

“I saw only the same quiet, gentle face I knew”

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By Mark Thompson . . . My 77-year-old father is a quiet, gentle man, well-respected in the community, so we were all surprised when he was seen open-mouth kissing an 8-year-old in the backyard, in full view of neighbors and the kitchen window. What would cause him to do a thing like that? The victim's parents called the police, who charged him with 1st degree child molestation (later reduced to 2nd degree). He spent 12 months in jail, was required to register as a sex offender, and was under the supervision of the Dept. of Corrections for 3 years.



Mark and his father

Almost immediately, I had a decision to make about how I would react, and I did not find it difficult to offer my support. Years before, I had fallen ill with a late-diagnosed, mysterious, seizure disorder, so a slowly evolving mystery was familiar territory for me. And as I looked at him just before the police arrived to arrest him, I saw only the same quiet, gentle face I knew, so I resolved to do what I could to help what I thought to be a deep, psychological issue.

I'll tell you that my family did a lot of amateur psychoanalysis and dredging up stories from 70 years ago. But none of it amounted to sexual abuse. I was stumped.

The answer came four months later when a forensic sex-offender treatment provider diagnosed him with dementia. I had the privilege of speaking with this expert for 60 minutes, and the explanation seemed plausible. He said that disinhibition is a common symptom of dementia. He called it part of the human condition, saying that people with disinhibition lack filters. And while this information was unfamiliar to me, it had the ring of truth.

The next 12 months of hearings, I thought, would reflect this truth, but more surprises were in store. Based on a letter from his doctor, my dad was further tested by a state competency evaluator who found him sufficiently aware of the charges against him, despite the feeble questions he expressed to me and his lawyer. The evaluation standards set forth 60

years ago in the US Supreme Court case *Dusky v. US* do not make allowances for dementia. I've further read that the percentage of people who are found NGRI (Not-guilty by reason of insanity) is very small.

My father's lawyer involved me in nearly every meeting, and I was able to remember and answer Dad's many questions. He needed help understanding things that you or I would have no problems with. I thought the lawyer would bring this up with the judge, but instead, he and his boss advised that it would be better not to discuss dementia as a defense or else the judge could come to believe that Dad would have difficulty following release instructions when released from jail.

Common sense would say that a person with a dementia diagnosis would receive care and assistance, and that the community would be safer because of such care-giving. And that is true. And I would have no issue with the court monitoring his care and ensuring that he be chaperoned around children. That makes sense.

However, the judge wanted him incarcerated, which was both easy and difficult. He sleeps 12 or 14 hours a day, where he often thrashes and moans. The jail put him in a separate cell with a bed rail so he wouldn't fall on the floor, and they allowed him to be released in my custody to take him to his doctor appointments. This was the first occurrence of such leniency in the jail's 100-year history. I was allowed to stop for drive-through meals, and the other inmates were jealous.

I lost communication with my dad for a few months while he struggled with how to use the commissary to obtain pen, paper, and envelopes. The phone was easier for him, but he required help from other inmates to use the access code. To allow sharing of access codes was another leniency by the guards. I had a moment with one of the guards who acknowledged the difficulties my father was having, shook his head, looked at

me with sympathy and said, "He's going to make it. He's going to make it."

When Dad returned from jail, he was banished from church, even the men's study group, and he could no longer vote, two things that grieved him greatly. He stopped attending Kiwanis for reasons unexplained and settled into quiet solitude, not venturing from the house except for grocery shopping with me. I love shopping with my Dad.

This is my story, so I won't say much about how my sister's family responded other than to say that they see things differently. I see my sister often, and I keep her informed about Dad's health, but my brother-in-law gets angry when I bring up the subject of dementia and has said he does not want to speak to a doctor about disinhibition or hear the words, "part of the human condition." I understand. It's a tough idea to wrap your head around rationally because the patient is not behaving rationally.

Court supervision is fine, but incarceration and registration make no sense. Is that supposed to provide a deterrence or make the public safer? I don't think so. A treatment for Alzheimer's would be better, and I hear they're working on a few of those. My father is enrolled in one such national study. I don't know if he's taking a placebo or not, but in either case, by enrolling him in the COR388 study, I did more to help prevent dementia disinhibition than the court ever did. All the judge did was talk sternly to my Dad and make him cry. I understand his outrage, but . . . there's more to it than that.

I did, however, appreciate the support of Dad's sex offender treatment provider. With just a little modification, the treatment was largely successful, and I'm grateful to the court for requiring Dad to find and meet with one and very grateful he was a good one. By my own efforts, I don't think Dad would have come to understand the seriousness of his

crime. I'm his son, not his therapist.

I support my Dad and I support NARSOL. My Dad needs me to help make sense of things, and the world needs NARSOL for the same reason.