



No.37

# The Elderly as Victims of Crime, Abuse and Neglect

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*Surveys throughout the world have shown consistently that persons over 65 are far less likely to be victims of crime than younger age groups. However, many elderly people are unduly fearful about crime which has an adverse effect on their quality of life. This Trends and Issues puts this matter into perspective, but also discusses the more covert phenomena of abuse and neglect of the elderly. Our senior citizens have earned the right to live in dignity and without fear: the community as a whole should contribute to this process.*

**Duncan Chappell**  
Director

Crimes committed against elderly people can be divided into two broad categories. The first includes conventional crimes such as robbery, theft, fraud, rape and homicide. The second encompasses the more covert phenomena of neglect and abuse. These entail any physical or psychological ill-treatment inflicted on an older person in either the home or an aged-persons institution. As such, they are consistent with many of the same patterns of behaviour entailed by other acts of neglect and abuse in the home where the victim's dependency invariably plays a major role. For the purpose of this paper the elderly will be defined as those over 65 years of age, although it is recognised that while some people are 'old' at 60, others remain 'young' at 75.

A most important fact about elderly people in Australia is that their numbers are steadily increasing. They now include almost two million people, or 9 per cent of the total population (ABS 1991). By the year 2001 it is estimated that this figure will increase to just below 12 per cent and then to 16 per cent by the year 2021. This compares with figures of only 1 per cent in 1861 and 4 per cent in 1901 (ABS 1988a, 1988b). About 70 per cent of older Australians live in the cities (mostly in suburban areas), while almost 60 per cent of all aged are female, many of whom are living alone (ABS 1991).

The *Henderson Report* (1975, p. 234) revealed the largest group of people in poverty in Australia to be those over 65 years of age (60 years of age for non-married women). More specifically, 24 per cent of aged people living outside institutions are very poor; they live below the poverty line. A further 22 per cent are rather poor; they live just above the poverty line (Western 1986, p. 304).

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Table 1: Australia: Crimes against the Person in 1991<sup>3</sup> Estimated Incidents per 1,000 Persons by Age of Victim and Type of Crime

**Criminal Justice Issues**

Surveys taken in Australia and other parts of the world are consistent in their findings that the elderly are less at risk from most crimes than are individuals in younger age groups. However, the application of such statistics creates a false reality. Criminal victimisation of the elderly is a unique phenomenon and the response to it should recognise the problem in its own terms rather than as part of the general crime configuration depicted in aggregate crime statistics.

One major reason for focusing special attention on crime against the elderly is the differential impact of crime and the greater vulnerability of the elderly. There are physical, economic, environmental and social factors associated with ageing which magnify the impact of victimisation. Ageing is a period of decreasing physical strength and agility, which means resistance is both less effective and more dangerous than for younger persons. Even relatively minor injuries may result in serious and perhaps permanent damage to the older victim, to say nothing of the enormous psychological impact (Grabosky 1989, p. 18).

A high prevalence of reduced or low income among the elderly means that any loss of economic resources is more serious. Added to this, social isolation can heighten both the impact and incidence of crime (Grabosky 1989, p. 18; Whitrod 1981, p. 47). A greater reliance on public transport and walking can also lead to increased risk.

Potential criminals are aware of the susceptibility of some of the elderly, and can be more likely to target an older person whose aged status is easily visible. The elderly are at particular risk from fraud and confidence tricksters (Duncan 1981, p. 36).

Lack of knowledge, or fear, of the correct procedures to follow in the

Victim Age	Robbery	Theft from Person	Sexual Assault *	Other Actual Violence	Threats of Violence	Total
	Rates					
16-19 years	35.9	243.5	129.7	127.9	35.6	503.5
20-24 years	38.2	226.6	70.9	96.8	53.2	450.5
25-49 years	11.3	87.7	24.8	32.7	54.1	199.4
50-59 years	4.0	17.2	8.8	28.5	42.7	97.1
60 years +	4.7	16.3	4.4	..	21.0	44.5
Other/Not stated	30.3	90.9	..	30.3	90.9	242.4
Total Persons	14.1	92.9	30.2	39.9	44.3	207.6

\* Per 1,000 females only. .. Rates too small to measure by survey

Source: Walker 1992 (forthcoming).

event that an elderly person becomes the victim of crime could mean that they may be less likely to persevere with complaints through the criminal justice system. Many elderly Australians are aware that involvement in the process may entail great inconvenience and discomfort. In addition, an elderly victim of crime may be reticent to draw upon available community resources for protection and advice.

The same reluctance applies to reporting an act of abuse inflicted by another person. In such cases, older people are dealing with a phenomenon of which the public is only now becoming aware, and with entrenched attitudes and values which are difficult to change. Financial and emotional support are often non-existent. The fears of an elderly victim could be based on all sorts of insecurities, of which the ultimate may be that a complaint directed against a partner or carer may result in placement in an aged-care institution. For some women, there could be a history of a lifetime of abuse (Berger 1990, p. 102).

**The Elderly as Victims of Conventional Crimes**

Analyses of patterns of the more conventional crimes committed in Australia and overseas show low levels of victimisation of the elderly (Biles 1983; Clarke 1990; Costa 1986). The data in Table 1 are

consistent with these findings and show that the risk of an elderly person being victimised is substantially lower in most categories. It should be noted that these statistics relate to the population aged 60 years or more which is the criterion used for older people in this instance.

*Personal theft*

Older people are particularly fearful of street crimes such as robberies and handbag snatching. Indeed, the effect of being the victim of this type of crime is frightening for an older person. Dependence on small, fixed incomes from social security or other retirement payments means that the loss of a few dollars can have a very dramatic or tragic effect on the life of an older person who may be lacking financial resources to replace money needed for food, medicine, rent and other necessities (Whitrod 1981, p. 47).

However, Table 1 reveals that the fears of the elderly in this instance are largely unfounded. Australians in the 20 to 24 years old age group are almost fourteen times more likely to be victims of personal theft than those aged 60 years and older.

*Fraud*

A more subtle crime which can affect elderly people is that committed by white-collar criminals and 'con-men'. In this case, advantage is often taken of the trust and of the isolation of older people whose social situation

can enhance vulnerability to a wide variety of schemes. This often appears to ensure financial gain, lifetime security, or relief from physical suffering or loneliness. Confidence people, posing as Social Security officers or Telecom workers for example, can fraudulently enter homes to steal or commit more violent crimes (Duncan 1981, p. 37).

The NSW Council on the Ageing estimates that the average age of elderly persons victimised by swindlers is about seventy; that elderly people represent a large proportion of the victims; the average money loss is about \$2,000 or more, and the majority of offenders are rarely caught with most of the money never recovered (Duncan 1981, p. 37). Many elderly people are also afraid to tell their families for fear of being judged unable to look after themselves (Whitrod 1981, p. 47).

The elderly may also suffer as a result of unethical corporate conduct short of outright criminality. Insurance companies and dealers in real estate have taken advantage of older people's feelings of insecurity to sell inappropriate products at exorbitant prices.

*Violent crime*

Media sensationalism of violent crimes against the elderly is a predictable response. The reaction from the general public is one of both fascination and horror. Headlines such as 'The Granny Killer Strikes Again' or vivid descriptions of 'The Granny Rapist' are thankfully extremely rare occurrences. Table 2 shows just how rare homicide is in relation to other causes of death (ABS 1989). Australia's elderly also face a relatively low risk of becoming the victim of a non-fatal assault (Walker 1991, pp. 76-7).

**Fear of Victimisation**

While there is no clear evidence that concern about levels of crime in society generally is higher among the elderly than other groups, fear of victimisation is a different story. Fear

**Table 2: Australia: Age Specific Death Rates by Cause (Rate per 100,000 Age Specific Population, 1989)**

Causes of Death	Age							
	Under 1 year	1-14 years	15-24 years	25-44 years	45-54 years	55-64 years	65-74 years	75+ years
Motor vehicle traffic accidents	4.4	5.3	33.8	17.1	11.2	13.2	17.5	28.6
Accidental falls	0.4	0.3	0.8	1.3	1.8	3.5	11.9	109.5
Suicides and self-inflicted injuries	0.0	0.3	13.8	16.6	15.6	15.7	17.5	17.2
Neoplasms	2.8	4.3	5.6	27.3	144.8	408.3	821.8	1,497.1
Heart disease	4.8	0.5	1.7	12.3	85.1	302.5	877.6	3,260.7
Cerebrovascular disease	0.0	0.2	0.6	3.5	14.5	53.4	212.4	1,229.3
Homicide	4.0	0.6	2.2	2.8	2.4	1.0	1.2	1.9

in this context refers to worries connected with becoming a victim of crime.

The fear among the elderly of being a victim of crime is real and pervasive. It matters little whether this fear is out of proportion with the overall probability of being victimised. Fear is determined, not by objective reality of risk, but by one's confidence in dealing with crime should it happen. In this instance, it is important to focus on the effects of the fear of crime on elderly people. In other words what exactly does fear of crime do to the elderly? How does that fear alter their lifestyle? Does it make the elderly avoid public places? More specifically, does fear restrict the social activities of the elderly to the extent that they feel uneasy about leaving their own homes?

During 1989, a national workshop on Crime and the Elderly was organised jointly by the Office of the Commissioner for the Ageing, the Victims of Crime Service and the National Police Research Unit in South Australia.

The workshop identified:

- elderly people believed themselves to be the easiest and most frequent target for criminals;
- fear of break-ins (should they leave their house during the day) is accompanied by fear of burglary and personal assault during the night;
- this fear was a significant problem because it impacted on personal health, restricted lifestyle and increased social isolation;
- there were links between this perception of threat and premature or inappropriate admission to residential care (Doherty 1991, p. 1).

It therefore appears that because the elderly feel particularly vulnerable to crime, their fear impacts adversely on their quality of life to the extent that it could develop into a social issue. As a result, fear of crime becomes a problematic phenomenon. However, it is not the fear of crime as such, but its negative effects. Fear only becomes a problem when it inhibits people's well-being and restricts their social life (Yin 1985, p.

71). For a great many elderly people this is obviously the case.

## Abuse and Neglect of Older People

When considering the more covert crime of physical or psychological abuse (sometimes referred to as 'elder abuse') inflicted upon older people, it is important to focus on their living arrangements. About 95 per cent of elderly Australians live in private homes where accommodation arrangements vary. Some individuals either live alone or with a spouse; some share with siblings or other relatives; some share with friends of their own generation; and some live with single or married offspring who themselves may have children or grandchildren (McCallum, Matiasz & Graycar 1990, p. 2). The remaining 5 per cent live in specialised aged-care accommodation. This is contrary to the widespread belief that a high proportion of the elderly live in 'homes'.

### *Defining abuse and neglect*

The added stress placed on the family when caring for an older person can lead to maltreatment. When referring to this, researchers generally distinguish two broad types: abuse and neglect. Abuse is commonly used to label an act of commission. In other words, there is an active involvement or interaction on the part of the abuser. Neglect, by comparison, is used as a general label for acts of omission, namely those with only a passive involvement of the abuser (McCallum, Matiasz & Graycar 1990, p. 8).

There have been many different types of abuse described under the general term 'abuse of older people' or 'elder abuse'. McCallum (1990), however, specifically defines it as a 'pattern of behaviour by a person that results in physical or psychological harm to an older person' (McCallum, Matiasz & Graycar 1990, p. 11). The main forms which this abuse takes

include psychological abuse (including verbal abuse), physical abuse (including sexual abuse), economic abuse, and neglect both passive and active.

**Psychological abuse** is the infliction of mental anguish. It includes verbal intimidation and humiliation, threats of placement in an aged-care institution and punishment, scolding, treating older persons as children, and withholding affection. Psychological abuse gives the elderly a feeling of shame, indignity and powerlessness and often occurs in combination with other categories of maltreatment. For example, an older person can be denied caring attention or even access to grandchildren and friends unless they consent to signing over assets to an adult child (McCallum, Matiasz & Graycar 1990, p. 12, New South Wales Task Force on Abuse of Older People, March 1992, p. 10).

**Economic abuse** is the illegal or improper use of an older person's money, property or other assets by someone other than the owner. Examples of economic abuse include misappropriation of money, valuables or property, forced changes to a will or other legal documents and denial of the right of access to, or control over, personal finances (McCallum, Matiasz & Graycar 1990, p. 12, New South Wales Task Force on the Abuse of Older People, March 1992, p. 10).

**Physical abuse** is the non-accidental use of physical force or coercion to inflict bodily harm. It includes assault, restricting freedom of movement, and sexual abuse (McCallum, Matiasz & Graycar 1990, p. 12).

**Neglect** consists of the deprivation by a carer of basic necessities, such as food, liquids, or medication, or services, especially services that are necessary for maintaining physical or mental health. Neglect may be active or passive. This distinction is needed to avoid some of the potential confusion between abuse and neglect (McCallum, Matiasz & Graycar 1990, p. 12).

### *Who are the abused?*

From both Australian and overseas studies, it has generally been estimated that around 3 per cent of people aged 65 years and over have suffered some type of abuse. A further 8 per cent of adults know an older person who has been abused (McCallum, Matiasz & Graycar, 1990, p. 2). Recently, the NSW Task Force on Abuse of Older People (March 1992), has revealed that as many as 5 per cent of the elderly population become victims of abuse. Two-thirds of this number are women. Abuse of older people occurs both in private homes and institutions. At the present time there is no mandatory reporting in respect of this type of abuse.

It would be beneficial to compare the life histories of older people who have been abused in relation to that of their abusers. For instance, in the case of spouse abuse it could be determined whether the behaviour has been an aspect of the relationship for a number of years. By the same token, a child who abuses an aged parent could have been abused by the parent when younger. Or, the older person could have also been abused when he or she was a child.

### *Abuse of the elderly at home*

Pillemer and Finkelhor (1988) discovered that elderly people in poor health are three to four times more likely to be abused than those in good health, and that maltreatment cuts across economic, social, religious and educational lines. They also found that the rates of abuse were no higher for people 75 and over than for those 64 to 74-years-old. Kosberg (1988), on the other hand, describes the high risk groups as: female, very old, dependent, drinkers, in poor relationships, self-blaming, excessively loyal, stoic and isolated (McCallum, Matiasz & Graycar 1990, p. 15).

Anderson and Thobaben (1984) in their analyses of conditions characterising abuse, highlighted the pathological nature of the carer, the stress of caring for an often impaired

elderly person, the very close relationship between the carer and the elderly person when the dependency of one may be the trigger for the other, and the intergenerational transmission of violence as a family pattern (McCallum, Matiasz & Graycar 1990, p. 14).

Dependency appears to be the common denominator. Wolf, Godkin and Pillemer (1984) outline two conflicting hypotheses about dependency. The first is that the greater dependency of older persons leads to stress on the carer/relatives which is manifest in violence. The second hypothesis focuses on the stressed carer. The dependency of the abusive relative upon the elderly person is the crucial factor in maltreatment. Perpetrators, because of their own dependency, react to the stress caused by the dependent person's impaired social functioning, caused, for example, by emotional problems, Alzheimer's disease, or brain damage (McCallum, Matiasz & Graycar 1990, p. 17)

Abuse is more likely to occur, first, as the relations between the elderly person and the carer become more intimate and, secondly, as the elderly person's daily needs begin to distort significantly a carer's time schedule and personal space requirements (Galbraith & Zdworkowski, 1984; McCallum, Matiasz & Graycar 1990, p. 14). Stress levels, already pushed to the limit, can be severely tested when an extra variable is introduced into the family unit.

Victims of abuse and neglect are often incapable, either physically or psychologically, of stopping the abuse. Fear of further punishment or abandonment keeps others quiet, as does the shame and guilt associated with the fact that the abuser is often a close family member.

### *Abuse of the elderly in institutions*

For many elderly people, involuntary admission to an aged-institution can be the ultimate denial of human rights. The level of dependency and corresponding loss of power

experienced is often without parallel. Lives have to be adjusted to accommodate a set of routines imposed by a hierarchical structure in which the patient is the bottom of the heap. The loss of freedom and corresponding quality of life is devastating for many elderly people.

In recognition of the need to monitor the quality of health care in 'old people's homes', the Department of Health, Housing and Community Services (1987) developed a code of practice—a series of Outcome Standards—to provide a benchmark by which the level of nursing home care could be judged and conditions improved. John Braithwaite's study (1990, pp. xiv, 112) of nursing home compliance with those standards, while revealing some problem areas, was generally positive. The new standards have markedly increased the expectations of quality and it is expected that nursing home conditions will continue to improve as the standard monitoring units progress.

However, even though there is now both official acknowledgment and official endorsement of the individual's right to dignity, privacy and respect, the practical application of guidelines arising from the Outcome Standards is subject to conjecture. Maltreatment of nursing home patients, when it occurs, appears to be at least in part, a response to a highly stressed working situation. It is much less the result of structural factors, such as the size or ownership status of the facility. Instead, staff who are 'burned-out' and who experience aggression from patients are at risk of engaging in abusive behaviour. Their negative attitudes sometimes add to the conflict. Work in a nursing home is often poorly paid, has low prestige and is physically taxing. Generally staff receive little training in ways to handle the interpersonal problems which arise with older patients. The difficult work situation provides a context in which abuse could occur (Pillemer & Bachman-Prehn 1991, p. 91).

One positive way to improve conditions in nursing homes, while at the same time improving staff and

patient relations and feelings of self-worth, is the establishment of a participatory regulatory process. This would involve proprietors, other staff, residents' committees and residents generally (Braithwaite et al. 1990, p. 149). Through such a forum, not only would government and proprietors have a say in the running of the home, but patients and staff would have a vehicle through which to voice their grievances, with the result that both working and living conditions could be improved.

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### **Crime Prevention and Fear Reduction for Australia's Elderly**

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Increased community awareness of the problems facing older people would lead to more effective crime prevention. Strategies need to be developed to change the elderly's perceptions of risk and thus bring about some small, but critical behavioural and home environmental changes. This would protect both people and property with a corresponding improvement in the quality of life through a reduction of fear.

To implement such strategies a broad approach to home safety and security is required. This would involve a variety of government agencies, as well as community organisations. The approach would be centred around the elderly in their own environment and would:

- reduce the social isolation which contributes to the anxiety and the vulnerability of elderly Australians;
- cater for all levels of the elderly person's concern for their safety and security;
- promote a knowledge of hardware available to ensure home security;
- offer reassurance;
- offer advice on matters of personal safety at home and outside the home;
- encourage awareness of merchandise available in relation

- to alerting others in the case of an accidental fall or heart-attack;
- offer assessment and advice on the home environment;
  - provide access to the means to make practical changes around the home;
  - raise community awareness regarding home security issues (Doherty 1991, p. 2).

### *Exemplary measures*

Services such as the Home and Community Care Program in NSW should be extended. This would ensure that frail older people remain in their own homes as long as practicable and would include: personal care, nursing respite care, meals services, housekeeping and information services.

Publications similar to *Crime Prevention Tips for Older People* produced jointly by the South Australian Police Department and the Office of the Commissioner for the Ageing, alert the elderly to 'danger zones'. Suggestions offered include: how to handle nuisance telephone calls; how to cope when strangers knock at the door; road safety for pedestrians; who and what to be aware of when out shopping; and guidelines for banking and legal matters. A wider distribution of such publications would be beneficial.

Through accessible local support networks and community based initiatives, elderly people would be encouraged to live in their own homes as long as possible. Collective living arrangements may also be an appropriate alternative to moving to an aged-institution.

There is a negative way in which most people in the community view ageing and growing older based on misconceptions and stereotypes about old age which simply do not stand up against the facts. Similarly, older people can harbour a negative stereotype of young people. Community programs involving interaction between these two groups could perhaps be beneficial in promoting more respect for each other (Butterworth 1989, p. 36).

More public education about abuse of older people is necessary. The wider society should be made aware of the risk and of the available community support. Improvement in the means of intervention when maltreatment occurs needs to be developed. Whether there is a link with an earlier, or perhaps a continued, history of domestic violence would be an important criterion to establish.

However, it has to be acknowledged that caring for elderly people can drain the physical, financial and psychological resources of the family, causing stress, isolation, confinement, fatigue and financial sacrifice. Community agencies should cooperate better so they can refer people to the appropriate source for assistance in caring for a relative. Caregivers should have some type of follow-up or ongoing information servicing and counselling. Planners of community services need to consider Caregivers' special needs when developing programmes. If they receive appropriate assistance and support some relatives may be less likely to become abusers and less likely to place the old in institutions.

It is of greatest importance to assist elderly people to maintain their independence, self-esteem and knowledge because this way they are less likely to become the victims of crime.

about what happens to people when they become old.

The general objective must be to reduce fear and improve the quality of life to such an extent that individuals are able to exercise their independence to remain in their own homes and communities for as long as possible. There needs to be a significant improvement in the valuation and support of older people. This development should emanate from a combination of two factors; a change in the attitudes of the elderly towards themselves, and recognition by the general public of the dignity and worth of Australia's senior citizens.

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## **Conclusion**

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This paper has reviewed a number of issues in relation to the elderly as victims of crime, abuse and neglect.

One word, however, keeps emerging over and over again. That word is fear. Fear of being victimised; fear of placement in an aged-care institution; fear of poverty; fear resulting from intimidation; fear of harassment; fear of loss of independence. These fears, in turn, impact on personal health, restrict lifestyles and encourage social isolation. All this is embedded in the ultimate fear of rejection from a society which does not care enough

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