical characteristics. Thus, a "child" is defined as aged 3 to 10 years, and a victim going through "puberty" is defined as aged 11 to 17 years. These categories made up 40.5% (70) and 24.9% (43) of the victim population, respectively. Additionally, a good number (34, or 19.7%) of offenders' victims ranged from age 3 to 17 years, and this category is defined as "child/puberty." From this, it is evident that the sex offenders in this study predominantly committed offenses against children.

Only *seven* of the offenders' victims were adults, aged 18 to 91. Of these seven adults, one was 18, and one was 19. The writer chose to classify these two victims as adults because their physical attributes would most likely be those of an adult. In three of the MDOC files, the age of the victim was unspecified; one listed the age as "young," another as "under 13," and the last as "under 15." Additionally, in sixteen of the MDOC files, the victim's age was not noted. All data related to victim age is shown in Table 9.

Table 9. Victim Age

Victim Age	# of Offenders	%
Child under 10 yrs	70	40.5%
Child/Puberty (3-17 yrs)	34	19.7%
Puberty (11-17 yrs)	43	24.9%
Adult (18-91 yrs)	7	4.0%
Young	1	.6%
Under 13 yrs	1	.6%
Under 15 yrs	1	.6%
Unknown	16	9.2%
Total	173	100.1 %

Relationship between Offender and Victim

For purposes of data analysis, the writer categorized offenders' relationships with their victims based on the closeness that one could reasonably expect between a particular offender and victim. For instance, in several cases, the offender is such a close friend of the victim's family that, while actually unrelated to the victim by blood, he is known to the victim by a name that indicates closeness, such as "Grandpa" or "Uncle Charlie." In other cases, the offender is connected to the victim through marriage, adoption, or other circumstances in which the offender would be viewed as in a close position of trust to someone who does not know the family first-hand (such as the writer). Thus, in the following analysis, "family" includes offenders who are related to the

victims as fathers, grandfathers, uncles, foster fathers, step-fathers, step-grandfathers, and live-in boyfriends of the mother of the victims. "Friends of the family" includes individuals who may have a position of trust with the family of the victim, but who are likely less well known to the family of the victim than those considered "family"; these include offenders who are neighbors, coworkers, landlords, boarders, and boyfriends who do not live in the same household as the victim.

In fifteen MDOC files, the relationship between the offender and victim could not be determined. Also of note are four offenders known to their victims by virtue of being a doctor, a priest, a Boy Scout master, and a bus-driver. All data related to relationship between victim and offender is included in Table 10.

Table 10. Relationship between Offender & Victim

Relationship	# of Offenders	%
Acquaintance	15	8.7%
Babysitter	9	5.2%
Family	83	48.0%
Friend of family	42	24.3%
Stranger	5	2.9%
Boy Scout Master	1	.6%
Bus Driver	1	.6%
Doctor (adult victim)	1	.6%
Priest	1	.6%
Unknown	15	8.7%
Total	173	100.2%

Of the offenders in this study, all but approximately 13% of those whose relationship to the victim could be identified were known fairly well by the victim and the family of the victim. In fact, fully 87% (134 offenders) were in positions of trust as family members, friends of the family, and/or babysitters, when they assaulted their victims. This data, again, agrees strongly with previous research, especially that relative to child molesters. Additionally, and more importantly, these results are in direct conflict with the popular myth that the typical child molester is a homosexual stranger who encounters children in public places, such as parks and video arcades. Even the priest and Boy Scout master, which are also typified in myth and media as being likely candidates for sex offending against children, make up such a small portion of this population as to be negligible.

History of Sexual Offending

As touched upon earlier, while the MDOC files of only 76 of the offenders in the study indicated whether or not there was a history of sex offending, the results of this question for those 76 are striking. Table 11 summarizes all data collected regarding offenders' history of sexual offending. Of the 76 offenders for whom data was available, 62% (47 of 76) had a history of sexual offending against the instant victim, 13% (10 offenders) had a history with other victims over time, and 18% (14 offenders) had both a history with the instant victim and with multiple victims over time.

Table 11. History of Sexual Offending

History	# of Offenders	%
With victim(s)	47	27%
Both over time & with victim(s)	14	8%
Over time	10	6%
No	5	3%
Unknown	97	56%
Total	173	100%

Survey Data

A great deal of data was collected using the survey instrument created by the writer (Appendix A). Data was collected for 44 offenders, and is thus a sample of just over 25% of the study population of 173 elderly sex offenders.

Offender Childhood

Table 12 depicts the educational level of the 44 offenders. Most of the offenders (26, or 59.1%) had not graduated from high school, with 11 offenders (25.0%) having less than an eighth grade education. Of the other 40.8% who graduated from high school, half went on to achieve some level of college education.

Table 12. Offender Education

Level of Schooling	# of Offenders	%
Less than High School	3	6.8%
Grades 7-8	8	18.2%
Grades 9-12	15	34.1%
HS grad/GED	8	18.2%
Some College	6	13.6%
B.A.	2	4.5%
Some Grad School	2	4.5%
Total	44	99.9%

Information regarding whether the offender had ever experienced poverty during his lifetime was recorded in nineteen of the 44 MDOC files. Table 13 shows that 13 offenders had experienced poverty during their lifetimes, with effects that included having to leave school at an early age in order to help support their families. In fact, of the 11 offenders who did not complete high school for whom this information was recorded in the MDOC file, eight (31%) had experienced poverty during their lifetimes.

Table 13. Offender Experience Poverty

Experienced Poverty	# of Offenders	%
Yes	13	29.5%
No	6	13.6%
Unknown	25	56.8%
Total	44	99.9%

As shown in Table 14, nine of the 44 offenders (20.5%) had been sexually abused as children -- four by strangers, two by teachers, two by relatives (one

was abused by his father, while the other was abused by several female relatives including his mother and sisters), and one by a neighbor. With the exception of the offender who was sexually abused by female relatives, who had a 26-year sexual relationship with his mother, all sexual abuse occurred before the age of 14.

Physical abuse was present in four cases (9.1%), all administered by the father-figure in the home, and all occurring before the age of 13.

Table 14. Offender Experience Abuse

Experience Abuse	# of Offenders	%
Sexual	9	20.5%
Physical	4	9.1%
No	8	18.2%
Unknown	23	52.3%
Total	44	100.1%

Offender Marriage and Family

All but one of the 44 offenders in this study had been married at least once, and all but four had children. Eighteen offenders (41%) had been married once, 16 (36%) twice, six (14%) three times, two (5%) four times, and one (2%) had been married five times (see Table 15). As shown in Table 16, four (9%) were widowers at the time of the instant offense, 13 (30%) were divorced, and

another four (9%) were still married but separated or divorcing. The remaining 22 offenders (50%) were married at the time of the instant offense.

Table 15. Offender Marriage

# Marriages	# of Offenders	%
0	1	2%
1	18	41%
2	16	36%
3	6	14%
4	2	5%
5	1	2%
Total	44	100%

Table 16. Marital Status

Marital Status	# of Offenders	%
Married	22	50%
Divorced	13	30%
Separated	4	9%
Widowed	4	9%
Single	1	2%
Total	44	100%

Information regarding whether the offender also had appropriate adult sexual partners and release at the time of his offense was not available for the majority of offenders; however, in the 15 files where this information was provided, the offender's activity with adult sexual partners had ceased.

Offense Characteristics

In both Table 17 and Figure 3, the extent of the sexual activity which occurred in the instant offense is depicted. Extent of sexual activity was evaluated using five levels: touching over clothing, touching under clothing, penile penetration (including sodomy), other penetration (including digital penetration or penetration using a sexual aid), and other. This last category, which turned out to be the largest (31 offenders participated in "other" activity), predominantly included performing oral sex on the victim and/or forcing the victim to perform oral sex; other activities that make up this category and were noted in the MDOC files include viewing pornography with the victim, requiring the victim to perform sexual acts with someone other than the offender, and requiring the victim to dress in lingerie. Each offender could potentially be included in all five categories; thus, each category is independent of the others. Figure 3's portrayal, as a continuum, is interesting because it highlights the potential that an offender would escalate his sexual activity with the victim. For instance, once an offender reached the point of penile penetration of the victim, it was more likely he would continue on to other penetration or other activities such as oral sex or viewing pornography with the victim. However, one must not conclude that all offenders who had sexual intercourse with their victims also continued on to other activities, nor that all offenders who acted out other activities with their victims necessarily had sexual intercourse with them.

Table 17. Extent of Sexual Activity

Extent of Activity	# of Offenders
Touching over clothing	18
Touching under clothing	30
Penile Penetration	16
Other Penetration	21
Other	31

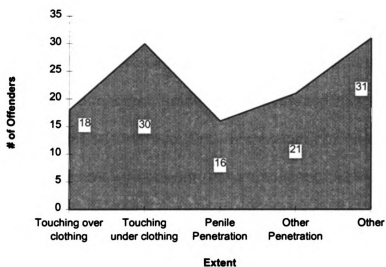


Figure 3. Extent of Sexual Activity

Drugs, specifically marijuana, were used by only two of the offenders, and were used during the instant offense in both cases. In fact, in one of these cases, both the offender and the victim were high on marijuana (the victim was also reportedly high on angel dust), and this offender often traded drugs for sex

with the victim, his 13-year-old granddaughter. In both of these cases, alcohol was also used by the offender and/or the victim during the instant offense.

Alcohol was cited in 12 of the 44 cases (27%) as a factor in the offense. In the remaining 32 cases, alcohol was not a factor. However, while the use of alcohol during the instant offense was addressed in all 44 files, offenders' alcoholism was not evaluated by the writer because this question was not consistently addressed. In fact, where it was addressed, it was often a subjective statement made by an investigator or psychologist, rather than a definitive diagnosis.

Violence during the commission of the offense was rare, occurring in only two of the 44 cases (5%), and consisting of the offender's choking or gagging his victims. Threats were also rare, occurring in 13 cases (30%), and ranged from threats to withdraw attention, affection, or privileges if the victim did not comply with the offender's wishes, to threats of discipline, jail, violence, and even death to the victim or family of the victim. In one of these cases, a 13-year-old male victim stated that the offender had threatened him with a knife, but the investigators believed the boy said this as a means of saving face because he spoke with them in front of his father.

Table 18 indicates where the instant offense(s) occurred most often. In ten cases (23%), the victim and offender shared a home where the offending took place. When they did not share a home, the most likely place for the offending to occur was in the offender's home (19 cases, or 43%), with either the victim's or offender's home (three instances, or 7%) or simply the victim's home

(five cases, or 11%) following. In other words, keeping in mind that these offenders are mostly family and friends to the victims, in 84% of cases, the offending occurred in a location in which the offender felt at ease, and in a location in which a reasonable person would expect the victim to feel similarly at ease.

Table 18. Location of Offense

Location of offense	# of Offenders	%
Offender's home	19	43%
Offender's home is Victim's home	10	23%
Victim's home	5	11%
Either home	3	7%
Other	4	9%
Unknown	3	7%
Total	44	100%

As depicted in Table 19, in three cases (7%) , the MDOC file was unclear regarding how the offender was convicted; however, in 24 cases (54%), the offender was convicted by plea bargain or pled nolo contendere. The remaining 17 cases (39%) were adjudicated by either a judge or jury.

Table 19. How Offender was Convicted

Convicted by	# of Offenders	%
Bench	4	9%
Jury	13	30%
Nolo Contendere	6	14%
Plea	18	40%
Unknown	3	7%
Total	44	100%

Offender Health

The physical and mental health of the offenders was not documented in any great detail in any of the MDOC files, perhaps because of the doctor-patient privilege such records have. In three of the files, no health information whatsoever was available. In four cases, the offenders were listed as being in good health and taking no prescription or other medications. However, in 37 cases (84%), significant health problems were cited, almost all of which are a function of age. Typical maladies included heart problems (13 offenders, or 30%), arthritis (ten offenders, or 23%), back injuries (six offenders, or 14%), high blood pressure (six offenders), gradual loss of hearing (five offenders, or 11%), colon problems (four offenders, or 9%), emphysema or other trouble breathing (four offenders), and failing eyesight (three offenders, or 7%). Nearly all of the offenders had multiple health problems, as shown in Table 20. One offender (2%) had severe brain damage caused by encephalitis which had resulted from inhaling industrial gas; this was the only case in which there was any suggestion that a medical problem might be responsible for the offender's criminal activity.

Table 20. Offender Health

Ailment	# of Offenders	%
Heart problems	13	30%
Arthritis	10	23%
Back problems	6	14%
High blood pressure	6	14%
Hearing loss	5	11%
Colon problems	4	9%
Emphysema	4	9%
Failing eyesight	3	7%
Brain damage	1	2%

Medications being taken by the offenders were rarely noted in the file; when this information was noted, the most likely medications were for lowering blood pressure, heart medications, and over-the-counter pain relievers.

Depression, which was sometimes noted by psychologists in the MDOC files, was noted as a severe health issue in two cases and, in one of these cases, there had been a recent suicide attempt by the offender. In four cases, the offender had previously served time in a mental institution, three because of prior sexual offending (the reason for institutionalization of the fourth offender was unspecified). Seven other offenders reported past mental health treatment with either a psychologist or a psychiatrist. Reasons for prior mental health

treatment were generally stress-related due to divorce, illness, or job stress; however, one offender was involved due to prior, unspecified, "police contact." Another offender, who was from West Virginia, stated he had been diagnosed with "Appalachian Syndrome" (defined in the file as the tendency to desire and act out sexual encounters with family members), which he believed explained his sexual offending against children; this is the same individual mentioned earlier who had a 26-year sexual relationship with his mother as well as numerous sexual contacts with other female relatives, both as a victim and as an offender.

Summary

In summary, the writer will review and answer the questions asked in the Introduction.

1. **Who are these elderly sex offenders?** The elderly sex offenders in this study are male, predominantly white and serving their first prison term with the MDOC, beginning at some point in their sixties.
2. **What do they have in common that might be used to separate them into treatment groups?** For instance, how many of these elderly sex offenders are child molesters? With the exception of seven of the 173 offenders, these elderly sex offenders have assaulted children. Of those, 54% have committed incest.

3. Is sex offending within the population identified in the Department of Corrections' study an ongoing activity or proclivity which has never been discovered, sentenced, or reported? Due to the lack of information in MDOC files, and/or to the lack of accuracy combined with a presence of contradictory information, the writer cannot answer this question fully. However, it is clear that 18% of the 173 offenders in this study had ongoing sexual activity with multiple victims over time, and that another 13% had a definite history of sexual offending with other victims over time. Additionally, 62% had repeated sexual contact with the victims in their instant cases.

4. Are these offenders only recently becoming involved with illegal sexual activity, and if so, why? For example, if these offenders consist predominantly of child molesters, do they see children as substitutes for appropriate adult sexual partners, and why? Unfortunately, the writer is also unable to effectively answer this question. This is an area of discussion that is consistently lacking in the MDOC files, and one which would enhance the value of the file information immeasurably. **Are there factors related to age, such as loss of an appropriate adult sexual partner (to death, divorce, or illness) or prescription medications, which contributed to these individuals becoming sex offenders or which caused them to desire inappropriate**

sexual contact or to act compulsively or violently? On this issue, too, the writer is unable to answer with any confidence. Although there are indications in certain files that loss of an appropriate sexual partner might be the cause of the sexual offending, this was not discussed in a consistent fashion within the MDOC files. It was often impossible to evaluate whether or not a particular offender was having appropriate adult sexual relations at the time of the instant offense, simply because the question was never asked. Additionally, the few times it was mentioned that a child victim might be a substitute for an appropriate sexual partner, this was written by a psychologist who did not discuss this idea with the offender. As far as the possibility that prescription medications might be causing the offenders to act out in a sexually deviant manner, no definitive conclusion can be made. Mainly, the health problems and related medications noted in the MDOC files are not recorded with medical accuracy and appear to be a function of age. Furthermore, since the sexual offending of a majority of these individuals has a significant historical pattern, it does not appear that there is any correlation between the offending and the offenders' health or medications. On the other hand, because the health problems and related medications noted in the MDOC files are medically recognized as producing such side effects as loss of sexual desire and/or the inability to perform sexually, there is also

the possibility that some of these individuals turned to less appropriate sexual partners when they could not meet the needs of their adult partners or themselves in a socially acceptable fashion.

Thus, it is still unknown why these elderly offenders are coming into the MDOC system so late in life, and usually for their first prison sentence. Perhaps these offenders were simply victimizing children for so long that they were finally discovered. Perhaps these offenders previously victimized other relatives, such as their own daughters, and now that they are victimizing their grandchildren, their daughters (the mothers of the grandchildren) are more perceptive of the situation and reporting the activity to protect their own children. Perhaps, with the rash of reporting and media events involving such cases in recent years, victims, or their parents, are more willing to come forward. Unfortunately, these questions must be left to future research.

CONCLUSIONS

Sex Offender Treatment

According to the research in this thesis, all sex offenders are not alike. Therefore, separating sex offenders into categories for treatment purposes is the next step. Current recidivism rates indicate that the positive effects of sex offender treatment are questionable. Both the likelihood that recidivism rates could be affected by a change in the way treatment is administered, and the variables that affect treatment efficacy, will remain questions for further research.

Essentially, the problem is defining whether or not sex offender treatment works at all, at least partly, if not wholly, because of trying to accomplish too much at once. Previous research has worked to answer the question of whether a treatment program is effective, rather than to answer the question of whether the sex offender is treatable. Treatment of sex offenders is an admirable goal, but it is not a practical goal if it is not effective, and effectiveness may well be based more on the offender than on the treatment program. Therefore, future research must concentrate on defining whether some types of sex offenders are more amenable to treatment than others, which equates to finding a means of defining sex offenders into types.

One answer is to find a means of categorizing sex offenders into smaller, more defined treatment groups in order to establish whether or not anything works, and whether what works may be effective only for specific types of sex

offenders. The variables must be limited as much as possible to accomplish this; however, as seen in previous research, agreeing on characteristics that can be used to separate sex offenders into similar groups is not an easy task. A reasonable solution is to group sex offenders on the basis of *who their victims are*, making both the question and, thereby, the analysis simpler and clearer. This solution allows examination of treatment programs and their effectiveness at a more specific level. (From there, the reliability of the answers can be further enhanced through further research on an even more specific level, such as grouping child molesters by choice of victim's gender.) Only then can viable decisions regarding amenability to treatment be made based on a solid foundation of research. Without such a foundation it is not possible to treat only those sex offenders amenable to treatment *because those who might be defined as amenable are unknown*. In fact, without this foundation it is impossible to ensure that *any* sex offenders are amenable to treatment.

Management implications for the Michigan Department of Corrections (MDOC) include consideration of sex offender treatment programs utilizing at least two group settings: one designed specifically for child molesters (and perhaps, within this grouping, treatment programs designed for non-incestuous versus incestuous child molesters), and another designed for rapists and other violent sex offenders. It is reasonable to expect that the relationship of an offender to his victim might impact his progress in treatment, and this impact should be considered during the design of that treatment program. Furthermore, it is essential that a child molester understand that society not only disapproves

specifically of sexual contact with children, but also of *any incestuous relationship* with the victim.

To effectively attempt to rehabilitate a sex offender, the problem's source must be addressed. The issues that affect various classifications of sex offenders are exactly what make them different, and thus what require novel approaches to treatment if it is to be effective. For instance, in cases involving incest, which undoubtedly affects the entire family, not just the victim and the offender, perhaps a more individual treatment program, one which includes the adult members of the family and the victim, is warranted. Rehabilitation *is to restore an offender to useful life through education and therapy*. Since incest is a symptom of problems within the family as a whole, the answer is to address the problems that caused the offense to occur and thus prevent it from recurring.

The most difficult part of this process, other than budgetary concerns and the process of change, is determining selective characteristics which identify successful program participants, *those sex offenders who are amenable to treatment*. The process must begin with dividing sex offenders into treatment groups by nature of their relationships with their victims because this is the most obvious difference between offenders, as well as the most distinct problem in treatment. Only by fine-tuning the variables, defining parameters, can the characteristic(s) of amenability be identified; unfortunately, much research is needed before changes such as these are proven effective.

Of course, any changes to current treatment programming would have to balance cost-effectiveness and feasibility against program effectiveness.

However, due to the lack of conclusive information, combined with the inconsistency and confusion present in literature and research in the field, only trying new ideas and further, more focused, research will answer the question of how to most effectively treat sex offenders – assuming they can be effectively treated at all.

Data-Specific Conclusions

A few of the relevant findings of this thesis are:

- Only seven of the 173 offenders (4%) chose victims who were aged 18 or older.
- Of the 166 offenders whose victims were children, only three were complete strangers to their victims.
- Of the 173 offenders, 54% were committing incest.

A few paragraphs from previous literature illustrate these findings clearly.

West (1987) writes:

The claim that a tendency to sexual abuse of children in the home runs in families from one generation to the next deserves more careful consideration. Goodwin et al. (1981) showed that a history of having been sexually abused in their own childhood was very much commoner among mothers of physically or sexually abused children than among a sample of women from the community. In a later study (Goodwin et al., 1983) cases of grandfather-granddaughter incest were reviewed, showing that women who had had early sexual contact with their father still failed to prevent him from molesting their own daughter [sic]. (p.72)

Conte (1991) notes previous research that indicates the prevalence of sexual abuse may range anywhere from 6% to 62% for females and from 3% to 31% for males, and concludes:

Even if one takes only the lowest estimates, it is clear that sexual abuse of children is a common experience of childhood and affects a large number of children. Indeed the numbers appear so large that they serve to create a sense of disbelief about the problem, making it easier for someone to turn away from the problem as impossibly large. (p. 17)

Conte (1991, pp. 11-33) continues, "Victim data generally support the notion that sexual abuse of children often involves assault by more than one offender" and, in agreement with what has been learned, "Offender data suggest that sexual offenders targeting children tend to abuse more than one child" (p. 18). As a result of the fact that sexual abuse is under-reported, " ... it is simply not clear how many adults are in fact sexually abusing children at any one time – although it is clear that a large number of children are sexually abused" (p. 18).

As Gilgun clearly states, "Researchers widely acknowledge that random samples are not possible in child sexual abuse research because most sexual abuse is not detected and most perpetrators, therefore, are not known" (p. 470). And if Hacker's work (1984) is indicative of any trend and only one percent of elderly sex offenders are sent to prison (p. 71), the numbers of elderly sex offenders in Michigan alone must be astronomical.

Certainly this thesis does not have all the answers, but it strongly directs attention to areas meriting further research and analysis. The "common sense" conclusions for those who are not researchers are obvious. The implications for families alone are undeniable. Children are being victimized by people they

know, *by people their families know*. Society must recognize the truths of child molestation, rather than believing the myths. Parents must be careful to whom they entrust their children, and recognize that someone who once molested a child is likely to do so again.

Previous research indicates, and the fact is supported in this thesis as well, that child molestation is an ongoing proclivity, one that is often realized by others *prior* to an offender's being incarcerated. The trauma of a child victimized by a molester is perhaps only slightly more severe than that experienced by a parent who realizes too late that the abuse could have been prevented. Also of concern are the offender's feelings of remorse, assuming these feelings exist, whether over his actions or simply over the distrust he will now experience from the victim and victim's family.

While this thesis indicates that slightly less than half of the offenders were abused either sexually or physically as children, there is little question that an abused child carries the effects of that trauma into adulthood. For those offenders who *were* abused, it is a distinct possibility that their sexual offending as adults stemmed from their own abuse, perhaps because they were brought up believing that this type of contact was normal and appropriate, or even because they learned to believe it was appropriate as a means to their own emotional survival and recovery. Some abused children do manage to recover from the abuse with little outward symptomology, but others experience continued psychological and emotional problems, criminal propensities, and/or difficulty establishing appropriate familial and/or social relationships as adults.

Acknowledging an individual's proclivity toward child molestation provides a resource that may counteract that individual's ability to act on that proclivity, prevent future victims, and preclude the necessity of imprisonment as a solution, thus maintaining the family structure.

Abuse has been a vicious cycle, one which seems almost impossible to curb. However, the tool to stop this cycle does exist. That tool is knowledge. For families of victims, for victims, *and for those who would be offenders*, this tool must not be ignored.

APPENDIX A

APPENDIX A

A QUESTIONNAIRE FOR ASCERTAINING DIFFERENCES AMONG SEXUAL OFFENDERS

Note: If no mention is made in the file to a particular question, the answer will be coded as such. If the file indicates an answer is unknown, the answer will be similarly coded as unknown.

SECTION I: GENERAL OFFENDER CHARACTERISTICS:

1. Gender
2. Race
3. Birthdate
4. Level of schooling achieved
5. Religion (specify)
 - a. Religiousness: Practicing/Church-going at time of offense?
6. Income level
 - a. Source of income
7. Occupation
 - a. Employed at time of instant offense?
8. Where was offender living at time of offense (specify rural, urban, etc.).
9. Sentence length (1-5 years, etc.)
10. Has offender experienced poverty during his lifetime? When?

SECTION II: OFFENDER'S FAMILIAL RELATIONSHIPS/CHILDHOOD UPBRINGING

1. Describe parental influences in home (e.g. natural mother until age 3, natural father died; natural mother & step-father age 3-10; stable/unstable).
2. Is relationship with parents described as satisfactory? If not, how is it described (e.g. abuse, alcoholism, drug use, nature of discipline, manner in which affection was shown)?
3. Is childhood/upbringing described as positive? If not, how is it described? Include evaluation of sibling relationships if available.
4. How many brothers? Sisters?
 - a. Birthdates and genders of siblings
 - b. Offender's birth ranking (e.g. oldest)
 - c. Any siblings involved in crime? Describe.

5. Was offender abused as a child?
 - a. Was abuse sexual, physical, or other (describe)?
 - b. Who inflicted the abuse and what was/were their age(s)?
 - c. What age was the offender?
 - d. What was the frequency of abuse?

SECTION III: OFFENDER'S RELATIONSHIPS AS AN ADULT

1. Marital status at time of instant offense
 - a. How many marriages (including most recent)?
 - b. Length of marriages (specify dates if available)
 - c. Describe nature of dissolution of marriages.
 - d. If divorced or widowed, what is proximity with instant offense?
2. How many children?
 - a. Ages and genders (specify maternal parent if possible)
3. Did regular and normal sexual activity occur with spouse (or other adult partner):
 - a. from offender's point of view?
 - b. from partner's point of view?
 - c. Was such contact still occurring at time of offense?
4. How does offender classify marital relationship in general?

SECTION IV: DESCRIPTION OF INSTANT OFFENSE

1. Was alcohol involved (describe)?
2. Were drugs involved (describe/specify drugs)?
3. Where did it occur (e.g. offender's home, victim's home)?
4. How was offender convicted (plea, jury, etc.)?
5. How was offender caught/nature of report?
6. Describe extent of sexual contact (note alleged vs. convicted):
 - a. touching over clothing (specify whether offender unclothed)
 - b. touching beneath/without clothing (specify whether victim and/or offender unclothed)
 - c. penile penetration
 - d. other penetration (describe)
 - e. other (describe)
7. Have there been multiple instances with this victim?
 - a. How many?
 - b. How frequent?
 - c. Date of first occurrence?
 - d. Date of instant offense?
 - e. did activity escalate over time?
 - f. Describe circumstances which led to the activity (first occurrence).

8. Are there multiple victims involved in instant offense?
 - a. How many?
 - b. Describe pertinent information for each victim (see #7, above).
9. Was force or threat of force involved?
 - a. Did activity ever involve violence/possibility of physical harm to victim?
 - b. Did force or violence escalate over time?
10. Describe planned vs. situational aspects of instant offense (e.g. offense occurred while offender was baby-sitting).
11. Does offender admit to offense?
12. Describe offender's reasoning/rationalization/excuses.
13. Does offender say victim instigated or encouraged him?
14. Does offender feel his sexual relationship with the victim was affectionate, intimate, and/or loving?
15. Does offender feel his actions were appropriate?
16. Does offender show guilt, shame, or remorse?
17. Any codefendants? Describe their involvement.
18. If activity with victims ended other than because of conviction, what is reason for end of activity?

SECTION V: VICTIM CHARACTERISTICS

1. Gender
2. Age at first occurrence
3. Age at time of instant offense
4. Frequency of occurrence
5. Have there been multiple victims over time?
 - a. girls only
 - b. boys only
 - c. both boys and girls
 - d. Are the victims' ages varied, or within a particular range?
6. Victim's relationship to offender (specify for each victim, both instant offense and prior offenses)
 - a. immediate family (e.g. father, grandfather, step-father)
 - b. extended family (uncle, cousin, etc.)
 - c. know victim well but not family member (teacher, etc.)
 - d. know victim only casually/acquaintances
 - e. stranger
7. If offender has/had multiple victims, describe nature of victims' relationships to each other
 - a. siblings
 - b. parent/child (gender of parent?)
 - c. friends
 - d. strangers
8. Does offender describe victim as a willing partner?

9. Does victim indicate willingness/consent?

SECTION VI: CLINICAL & MEDICAL OBSERVATIONS (INCLUDING SEXUAL EXPERIENCES & PREFERENCES OF OFFENDER)

Note: Unless otherwise specified, assume question refers to offender at time of instant offense or intake into prison system.

1. Describe sexual experience (e.g. heterosexual, homosexual, bisexual, with adults, with children).
2. Age of first realization of desire for sex with children?
3. Are children substitutes for inaccessible adult sexual partners?
4. Age at first sexual activity?
5. Describe nature of first sexual activity.
6. Age at first pedophilic activity?
7. Describe nature of first pedophilic activity.
8. Any history of sexual dysfunction? Describe.
9. Using MMPI evaluation and any other pertinent information in the file, describe the offender (e.g. introverted, shy, unassertive, insecure, etc.).
10. Describe the offender's feelings in regard to his contact with others (lonely, isolated, introverted, etc.).
11. Did the offender appear socially to be conforming with the values and mores of society?
 - a. How did he maintain this while engaging in his deviant sexual activity?
12. Has the offender ever had sex offender treatment?
 - a. Was it sought voluntarily (not as a condition of prison)?
 - b. Describe length and type of treatment.
13. Is the offender a diagnosed alcoholic?
 - a. Has he had treatment?
 - b. Describe length and type of treatment.
14. Is offender drug user/addict?
 - a. Has he had treatment?
 - b. Describe length and type of treatment.
15. Has the offender ever been institutionalized?
 - a. Why?
16. Describe nature of any recent trauma (recent to offense).
17. Describe offender's general health at time of incarceration.
18. What prescription medications was offender taking at time of offense?
 - a. How long had offender been taking this medication?
 - b. Describe any side effects experienced.

SECTION VII: PRIOR OFFENSES

1. Juvenile history
 - a. Number of arrests
 - b. Number of convictions
 - c. Note nature and dates of offenses, sentences received, and type of discharge.

APPENDIX B

APPENDIX B

State of Michigan



John Engler, *Governor*
Department of Corrections

Grandview Plaza
P. O. Box 30003
Lansing, Michigan 48909
Kenneth L. McGinnis, *Director*

January 20, 1993

Ms. Heather Espie
3313 W. Mt. Hope, Apt. 36
Lansing, MI 48911

Dear Heather:

This letter is a follow up to the meeting we had this morning regarding data elements to seek in reviewing records of elderly prisoners who have been convicted of sex offenses. In that meeting, I believe that Dr. John Rushbrook, Chief Psychologist in the Bureau of Health Care Services and Mr. Gary Stockman, Community Resource Manager in Field Services Administration provided a number of excellent suggestions. At the same time, they reinforced our assessment of the need and the absence of existing profile information on elderly sex offenders.

What the Department of Corrections needs is in depth profile information on these prisoners to assist in determining what, if any, unique characteristics there may be to distinguished them from the other elderly prisoners. As you know, within this older prisoner population, at the time of the Department's study in December 1991, 42% (186) of the 453 male elderly prisoners were convicted of sex offenses, compared to 13% of the general prison population.

Without reviewing each case record, we do not have knowledge of significant information including the nature of the sexual offenses. Were the offenses forcible rape with adult victims? Or were the victims more likely to be children? If it is the latter, are the children victims of incest or unrelated to the perpetrators, and in either case, how many victims over how many years have there been? In addition, what has been the nature of any treatment sought? These and several other questions are important to the Department as it examines, among other things, its treatment methodology, placement alternatives, and risk to the public at the time that parole is considered.

I believe our meeting this morning confirmed our thoughts that a descriptive study of these elderly prisoners convicted of sex offenses would be of enormous assistance in better understanding this population to provide appropriate custody and necessary treatment. In addition, it could be a keystone in studying this offender population that is thought to provide life long trauma to the young victims.

Now, from your perspective, Heather, what are your objectives and expectations as developed from your literature search and other studying of the subject? What questions do you seek answered? In the context of our meeting and discussion today, I suggest that you develop your proposal(s) to the University and the Department.

Please telephone me if I may be of further assistance as you prepare your proposal.

Sincerely,

A handwritten signature in dark ink, appearing to read "Bill Lovett", with a stylized flourish at the end.

William W. Lovett
Policy Analyst

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