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CRIME & THE ELDERLY: 1989 REPORT

December 1990

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MARIO M. CUOMO
Governor
State of New York

JOHN J. POKLEMBA
Director of Criminal Justice
and Commissioner
Division of Criminal Justice Services

DIVISION OF
CRIMINAL
JUSTICE
SERVICES

NEW YORK
STATE



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EXECUTIVE SUMMARY

The organization and content of this report mark a change in structure and emphasis from previous editions. A major portion of this effort is devoted to a review of literature concerned with crime and the elderly, in addition to a discussion of the statistical factors.

Victimization. As in previous years, the New York State sample of the National Crime Survey (NCS) shows that older people are generally less victimized by crime than are other populations. Comprising more than 20 percent of the State's population over 12, New York elderly experience less than 10 percent of the personal crimes included in the Survey. However, while the numbers of most personal crimes against elderly decreased, the elderly proportion of these crimes rose in the last three years.

The Survey also shows that burglary and household larceny suffered by older New Yorkers declined in the last three years, as it did for the rest of the population. The New York State Uniform Crime Report (UCR) figures for the same period support the declining trend in household crime for all populations. However, the State UCR also shows personal crimes against all populations to be increasing during this time.

Demographic Profile. There are over 3.3 million New Yorkers aged 60 or older, and about 275,000 of them are aged 85 and older. Approximately 5 percent of those over 60 live in institutions. Between 1983 and 1987, the proportion of New Yorkers 65 and older receiving poverty- or marginal-poverty income went from 32.2 percent to 35.6 percent. Life expectancy has been improving for New Yorkers as it has for the United States population generally. The subgroup with the longest life expectancy is white women (83.7 years); the shortest, minority men (79.1 years).

Isolation. Isolation makes it easier for crime to happen to older people, and it can affect people by degrees. It comes as a normal by-product of aging in present-day society, as people's energy and finances diminish. Isolation can contribute to the crime vulnerability of older people by undermining their sense of judgement and making them victims of their own need for companionship. Their decreasing connection with the neighborhood around them can mean that their victimization is less likely to be noticed.

Once crime happens, isolation can keep older people from reporting it. The central reason for the reluctance of older people to report crime is that they do not want to lose autonomy.

Fear of Crime. The fear of crime by older people is not the case of mass hysteria which was previously assumed, but rather a realistic focus toward fear of personal confrontation and attack. Older people also exhibit a reasonably accurate perception of risk. One suggestion is that, since the population group which reflects the greatest fear

of crime is females of all ages, elderly fear of crime routinely appears to be high because the ranks of elderly are filled mainly by females. The decrease in older people's physical strength, and increases in their constrained behavior, also increase fear of crime, studies showed; social integration in the neighborhood greatly reduces it.

Elder Abuse. Though cases of the physical battering of older people are given wide coverage by the news media when they are discovered, the cases of verbal, psychological, and financial abuse and neglect of older people by their caregivers are apparently far more frequent.

Some advocates for older persons urge New York to join other states in mandating the reporting of abuse incidents. The New York State Office for the Aging and Department of Social Services together explored this issue and prepared a 1988 policy paper on adult abuse. The paper recommended that a mandatory reporting system not be established, and this report concurs. The reasons are that having the system would not solve the problem, the system would be expensive to set up and operate, and there would be much duplication of investigatory and record keeping work; and that the funds would be much better spent on strengthening the many local efforts to serve the elderly and reduce their isolation.

Responses to elder abuse problems should be formulated on a case-by-case basis, through combinations of criminal justice, civil redress, and human services avenues. Attention to the needs of abusers (employment, mental health, housing, respite, substance abuse, and so forth) may stop abuse or prevent it from starting. Law enforcement should start effective case management by reporting elderly crime victims to local victim service agencies.

Fraud. Almost everyone in aging advocacy, related research, or law enforcement knows that elderly people are victims of fraud. Criminal frauds have several elements. First, they are intended to relieve the victims of their money or other liquefiable assets. Second, they depend upon some kind of misrepresentation. Third, they do not deliver what is promised. Fourth, they rely on the victim's need or greed. One of the recently developed frauds involves the sale of what is called "Medigap insurance." Purportedly protecting the elder for costs not covered by Medicare or private insurance, this "Medigap" coverage turns out too often to be nonexistent, scanty, duplicative, or too highly priced.

State-Level Efforts to Reduce Crime Against the Elderly. Mechanisms for Reporting and Redress. The Department of Health has established and operated a patient abuse reporting system since 1978, for residential health care facilities. A parallel reporting system was established in 1986 to pertain to the home health care service industry. In August 1988, regulations went into effect requiring home health care agencies to verify the backgrounds of their employees, provide patient-rights information, and issue photo I.D. cards to employees on an annual basis.

Criminal Enforcement Measures. The Deputy Attorney General for Medicaid Fraud Control and Special Prosecutor for Nursing Homes is responsible for investigating and prosecuting allegations of criminal abuse and neglect and theft of resident's funds by nursing-home and adult-home employees.

The New York State Police provide investigatory and emergency services in crime against the elderly. These services also extend to referrals for victims, and crime prevention programs.

Victim Aid. The Crime Victims Board provides services to alleviate both victimization and the fear of crime, through compensation and victim/witness assistance programs. The Board also funds about 75 local programs with over \$6 million in State and Federal victim assistance money. These programs provide services such as short- and long-term counseling, crisis intervention, emergency assistance, criminal justice advocacy, and more, to crime victims.

The Department of Social Services has established an Adult Protective Services (PSA) program in each social services district, which helps people to manage their affairs when they lack the mental, physical, or helping resources to do so themselves.

Prevention Programs. In 1984, the State Office for Aging and the Department of Social Services signed an interagency memorandum of understanding to delineate policy and clarify the roles of the local social services and aging agencies relative to the delivery of PSA to elderly adults, including victims or potential victims of abuse. Social Services sponsored training on adult neglect and abuse for local social services, aging, law enforcement, mental health, and public health agencies in an effort to increase their awareness of this kind of problem and their coordination in dealing with it effectively.

In implementing its part of the cooperative endeavor, Office for the Aging efforts centered on prevention of abuse, with the development of the "Practical Help for Those Caring for an Elderly Person in the Community" curriculum designed for informal caregivers.

The Division of Criminal Justice Services (DCJS) supports local anti-crime programs with two kinds of State funding: the Neighborhood Preservation Crime Prevention Act (NPCPA) and Legislative initiatives included in a State budget program "to prevent crime and protect senior citizens." Though many NPCPA neighborhood-based local programs serve the elderly as part of the general population in the areas targeted, some focus specifically on preventing crime against older people.

During 1986-88, DCJS was assigned oversight of 11 Legislative grant awards (totalling \$839,000) for local programs which emphasized various aspects of crime against the elderly.

The Department of Social Services has administered the New York State Children and Family Trust Fund since 1984. Through the 11 elder abuse prevention programs funded through 1988, more than 400 elders at risk of abuse and neglect and/or their caretakers were served with information and referral, medical and social assessments, respite, emergency shelter, counseling and advocacy, and transportation and escort services. Training was provided for caregivers, as well.

Local Efforts to Reduce Crime Against the Elderly. A number of local law enforcement and aging agencies throughout the state provided information for this report. Our discussion of them is by representative sample, rather than wholesale inclusion.

Law enforcement agencies provide services both directly and indirectly to the elderly, incorporating both prevention and victim services. Directly, they make presentations to senior citizens' groups and hand out literature. They provide home security surveys and assist in the organization of New York Neighborhood Watch and senior apartment watches. They prepare and distribute newsletters, many of which feature articles informing older people about the activities of con artists and others attempting to defraud them of their funds.

The outstanding feature of local law enforcement programs, though, is not the sameness of their services. It is their indirect services, the growing cooperation with other agencies in their areas to provide coordinated prevention, responses, and services for elderly people. Now more law enforcement, family service agencies, court personnel, health and aging offices, and others are beginning to work in combination to reduce crime against older persons and help them resume their lives if crime does occur.

Selected locally supported programs are briefly described in this report.

Recommendations

1. Comprehensive efforts must be made to enlist older people to provide skills and services to programs designed to address crime and fear of crime, especially among the elderly in their communities.
2. Law enforcement agencies should establish formal linkages for timely reporting of every victim of crime aged 60 or older to local victim service agencies, aging offices, or other designated agency.
3. More attention should be given to sentencing lesser offenders to perform community services which assist elderly citizens.
4. The State should actively pursue administrative and programmatic paths to prevent insurance frauds and unethical insurance sales, especially in the area of "Medigap" insurance.

5. The State and its localities should borrow from the successes of the Retired Senior Volunteer Program and the Foster Grandparent Program and develop a Senior Mentor Program.
6. The New York State Children and Family Trust Fund should be expanded to strengthen local prevention and treatment programs for at-risk elderly and their families.
7. Local leaders should recognize the fear of crime as a serious problem and institute community policing as the first step in a community strategy for reducing it.

INTRODUCTION

Section 846 of the New York State Executive Law requires that the Division of Criminal Justice Services periodically prepare a report describing programs and services for the protection of elderly persons in the State. This report is sent to the Governor, the Legislature, and the Director of the State Office for the Aging, and is compiled every third year to encompass the activities during the three-year period. As the last report dealt with 1983-1985, the years of focus for this report are 1986-1988.

The organization and content of this report mark a change in emphasis from previous editions, however. A major portion of this year's effort is devoted to a review of literature concerned with crime and the elderly, accompanied by an analysis of the New York subset of National Crime Survey data. This permits an examination of the nature of crimes against the elderly which was not possible within the scope of previous reports. Such a treatment necessarily involves a breadth of review greater than a strict three-year period.

The report provides statistical treatments first (victimization and demographic data), then an exploration of factors contributing to crime against the elderly (isolation, fear of crime), followed by discussion of complex crimes suffered particularly by older people (elder abuse, fraud), and ending with State and local efforts to reduce crime against the elderly.

The discussion of the physical, psychological, economic, and environmental changes in people which occur in the course of the aging process has been developed fully in previous editions of this report and in other literature. The inferences to be drawn from these discussions are that some factors among the needs and living conditions of elderly people may contribute to their enhanced vulnerability to crime. For example, their residence in deteriorating neighborhoods (once owner-occupied, now highly transient) and their decreased physical mobility may encourage withdrawal from neighborhood life and increase susceptibility to friendly con artists.

Other inferences from the same discussions show that elderly persons can be active and vital resources for neighborhood improvement projects, including anti-crime efforts. Properly mobilized, they can join their neighbors in Block Watch, reassurance,

newsletter, tutoring, telephone outreach, and many other crime prevention and neighborhood enhancement programs. In short, they can be essential to the revitalization and the informal social controls of a neighborhood.

Since the impact of the aging process on elderly vulnerability, and its corollary of the elderly as a community resource, have been given comprehensive treatment in several sources in the last ten years, discussion of these pre-disposing conditions and capabilities will receive limited attention here.

Generally speaking, articles and monographs on the subject of crime in America are textually devoted to a discussion of offenses, which is supported by statistics and illustrated by charts and tables. However, when it comes to crime committed against older people, the problem is discussed less on a statistical basis, as a crime problem, than on a case-study basis, as a social problem, or an elderly problem.

For people in other age groups suffering from crime, we respond to the individuals by providing victim services, and to the problem by looking at the crime in the aggregate. We try to devise ways to reduce the opportunity for crime to happen, and advise people to avoid dangerous situations, modify their behavior, improve their equipment, or a combination of these. And we may change laws to enhance law enforcement and criminal justice measures.

When it comes to older people suffering crime problems, we respond by examining the lifestyles of the older people; no other population is routinely scrutinized in such a manner, based on victimization. We see that the conditions of their lives make them increasingly prone, over time, to the crimes they suffer. Their physical health and strength, their housing stock, their neighborhoods, their circles of friends, their mobility (transportation), and their participation in cultural life and business transactions all gradually diminish. While we also make legislative and enforcement changes to address the crimes suffered by this group, and suggest ways for them to increase their own protection, as we do for other age groups, we frequently take this further for the elderly by changing the way they live.

We have a host of victim support services to address their immediate post-crime needs, to repair their doors and locks, replace their stolen televisions or cash or food, obtain new eyeglasses, and duplicate social security cards. But, unlike our response to

victims of other adult age groups, the response to elderly crime victims does not end with services to help them cope with the victimization and resume their lives. Instead, we extend the initial victim assistance to include an increased level of concern about lifestyle and community support of older people. Meals on wheels, senior center activities, home maintenance programs, nutrition centers, transportation services, a whole cluster of protective services, and day care and respite programs are organized on behalf of older people's continued well-being, well after the events and necessities surrounding the crime itself have been taken care of.

Pursuit of such policies is meritorious on its own: public authorities should act for the betterment of the living conditions of people who need help obtaining proper food, medical services, and access to social and cultural events. But what these programs can accomplish in addition is maintenance of the community by holding off isolation and the vulnerabilities it can create. They can also advance the network of informal social controls which are credited by analysts from Jane Jacobs¹ onward for keeping criminal behavior in check in a neighborhood. Third, community programs can contribute to the continued mental, financial, and physical wellness of elderly members, and thus help them live independently, integrated with their social and physical environments, for as long as possible.

As to the actual crime problems of the elderly, there is little disagreement that the rates of incidence are mostly much lower overall for elderly than for other age groups. Even this basic statistic is subject to some misunderstanding, especially when local populations are considered in terms of neighborhood makeup, or crimes that older people suffer are examined by type of offense. Until recently, almost no one disputed that fear of crime takes hold of elderly people like no other group; and researchers do concur that the fear of crime is as important a problem as crime itself.

Unfortunately, it does not stop with just an acknowledgement of the significance of fear. People who feel themselves to be specially vulnerable to crime tend to seek their best defense against it, especially the avoidance of situations they feel will expose them to the opportunity for crime to happen. For many, this means curtailing their activities outside of home in order to reduce this exposure, eventually venturing only to necessary locations like the grocery store, the doctor, the pharmacy, the bank.

Reduction in social activity advances isolation. Isolation contributes to deterioration of the health, judgement, life interest, self-care, and general well-being of people who have spent the previous portions of their lives in the company of others. Under such conditions, without a daily sense of social equanimity and feedback provided by contact with family and outsiders, older people can be easy pickings for get-rich-quick offers, phony contractors, and con artists.

Or, they are victimized by the people closest to them, physically, mentally, or financially, and they are either unable to improve the situation or they tolerate it for fear the alternative would be worse. For many, it is.

Some writers (e.g., Fattah and Sacco, 1989, and their reference to Miethe et al., 1987, Garofalo, 1986, etc.) have estimated that if older people's exposure to criminal possibility were the same as that of other age groups -- in other words, if elderly people went to school, work, shopping, luncheons, concerts, and vacation travel with the same frequency as younger populations -- their victimization rates would be disproportionately higher, because of their physical vulnerability, than those of other groups. This may be true. However, such writers too often omit a look at the other side of the same point. That is, if the activities of elderly people are significantly reduced, then in order for there to be even the lower level of criminal victimization that our statistics show, crime must happen to the elderly within their reduced-activity sphere. It must go to where they are. This often means that crime confronts them at or near home, the very place they have remained close to in hopes of increasing their safety.

Other than recognizing that we treat crime and the elderly differently from the way we treat crime affecting other adults, there are two other points to bear in mind while reading this report. One is that though everybody older than an arbitrarily determined age is considered "elderly" here, in fact they are as diverse a population as most others in this country. Their only characteristics in common are their age and their historical contemporariness. Their lifestyles and outlooks reflect the heterogeneity of their background, mastery, growth, crisis, and opportunity involved in living through the greater part of the twentieth century. To many of them, the future is a time to enjoy the best aspects of what their lives have brought, for as long as possible, before health or funds deteriorate so far that another, less independent lifestyle is invoked, or death arrives.

Crime can be a vicious invasion of this gentle continuum. Writing a report about it encourages a tendency for both writer and reader of these pages to treat the elderly as if they were a separate or anomalous population, and that is the second of these two points to be kept in mind. Not only are the elderly as varied and complex as other populations, but also they represent the core of New York's population. They are the parents and grandparents (and, increasingly, great-grandparents) of the rest of the people in this State, who are younger. This is to say they are not an isolated group, unrelated to New York's mainstream. The temptation to think and write of the elderly as "them" -- a group different from the "us" doing the reading and writing -- should be recognized and actively resisted at every turn.

VICTIMIZATION OF ELDERLY NEW YORKERS

There are two statistical approaches by which we can examine the incidence of crime against the elderly on a statewide basis. One is by using the New York portion of the National Crime Survey; the other, by using the New York State Uniform Crime Report.

National Crime Survey

The National Crime Survey (NCS), a joint program of the U.S. Department of Justice and the Bureau of the Census, has since 1973 collected detailed information on the frequency and nature of certain crimes. These are rape, personal robbery, aggravated and simple assault, household burglary, personal and household theft, and motor vehicle theft. The Survey does not measure homicide, commercial crimes (such as burglaries of stores), kidnapping, prostitution, arson, illegal drug sale or possession, fraud, and other crimes.

The NCS collects information on crimes suffered by individuals and households, whether or not those crimes were reported to law enforcement. U.S. Census Bureau personnel conduct interviews with all household members at least 12 years old in a nationally representative sample of approximately 49,000 households (about 101,000 persons).

The survey provides information about victims (age, sex, race, ethnicity, marital status, income, and educational level), their offenders (sex, race, approximate age, and victim-offender relationship), and the crimes (time and place of occurrence, use of weapons, nature of injury, and economic consequences). The New York portion of the NCS is considered to be a statistically valid representation of the State's population, and occasionally the New York results are published as a separate report (e.g., Criminal Victimization in New York, 1972-1974).

Uniform Crime Report

The national Uniform Crime Report (UCR), begun by the FBI in 1929, collects information on all crimes reported to law enforcement authorities. Homicide, forcible rape, robbery, aggravated assault, burglary, larceny-theft, motor vehicle theft, and arson are among the most serious.

In addition to information on crime counts and trends, this report includes data on crimes cleared, persons arrested, law enforcement personnel employed, and officers killed or assaulted. The characteristics of homicides (age, sex, race of victims, victim-offender relationships, weapon used, and surrounding circumstances) receive detailed treatment.

UCR reports are submitted monthly to DCJS by police agencies in New York State. They are then forwarded to the FBI, which publishes a national annual report. Since 1975, New York has issued its UCR crime data (and other criminal justice statistical information) independently of the FBI, in an annual report entitled Crime and Justice. In 1983-84 and 1986-87, 100 per cent of the law enforcement agencies in New York participated in the program by submitting reports.

Distinguishing Characteristics of Each Program

As the previous description illustrates, there are significant differences between the two programs. The NCS, for example, includes selected crimes, both reported and not reported to law enforcement; but it excludes other, significant crimes, and all crime against children under 12. The UCR includes all crimes, but only those reported to law enforcement, committed against people of all ages. NCS results are estimates, based on the national survey of persons in households. UCR results are counts, based on offenses reported to law enforcement. NCS presents crime rates as numbers of crimes per 1,000 households or per 1,000 persons; UCR rates are usually per capita (crimes per 100,000 persons).

UCR reports and NCS results can be viewed as complementary pictures of the crime environment in the State at the time. They may or may not appear to contradict each other, but it should be remembered that neither is a complete picture of crime, even of the particular crimes which they list. Their reconciliation lies in the numbers of crimes not reported to police and the UCR, the numbers of victims under age 12, the ways the offenses are defined by each reporting system, the unevenness of growth in numbers of people versus numbers of households, and the problems inherent in acquiring the crime information.

Personal Crimes

Turning to NCS data for New York State, Table I delineates estimates of the major types of crime against the person, and the proportion suffered by the elderly.

TABLE I
NATIONAL CRIME SURVEY
ESTIMATED PERSONAL VICTIMIZATION INCIDENTS, BY AGE OF
VICTIM, 1983-84 AND 1986-87 AVERAGES, IN NEW YORK STATE

| | | Age of Victim | | | | | |
|--|-------|---------------|------------|-----------|------------|--------------------|------------|
| | | 12-59 | | 60-Plus | | All Ages (12-Plus) | |
| | | Number | Proportion | Number | Proportion | Number | Proportion |
| NYS | 86-87 | 11,636,200 | 79.4% | 3,010,345 | 20.6% | 14,646,545 | 100.0% |
| Population | 83-84 | 11,662,555 | 79.4% | 3,022,000 | 20.6% | 14,684,555 | 100.0% |
| CRIMES OF VIOLENCE | 86-87 | 313,625 | 92.5% | 25,265 | 7.5% | 338,890 | 100.0% |
| | 83-84 | 387,210 | 93.7% | 26,250 | 6.3% | 413,460 | 100.0% |
| Robbery | 86-87 | 106,300 | 85.7% | 17,800 | 14.3% | 124,100 | 100.0% |
| | 83-84 | 149,650 | 88.8% | 18,850 | 11.2% | 168,500 | 100.0% |
| Assault | 86-87 | 207,325 | 96.5% | 7,465 | 3.5% | 214,790 | 100.0% |
| | 83-84 | 238,280 | 97.3% | 6,680 | 2.7% | 244,960 | 100.0% |
| CRIMES OF THEFT | 86-87 | 757,365 | 89.8% | 85,710 | 10.2% | 843,075 | 100.0% |
| | 83-84 | 822,830 | 90.3% | 87,890 | 9.7% | 910,720 | 100.0% |
| Personal Larceny with Contact | 86-87 | 70,715 | 71.6% | 27,990 | 28.4% | 98,705 | 100.0% |
| | 83-84 | 82,540 | 72.6% | 31,100 | 27.4% | 113,640 | 100.0% |
| Personal Larceny with no Contact | 86-87 | 686,650 | 92.2% | 57,720 | 7.8% | 744,370 | 100.0% |
| | 83-84 | 740,290 | 92.9% | 56,790 | 7.1% | 797,080 | 100.0% |
| TOTALS | 86-87 | 1,070,990 | 90.6% | 110,975 | 9.4% | 1,181,965 | 100.0% |
| | 83-84 | 1,210,040 | 91.4% | 114,140 | 8.6% | 1,324,180 | 100.0% |
| EST. RATES PER 100,000 POPULATION | | | | | | | |
| Crimes of Violence | 86-87 | 26,953 | | 8,393 | | 23,138 | |
| | 83-84 | 33,201 | | 8,686 | | 28,156 | |
| Crimes of Theft | 86-87 | 65,087 | | 28,472 | | 57,561 | |
| | 83-84 | 70,553 | | 29,083 | | 62,019 | |
| Together | 86-87 | 92,039 | | 36,865 | | 80,699 | |
| | 83-84 | 103,754 | | 37,770 | | 90,175 | |

SOURCES: National Crime Survey, 1986, 1987; Criminal Victimization of Older New Yorkers, 1986 Report.

Comprising about one-fifth of New York's population aged 12 and over, people over 60 indicated nowhere near one-fifth of its personal crime -- except when it came to personal larceny with contact. In that category, New York elderly appear to have been victimized at a rate well over their proportion in the population. Personal larceny with contact generally means pocket-picking and purse-snatching. Personal larceny without contact, the other form of personal theft, was by far the most common type of crime against the person revealed in the NCS survey, among all age groups. Examples of this offense are someone laying down a package and someone else stealing it; or theft of a raincoat from a restaurant check room. For the elderly, it comprised fully two-thirds of the personal thefts and over half of all surveyed crime that happened to them.

Generally speaking, the estimated numbers of personal crimes included in the Survey decreased for all of the age groups shown. The finding of most interest in Table I is that while average numbers and rates of incidents were going down for everybody, elderly included, their average proportions were going up for the elderly. This occurred while the proportion of elderly in New York's adult population remained at a constant level during the five-year period (1983-1987). To illustrate by means of a metaphor, if crime were a pie, NCS results show that the pie apparently shrank in overall size during this period; the elderly's slice of it, however, was slightly larger in 1986-87 than in 1983-84.

The New York State UCR provides another view of overall personal crime in the State during 1983 through 1987 (Table II). The numbers are significantly different from NCS, as expected (NCS estimates crimes occurring, UCR counts crimes reported to police; NCS omits victims under 12, and so forth). The other significant difference between Tables I and II is the direction of the crime trend between 1983-84 and 1986-87. The UCR results say that personal crime went up in general during the period, while NCS estimates that it diminished somewhat.

TABLE II
UNIFORM CRIME REPORT
PERSONAL CRIMES REPORTED TO LAW ENFORCEMENT AGENCIES IN NEW YORK STATE:
ALL AGE GROUPS, 1983-84 AND 1986-87 AVERAGES

| | | Number | Reported Rate Per 100,000 Population |
|-----------------------|-------|---------|---|
| CRIMES OF VIOLENCE | 86-87 | 310,431 | 1,744 |
| | 83-84 | 251,919 | 1,424 |
| Robbery | 86-87 | 90,476 | 508 |
| | 83-84 | 92,325 | 522 |
| Assault* | 86-87 | 219,955 | 1,236 |
| | 83-84 | 159,594 | 902 |
| CRIMES OF THEFT** | 86-87 | 526,514 | 2958 |
| | 83-84 | 493,197 | 2788 |
| TOTALS | 86-87 | 842,409 | 4,733 |
| | 83-84 | 750,542 | 4,242 |

*Includes simple assault and aggravated assault.

**Includes both personal and household larcenies.

SOURCE: New York State Uniform Crime Report, Crime and Justice, 1983, 1984, 1986, 1987.

Household Crimes

Table III compares the NCS New York State estimated household victimization results of 1983-84, presented in the 1986 edition of this report, with similar information from the 1986-87 survey.

Examination of this table supports the generally held conclusion that elderly people are less victimized by crime than are other populations. The estimated numbers of major household or "property" crimes listed here which were committed against older people have declined in all but one of these areas -- auto theft -- in the three years since the last report. Moreover, again except for auto theft, the proportion of the various crimes against elderly households has apparently declined, as well.

Overall, while persons over 60 are heads of roughly 30 percent of New York's households, their households do not endure 30 percent of the crimes reported in this survey. They suffer crime generally at a rate smaller than half of their proportion of headed households -- 15 percent of the crimes, or less. This is consistent with similar findings throughout the literature devoted to the study of crime and the elderly.

TABLE III

NATIONAL CRIME SURVEY
ESTIMATED HOUSEHOLD VICTIMIZATION INCIDENTS, BY AGE OF HEAD
OF HOUSEHOLD, 1983-84 AND 1986-87 AVERAGES, IN NEW YORK STATE

| | | Age of Victim | | | | | |
|--------------------------------------|-------|---------------|------------|-----------|------------|--------------------|------------|
| | | 12-59 | | 60-Plus | | All Ages (12-Plus) | |
| | | Number | Proportion | Number | Proportion | Number | Proportion |
| Households in NYS | 86-87 | 4,924,360 | 71.0% | 2,009,720 | 29.0% | 6,934,080 | 100.0% |
| | 83-84 | 4,773,064 | 70.1% | 2,035,872 | 29.9% | 6,808,936 | 100.0% |
| Burglary | 86-87 | 258,935 | 84.6% | 47,085 | 15.4% | 306,030 | 100.0% |
| | 83-84 | 289,750 | 82.9% | 59,970 | 17.1% | 349,720 | 100.0% |
| Larceny | 86-87 | 338,195 | 87.7% | 47,610 | 12.3% | 385,805 | 100.0% |
| | 83-84 | 331,980 | 84.1% | 62,930 | 15.9% | 394,910 | 100.0% |
| Auto Theft | 86-87 | 102,280 | 85.7% | 17,080 | 14.3% | 119,370 | 100.0% |
| | 83-84 | 108,170 | 89.0% | 13,360 | 11.0% | 121,530 | 100.0% |
| Household Crime Totals | 86-87 | 699,410 | 86.2% | 111,775 | 13.8% | 811,185 | 100.0% |
| | 83-84 | 729,900 | 84.3% | 136,260 | 15.7% | 866,160 | 100.0% |
| Est. Rate Per 1,000 Households | 86-87 | | 142 | | 56 | | 117 |
| | 83-84 | | 153 | | 67 | | 127 |

SOURCES: National Crime Survey, 1986, 1987; Criminal Victimization of Older New Yorkers, 1986 Report.

NCS auto theft figures appear to reveal an unusual trend. For the general population, auto theft is estimated to be dropping, since 1983-84, while for the elderly it is rising. Ages of car owners are not available from the State Department of Motor Vehicles, so a separate verification of auto theft trends for certain-age populations using the DMV data base is not possible.

The NCS finding that auto theft increased for the elderly but decreased overall is inconsistent with the UCR data on the subject, as shown in Table IV. UCR shows that auto theft increased overall during this same period. This increase is difficult to ignore because auto theft is one of the crimes most likely to be recorded in the UCR. People tend to report car theft due to the size of the loss, their hope for the cars' recovery, and the requirement by insurance companies that the police be notified before a claim will be accepted. Because people are motivated to report auto theft more readily than other crimes, the incidence of auto theft exhibited in the UCR is considered to be a fairly accurate indication of the amount of auto theft actually occurring. Hence, the NCS finding that auto theft increased for the elderly should be viewed as tentative until research can be completed to explain why the UCR showed that auto theft increased overall and the NCS showed that auto theft decreased overall.

TABLE IV
UNIFORM CRIME REPORT
MAJOR PROPERTY CRIMES REPORTED TO LAW ENFORCEMENT AGENCIES
IN NEW YORK STATE:
ALL AGE GROUPS, 1983-84 AND 1986-87 AVERAGES

| | | Number | Reported Rate Per 100,000 Population |
|------------|-------|---------|---|
| Burglary | 86-87 | 216,171 | 1,215 |
| | 83-84 | 235,286 | 1,330 |
| Auto Theft | 86-87 | 119,035 | 669 |
| | 83-84 | 117,559 | 664 |
| TOTALS | 86-87 | 335,206 | 1,883 |
| | 83-84 | 352,845 | 1,994 |

SOURCE: New York State Uniform Crime Report, Crime and Justice, 1983, 1984, 1986, 1987.

Further Discussion

Researchers surmise that some of the elderly crime factors shown in NCS data can be explained by the lifestyle of older people. For example, they are less victimized in general because their sphere of daily activities is smaller. Crimes happen to them at home because that is where they are most of the time. This particularly explains the figures reported in at-home crime for people over 74: the crime that happens to them shifts from other places to the home area, even inside it. Other age groups, by contrast, have increased exposure to crime away from home because they are outside of it much more: school, workplace, travel, friends, social and public events.

Crime data in the State's UCR program have not included victim characteristics. Neither the State nor the National UCR system for collecting information about crime was designed to focus on victims. The UCR has traditionally requested only a few items of information about the offense and the offenders. And there has been no statewide victimization study, which could independently quantify the extent of crime in New York State and who suffers what portions of it.

The NCS is based on interviews of victims, so it has to omit homicide victims. But homicide is the one category of offenses that the UCR has gathered the most information about over the years. New York State UCR figures show homicide of persons over 60 decreasing steadily from 176 in 1981 (8.1 percent of all New York homicides) to 124 in 1988 (5.5 percent). Most of these older victims were killed indoors, by stabbing. In contrast, most younger-aged homicide victims, except small children, were killed by firearms.

In a study not designed to focus on elderly victims specifically, DCJS researchers examining drug-related homicides in New York City collected data which generally corroborated the statistical picture of elderly victimizations (Goldstein et al., 1990). There were 17 victims over 60 whose deaths were among the 414 homicide cases studied. Twelve of the 17 were killed at home, 11 during robberies. This was a small sample (17 precincts, of mixed types, out of 75) drawn from just eight months' worth of homicide cases; even within these limitations, the numbers reflect the small proportion of elderly among the victim population. They also suggest support for the NCS impressions about the primacy of robbery within the small amount of violent crime (other than homicide) that older people do suffer. And along with the limited amount

of violent crime and the elderly's limited exposure to it, the study results suggest again that the older victim is likely to be struck at home (eight of nine aged 70-99 were killed at home).

The lack of data which has historically hindered clear understanding of crime victimization is about to be changed, however. The Uniform Crime Report has undergone a national wholesale redesign so that both more and better data will be gathered, concerning crime incidents, the people involved in them (victims, offenders), and their relationships to each other. Institutions, businesses, or groups, such as schools or civic associations, as well as persons, will be considered victims. The new UCR will be implemented over the next decade. Information collected about the age, sex, race, ethnicity, residence, relationship to offender, injury type and degree, and medical treatment for the victim will yield a much more accurate picture of crime experienced by the elderly (and other populations) than is currently available.

Conclusion

Both incident reporting of crime to the police (Uniform Crime Report) and victimization surveys (National Crime Survey) indicate -- by separate means -- that the elderly suffer less crime than other age groups, and that they suffer less crime than their proportion of the population. Researchers suggest that this may be explained in large part by the fact that older people stay home more than younger people do. If they ventured out more, there would be more exposure to crime and more victimization of older people. This also helps explain the accompanying phenomenon of victimization of older people at home. The reasoning does not suggest that criminals are seeking out victims in their homes. It does suggest that for even a limited amount of crime to happen to people who stay home much of the time, it has to happen to them where they are.

DEMOGRAPHIC PROFILE OF OLDER NEW YORKERS

Even before the baby boom generation reaches middle age, this State and country are witnessing a graying of their populations, which is also true of populations in other industrialized nations. The growing percentage of older persons is attributable to a multitude of advances such as better medicine and public health, nutrition, education, improvements in pharmacology, and broadened dissemination of beneficial information among the general public. The improvements do not mean that all or even most elderly people are enjoying a comfortable old age, but they do mean that people entering old age are more numerous, in better health, and politically more powerful than people in their parents' generation were.

The following discussion is based, except as noted, on three publications of the New York State Office For the Aging (SOFA), which themselves are prepared from data provided by the U.S. Bureau of the Census, the National Center for Health Statistics, the New York State Department of Health, and U.S. Bureau of Labor Statistics. The three SOFA publications are Economic Status of the Elderly: Income of Older New Yorkers 1984-1985, Sources of Income of Older New Yorkers, 1987, and "Facts 89," a fact sheet issued by SOFA's Research & Analysis Unit dated February, 1989.

Population and Employment

There are over 3.3 million New Yorkers aged 60 or older as the 1980s end, and about 275,000 of them are aged 85 and older. Approximately 5 percent of those over 60 live in institutions; this section is concerned with the other 95 percent, who live in New York's communities.

Most older people are self-governing individuals who conduct their daily lives and run their own affairs indistinguishably from the rest of the adult population. Many are employed: as of March 1988, 627,536 or 20 percent of them were working, and another 82,000 were looking for work. Though there are an additional number who are willing and able to work but have given up the search, the proportion (23 percent) of able people over 60 who are involved in the State's work force is about the same as it was 25 years ago. More people in this age group have taken advantage of retirement planning and investment made available in the intervening years, and retired. Those still

employed will be pushing the age of full retirement to higher brackets, and, with the numbers of young people available for jobs already shrinking as the 1980s end, there will be increasing flexibility in job designs and increasing numbers of people with serial careers by the time they do retire.

The other great labor-force change which will affect the quality of life among older people in New York is the immense growth in the number of women in the employment ranks. Twenty-five years ago, the income of most older women was dependent upon their husbands' earnings during work life; income of most older women from the next decade on will be based on their own activity in the work force.

Education

Education levels are rising. More than 1 in 5 of all New Yorkers now 60 and over obtained at least some college-level education; but the subset of people beginning with those only 15 years older, aged 75 and above, reached college at a 17 percent rate. Of the people in this older age category, 38 percent did not reach high school; this proportion was 24.5 percent for the entire population 60 and over. Higher levels of formal education (even above grammar school) were not universally sought in previous generations, and there were far fewer opportunities to pursue higher education in the first part of this century than in the second. At the time those now 75 and older were of college age, the percentage of their age group who attended college was therefore probably lower than 17 percent.

As the group now 60 to 70 grows to the 75+ age level, the 17 percent college attendance rate can be expected to rise. It can be postulated that those in the better-educated portion of society live longer, because they and the families that raised them were able to afford better diets and health care. Their educations probably yielded them safer occupations and living environments than their contemporaries who were less well off.

Income

Income levels do not show such breadth of improvement. Between 1983 and 1987, the proportion of New Yorkers 65 and older living at or marginally above the poverty line went from 32.2 percent to 35.6 percent. This happened despite the influx of four years' worth of younger people -- who would be expected to have higher incomes -- into the over-65 group during the period. For the 75-and-older age group, the

proportion of those in poverty or marginal poverty was 40.4 percent in 1983 and 43.3 percent in 1987. To illustrate further, median annual income of persons aged 65 and over in 1983 was \$6929; marginal poverty (150 percent above the poverty line) for elderly individuals was \$7163. In 1987, elderly median annual income was \$8003; the marginal poverty level, \$8171. These figures mean that in both 1983 and 1987, half of the elderly had incomes below the marginal-poverty line. Most had (and continue to have) only their incomes to live on.

At the opposite end of the scale, 7.1 percent of the elderly over 65 had incomes of \$25,000 or more in 1983. In fact, at that time, this 7 percent accounted for almost 29 percent of New York elderly's aggregate income. In 1987, 10.7 percent of those over 65 had incomes of \$25,000 or more.

Living Arrangements

For living arrangements, about as many people over 65 owned their own homes (50.4 percent) as rented (49.6 percent) in 1987. These home ownership figures had undergone a downward change; in 1983, 58.3 percent had owned and 40.6 percent had rented their homes.

Within the home, people over 60 generally lived with their families, and this remained the case even for the age-75-plus group. However, the proportion changed between 1984 and 1988, in an upward direction. In March 1984, 61.6 percent of New York's over-65 population lived with their families; this included a third of all over-65 elderly people who were heads of their own households. Families where this 61.6 percent were living comprised 15.7 percent of all the families in New York State. Thirty-five percent of the elderly were living alone, but comprised 62 percent of the elderly living below or in marginal poverty. Elderly living with other persons who were not relatives amounted to 3.4 percent.

By 1988, these proportions had become 66.2 percent of those 65 and over living with their families and 32 percent living alone. Those living with persons unrelated to them had shrunk by close to half, to 1.8 percent.

Life Expectancy

It is well known that life expectancy in the United States has improved drastically during the twentieth century. Though separate figures specific to New York State are not available, it is likely that the life expectancy of New Yorkers born in 1986 would be the same as the national 74.8 years overall. For various subgroups, the expectancy levels are quite different: white men 72.0 years, minority men 67.2 years; white women 78.8 years, minority women 75.1 years.

The people who were already 65 years old in 1986 could generally expect to live to about their 82nd birthday (the extremes were white women 83.7 years and minority men 79.1 years). By comparison, a person born in 1900 could be expected to live to 47.3 years; a person already 65 in 1900 could be expected to live to 76.9 years (Cutler, in Rifai, 1977:165). Life expectancy for people at age 65 is longer because they have by then already survived major threats like infant mortality, heart attacks, the effects of alcohol and tobacco use, auto and industrial accidents, and historical forces like war that have to be factored into expectancy predictions for people just entering the world. People who make it to age 65 have lived long enough to be expected to live longer.

Activities Impairment

During the period beyond age 65, though, many people suffer from any of a variety of chronic conditions, some of which may have first appeared earlier in their lives (e.g., high blood pressure, glaucoma, arthritis). At some point, these and other diseases and conditions become strong enough to limit the daily activities of the older person. According to National Health Statistics of 1986, 16.1 percent of U.S. residents over 65 are somewhat limited in their physical activities, and another 22.7 percent are limited in major activities, i.e., require assistance for some or all of normal life. These figures have been stable and would generally be true of New York's population.

Conclusion

The preceding description may seem disheartening because of the large proportions of older people with incomes below or near the poverty line. The period between 1983 and 1987 shows more people becoming poorer and more people becoming richer. These, together with the decline in health and physical mobility, make the ability to live in independence increasingly difficult to maintain indefinitely.

For many people, low income in old age is a continuation of low income

throughout much or all of their lives: they do not pass their 65th birthdays and suddenly find themselves in poverty. Having lived for a long time with marginal incomes, they have not had the opportunity to accrue savings or make long-term financial investments which would support them better in very old age.

A minority of others began to take advantage of opportunities for personal investment and pre-retirement planning, and have entered old age better prepared, financially, than was generally the case 25 years ago. It may be expected that this trend is increasing among under-60 workers old enough to have vested interest in their retirement systems -- and that the trend would not be limited to executives, and would include more women and minorities than in previous generations.

However, most people should anticipate that their incomes will be significantly reduced as they advance through old age. Time (life expectancy of 25 to 35 years beyond retirement), inflation, and health costs will cut deeply into retirement income over the course of the retirement. Therefore, the amounts of income people need in order to maintain even a modest lifestyle in their old age will be larger than in recent generations, when people retired at age 65 and expected to live but 10 more years.

The size of the elderly group in New York's population will undergo significant expansion for the next two decades, until the baby boom generation arrival at age 60 propels the elderly's number drastically upward. The very old, those 85 and older, will be growing by the greatest proportion (over 20 percent per year above the 1980 level of 193,000), so that by 2010, they will number well over 500,000. To the extent that this population is long lived, underfinanced, care dependent, and isolated, they will present significant policy considerations for planners of cities, housing, health, social services, transportation -- and criminal justice.

ISOLATION AND ELDERLY PEOPLE

Most New Yorkers over 60 years of age do not live in complete social isolation. However, isolation is not a simple absolute: it can affect people by degrees. For example, an older person who is cared for by a home health aide and regularly visited by a relative might be considered isolated from her neighborhood. An older person who manages to do her own shopping and errands, but interacts with others only by necessity, would be considered socially isolated. An older person living with an abusive son she cannot turn out might conduct an active social life despite a psychologically and financially debilitating home life. An older couple might be isolated from their grandchildren, by reason of divorce or geography.

In an earlier age, families living under one roof consisted of three generations, and this kind of social isolation was unlikely. That changed with the prevalence of the nuclear, more mobile, family. It is usually safe to generalize nowadays that increasing age and infirmity are accompanied by increasing isolation, barring a direct intervention to overcome it. And it is also generally the case that many older New Yorkers live in such circumstances.

Isolation can be a contributing factor in crimes committed against older persons. It undermines the senses of time and place, relativity and judgement. It makes people lonely, and thus better victims: especially responsive to offers of companionship, they too willingly succumb to the skillful charms of con artists. They may not have the mental or physical energy to work at keeping relationships current, so isolation cuts them off from those who would check on them. The quiet daily lifestyle that an older person considers "keeping to herself" makes trouble in her household more difficult for neighbors and passersby to discern. Not willing to travel out much, older people may want their money with them instead of in the bank to which they have to travel for access to cash. Now less able bodied than they once were, the elderly must place increasing reliance on people who come from the outside to do ordinary maintenance, shopping, laundry, repairs, and improvement of their homes. They may take service people and sales representatives at face value because they always have, and admit to their homes the man whose ID they should have checked. Some spend their money on

investments that do not materialize or medical cures that falsely promise relief; having no one nearby with whom to discuss such matters, they do not think to check, do not know how to check, are afraid to check, or do not know that checking vendors and offers is accepted consumer practice.

Isolation works to crime's favor even after victimization. Isolated older people are less likely to report crime, because:

- they want to remain unobtrusive, do not want to trouble anyone;
- they are embarrassed to admit that they have reared a child who is now an abusive adult;
- they have been made to feel that retaliation would be worse than the crime;
- they think the police cannot do anything about the crime after it has happened;
- they do not want to travel to court;
- they think they will be removed from home and all that is familiar;

-- and because the intrusion of crime took away some of their control over their own lives. They are willing sometimes to lose a little of their dignity and health in order to keep their independence. A criminal opportunist could not ask for more.

ELDERLY FEAR OF CRIME

It is no secret that most Americans consider elderly people to be more fearful of crime than other populations. This popular concept is reinforced whenever there is mention of victimizations of older people in the mass media. Research conducted since the mid-1970s has contributed much greater understanding of this phenomenon, in the areas of the measurement of fear, the effects of age, gender, and other factors on fear, and the responses of older people to fear.

First, it should be noted that the literature refers to fear of crime as that which has to do with street crime and personal attacks by intruders in the home or strangers in the neighborhood, virtually without exception. "Fear of crime" as a general phenomenon is usually not construed in the surveys or polls to include white-collar crime, such as medical quackery or "bank examiner" con games, or abuse and neglect by caregivers. Even when fear-of-crime surveys ask about crime as a citywide problem, computer fraud and elder abuse are generally not presented to respondents for discussion, nor volunteered by them in answers. In addition, "fear of crime" almost always means fear of personal victimization -- not worry about victimization of others or about the crime rates in the county.

Defining and Measuring the Fear of Crime

Anyone venturing a look at fear-of-crime literature published in the last 15 years is confronted with an array of seemingly contradictory polls and surveys and interpretations of them. Results of a 1974 survey taken by Harris, one of this country's best known pollsters, were widely taken to mean that fear of crime by elderly Americans was widespread (Harris, 1975, in LaGrange and Ferraro, 1987:374). His figures revealed a large proportion, 23 percent of those over 65, who said their most serious personal problem was fear of crime. These findings may have confirmed (or maybe helped spawn) popular beliefs about older people and fear of crime. "Americans, especially younger Americans, think that elderly people are afraid of crime; and over one-half of the elderly people think that other elderly are afraid of crime." (LaGrange and Ferraro, 1987:376).

The first of the Figgie Reports on crime, published in 1980, revealed similar findings: a third of Americans 60 and over were rated highly fearful of becoming a victim of a violent crime, and 43 percent of those over 60 considered themselves unsafe in their daily environments (Research and Forecasts, 1980:31). In separating measures of "concrete fear," or the fear that one will be a victim of violence, from "formless fear, ... a diffuse feeling that we are somehow not safe in our environment: in our homes, our neighborhood, our community at large," Figgie identified the tendency of fear research until that time to treat fear of crime as a single phenomenon of limited dimension (Research and Forecasts, 1980:48).

A survey of 1,200 elderly Minnesotans (Yin, 1982, in LaGrange and Ferraro, 1987:375) yielded results apparently contradicting Harris, even after accounting for differences in sampling methods. Yin found that only one percent considered crime a serious personal problem; poor health and inadequate finances occupied most of the worry reported by these elders. The Yin survey and others like it showed a second major difference in fear research: not only were there different kinds of fear, but also there were different kinds of questions used in asking about it. For example, the Harris poll used closed-ended questions, asking respondents to choose among suggested answers, whereas the Yin survey relied upon the respondents to supply their own fill-in-the-blank answers.

A closer look at the content of the questions also shows that different measures of fear are used. "How safe would you feel being out alone at night in your neighborhood" (Research and Forecasts, 1980:156; emphasis added) asks the respondent to conjure himself in a situation, whereas "how safe do you feel ..." asks about experience. Fattah and Sacco (1989) pursue cognitive, affective, and behavioral measures in fear research, in which older persons are asked, respectively, about recent crime trends, concern for their own safety, and the extent to which they have used deadbolts on the doors or curbed their ventures outside.

Effect of Age and Gender on Fear of Crime

What these and other examinations show is that fear of crime is complex and multi-dimensional. The survey responses show that older people's fear of crime is neither wholesale nor indiscriminate. On the contrary, older people express fear of specific kinds of crime, i.e., crime involving personal confrontation and attack. One popular assumption is that this is explained primarily by the decrease in strength and agility brought on by aging, which deepens their sense of personal vulnerability. This

may have basis in fact. The research shows that the overwhelmingly large group most fearful of crime is women of all ages, and that therefore, the factor of being female more strongly predicts fear than does the factor of age alone. Fattah and Sacco (1989) review recent literature on the subject, which confirms the greater levels of women's fear and suggests reasons for it. The reasons involve women's physical stature and strength which are generally smaller than men's, women's lifelong vulnerability to sexual assault, and the effects of their socialization along these lines. It is not difficult to conclude from this that a large part of the reason that elderly fear of crime is thought to be so great is that most elderly people are female.

The decrease-in-physical strength assumption appears to be validated another way. Liska and others (1988) found that the effect of gender on fear of crime was strongest for young people and decreased as they age. That is, young men express different levels of fear from young women. As both grow older, they show fear levels more similar to each other. Women are apparently fearful of crime throughout life, to varying degrees, whereas men -- the least afraid population when they are young -- become fearful as they grow older. People who fear crime most of all are those over 70.

Elderly fear of confrontation and personal attack by strangers can be supported not only by the physical vulnerability factor, but by findings from other quarters, as well. Our discussion of the National Crime Survey data, earlier in this report, shows that these fears have a basis in some victimization patterns, especially when it comes to personal larceny with contact. In addition, Warr (1984) offered that in studies which asked respondents whether they were fearful of this or that situation, elderly people identified more situations as threatening than did younger people.

Begging was an example. The older people saw begging as more than a passive request for assistance. Instead, the beggar was seen as someone whose personal approach risked further, unwanted involvement which could escalate to assault or robbery. From this, Warr maintained, older people's heightened sensitivity to the potential for personal risk, and their caution expressed because of it, raises their collective response on the "fear" scale. A sense of physical vulnerability no doubt

aggravates this caution, and there seems to be at least anecdotal evidence that current-day urban criminals take advantage of it: in the cases of personal larceny with contact, some violent crimes, and perhaps begging, the elderly are confronted directly by the criminals, who want to take their money.

Other Factors Affecting Fear of Crime

Other factors among groups most likely to express fearfulness of crime are race, income, and urbanism of the residence of the respondents. As might be expected, elderly people of minority races and low incomes are concentrated in cities, which is also where crime is concentrated, and they are thus more likely to say they are afraid of crime. In addition, social status, Liska et al. (1988) suggest, affects the sense of vulnerability because higher status denotes higher income and the ability to avoid high-crime areas, to buy locks, and to afford companionship.

Responses to the Fear of Crime

The description too often used -- that old people are terror-stricken by crime in the streets, barricaded in their homes as prisoners of fear -- is not generally true of older people's lifestyle. The vast majority are not cringing behind bolts and bars, but come and go in their communities much as they always have, with a frequency indicated by lifestyle.

But, on the other hand, the elderly are not completely free of crime and the fear of victimization, either. Both crime and fear of crime pose some problems to them. Their awareness of crime is reasonably focused, as we have seen, and some of their behavior may be expected to reflect this. Fear of crime can be considered to have a "productivity factor," according to Moore and Trojanowicz (1988). Fear prompts caution. Information about crime prevention, presented in positive tones, can convince older people to take measures to protect themselves and their belongings, such as by improving their door locks, buying dogs, and limiting the amount of cash they carry. In this way, fear "motivates citizens to shoulder some of the burdens of crime control" (Moore and Trojanowicz, 1988:1). Third, fear of crime can result in older people's willingness to support and participate in community-based anti-crime efforts, such as Neighborhood Watch, citizen dispute mediation, or youth mentoring. The authors recognize that for some people, fear becomes unreasonable or does not have constructive outlets like those above.

These can be contributing factors to fear of crime, within the context of environment and lifestyle of older people. Retirement from their jobs and, therefore, from a daily coming and going in a circle once wider than now; significant changes in their neighborhood; death of spouse and friends and lack of additional ones; living in high-rise buildings; and uninvolved with other tenants or the neighborhood in general can all contribute to the fear of crime among older persons. This is not the healthy fear that Moore and Trojanowicz call productive. "Loneliness and lack of community attachment" --reflected by the above changes -- "are significant sources of fear among the urban elderly" (Skogan [citing Jaycox, 1978, and Yin, 1980], 1986:208). The inclination to withdraw further from community life must be compelling. Skogan (1986) says that continued fear of crime weakens informal social controls, makes people less willing to contact others or become involved with them, and makes them unresponsive to mobilizations for anti-crime or other community efforts. This kind of fear can bring on the decline of neighborhood businesses, as workers, shoppers, and suppliers become unwilling to venture to the area. This hurts not only the businesses and the people who own and are employed by them, but also the customers who depend on them for daily necessities.

That elderly people withdraw from social life due to fear of crime has long been an operating assumption of both aging and law enforcement professionals. The relationship has been thought to be a linear progression ending with the isolation of the older person. Sometimes family members or community groups decide to attack isolation in hopes of reducing fear and improving the mental and physical health of the elders -- because research shows that older people integrated in their neighborhoods are far less fearful of crime. Studies by Liska and others (1988) revealed support for such an approach by examining the effect of fear of crime on people's behavior. They found that fear of crime and the constrained behavior which sometimes results form an escalating loop: fear increases constrained behavior which increases fear. Further, the strength of the loop is greatest among those who are older. People aged 62-70 tend to constrain their social behavior more than the young, because, the Liska group maintains, they are frequently without available household traveling companions, they lack the funds to improve the physical security of their homes, and they are unable to avoid dangerous places. As they age well beyond 70, Liska et al. postulate, the social behavior

of the very old may be constrained less by fear of crime than by the pre-constraints of illness and disability. When crime rates in the area and actual victimization of respondents were tested for their effects on the fear of crime, the study showed only weak relationships, which decrease for the old.

Fear of Crime and Victimization

Not so distantly in the past, the apparently high rates of elderly fear of crime were deemed of little import (except by the elderly and the aging professions) because they could not be explained by rates of victimization. Fear of crime and victimization were thought to be closely and causally related. (If this were the case, the population of young urban males, who comprise the greatest victim group, should be the most fearful. Instead, they are the least fearful group.) On the basis of the victimization-causes-fear assumption, though, it followed that the way to decrease fear was to attack victimization. Crimes would be resolved by the arrest of criminals. Then, fear of crime would dissipate because its cause had been diminished.

In the case of the elderly, with fear rates apparently so high and victimization rates apparently so low, it was suggested that the problem must be in the minds of the elderly. After all, if it was true that fear of crime was caused by victimization, there was no reason for the elderly to be so fearful because they were victimized so little (compared to other populations). For them to be afraid in spite of this had no basis in reason. Therefore, elderly fear of crime must be "all in their heads," or paranoia, and of little real significance to social services providers or criminal justice policy planners or police department administrators. This attitude was commonly held as a companion piece to the belief that elderly fear of crime was widespread, generalized, and responsible for making the mass of older people into "prisoners in their own homes."

Conclusion

From this section we have seen that such generalizations are not usually the case. Older people tend to be afraid of specific kinds of crime and probably for specific reasons; except for individual cases, this fear is not uppermost in their minds; fear affects constrained behavior and is affected by it; and social integration in the neighborhood greatly reduces it.

These collective findings have policy implications for criminal justice and other institutions of society. "It might be more reasonably maintained that older persons are

more afraid not because they believe their chances of being victimized are extremely high, but because they believe they will be able to cope less effectively with the effects of victimization" (Fattah and Succo, 1989:220). To the extent that there are no supports -- individual, family, community, or government -- which mitigate against this, elders' fears may be well placed. Social agencies can undertake volunteer and other efforts to address the isolation of older people. The criminal justice agencies can endeavor to keep order, remove offenders from the community, and take victims' needs into account. Police activities in particular which increase the amount and quality of contact with the populations they serve can reduce citizen fear. Such contact is a feature of police strategies such as problem-solving policing or community-oriented policing. Police can serve as gatekeepers for isolated elderly to social service agencies and vice versa when necessary.

By recognizing fear of crime as a separate problem, including its consequences of reduced community cohesion and weakened informal controls, public leaders can make the reduction of fear a distinct and important goal to be achieved through criminal justice and social agencies. Even if such a policy is targeted mostly at older members of the community, its impact will increase in importance as the population grows both numerically and proportionately older.

ELDER ABUSE

Older people who do not live in complete independence are vulnerable to specific kinds of crime. Those who depend on help from others for daily living, either at home or in congregate residences, are exposed to the potential for elder abuse.

Depending on the reporting authority, elder abuse can be defined narrowly as physical and verbal battering, or broadly enough to include passive neglect, abandonment, and financial advantage-taking, as well as physical assault. All of the sources consulted for this report agree that regardless of which specific offenses are included in the term, elder abuse is crime within a relationship. Many times it is a violation of trust and responsibility, and sometimes it is the perversion of a former relationship, in the care of an older person.

Dubbed the aging profession's "crisis of the '80s" (Crystal, 1987), individual cases of physical elder abuse have been given extensive airplay and news coverage when they have come to light. To review the write-ups of these events is to recoil at the maltreatment of older people by their sons, daughters, spouses, siblings, and health assistants. The news stories recount beatings, torture, and severe neglect of old people at the hands of their caregivers, uncovered -- sometimes too late -- when a neighbor or other outsider calls the police.

In the best estimates of the available literature, such incidents are rare. In that sense, and aside from victim privacy issues, the print and broadcast media cannot be faulted for treating them as news. What the news stories less frequently report, however, are the cases of elder abuse that involve verbal or psychological abuse, financial mismanagement, willful or passive neglect by caregivers of older people, cases estimated to be perhaps 20 times more common than the batterings. In many instances, the abuse of the elderly person takes more than one form.

Types of Elder Abuse

The first of the abuse behaviors categorized by Douglass (1988) is *passive neglect*. It is the most common and the most ironic, usually involving people whose intentions are the opposite of the result, thus giving rise to the irony. Well-meaning families, erroneously assuming that home care is always better than institutional care, decide that

their elderly member, who needs help in daily life activities, should reside with them rather than being cared for by a nursing home or elder-care facility. Such families are usually taking on more of a responsibility than they imagine or, as it turns out, than they can reasonably provide. Later, they discover their own lack of knowledge results in the needs of their elder not being met. Or the unanticipated change involved with having the elder move in results in family crisis.

Room must be made for the elder -- in the available space of the household, in the budget, in access to the bathroom and living areas, in the priority arrangements for family activities, in the emotional fabric, and in the distribution of members' responsibilities already developed by the family. For the family caring for a completely dependent elder, this checklist of basics can become a massive column of demands that take over the rest of family life. "Homecare requires important skills: the ability to clean an adult who has little mobility; the ability to turn and bathe a bed-bound person without causing harm; the ability to protect one's self while caring for an adult. These abilities are neither obvious nor instinctive. Without such skills, passive neglect is virtually inevitable as the recipient of care grows more frail over time" (Douglass, 1988:7). Usually one or two principal family members try to perform for the older person the tasks done by the whole body of professionals at a nursing home, and do not anticipate the complexity of the responsibility they undertake until it straps the life in their own households, or until they are themselves too exhausted or disabled or frail to continue. But by the time they feel overwhelmed, it may be too late to change; and the alternative, of moving the elder to some kind of nursing home, may be unacceptable to the caregiver who thinks it signifies personal failure. This commonly precipitates additional feelings of guilt. In other cases, the caregiver, such as an elderly spouse or older adult child, becomes incapacitated himself and just stops. Passive neglect of the elder can then become coupled with self neglect of the caregiver. Without counseling, respite, or other support, conditions in the home can go from bad to much worse.

Passive neglect can also involve unintentional failure to recognize health needs or conditions of the elder, which worsen if unaddressed. It can be the kind of instance demonstrated by the case of the older man whose wife was suffering from Alzheimer's disease: he tied her up whenever he went out to do the gardening or grocery shopping,

for fear she would burn something in the kitchen or wander off again. It might be the family which did not understand that their beloved granny was bumping into things not because she was losing her mind, but because she was losing her sight.

Active neglect, by contrast, is the deliberate omission of a care-giving responsibility. It is the willful withholding of personal care, medicine or medical attention, emotional support or affection, access to friends, or other services from an older person, usually by a family member. This type of abuse, and the others that follow, are distinguished by the deliberateness of the harm caused by the caregiver. The motivations are apparently as complicated as for any behaviors in a domestic relationship, and may appear amidst the conditions and stresses discussed in the above section on passive neglect.

People who withdraw ordinary evidence of their care for another person, such as by not speaking to the elder, not responding to his/her requests or not as promptly as previously, or by refusing to buy or administer food or medicine -- in essence, withholding love -- can be considered to be punishing the elder. Causes of active neglect range from revenge for real or imagined past treatment by the elder, to an endeavor to precipitate the removal of the elder from the household, to an attempt to advance the elder's expiration, to an expression of the caregiver's own mental problems, or to an attempt by the caregiver to hasten his assumption of use or ownership of the elder's assets.

Verbal, mental, and psychological abuse are all aimed at undermining the elder's self-esteem, sense of dignity, judgement, and general well-being. They are probably born of pre-existing long-term difficulties in the relationship between elder and caregiver. Abnormal emotional ties between parent and adult child, or the adult child's personal problems, can lead to psychological abuse. Instances of the abuse occurring in the view of others are unusual, and the elderly victim may not be dependent on the caregiver. Therefore, to outside appearances, the relationship seems normal and the abuse is especially difficult to recognize. Isolation may make these abusers altogether invisible to anyone outside the household. What problems were previously unresolved but tolerable in the relationship while both parties were separate become aggravated when they are together, and may escalate and emerge in the form of psychological abuse. Pre-

disposing causes or conditions apparently can be similar to those listed in the active neglect discussion above. Both forms of abuse are more likely when the elderly person is socially isolated, personally domineering, or neurotic.

By far more common, among the intentional abuses, is *financial abuse*. This includes instances of outright theft of the elder's property or assets, misuse of funds, fraud, or other financial exploitation of the elderly person by a caregiver. The victim need not be wealthy to suffer total losses. This type of abuse may be coupled with others. For example, the assets of the older person may be converted to cash by the caregiver who then refuses to provide needed medicine and taunts the elder as disability advances. Such combinations are more likely when the victim is not wealthy.

Physical abuse is the type that receives headline treatment when it is discovered. It is also the least prevalent form, and is likely to be associated with alcohol abuse by the offender (sometimes by the victim, too).² Physical abuse can be an extension of a lifetime of physical abuse in the relationship, e.g., child abuse. Neglect and psychological abuse frequently accompany physical abuse, but apparently not the other way around. (Both aging professionals and current literature regard spouse abuse between elderly partners as continuations of long-term abusive relationships and thus consider it spouse abuse, not elder abuse.)

Sometimes spouse abuse emerges where there has been none before, as in the case of a man who, not understanding the debilitating nature of her stroke, thought his wife of 40 years was deliberately not cooperating with his attempts to assist her or encourage her in daily activities that she formerly performed unaided. His frustrations became slapping and then worse, before help intervened.

Law Enforcement and Elder Abuse

Most cases of elder abuse come to light through senior services or legal aid agencies, rather than by being reported directly to law enforcement (Sengstock and Liang, 1983, in Pagelow, 1989:275). Once uncovered, elder abuse presents especially frustrating circumstances to the criminal justice system. Too often, older victims do not bring the abuse to the attention of others, including the authorities, who can help them. Not only do they not ask for assistance, but when help arrives, they tend to refuse it. They are likely to deny that the abuse is occurring. So strong is their fear of being removed from home, their embarrassment at being victimized by a family member (whom they may love, despite the abuse), their fear of losing the right to make what

limited decisions they still do, that they will elect to continue living in an abusive situation rather than seek redress or assistance in getting it stopped.

Most law enforcement officers are untrained for recognizing elder abuse when they respond to such calls: it is an ill-defined area, with no direct statutory proscriptions. Police are notified usually as a last resort, when the abuse situation has escalated out of control or emergency measures are needed. Many times the police see that, had they or some other helping organization been notified earlier, the desperateness of the situation could have been prevented. Officers need to be knowledgeable not only about recognizing elder abuse, but also about which agencies in the area can help, and how to make referrals.

Those offenses which will be pursued through the courts pose additional potential obstacles. Evidence of physical abuse is more difficult to establish for older victims than for younger ones, because the effects of the normal aging process must be taken into account. Evidence of criminal neglect by others must be distinguished from self neglect by the victim. Getting an elderly victim to bear witness to abuse by her caregiver is sometimes impossible. If she does testify, her effectiveness as a witness may be undermined by weakness and confusion on the stand about the course of events relative to the charges being brought.

Victim Profile

Judging from the best guesses afforded by what studies have been done, the most frequent elder abuse victims are frail, white women aged 75 and older, who have some form of impairment. Since most of the U.S. population is white, and women live longer than men, and physical impairments increase among the "very old" which can present severe stresses on caregiving families, it is not unreasonable to estimate that most abuse victims fall into this category. Additional research would be needed to determine whether the abuse of especially old white women is disproportionate, even given their large majority of this population. Some of life's most precipitous events occur in this age period: health and financial crises, emotional losses, increased incapacitation, frailty, death. Their impact is felt not only by the elderly, but also by their families, especially in a caregiving household. Women are also much more likely than men to be dependent on family caregivers, due to the above demographic factors, plus widowhood

and lower income levels. (Elderly men remarry if their first wives die, and the wives -- who usually marry men older than themselves -- care for the husbands through their last years.)

Institutionalized older people, about five percent of the over-60 population, have also suffered abuses at the hands of their caregivers. It was the emergence and extent of abuse of nursing-home patients in the 1970s which received prolonged national attention and gave rise to special prosecutors including, in 1978, the New York State Deputy Attorney General for Medicaid Fraud Control. The Legislature also enacted laws specifically to protect older people in residential health care facilities from physical abuse, mistreatment, and neglect, and established a reporting system through the State Health Department to address complaints of such abuse, in 1977. In 1986, a parallel system was established for reporting abuses of elderly people or anyone else receiving home health care services. Due to the reporting systems and prosecutorial efforts, and the contained aspects of the lifestyle, the size of elder abuse victimization in New York State is probably more accurately known for institutionalized elderly than for those living with or in the care of their families in the community. (See Section in this report on State-Level Efforts to Reduce Crime Against the Elderly.)

Incidence and Visibility of Elder Abuse

Once people become aware of the existence of elder abuse, they want to know how much of it there is. The answer is, no one knows for certain. Even estimates are suspect. The U.S. House of Representatives Sub-Committee on Health and Long-Term Care estimated in its 1985 report, "A National Disgrace," that one in 25 older persons per year, which would amount to over a million elderly Americans, suffered from abuse. Various studies and surveys have been undertaken to try to measure the size of the problem more definitively, but their focus and limitations weaken any support for a generalization of the type or size of that pronounced by the Sub-Committee. Problems of obtaining an accurate picture are aggravated by overlapping definitions of "elder abuse" and "elderly," the sizes of the studies (most are very small), the degree of cooperation from the surveyed elder population, the basis of their reporting (memory accurate? fantasy? paranoia? denial?), the limitations of service providers' records, the lack of control-group comparisons, and so forth.

For example, John Poertner (1986) conducted a statewide survey of a stratified sample of service providers in Illinois about their experience with elder abuse in the forms described previously in this section, except financial abuse. He found these health

professionals' responses amounted to an incidence rate of 50.8 per 1,000 elderly population for all types of abuse, with the extremes being 26.3 for passive neglect and 2.8 per 1,000 for physical abuse. However, he also pointed out immediately that the survey depended upon the memory of a secondary reporting population, who were not themselves victims or members of the potential-victim pool; the survey could not ask about cases (less severe, maybe) which had not come to the respondents' professional attention; and there was no attempt to ascertain whether abuse and neglect of very old and frail people were more prevalent than abuse and neglect of younger people, say, 60 to 70 years old.

There are not only confusing estimations of the size of the elder abuse problem, and definitions of its nature, there are also conflicting reports about the extent to which this is a "hidden" problem. Variance on this issue throughout the country is probably quite wide. To the extent that there are many stresses on the caregiving population, poor public transportation, and few networks and services which reach older people living in a community, elder abuse may indeed be a hidden problem, especially considering the lack of cooperation by older people in reporting it. In the context of isolation, when a just-discovered sensational case of long-term elder abuse is announced by the news media, the viewing public probably perceives the size of the problem as "large" instead of "unknown." The suddenness with which the news coverage appears can contribute to the public's feeling that the problem is hidden. And if, as is supposed, great proportions of the "lesser" forms of elder abuse never come to the attention of human service or law enforcement authorities, it can be considered a hidden problem. On the other hand, a study in Maryland compared cases of elder abuse known to the relevant public agencies before and after mandatory reporting laws became effective, and found that most reported cases (95%) were already known (Crystal, 1987; "elder abuse" not defined).

Once the issue of elder abuse was widely brought to light in the popular press in the early 1980s, alarm bells rang. Attention which focused on the situations of abused elders began to produce occasional accounts of staggering maliciousness on the part of abusing relatives. More frequent accounts emerged of families whose ability to cope with the unrelieved stressfulness of caring for a dependent elderly member was strained beyond control and expressed as abuse or neglect.

There is not much basis for consistency, among elder abuse studies, in describing the average abusers of non-institutionalized older people. The studies are too small, too

narrow, and too brief to provide an overall picture from which safe generalizations can be derived. Relying largely on cases known to local health and social services agencies, the studies have focused on elements of the dependency of the elder, substance abuse or other contributing lifestyle problems of the caregiver, age-sex relationship of the caregiver, pre-existence of violence or neglect in the family, and type of abuse by type of abuser. Additional difficulties of the studies are created by various definitions of "elder" and "abuse." Even so, physical abuse is apparently perpetrated by sons more often than daughters; daughters are evidently more likely than sons to use verbal and psychological abuse; and both sexes are financial exploiters, according to most of these limited studies.

Causes of Elder Abuse

Another approach, described by Oliveira (1981, reported by Pagelow, 1989:270), considers the socioeconomic level of the caregiving family as a way to describe abuse. Rich people, he points out, have more spacious homes in which to accommodate the elderly parent who moves in. They can afford a greater degree of privacy (continuing independence) to the elderly person, and can hire outsiders to give care. When institutionalization becomes required, the rich can afford quality nursing homes. The poor, Oliveira continues, have had less privacy at home before their elderly relative moves in. They have also had long-term relationships with human services agencies and are likely to know where to turn when help is needed for caregiving. Their elderly relatives are eligible for public nursing homes.

The middle class, Oliveira points out, fit neither of these descriptions. Their families try to absorb the elderly relative who moves in and, as the going gets harder, try to continue to provide all services unaided. They may not know of human services assistance (or may avoid it because to involve outsiders may be to admit a personal failing). They cannot afford private-duty caregiving, nor quality nursing homes, and their elderly are ineligible for public nursing homes. Caught in the middle with an elder who grows more frail, confused, incontinent, and demanding, stress mounts in the middle class family. This kind of stress may become abuse.

This last concept has received much replay as a theme, in both popular and professional press. Common assumptions that the dependency of the elderly is one precipitating factor in their abuse, and that long-term stress on the caregiver is the other major one, are combined to form the backbone of many discussions of elder abuse and neglect. Economic and social isolation are recognized as making things worse.

One study (Pillemer, 1985) took these assumptions head on by very closely matching clients of model projects on elder abuse, and interviewing all of them. The only salient difference between the two groups of clients was that the members of one of them had suffered physical abuse. The purpose of the study was to "test the theory that increased demands of dependent elders create stress for the abuser and contribute to abuse" (Pillemer, 1985:146).

What was discovered was that the abused elders were no more likely to be ill or impaired in their daily functions, and that the abused were either as independent or more independent, than non-abused elders. The most striking finding was that dependency was a major factor in physical abuse -- but it was the dependency of the abuser on the elder, not the other way around. Pillemer suggests that the frustrations arising from the powerlessness of the abuser to control or improve his or her own life, or to live in financial independence of the older person, were telling factors in physical abuse situations.

Mandatory Reporting of Elder Abuse

It is not long after a notorious case of elder abuse receives news-media treatment that the call for a mandatory reporting law for elder abuse is heard. Mandatory reporting of elder abuse is an issue which may receive recurring attention in New York in the 1990s. This State is one of a handful which do not have such laws concerning abuse of elderly people who live outside of institutions. Despite an environment of unreliable information about the extent of elder abuse, and lack of consensus as to what constitutes the problem, some service-provider agencies and victim advocacy groups urge all states to legislate mandatory reporting of elder abuse by specified professionals. The contents of the laws they suggest parallel child abuse reporting statutes. They maintain that just the extent of the problem known to date is serious enough to warrant criminal sanction, for which some additions to the penal code may be required. Mandatory reporting is intended also to invoke an array of protections and emergency and long-term services on behalf of the abused elder who may not be able or willing to report her victimization, or seek assistance or redress.

The parallel between reporting elder abuse and reporting child abuse is often cited by both advocates and detractors of elder abuse reporting mandates. Proponents argue that both kinds of mandatory reporting help bring to light the victimizations of people who, abused where they live and by the people they live with, are powerless to stop the behavior or obtain healing services. The old and the young are the least empowered age groups, and their vulnerability must thus be remedied by the power of the public authorities to intervene in the family on their behalf. Secondly, they argue, mandatory reporting would bring to light not only the incidents of abuse but also the gaps in needed services to help the victims involved.

However, as others point out, there are significant differences between old and young which are not simply obliterated by their susceptibility to family victimizations. It may be safely assumed that children younger than an arbitrarily designated age are unable to help themselves in abusive situations or make appropriate decisions about their needs, and that therefore the substitution of the authorities' judgement for that of the abusing parents is necessary and beneficial. But there is no such reasonably established arbitrary age of incompetence at the other end of human life. In the case of the elderly, the State is not substituting its judgement for that of a parent, but is abrogating the independence of a self-governing individual. Therefore, those who argue against mandatory elder abuse reporting laws maintain, the interests of the State in discovering the extent of elder abuse and employing special measures to stop it are not great enough to override the interests of the huge majority of elders who wish to continue enjoying their rights of privacy and personal decision-making uninterrupted by the State. Such matters as where one lives, with whom one contracts for services, and how one spends one's time or funds are within the normal range of adult decisions, while they are not normally within the power of youngsters to determine for themselves. People who oppose mandatory elder abuse reporting thus conclude that the analogy with mandatory child abuse reporting cannot be defended. They continue that the argument for such an analogy as a reason to urge mandatory reporting smacks of ageism. It unfairly and falsely implies that attaining a certain age is the only and determining factor in losing one's previously assumed soundness of judgement and legitimacy of independence, and it assumes an infantility among members of a group whose only common connection is their age.

The parallel with child abuse reporting is used in another way, by suggesting that similar reporting centers be established for receipt of elder abuse information. Mandatory reporting does not begin and end with the setting up of centers for receipt of

information; each report must be investigated, and it is likely that there will be more reports from the general public than from the service professionals required to place them. There will also be many duplicate reports. Reporting centers are expensive, and so are investigators. Additional local staff required under mandatory reporting systems are a further burden.

It follows that mandatory reporting and investigation would be accompanied by required minimum levels of service. The services should be expected to remain at the ready to assist the older people whose suspected victimizations are reported, in a multitude of ways. Many advocates for elderly thus see mandatory reporting laws as one means for leveraging the creation of services for older people, who are not themselves in a position to enlist program or public support for such care.

In addition to the many health and service professionals who support mandatory reporting of elder abuse are many others who do not. Physicians, one of the major groups required to report under laws of this type, are particularly loath to support intrusions on doctor-patient confidentiality. A mandatory reporting law would require the physician's disclosure of information divulged by a person over 60 (or some other arbitrary age) who presents suspicious comments or complaints about a caregiver's behavior -- regardless of the patient's wish, or refusal, or even her knowledge that the information be shared further. Such reporting would also be required regardless of the physician's own professional judgements about the matter, and regardless of the fact that none of this would be an issue if the patient were 58 (or below the arbitrary age).

Another underlying assumption of the argument for mandatory reporting of elder abuse is that, once elder abuse is revealed and appropriate services are made available, the victim will decide upon corrective action and the problem will be "fixed" or at least ameliorated. This assumption ignores one of the seemingly contravening but widely observed aspects of elder abuse, which is that the victim may refuse the services and even deny that the abuse is a problem. Such an attitude indicates the victim's preference to avoid embarrassment, or prevent removal from home. This is a very real part of elder abuse; at the same time, it indicates the serious complexity of the situation, including the likelihood that the victim loves the abuser. In the case of the dependent

adult child abuser, it indicates at least that the elderly parent cannot bring herself to throw the abusing child out of the home ("you can't throw out your own family" or "he has so many problems and nowhere else to go").

This was illustrated dramatically by the 81-year old York, Pennsylvania woman whose case was described in the Wall Street Journal (Ansberry, 1988). Beaten at home by her sisters -- also in their 80s -- the woman eventually recovered in a hospital, but refused all offers of alternative living arrangements. The hospital even promised that she could stay on there, without additional charge, until a residence suitable to the woman could be found. The woman, possessed of her faculties, still insisted on returning home, so the hospital enlisted the aid of community outreach agencies and visiting nurses to support the woman at home. Within months, they were all turned away and the woman was dead of abuse. "It would have been easy if she wasn't coherent," the hospital's director of emergency services was quoted as saying, "we could have decided for her" (Ansberry, 1988:15). Mandatory reporting may have interrupted the physical abuse and probably would have placed the sisters in separate quarters, where, from repeated accounts, they probably would have died after brief periods. The case illustrates the need for development of much greater understanding of complicated abuse behaviors and effective therapies for those involved -- not the need for mandatory reporting of elder abuse.

Though New York State does not have the same mandatory elder abuse reporting statutes as other states, it has not ignored the problem. Crystal (1987) points to New York and New Jersey as examples of states which do not have such blanket laws but do commit more types of resources and create more avenues for support of elders in the community than do other states. In addition, there are requirements that professionals and others in residential health facilities caring for elderly, and those employed to provide health care services to older people in their homes, report abuse. Health-system mechanisms for receiving the reports and carrying them to resolution are discussed in the State-Level Efforts section of this report. Immunity from civil liability for people who report in good faith is provided under New York State law. When government-authorized interventions are launched, generally referred to as Protective Services for Adults, the law and State policy require that the lowest level procedures appropriate to the situation be employed first, so that the intervention has the most impact on the problem and the least undesirable impact on the person it intends to assist.

The New York State Social Services Department and State Office for the Aging

(DSS and SOFA, respectively) have examined this policy area in light of their mutual interests in the provision of community-based services for adults who need care. DSS conceptualizes the issue in terms of the entire adult population, seeing the vulnerability -- the dependency of some adults on care provided by others -- as their common thread, not their ages or genders. SOFA, established as an advocate specifically for older people in New York State, has an intrinsic concern about the elder abuse problem suffered by some its client population.

These two agencies developed formal mutual understandings and outlined joint program implementation which they reduced to print, and which is described in the State-Level Efforts section of this report. They also explored the suggestion that New York adopt mandatory elder abuse or adult abuse reporting legislation, and recommended strongly against it in their report on the subject (1988), for many of the reasons described above in this section. They cite one of the three elder abuse studies in the U.S. funded by the Federal Administration on Aging, which was conducted by the Metropolitan Commission on Aging (Onondaga County), and which found that good public education campaigns, not mandatory reporting, resulted in the identification of persons in need of adult services most effectively (Metropolitan Commission on Aging, 1984, in New York State Department of Social Services and New York State Office For the Aging, 1988:10).

That mandatory elder abuse reporting laws have limited effect is borne out in several ways by researchers. Crystal (1987) details the wide disparities among the state laws concerning the activities included as punishable offenses for neglect, abuse, exploitation, or abandonment of elders -- even when the offenses themselves are not defined. This vagueness extends to the definition of "elderly" or other types of people the laws are intended to serve, and to the relationship between the accused caregiver and the victim of abuse. Six states' penalties for failure to report include six-month imprisonment (Crystal, 1987), which in Alabama is also the penalty for beating an older person (Ansberry, 1988).

Setting aside the problems of sweeping obfuscation in these laws, major difficulties remain. Most of the legislation included no financial support for establishing either the reporting and investigating systems or the follow-up services needed by the victims or their abusers. Since this was the case, it is probably safe to assume that there was also minimal attention given to publicizing the new laws or training abuse reporters, especially among the groups now required to report abuse. In two "reporting" states,

Michigan and North Carolina, surveys found 71 percent of the physicians unsure whether their states required reporting, and another 12 percent were certain their states did not require reporting (Crystal, 1987).

Case Management

Though law enforcement may be involved initially, not all cases of elder abuse require the criminal justice system for effective resolution. Many cases demonstrate multiple needs on the parts of both victim and abuser. Training and respite for caregivers, restitution of misused funds or property, and community-based services can resolve many of the problems of the abused victim. Counseling, job training, group therapy, professional social and mental health services, and community referrals can help the abuser. These efforts can restore to good health what initially come to light as psychological abuse, neglect, and some financial abuse situations, without prosecution.

Physical abuse and neglect cases, and many financial abuse cases, are clearly more prosecutable by type, but must be very carefully prepared in order to win and sustain the confidence and cooperation of the victim. The professional and community services noted above will also be needed to support the victim, from the onset of the case to after the abuser is punished. Medical and legal professionals involved in this kind of casework need to be well trained, supportive of the victim, and coordinated with each other in order to attain satisfactory outcomes of such cases.

Researchers Sengstock and Barrett (1986) looked at specific cases of reported elder abuse in light of the effectiveness of legal assistance in addressing them. As anticipated, they found that most situations of elder abuse in these cases involved more than one form of mistreatment of the elder. They also showed not only that legal agencies can help address specific types of elder abuse problems, but also that the results they achieve are generally not reachable through the services of social agencies. The authors attribute these kinds of successes to (1) the predisposition of legal agencies to "treat abuse as a current problem requiring action" (Sengstock and Barrett, 1986:53) rather than as a long-term problem needing counseling and treatment, and (2) the legal agencies' access to courts. In particular, legal assistance was found to be especially effective in financial abuse cases and in problems of an immediate nature. Various actions shown to be effective included formal letters and other contacts on behalf of the victims, assorted civil filings or responses to suits, and initiations of action which would be pursued in court if compliance was not forthcoming. The researchers concluded by saying that legal agencies and social agencies can each provide specific types of service

to elder abuse victims that the other cannot, and that the best case management policy urges the agencies to communicate and work together in their localities.

Conclusion

Public policy considerations in the elder abuse area are both broad and complex. As more of the general population gets older, and as more of the older population lives longer, the elder abuse problem can be expected to continue and expand. If, as suggested by Block and Sinnott (1979, in Pagelow, 1989:267), the rates of persons abused per population are the same for children as elderly, incidents of elder abuse will outstrip incidents of child abuse in this decade, if they haven't already. Thus, the competition for public attention and funds between services for children and those for elderly, already noted by aging professionals, will intensify.

Professionals concerned with elder abuse will have to develop a common language to describe and define it, and determine whether additional mandatory reporting laws are needed, and if so with what kind and level of responses, provided with what resources. Program developers may want to consider assistance not only to the older victim, but also to dependent caregivers to help them overcome alcoholism, mental illness, joblessness, or the effects of former abuse, any or all of which may contribute strongly to the abuse of the elder in the household. They will definitely want to design program responses which recognize the differing types, and differing frequencies among those types, of elder abuse. This will encourage the case-by-case flexibility that is needed.

The effective response to elder abuse problems involves, then, law enforcement, health and social services agencies, volunteer organizations, legal assistance, and public education. All are needed at the community level, and all must work together in their own combinations.

FRAUD AND OLDER PERSONS

Almost everyone in aging advocacy or law enforcement knows that elderly people are victims of fraud, and some maintain that the victimization is disproportionate to the elderly portion of the population. Most can cite local perpetrations of traditional con games, as well as individual variations on them, which seem to emerge almost annually.

There is a fairly well developed body of literature about the kinds of frauds to which people fall victim, but virtually none of the research can reliably inform us of the quantity or frequency of these crimes. Also unknown is the portion of fraud perpetrated against older people versus the rest of the population.

The types of criminal fraud in this discussion take many forms, but they have several elements in common. First, they are intended to relieve the victims of their money, whether it is cash or liquefiable assets. Second, they depend upon some kind of misrepresentation: either it's a promise to perform work for the customer or a promise that use of a product will bring the desired results. Either it's a pretense of authority ("good morning, I represent the local bank/highway department/power company") or a pretense of fact ("Medicaid endorses this type of insurance for people like you"). Third, they do not deliver what they promise at all, or if they do deliver something, it is not worth the money paid for it.

Fourth, and most significant for research purposes, frauds rely on the customer's need or greed, and sometimes on a combination of both. People who can afford only marginal standards of living for themselves can be targets for get-rich-quick or earn-easy-money-at-home schemes, as well as medical fraud. Already financially tenuous, they are sensitive to events which could pose a serious threat to their continued well-being; a double threat, like a health crisis, could bring both physical and financial ruin. A crook with a clever get-rich scheme, or a product that promises to cure real or potential physical ailments, would be offering relief from worry, as well as relief from pain to this ready-made victim group.

People better off, living on a pension, perhaps, can be targeted by criminals who entice them to make what turn out to be phony investments to make that pension go further, or to hedge against serious health incapacitations which could devour family assets. People who are lonely can be victimized by personal services schemes which

promise to help them meet exciting new friends or to turn them into newly desirable, sought-after personas. People who are lonely are good victims for any fraud which involves interpersonal relations, whether it is contact with the outgoing driveway-sealer "contractor," the charming "investment" or "insurance" salesperson, or the warm voice over the phone that promises a new social life.

There is a growing business, judging from news accounts and television ads, in selling older people insurance "to cover what Medicare does not cover," or "Medigap" insurance. People respond to the confidence inspired by the warmhearted sales person and feel they are buying not only the insurance but the peace of mind they need. Despite even the resistance of some victims who state repeatedly that they do not want any more insurance, the sales person leaves the home with payments for policies that are not needed and may or may not provide the coverage and peace of mind promised. Sometimes, the premium amount is disproportionately high even for the amount of coverage the purchaser thinks it provides. The result of all this is confusion on the part of the buyer and her family, unmet expectations when the insurance is invoked, unnecessary costs borne by the purchaser, sometimes at great sacrifice, and unethical (if not criminal) sales people continuing their insurance sales unchecked.

The significance of the need-and-greed factor in fraud is that it may make the victims less likely to report fraud than other crimes. Criminals count on the victims' need for funds or companionship, and on the greed of human nature which responds to get-rich-quick cons. Both of these can overcome anyone's normal caution and sense of judgement, and the criminal's success depends upon the disinclination of the embarrassed victims to report the fraud. An admission that one has fallen victim to a con artist or the ad for a phony cure is an admission of personal failure in an area where common sense, not technical know-how, should have resulted in the prevention of crime. This makes data-gathering on the subject difficult or impossible, as elderly-victim embarrassment is part of a compelling inducement to keep even survey-takers in the dark on the subject. After all, a person who did not see through a fraud may be deemed incompetent and moved out of home. Not surprisingly, therefore, there is not much quantitative research on fraud and the elderly. In the absence of reliable or even systematic means of data collection, it is difficult to generalize about the extent or most frequent victims of frauds in a collective sense.

Elmore has classified the six frauds commonly believed to be perpetrated against older victims (1981, in Fattah and Sacco, 1989): health and medical frauds; general

merchandising frauds; mail-order frauds; income creation, protection, and investment frauds; social psychological frauds; and con games. Of course, these are not mutually exclusive categories: for example, the Postal Service is used for medical frauds, as well as for investment schemes and general merchandising frauds. Moreover, some schemes, as Fattah and Sacco point out, may not be illegal, though most would consider them grossly unethical -- such as playing on older people's needs and fears to pressure them to buy something they do not need and cannot afford. This element only serves to compound the difficulty in gathering accurate elder fraud information.

Geis (1977) and Block (1983) suggest that elderly women may be more susceptible to fraud than elderly men. In part, they propose, the elderly women are more susceptible because they live longer (therefore there are more of them in the potential-victim pool); they receive insurance money upon the deaths of the spouses whom they have survived, and therefore may have lump sums of money; and, due to their socialization, elderly women are not as conversant as elderly men with consumer caveats and rights of redress. When elderly men are victimized by fraud, one wonders whether their socialization (which encourages being in charge, being technically knowledgeable, being less fearful of crime) aggravates their embarrassment and inhibits them from reporting the crime.

The above may be true for the present, but could change significantly as women of the Baby Boom generation, who are much more prevalent participants in marketplace roles than their mothers and grandmothers were, enter old age. In addition, there may be extensions of these arguments. For one thing, women's traditional socialization emphasizes relationships, and it rewards being liked by others and being sympathetic to others' needs. It attunes women's sensitivity to respond affirmatively to the sunny, neatly dressed young man who makes his living by ingratiating himself into conversation with old widows and talking them out of all the money in their savings accounts. For another, women, as anyone in the retail business will substantiate, do most of the household shopping and make most of the purchasing decisions for their families during their adult lives. It could be suggested that they continue shopping in old age as they always have, but the possibility of fraud is enhanced. Decreased mobility and other impairments -- including isolation -- make it more difficult for the older person to comparison-shop, to insist on repair, return, or refund, or to get to stores rather than base their buying decisions on a photograph and the vendor's claims in the direct mail catalogue.

It could be further postulated that, throughout the married lives of the people who are now over 65, role divisions by gender were probably fairly common when it came to money matters. As it was mainly the women who shopped for clothing, bedding, and housewares, it was probably the men who made decisions about repairing the roof and, importantly for their wives, conducted the negotiations with the contractor. The same could probably be guessed about long-married people now over 65 in their dealings with banks, brokers, and investments. When the elderly husband dies, the elderly wife is now faced for the first time with the contractor-banker-broker, who could be unscrupulous. If she is also isolated, she could be a sitting duck for the criminal.

McGhee's (1983, in Fattah and Sacco, 1989:176-177) analysis suggests, among similar things, that elderly people are more likely to be alone when victimized. The significance of social isolation among older people is underscored again. In addition to whatever other factors are present which predispose the success of the criminal, isolation gives him the time and the forum for getting optimum mileage out of his tactics. A socially isolated older person has no one at hand to "bounce things off of," and may be unknowing of the consumer's right to withdraw from a contract within a specified period after signing it; or, unreinforced by supportive others, may be unwilling to exercise that right. McGhee also found older people more likely to be victimized by mail-order frauds. In a corresponding vein, the McGhee analysis showed that where elderly people were socially integrated, they were less likely to fall victim to fraud and more likely to seek appropriate handling of consumer problems.

Added together, the need-and-greed factor, the social isolation of some older persons, the victim's embarrassment at being had, victim fear of the consequences of reporting victimization, and the failure of some victims to recognize that they have been defrauded at all, make this crime significantly underreported and difficult to measure using traditional methods. Fraud and quackery may indeed be perpetrated against elderly people to disproportionate degrees, but this cannot be substantiated by whatever data might be available from victim surveys or records of offenses reported to police.

However, it is probably true that older people are more frequent victims of fraud than of violent confrontation. While data support is lacking for the assertion that elderly people are victimized by fraud much more frequently than younger people, other data suggest strongly that the circumstances of many individual older people make the group of them a good potential-victim pool for fraud, as a whole.

STATE-LEVEL EFFORTS TO REDUCE CRIME AGAINST THE ELDERLY

New York State has undertaken efforts to address the problem of crime and the elderly through a variety of approaches. These can be grouped roughly into five categories:

- mechanisms for identifying and reporting instances of crime against older people, and civil/administrative redress;
- criminal enforcement measures;
- victim aid efforts;
- prevention programs; and
- research efforts.

Recognizing that a single agency's activities in this area may fall into multiple categories (e.g., law enforcement and prevention, reporting and victim aid), each agency is nonetheless described under one category in this section, for purposes of convenience.

Mechanisms for Reporting and Redress

The Department of Health has established and operated a patient abuse reporting system since April 1978. "Abuse" pertains to abuse, mistreatment, or neglect, and the law has been amended to require all residential health care facility employees and licensed health care personnel to make such reports. There are hotlines to receive these reports, encouragements to use them posted in the facilities, and hotline coverage even on weekends and holidays.

Reports are investigated promptly (within 48 hours) and the information gathered is pursued through administrative levels until formal findings and adjudications of the abusers are completed (or, in the alternative, until the investigation findings are deemed unsustainable and the allegations dropped).

In the ten years of the reporting system, 20,765 reports of patient abuse have been made to the Department of Health. In 1986, there were 2,293 reports; in 1987, 2,568 reports; and in 1988, 2,496 reports. The sustained findings of reported abuses jumped from about one-quarter (552 cases) in 1986 to over one-third (838 cases) in

1988. The most frequent charge was neglect. The most frequent type of abuser was a health aide.

In 1986, legislation expanded the Health Department's responsibility to oversee the growing home health care service industry, whose majority clientele is the elderly. A parallel reporting and investigation system was established to help give patients redress for abuses at the hands of home care workers. Complaints rose from 160 in 1986 to 404 in 1988.

Upon further analysis, the Health Department determined that some home health care agencies were employing people based on little or no screening of their backgrounds. The twin potential of ill-suited, unreferenced, questionably motivated employees having access to the lives and assets of especially vulnerable clients moved Health to revamp its regulations effective August 1988. Home care agencies are now required to:

- inform patients of their rights to express complaints to the home care agency and/or to the Health Department;
- review all complaints and grievances and provide the complainant with a written response indicating the findings of the complaint investigation;
- maintain a log of all complaints received and resolved;
- verify the identity, qualifications, and references of prospective employees; and
- issue photo identification annually to all employees providing home care services.

In the case of sustained findings of some form of abuse, mistreatment, or neglect, the appropriate facility administrators and the accused are notified of the finding. The accused is advised of his/her potential liability for a fine (up to \$1,000) and the right to request a fair hearing. The hearing may determine whether or not a fine is assessed, and whether additional referrals are warranted. In 1986, 99 referrals were made to State licensing boards; in 1987, 93 referrals; and in 1988, 123 such referrals were made.

Criminal Enforcement Measures

Some additional cases brought by the reporting system were sent to the attention

of the appropriate district attorney, and others to the Deputy Attorney General for Medicaid Fraud Control. This enforcement officer, known officially as the Deputy Attorney General for Medicaid Fraud Control and Special Prosecutor for Nursing Homes, is responsible for investigating allegations of criminal patient abuse and neglect, and theft of residents' funds, by facility employees in nursing homes and adult homes throughout the State. During 1986-88, the Office has investigated over 475 abuse and neglect cases, which have resulted in successful prosecutions of cases of assault, sexual abuse, sodomy, reckless endangerment, endangering the welfare of an incompetent, and gross neglect of residents.

During this three-year period, the Office has intensified its efforts to identify and prosecute harmful neglect of the frail institutionalized elderly, conduct particularly difficult to prosecute under existing law. The result has been a number of successful prosecutions of caregivers who deliberately failed to administer patients' medications or to provide treatments ordered by physicians and then falsified medical charts to indicate that the required medication or treatment had been provided.

Congress drew upon the Deputy Attorney General's office during its deliberations before enacting the Nursing Home Reform Act of 1987. As recommended by the Deputy's office, that federal legislation was broadened to include expanded protection for patients in the areas of nursing home staffing, training for nurse's aides, assessment and treatment planning, patient rights, protection of patients' funds, a registry to track abusive employees, and procedures relating to admission, transfer, and discharge of patients.

Another enforcement mechanism to reduce crime against older persons is provided in the direct services of the New York State Police. Their services also extend to victim aid, in the form of emergency response and referral to support agencies, and crime prevention, discussed below.

All troopers receive instruction specifically about crime and the elderly, including elder abuse and other forms of victimization, during their recruit training. Of particular importance is a series of lectures on domestic violence which focuses on the concern for the health and safety of persons, including the elderly, within their own homes and families. Troopers are trained to identify, protect and counsel victims of spousal abuse or adults at risk of victimization by family members or caregivers in their homes.

Further, all entrance level troopers are taught to be aware of the increased vulnerability of the elderly to many forms of crime during the instructional segments specific to those crimes. Examples of several of these crimes include "bunco" activity (e.g., pigeon drop and bank examiner frauds), consumer frauds such as driveway and roof repair schemes, and insurance frauds which promise life, health, and financial security at extremely attractive premium rates.

The training is brought to bear by the trooper in the duties of general law enforcement, or in exercising specific responsibilities as crime prevention officer. Members of each of the ten Troops are designated to act as Public Information Officers and Crime Prevention Officers. These members are trained to provide the latest and most accurate information and assistance to citizens, particularly the elderly. The topics discussed span the total spectrum of problems and concerns voiced by the elderly.

These same officers can extend their one-to-one contact with citizens to include, upon request, personal inspection of residences or security surveys. The officers will make suggestions with regard to such items as styles of doors and windows and the proper locks for each, fire, smoke and intruder alarms, availability of telephones in case of emergency, and access to escape routes.

Troop officers also, upon request, make presentations to citizens' groups with regard to securing their homes and belongings, organizing their neighborhoods, reporting suspicious activities, and enhancing their own personal safety. In 1988, for example, Troop personnel gave 1,722 presentations to groups totalling over 226,000 people. Crime Prevention and Public Information Officers gave at least 80 talks before senior citizens, AARP, and similar organizations.

The Division of State Police also provides training in this area for other State or local agencies, through its academy. In each class, instructors are careful to ensure that the trainees, whether they are police officers, agents of social services agencies, or emergency services personnel, are sensitized to the particular needs of the elderly. Academy personnel present regular in-service training to the field officers, including current information on how best to assist older people in the service area of the Troop.

Victim Aid Efforts

The most visible of the agencies which provide aid to elderly victims of crime is the New York State Crime Victims Board. Its services for the elderly are aimed at

alleviation of both actual victimization and the fear of crime, through compensation and victim/witness assistance programs.

In fiscal year 1988-89, the Crime Victims Board accepted 8,471 claims from elderly crime victims, sixty years or older, who reside throughout the State. This compares with 7,764 claims in 1987-88, and 6,427 in 1986-87. Financial assistance is available to all crime victims including the elderly for the following unreimbursed, crime-related costs: unlimited medical expenses including the cost of counseling; loss of earnings/support up to \$400 per week for a maximum aggregate of \$30,000; funeral expenses up to \$2,500; reasonable transportation expenses for necessary court appearances in connection with the prosecution of the crime; and, the expense of residing at or utilizing the services of a domestic violence shelter.

In recognition of the special crime-related needs of the elderly, the Crime Victims Board is also able to provide financial assistance for the cost to repair or replace items of essential personal property up to \$500 without regard to physical injury, and the cost of counseling, if commenced within 90 days, related to a non-physical injury crime. In the 1990 legislative session, the Crime Victims Board will be proposing to eliminate this 90-day restriction on counseling to ensure that elderly crime victims who need counseling will receive it.

In an effort to meet elderly crime victims' immediate, local needs, the Crime Victims Board funds a variety of victims service programs throughout the State. In 1988-89, combined State and Federal victim assistance money supporting such programs amounted to \$5.5 million; in 1987-88, it came to \$5.3 million; and in 1986-87, \$5.9 million. Currently, the Crime Victims Board funds about 75 local programs with over \$6 million to provide services such as short- and long-term counseling, crisis intervention, emergency assistance, criminal justice advocacy, and more.

While all of these programs serve populations of crime victims, only four programs specialize in the unique problems of the elderly crime victim. For fiscal year 1989-90, these are:

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|-----------|--|
| City-wide | NYC Department for the Aging - \$290,800 |
| Queens | Jamaica Service Program for Older Adults - \$116,700 |
| Bronx | East Bronx Council for the Aging - \$147,100 |
| Richmond | Community Agency for Senior Citizens - \$110,000 |

All four of the above programs have been funded throughout the three-year period of this report, at similar levels. They provide not only comprehensive services to elderly crime victims, but also access to a broad range of social services such as housing, food, and other services which may be needed by these victims. Each of these programs is considered to be a model, and all work closely with the NYC Police Department to obtain referrals of elderly people victimized, and with the various district attorneys to advance prosecutions.

Since the Crime Victims Board had not funded any specialized elderly crime victims assistance programs outside the City of New York, a special Request for Proposal (RFP) was issued in 1989 to solicit their establishment. The first specialized elderly assistance programs upstate, one an additional service of the existing Neighborhood Justice Project of the southern frontier (Chemung County, \$16,900), and the other a specialized service of the Victims Information Bureau of Suffolk County (\$19,750), were funded in the fall of 1989. Any future expansion in this area is contingent on funding availability.

A form of victim aid less well known to the general public is Adult Protective Services, a program of the State Social Services Department. This mandated service is established in every district and is a cluster of activities designed to meet local need, administered locally.

These services, outlined by Article 9 of the Social Services Law, are intended for persons 18 and over who live in the community and who, due to mental or physical dysfunction, are unable to manage their own resources, carry out activities of daily life, or protect themselves from hazard or neglect -- and have no responsible person to assist them. The concerns of the law and of the Social Services Department are focused on a group of people whose common characteristics are their adulthood and their dependency on care, not their agedness. Assistance for impaired elderly people and their families

under the Protective Services for Adults (PSA) program, then, is provided within a context of helping every adult in these circumstances (impaired people under age 18 are assisted in separate efforts).

Social service officers are required to receive reports of seriously impaired people who need protection; arrange for medical and/or psychiatric services; arrange for commitment, guardianship, or conservatorship of the person and his/her assets; provide services for assistance in moving to another household or a facility; and cooperate with courts on behalf of people with serious mental impairments. The least restrictive measures are to be employed first. Some protections need to be extended only temporarily. Some protections need to be provided over the objections of the client, in which cases the social services representatives must petition a court.

Temporary or long-term, voluntary or involuntary, simple or complex, the range of services called for depends upon the participation and cooperation of surrounding agencies in order to be available for people in a given area who need them. Social services districts must prepare an annual plan for provision of adult protective services in concert with health, mental health, law enforcement, legal assistance, private and voluntary agencies, support groups, church organizations, and the like in their area. This plan, submitted as part of the comprehensive social services plan for that district, goes well beyond a mere assessment of available participant organizations; it is a detailed, coordinated implementation document, including respective areas of responsibility, funding, staffing, services to be provided directly or purchased and by whom, referral systems, and administrative anchorage for cases of people with multiple sets of service-agency needs.

The State Department of Social Services reports that in the 1987-88 program year, there were approximately 11,000 impaired adults who received Protective Service in New York State. About 20 percent of these were cases involving the abuse, exploitation, or neglect of a dependent adult by some other individual; over 60 percent of the abuse cases involved an elderly client. The remainder of the caseload represented self-neglect situations. In the period since 1987-88, Social Services reports marginal increases in the numbers of PSA cases, but the proportions remained the same.

The State Office for the Aging and the Department of Social Services have been working together to coordinate the development of policy regarding protective services for elderly adults, including victims or potential victims of abuse. In 1984, they signed an interagency memorandum of understanding to clarify the roles of the local social services and aging agencies relative to the delivery of PSA. Copies of the memorandum, which also set forth responsibilities in identifying persons in need of PSA, assessing their service needs, developing appropriate individual plans and implementing them, and promoting ongoing interagency communication and cooperation, were sent to their respective local offices. In addition, Social Services sponsored training on adult neglect and abuse for local social services, aging, law enforcement, mental health, and public health agencies in an effort to increase their awareness of this kind of problem and their skills and coordination in dealing with it effectively. Intra- and interagency seminars were also conducted locally "to establish a practical and functional basis for the continued enhancement of PSA" network, some of which sessions resulted in the creation of standing PSA advisory committees comprised of representatives of the relevant agencies.

Prevention Programs

In implementing its part of the cooperative effort with the Social Services Department, Office for the Aging training centered on prevention of abuse, with the development of the "Practical Help for Those Caring for an Elderly Person in the Community" curriculum designed for informal caregivers, in 1983. In addition to an initial dissemination of the curriculum through local offices for aging, adult education programs, and State Employee Health Service Centers, a train-the-trainer effort was undertaken in 1985. Over 800 coordinators from businesses, unions, church groups, universities, synagogues, fraternal organizations, human service agencies, and volunteer agencies were trained to train members of their organizations about caregiving for elderly in their homes and neighborhoods. More recently, this kind of effort was supported by the development and dissemination of a brochure identifying caregiving problems and describing services available to caregivers and ways to locate help in their areas; and by production of a video, "Time to Care," to assist caregivers in better coping.

The other major abuse-prevention effort of the Office for the Aging has been statewide System Building, or the development of a system of community-based services that enable chronically impaired elderly to remain in the community. The Expanded In-Home Services for the Elderly Program, as a case in point, was initiated in 1987 as a uniform, statewide program of case management, non-medical in-home services, such as

homemaker and housekeeper services, and respite, for elderly in need of long-term care but ineligible for medical assistance, at home.

Prevention Programs -- State-funded Local Efforts

The Division of Criminal Justice Services (DCJS) funds local anti-crime programs, supported by two kinds of State funding. The Neighborhood Preservation Crime Prevention Act (NPCPA), administered via competitive application, was the second of its general kind when created in 1983 to foster the efforts of community anti-crime efforts, and remains one of the few such state-supported programs in the country. Another source of funding is legislative initiatives which have supported crime prevention activities directly in the State Budget since 1977, under a program "to prevent crime and protect senior citizens."

The NPCPA grew from \$1 million in funding for 56 programs in 1983 to an appropriation of \$2.5 million for 183 programs in 1988. Funds are awarded through a competitive application process to not-for-profit community groups run primarily by volunteers. Fundable projects involve such activities as neighborhood watch; business watch; tenant and lobby patrols; auto, foot and street patrols; senior citizen education, outreach, security hardware, and escort programs; drug prevention programs, child safety and education programs, and safe house projects. The projects are funded on a year-to-year basis and must compete for each year of funding. Once funded for the first year, they are eligible to apply and receive up to four additional years of support. Almost 300 applications are submitted and reviewed annually; once they go through a rigorous review process, the award selections are made by a standing committee.

Though many such neighborhood-based local programs serve the elderly as part of the general population in the areas targeted, some of the program efforts funded by NPCPA focus specifically on preventing crime against older people. The number of these NPCPA programs has grown from 74 (between 1983 - 1985) to 119 (between 1986 - 1988). Although this reflects an increase in the number of funded programs, the percentage of total funded programs has decreased by ten percent, from 34 percent in 1985 (74 out of 208), to 24 percent for the three years ending in 1988 (119 out of 496). The proportion of funds showed a similar change, averaging 25 percent over the three-year period:

- 1986 -- \$678,000 was awarded to programs containing a senior citizen component out of \$2.5 million;

- 1987 -- \$697,500 was awarded to programs containing a senior citizen component out of \$2.5 million; and
- 1988 -- \$558,000 was awarded to programs containing a senior citizen component out of \$2.5 million. During this award cycle, more programs focused on anti-drug and child abuse programs than in prior years.

The types of program activity funded ranged from escort services and crime prevention seminars for older people, to security surveys of their homes and installation of locks and bars on their doors and windows. Volunteers contributed many of the services on a continuing basis, which made the efforts of paid staff and professionals go much further (police, counselors, social workers, office support, postal workers, locksmiths, etc.). Outreach, shopping services, information, meals, referral, and transportation were among the most common services provided by volunteers.

The significance of this should not be underestimated. While on the surface they may appear to be simple, it must be remembered that these activities are generally required on a frequent, if not daily, basis, and are difficult to maintain when a local government, program, or household has to pay for them directly. Moreover, the operation of such services requires dedicated time for supervision, logistical arrangements, planning, and recruitment, all on a continual basis, whether performed by volunteer or paid local administrator.

Perhaps even more important, volunteers provide routine access to older people and access by them to the outside world. This can decrease the opportunity for and potential effect of isolation as a contributor to crime against elderly.

During 1986-88, DCJS was also given oversight of 11 legislative grant awards totalling \$839,000 which funded programs supporting crime prevention activities geared towards senior citizens. All the programs funded are located in New York City. Some focused specifically on crime the elderly; some focused on the elderly, including other services as well as those relating to crime and fear of crime problems; and some focused on crime in their area with the intent to help everyone in it, including the elderly. The \$839,000 represents ten percent of the total program appropriations of \$8.3 million during the period.

More specific discussion of local anti-crime efforts for elderly appears in the section which discusses local programs.

The Department of Social Services has administered the New York State Children and Family Trust Fund since its establishment by Chapter 960 of the Laws of 1984. The Trust Fund, created as a new source of funding for programs to prevent family violence, is the first of its kind in the Nation. Funding priorities are reflected as 40 percent for local child abuse and neglect prevention, 40 percent for local domestic violence and elder abuse prevention and services, and 20 percent for regional or statewide family violence prevention programs. Fund sources are a combination of State tax revenues, private and public funds assigned to the Trust, and Federal Challenge Grant funds.

In 1986-87, \$2.25 million in State appropriations funded 47 programs, and another 12 were supported by Challenge grants. In 1987-88, 44 of the 47 were provided continuation funding, as were seven of the 12 Challenge grants.

In 1988-89, the Trust received \$2,729,000 in State appropriations, which funded 41 of the 44 programs for third-year funding (at levels up to 75 percent of their first-year awards). In addition, the programs themselves contributed more than \$1.5 million from local sources to their efforts. Six Challenge grant projects were also refunded with \$276,951 in Federal money, also for the third year, also up to 75 percent.

Other forms of funded programs were set into motion in 1988. Using a \$1 million State appropriation for new programs, the Trust Fund awarded six community grants. In this model, following a competitive application process, lead community agencies are selected by their communities to oversee a number of participating organizations working together to address family violence in their area. Each community-grant project includes prevention and services for child abuse, domestic violence, and elder abuse problems. This design addresses the needs of a community with a more comprehensive and coordinated approach, rather than individual projects addressing individual parts of the problem, located across the State.

The last program effort funded under the \$1 million appropriation was a statewide family violence prevention media campaign. A \$212,000 contract was awarded to ODN Productions in Manhattan after competitive bidding, for a four-year campaign to include radio and television public service announcements, posters, transit cards, and other printed materials aimed at raising public awareness of family violence and the availability of help in addressing it.

Program results in 1988 showed that six elder-abuse prevention programs received funding and eight projects within the five community grants were devoted to elder abuse problems. Through these efforts, more than 400 elders at risk of abuse and neglect and/or their caretakers were served with information and referral, medical and social assessments, respite, emergency shelter, counseling and advocacy, and transportation and escort services. Training or educational services were provided for caregivers, as well. Project staff made 24 presentations about elder abuse problems to 1,202 health and human services professionals, police, lawyers, and teachers, and 76 presentations on the subject to 8,000 public, school, and other populations during the same period.

Data provided by the funded elder abuse programs showed that for elderly clients reached through Trust Fund projects, the majority of physical abusers (55 percent) were adult children of the victims, and the next largest group were the victims' spouses (26 percent).

Research Efforts

The New York State Senate has also undertaken examinations of crime and the elderly in recent years, one by its Majority Task Force on Aging in the 21st Century and another by the Senate Research Service.

The Task Force, appointed by Majority Leader Warren Anderson in 1987 to "provide essential, strategic long-range planning on how to deal with the problems and concerns of New York's rapidly increasing senior population," issued an Interim Report, Crime and Victimization of the Elderly, in 1988. In it, the Task Force identified drug abuse as "the obvious place to start in curbing crime against the elderly" because of the prevalence of abuse in society and the vulnerability of elderly people's lifestyle.

The report focused on New York City, which, as the State's largest city, can expect to continue with the State's greatest concentration of older persons. All but one of those providing testimony were from New York City agencies. It directed most of its attention to the future, in accordance with its mandate, anticipating the future needs and conditions of the elderly population which are suggested by current and projected demographic descriptors. The impact of drugs, National Crime Survey victimization rates, fear of crime, elder abuse, and crime prevention/victim assistance programs were given topical treatment as background to the testimony. From all of these, various recommendations were drawn.

First among the report's recommendations was that State, Federal, and city resources should be committed to intensified law enforcement plus jail or prison time for drug arrests, and to proven drug treatment and prevention programs. Special prosecutorial units should be established to prosecute crimes against the elderly, and the State should support police officer training on crime and the elderly and referrals for assistance. Employers should be flexible about workers taking time to take elderly relatives for court appearances; and the vulnerability of the senior victim should be taken into account in sentencing decisions. Local professionals should be trained to identify elder abuse and neglect readily, and these cases should be vigorously prosecuted, with stiff penalties. An array of services (long- and short-term) should be made available to assist abuse and neglect victims who want to stay in their own homes. Police departments should send reports of victimizations of people over 60 to the Crime Victims Board, who should then contact the victims directly. DCJS funding should foster local crime prevention programs involving the elderly commensurate with their growth in the population and their vulnerability to crime. Municipalities should install adequate street lighting in seniors' neighborhoods. And the elderly themselves should communicate existing and potential crime problems to the police.

The other major effort was a study by the Senate Research Service on the response to the problem of crime and the elderly. Issued in 1987, its report, Neighbors, Not Victims, examined community crime prevention programs -- at the State level, in selected locations within the State, and in a few cities elsewhere in the Nation -- to address crime suffered by elderly.

The report identified isolation and fear as the largest factors contributing to the problem, which it went on to describe as complex and interwoven in the community. It provided an analytical look at types of programs whose activities were intended to increase neighborhood cohesion or the residents' "watchfulness" of each other, including those programs which had a broader focus than straight reduction of criminal activity. It then went on to describe specific programs, including those funded by New York and other states, by local governments, and by corporations, to reduce crime committed against elderly people.

What emerged from their analysis were an accreditation of the biggest asset in New York's Neighborhood Preservation Crime Prevention Program (NPCPA), namely, local initiative, and a recognition that NPCPA and other efforts on the local level were too isolated from each other. The potential effect of any of them, the report said, could be greatly enhanced by better administrative links among crime-fighting, aging, and community development entities. To this end, the establishment of a formal link of these agencies at the State level became its central recommendation. A parallel entity in Pennsylvania was described by way of illustration.

"The objective of the [Pennsylvania] Task Force was not to see that every state agency developed a crime prevention program, but rather to minimize program duplication and enhance interagency and intergovernmental cooperation" (N.Y. State Senate Research Service, 1987:68). Since the organization of the Task Force in 1981, for example, the regional offices of the Department of Agriculture have been used as a distribution network for crime prevention information to senior citizens in rural areas; the Department of Community Affairs offers tax credits to businesses in "at-risk" sections for in-kind donations to crime prevention efforts, and endeavors to incorporate crime prevention in enterprise-zone development. One of the closest links is between the Department of Aging and the Commission on Crime and Delinquency. Training of State and local aging personnel and law enforcement, and local aging offices acting as vehicles for elderly crime prevention and victim assistance efforts as part of their regular client services, are two outgrowths of their cooperative relationship.

Conclusion

A combination of legislation, agency regulation, and interagency initiative has resulted in an array of State-led efforts to address the problem of crime against older people. In some cases, the deliverers of the programs have been State employees putting their agencies' policies and initiatives into practice. Their outreach, enforcement, training, coordination, and administrative support efforts have been commendable. In other cases, local people have implemented State mandates or seized upon opportunities afforded by State initiatives, or both, and developed alliances and services with a good fit to their communities' needs and makeup. Their efforts are discussed in greater detail in the next section of this report.

LOCAL EFFORTS TO REDUCE CRIME AGAINST THE ELDERLY

Local efforts to address the problem of crime and the elderly in New York vary widely, as should be expected. The makeup, status, living conditions and needs of the elderly, combined with the kind and extent of resources available in the area, demand differences in type, size, scope, and emphasis of local programs. Some are State-funded programs whose impetus is crime-fighting in the area. Some include an anti-crime component in their central cluster of services to older people. Some specialize in crime prevention, some in victim assistance, some in referral -- and some in combinations of these, all for the elderly.

A number of local law enforcement and aging agencies throughout the State responded to requests for information for this report. Rather than describe every one separately, we will survey their programs and discuss some individual ones by way of example.

Law enforcement agencies provide services both directly and indirectly to the elderly, incorporating both prevention and victim services. Directly, they make presentations to senior citizens' groups and hand out literature (some agencies, as in Monroe County, produce brochures in two languages and in enlarged type to increase seniors' access to the information). They provide home security surveys and assist in the organization of New York neighborhood watch and senior apartment watches. They prepare and distribute newsletters, many of which feature articles informing older people about the activities of con artists and others attempting to defraud them of their funds. They promote Operation ID, a statewide personal property marking system, and assist seniors in its use.

The outstanding feature of local law enforcement programs, though, is not the sameness of their services. It is their indirect services, their growing cooperation with other agencies in their areas to provide coordinated prevention, responses, and services for elderly people. Approaching from various angles, law enforcement and other agencies see their mutual interest in helping the elderly prevent crime or minimize the pain of its strike. At one time, law enforcement perceived its responsibility to be limited

to emergency responses, referral to phone numbers of other agencies, and crime prevention lectures. Now law enforcement, family service agencies, court personnel, health and aging offices, and others are beginning to work in combination to reduce crime against older persons and help them resume their lives if crime does occur.

Erie County

Traditional law enforcement efforts to help older people help themselves avoid or prevent crime are well exemplified by the Buffalo Police Department, with targeted presentations on Neighborhood Watch, telephone reassurance, con games and fraud prevention, home security, street crime, and crime prevention for older motorists. Assistance is also available from the Department for establishing such programs, and officers work very closely with the neighborhood and civic organizations in doing so.

Significant attention has also been given in the past two years to a strengthening of relationships among the criminal justice, health, and social services agencies for improved support for actual and potential elderly crime victims. Approaching from the family violence viewpoint, the Sheriff's Department, together with most of the surrounding police departments and advocate groups, formed the Erie County Family Violence Multi-disciplinary Coordinating Council in the fall of 1989, to generate criminal justice interest in the problem and in coordinating their responses to it. Participants said in essence, that, due to the interrelatedness of the kinds of problems they are called upon to deal with, they ought to interrelate their actions and services as well as possible.

Communication and training needs were among the first identified. For example, all would use the computerized orders of protection through Central Police Services, which entered its final stages of preparation by the end of 1989. And they would be working closely with the crimes against elders unit of the District Attorney's Office, established by resolution of the County Legislature in 1988, once it was fully staffed. It had been formed because of the difficulty in prosecuting cases involving a confused elderly victim.

The Council's formation joined organized criminal justice in a community of concern with the Erie County Coalition Against Family Violence, with 35-plus service-agency members, which had been established in 1978. In October 1989, this Coalition sponsored the county's first public conference on elder abuse problems. One of the lead participants, the older Adult Protective Services Unit, is a collaborative effort since 1978 between the Departments of Social Services and Senior Services. In 1988, it received

referrals of 1,500 cases, and over 500 of these required intensive protective case management. By September of 1989, the referral intake was 1,800. The Protective Services Unit tries to maintain a visibility to the general public and colleagues through a concerted public education effort and frequent presentations to senior citizens' centers, hospital discharge planners, law enforcement agencies, mental health workers, and the like. The Unit serves as financial manager of last resort for older people no longer able to manage their finances (130 people in the 1989 caseload). Lastly, the Family Violence Prevention Project, a six-agency law enforcement/social service effort funded by the State's Children and Family Trust Fund, includes prevention and treatment of elder abuse as one of its goals and activities.

Monroe County

Postal Service carriers are trained by police to be alert to and report home security situations. The Rochester Police Department offers blue lights to elderly people without telephone service, for placement in windows at time of emergency need. The Home Safety and Security Check Program sponsored by the Regional Council on Aging arranges for home security and safety surveys conducted by area police officers and firefighters, and provides smoke detectors and locks, for the elderly. Victims assistance programs for the elderly are operated by the Sheriff's Department and Rochester Police Department in cooperation with the District Attorney. Together they assist with claims, promote victims' rights, transport victims to court, explain the criminal justice process, provide crisis intervention services and short-term counseling, and conduct outreach efforts. Additionally, law enforcement and aging offices work to alert the elderly to insurance frauds.

New York City

The Police Department and the City Department of Aging have participated in cooperative programs and services for several years. The Senior Security Services program, an assistance program for victims 60 and over, has expanded from two pilot sites in 1976 to 24 sites serving all 75 police precincts and the one million City residents over 60. Also, through 300 contractual relationships and other networking, the Department of Aging is in close contact with hundreds of community-based organizations and programs serving older persons in a variety of ways. Police information about elderly victims sent routinely to the Senior Security Services Program (SSS) can be the first step in provision of many needed services for those people.

Crimes against older persons reported to the New York City Police Department in 1988 were 78,248, up 15.7 percent in three years, and still significantly underreported in Aging's view. This source also describes the self-perception of elderly people in New York City as highly vulnerable to crime due to reduced physical stamina and ability to react promptly; therefore, since they try to reduce exposure to crime by placing severe limits on their own participation in the community, even in senior centers, nutrition programs, and other services, they are unlikely to seek out victim or other kinds of assistance. Such programs must do their best to reach the clients. The Police referral thus becomes a vital link, and the two agencies have adopted a variety of means to keep it timely and systematic.

During the last three years ending June 30, 1989, the SSS program and network agencies contacted 125,377 elderly victims and provided comprehensive victim services (9 types) to 40,761 elderly people, while distributing \$224,127 in private and City funds. Through an agreement with the American Red Cross, Aging also provides emergency food, clothing, medical assistance, and shelter, plus night and weekend services, to elderly crime victims. The emergence of elder abuse has brought additional requests for service from police and other professionals and agencies, and Aging finds these cases "complicated and intensive." Between December 1986 and July 1989, Aging provided direct services to 630 elder abuse victims and consulted in 371 other elder abuse cases.

On the prevention side, and aside from presentations and displays on burglary, auto theft, street crime, rape, robbery, and purse-snatch prevention, the Police Department provides several programs and services. Jointly with community organizations, police officers conduct home security surveys to senior citizens who can then receive money for purchase of recommended hardware items. In addition, the Community Patrol Officer van takes the elderly on errands and trips to cultural centers. Similarly, there is a volunteer escort service staffed by 2,376 youth and adult volunteers who help older people travel in many parts of the City. For those out on their own, a Safe Haven/Helping Hand program operating in several City areas provides places of safety along isolated streets and high-crime areas for seniors -- thanks to the volunteer merchants, homeowners, and building superintendents who participate.

If crime does occur, the Crimes Against Senior Citizens Squad, a Division of the Detective Bureau in each borough of the City, conducts the investigation. To further the effects of the Crime Victims Board and Victim Services Agency, a Crime Victims Unit of the Police Department was established in 1985 and reached many elderly via the

143,000 mailings and personal visits (17,000) they did. By informing elderly and other crime victims of their rights and compensation benefits, this Police Department Unit has assisted many in filing for and receiving aid. The Department also helps (by referral) with the distributions of the Vial of Life program, sponsored by the New York Telephone Company. Identifier and health information about everyone in a household is kept in a vial in the refrigerator. Responding emergency medical people can retrieve the vial from the refrigerator and save valuable time in life-threatening situations.

Onondaga County

The Syracuse Police Department provides a police bus "to take lower income seniors on affordable short trips so that they may occasionally get away from their homes or apartments." Its investigators follow up burglaries by describing to seniors the prevention programs available from the Department, such as Neighborhood Watch and Operation ID. It issues free identification cards, honored by various businesses, to older people to help them cash checks and obtain senior citizen discounts. In addition, it sponsors STEP, the Senior Teen Escort Program. A group of qualified teenagers assist older people in shopping, walking the dog, household chores, running errands, and in sharing companionship. The Syracuse Metropolitan Commission on Aging sponsors two employees who work at the Police Department on the Operation ID program (engraving personal property and issuing ID cards). All of these efforts are supervised by the Police Department's Senior Citizen Liaison Officer.

Putnam County

The County Sheriff organized a Community Services Bureau in 1986, whose first endeavor was to create an ongoing liaison with the 11 senior citizen organizations in the county, and the county office for aging. Beginning with a deputy's attendance at twice-monthly meetings of these organizations, older citizens brought thentofore unreported crimes to his attention; soon it became evident that the Department's crime prevention presentations needed a new focus on fraud and scams, and that a stronger link was needed for consultation and referral of older people's needs to relevant helping agencies.

The crime prevention program, three sessions twice a year to each senior citizen organization, was developed and is modified per local and audience needs and conditions. Sheriff's deputies on patrol began to use a referral form about seniors in need as they encountered them throughout the county. With very little public

transportation available and many seniors continuing to drive well into old age, the Sheriff's Department developed, with the American Automobile Association, two courses specifically for the older driver. These are also delivered through the seniors' organizations. In addition, the Department contributes a regular newsletter column in the county office for aging newsletter, using this as one method to alert older people of crime problems (especially scams), prevention measures, and available programs.

All of these activities have resulted in increased reporting of criminal activity by seniors, heightened awareness of fraud (prompt calls to the Department, increased inquiries to the consumer affairs office and Better Business Bureau by older people), and a much stronger network in the county among law enforcement and helping agencies.

Schenectady County

The Rotterdam Police Department not only provides presentations and classes for elderly (general crime prevention, sexual assault, personal safety, bogus phone calls and sales people), but also sends police paramedics regularly to call on senior citizens and make sure they are all right. This kind of effort, generally known as a reassurance program, can take several forms including Postal or Carrier Alert, Gatekeeper, telephone reassurance, and neighborhood reassurance. A number of police and sheriffs' departments in this State and others have instituted such programs over the last 15 years, drawing on participation by community volunteers, aging and other social service agencies, the phone company, the power company, the Postal Service, and the municipal employees who work out in the community, to make daily or periodic contact with older persons.

Rotterdam, Ossining, Hamburg, and Binghamton are four of the localities in New York where computerized automatic dialing systems call isolated persons (especially elderly) who have been enlisted by the project. If the recipient does not answer or indicates that all is not well, the police department or other previously agreed upon agency dispatches someone to check on the person. When the Rotterdam Police are made aware of an elderly person in need of assistance, they make a referral to the

Youth Services Counselor who visits to make an assessment and referral, followed by checkup visits as needed. Police also take social workers and similar area professionals to their initial visits with the elderly person.

Westchester County

Agencies in the county try to be windows to each other's services for elderly people. White Plains Police Department, for example, conducts annual in-service training for all members of the Department, including the handling of incidents involving the elderly (especially assaults, robberies, missing persons, domestic violence, medical and psychiatric emergencies). Department policy treats police officer sensitivity from the time of the initial response as the key to effective pursuit of the incident and successful coping and recovery by the elderly victim. Officers are expected to know and use the specific resource agencies in the area which can help address victims' needs.

Meanwhile, the county Crime Prevention/Victim Assistance Project (begun in 1982) arranged with police departments to provide it with the names and addresses of elderly crime victims, on an ongoing basis. The project's advisory group (consumers, social workers, criminal justice, aging, health, social services) evolved into a standing sub-committee of the Westchester County Office for Aging Advisory Council, and began to focus on the problem of elder abuse and neglect. Its first survey (1986) asked 50 of the county's criminal justice, health, and social services providers about the frequency and type of elder abuse in the county. Based on 172 cases of elder abuse and neglect reported in February-May 1986, self-neglect was by far the largest difficulty, followed by material or financial abuse and then psychological abuse. Most victims were widowed white women over 75 who lived alone and had physical or mental impairments. In abuse situations, most of the abusers (mostly sons and daughters) lived with the victims, and heavy alcohol or drug use by the abuser was cited as the most frequent aggravating factor. The sub-committee also undertook a community education program including newsletters, brochures, radio shows, public speaking, and training of new recruits from then on at the police academy. The crime prevention/victim assistance project, continuing with Crime Victims Board and NPCPA funds, provides home security surveys, installations of locks and other devices, Operation ID, early alert, vial of life, and a host of victim services to 400-500 persons aged 60 and over per year.

State-Funded Local Programs

The group of local grants funded by DCJS which serve older people exclusively or in part show an array of program initiatives. More than 20 separate activities designed to assist elderly persons or help them help themselves are delineated by the grant program descriptions. Certain activities appear much more frequently than others: educational presentations to seniors, conduct of a security survey and installation or at least contribution of security hardware, escort services, and brochure and newsletter dissemination are heavily favored, in that order.

Most of the grantees are multi-service agencies whose longstanding relationships with similar organizations and medical care, social service, aging, and health offices have worked to their advantage in organizing and conducting crime prevention and victim assistance programs for their elderly clientele. Liaisons with criminal justice agencies (crime victims board, police, district attorneys, courts) and schools are more recent. It is through these and other community connections that volunteer participants and potential clients are identified. Volunteers make the programs possible, as program recruiters and trainees, drivers, companions, advocates, eyes and ears, office workers, teachers, referral-makers, patrollers, respite givers, reassurance checkers, walking partners, and a dozen more tasks. The programs are also supported by surrounding businesses and institutions -- donations have included not only funds but also typewriters, computers, and carpeting for the project office, vans and buses for transportation programs, and office space.

A few of these grant programs are cited below, as demonstrations of the above factors for purposes of our discussion. They are chosen because they are strong representatives of a numerous and varied group of programs. This list is illustrative, then, but by no means exhaustive.

Action for Older Persons, in Broome County, was organized in 1967 for improvement of the quality of life for older persons through health care, information dissemination, life planning, and social programs. In the crime prevention area, they target elderly and disabled (at-risk) and provide caregiver respite and support, in hopes of reducing the 660 reported cases of elder abuse and neglect in the county per year. They and their extensive volunteer corps also conduct safety checks by calling on these persons six days per week. For older persons in general, they conduct educational crime awareness workshops about protection of self and assets, and prepare related information for their newspaper on a regular basis. In a service context of patient advocacy, health insurance counseling, housing, pre-retirement planning, women's

financial assessment and planning, discount ID cards, Postal Alert, and continuum-of-learning programs for senior citizens, Action for Older Persons' crime prevention efforts are well organized and well founded. Program staff have established outreach via other community groups and the Police Department, and strong and continuous volunteer participation. They have a large pool of customers: 88 percent of county households have one or more members aged 65 or older, and 24 percent of these over-65 live alone.

Village Visiting Neighbors, in New York County, sees that its client population has increased vulnerability because of the type and condition of their housing (5- and 6-story walkups in poor repair, with unprotected roofs, fire escapes, and hallways) and their decreasing physical agility and endurance. In a vigorous and congested Greenwich Village/Soho area with 100,000 residents and more visitors, this over-60 population is likely to become increasingly isolated as its members stay home rather than risk venturing defenseless through their corridors and on the street. Through brochures, a newsletter, local merchants, religious organizations, block associations, and posters, the Village Visiting Neighbors finds volunteer escorts and elderly clients, and, matching them by shared interests, conducts an extensive escort program. The program, which also includes training of volunteers, a window watch effort, and security surveys with security hardware, is designed to prevent burglary and robberies against older people and to show them how better to protect themselves.

In the Western-most part of the State, Chautauqua Opportunities, another multi-service organization organized in the late 1960s, provides services in housing, nutrition, economic development, and energy areas, as well as crime prevention programs for low-income senior citizens and young people. Its volunteers conduct educational crime prevention programs, security surveys and hardware installation, escort services, Operation ID, and daily telephone reassurance especially to reduce the threat and incidence of burglary of elderly people's homes. In turn, this program augments an array of other services provided by Chautauqua Opportunities which help older people remain safe and healthy in their own homes. Cooperative efforts with aging, social services, hospitals, law enforcement, rural ministry, economic, and education agencies strengthen the program's outreach and crime prevention service.

The East Bronx Council on Aging, in Bronx County, began as a victim assistance project in 1977 and has expanded to provide comprehensive crime prevention, as well as victim services, to elderly Bronx dwellers and teenagers. The overall goal of their program is safety at home and in the street, avoidance of con games, and prevention of burglary, robbery, and fraud. In addition to conducting security surveys and providing locks and related hardware, the Council also operates an intergenerational program. Teen escorts, 100 per year, screened and trained, accompany older people to shopping and appointments. Together with recreational activities, skit productions, and the like, the project objectives are to build self-esteem in teens, lessen fear among older people, and help both groups dispel stereotypical beliefs about each other while creating opportunities for older people to maintain contacts with their own surrounding community.

At the same time, the crime prevention program seeks to increase communication among senior residents of apartment buildings in which they are concentrated, and increase participation by these senior tenants in safeguarding their homes, through interior escort services, patrols, and reassurance efforts. The Council's longstanding relationships with the Police Department and Crime Victims Board are enhanced by cooperation in a similar vein with schools and youth service agencies in the area, block and tenant organizations, and other social services agencies, all of which exchange information, identify potential clients, and make referrals.

RECOMMENDATIONS

Nearly twenty years of research, awareness-raising, and activism born of concern about crime and the elderly have resulted in a comprehensive range of public policy and programmatic responses. Federal, State, and local governments have established Offices for the Aging; public and private funds have been dedicated to provision of services to older people; and professional and volunteer networks for advocacy and service delivery have been built throughout the country.

This is not meant to imply that there are no longer any gaps between need and assistance for elderly victims and at-risk populations. There are such gaps; in many areas, there are elderly who are seriously underserved because of isolation, or lack of available funding, or both.

Rather, this report finds that most kinds of what can be done are already in existence by now, in one part of the State or another. In some respects, the goals of this report would be served by devoting this section to a detailed listing of anti-crime programs and services worth replicating; the recommendation would be that these programs be provided where they are needed, but not now offered. In other words, we would urge that efforts be dedicated to filling the gaps, essentially doing in more areas what is now done only in some places.

Instead, this report recognizes that efforts to expand services to areas and people who need them are an ongoing activity of aging professionals and advocates. The commitment of State and local leaders to providing gap-filling services is reflected in the opportunities they have found and the resources they have obtained to operate them. Their interest and dedication can be credited with an array of programs and partnerships in this State (some of which have been described by this report), and can be expected to continue in a similar vein in the future.

Most of the recommendations that follow, therefore, are refinements of existing initiatives rather than totally new departures. In two cases, Recommendations 2 and 6, we do single out efforts already in existence and urge that they be made more widely

available or institutionalized. In all cases, by recommending these actions, we hope to draw public and policy attention to the merits of first efforts and the specific objectives we encourage.

Recommendation 1. Comprehensive efforts must be made to enlist older people to provide skills and services to programs designed to address crime and fear of crime, especially among the elderly in their communities.

The bulk of the literature reviewed for this report considers the problem of crime and the elderly with the elderly always in a passive role. Much of policy development apparently reflects the ageist attitude which assumes that the elderly, if included, will be involved only as recipients of services. With a firmly fixed vision of elderly as vulnerable people, many policymakers evidently do not see older people as providers of benefits for themselves, their neighborhoods, and their communities, as well. In short, elderly are too often automatically assumed to be consumers of services and not meaningful contributors to society.

In these days of increasing pressure to contain the size of public budgets in the face of growing demand for services, all avenues must be explored. Older people are a major untapped resource for their communities. Implementation of this recommendation is supported by several factors and can achieve several goals:

1. There are more healthy, retired older people nowadays, and their number is going to be increasing. They will be available for second careers and for volunteer work.
2. The same group of skills they used during their work lives -- financial, interpersonal, political, support, investigatory, operational, strategic -- can be used to advantage by local programs.
3. The isolation of older people, from each other and from the community, could be overcome or greatly diminished by their involvement in providing programs and services.
4. The sense of personal and organizational empowerment may be greatly enhanced as older persons learn to see themselves as valued contributors whose participation is necessary to the success of community programs. This could reduce feelings of vulnerability.

5. The involvement of older people in community service provision can also take advantage of the informal networks among older people, some of very long standing, in the community. This has outreach, recruitment, communication, fund-raising, and advocacy implications for the program.
6. Older workers are motivated, reliable, and relate well to their peers. To the extent that they are willing and able to flesh out and enhance local programs on a volunteer basis, public resources -- and their effectiveness and efficiency -- will go much farther.

Participation as envisioned here admittedly would amount to a fundamental change in American society, if developed on a broad scale. For the active and systematic recruitment of older people as key support persons in the delivery of community-based programs and services would carry with it the attitudinal implication that such persons were sought-after members of society who had valuable contributions to make. Such attitudes are ordinarily not the case at present. (An important exception is Action for Older Persons, Broom County, described in the previous section.)

This should pose little meaningful barrier to anyone genuinely interested in getting started, however. A local program, or local implementation of a State or Federal program, could be the place to begin. The older people have plenty to offer -- which was the case even before the labor shortages now looming first appeared. They can be accountants, teachers, board members, peer counselors, secretaries, meal-deliverers, outreach workers, project directors, mentors, bus drivers, and more, for local programs. From these kinds of participation, community-based older-person leadership for the programs can be developed.

DCJS could assist in this change, through technical assistance to community organizations which direct some or all of their services to elderly persons. While community programs in general would be well advised to recruit older people for program staffing and participation, neighborhood crime prevention programs can be a good place to start. In addition, the programs designed to educate older people about crime and crime prevention should be persuaded that the bulk of their resources will be better spent on developing organizational skills in older persons. The crime prevention

seminars would still be held -- it is still valuable information -- but the content of them is available, by now, from a variety of sources, such as the police department or the American Association of Retired Persons.

What is much less available, and much more needed as New York's population becomes older, is the group of skills necessary to recruit fellow tenants, mobilize neighbors to address building or community needs, obtain responses from local government on a variety of issues, secure participation by the private sector where its interests coincide with those of the citizen group, and deliver services to the people who need them. Crime prevention -- as victimization prevention, community protection, or victim assistance measures -- can be delivered almost anywhere in the course of the project.

Recommendation 2. Law enforcement agencies should establish formal linkages for timely reporting of every victim of crime aged 60 or older to local victim service agencies, aging offices, or other designated agency.

The Division of State Police should establish such links in each county where its Troop stations or substations are located. Follow-up activities should begin promptly upon receipt of these reports, beginning with a contact of the victim as soon as practicable. Thereafter, services should include assessment of need, emergency referrals, victim assistance, compensation, transportation, victim advocacy, and other aids. The responsibility for these and related services should be predetermined locally; the formal notification should set them in motion in combination as needed. Establishing this linkage should assist law enforcement agencies who are frequently called by older people and asked to provide assistance or services which are outside the realm of policing. The connection with aging services networks would enable the request to be sent to the proper organization and the concern of the elderly person to be addressed while consuming a minimum of police time.

Most law enforcement agencies currently inform crime victims of available local services and the assistance provided by the State Crime Victims Board. However, older people are so reluctant to avail themselves of these services that they must be recruited by the relevant agencies, to prevent self neglect or worse, and to pursue their cases if necessary. Some notification efforts are already being made between law enforcement

and aging agencies (see New York City and Westchester County in the Local Efforts section of this report), but these are individual, when what is needed is systematic and statewide.

Annual law enforcement meetings, seminars, and various training opportunities involving both administrators and line officers, present an ongoing means of conveying this encouragement.

***Recommendation 3.** More attention should be given to sentencing lesser offenders to perform community services which assist elderly citizens.*

There is a growing consensus that increases in criminal justice effectiveness from now on will rely on the ability of each part of the system to include the community in its procedures and outcomes. This is not taken to mean that citizens will substitute for judges, or second-guess the decisions made by prosecutors, or interfere with the plea process. It does mean that criminal justice will need the community in order to make the system work -- support for police, supervision of offenders in the charge of parole or probation agencies, special emphasis on the education of young first offenders, community-based access to government agencies and courts, and the like.

The services should be done in a setting which minimizes risk to the elderly being assisted; for example, the offenders should be sent to work in a kitchen at a nutrition site rather than in an individual capacity making repairs at an older person's home. Supervision of persons suitable for such sentences is available through local agencies in the aging services networks, and this kind of sentencing has been made individually and sporadically in the past, to positive effect.

***Recommendation 4.** The State should actively pursue administrative and programmatic paths to prevent insurance frauds and unethical insurance sales, especially in the area of "Medigap" insurance.*

Rather than limit the State's activity to the regulatory and prosecutorial efforts already available through the Insurance Department and district attorneys, a consumer-oriented effort should be mounted by the Insurance Department, the Consumer Protection Board, and Office For the Aging to furnish plain-English information to the insurance-buying older population and their families. This will help people supplement Medicare coverage by purchasing additional insurance that will genuinely protect them,

without subjecting them to the frequently questionable sales practices of some companies. These sales result in older people buying insurance they do not need, duplicative policies, and coverage that consumers do not understand or that turns out not to be there when they need it.

The interagency effort should take one year for planning, training, and development of materials and strategy for public consumption. Thereafter, the program should make ample use of aging networks, local governments, public libraries, and the like, to help raise public awareness, instill caution, and provide referral to local sources of specific assistance. It should be coupled with a State-funded public education campaign to reinforce awareness and show people where to go for help.

Recommendation 5. The State and its localities should borrow from the successes of the Retired Senior Volunteer and Foster Grandparent Programs and develop a Senior Mentor Program.

Several writers have questioned the wisdom of attaching sizable public resources to address the problem of crime against vulnerable, isolated elderly in light of their apparently low rate of victimization. They continue by saying that the course of public policy with the potential for much greater impact would be the devotion of increased resources to address the needs of young minority males, who are far more likely crime victims than elderly people.

However, by considering the interdependent needs of these two groups it is possible to think in terms of new ways to meet those needs without supporting one at the expense of the other. Emphasis should be placed on recruiting older people who are in the work force, either fully employed or in their retirement careers, for the monitoring program. The State Business Council and public and private employee unions could be excellent partners in this program.

Considering the numbers of young people who are in need of personal support to stay in school, and who have limited notions of workplace environments, expectations, possibilities, or behaviors, such a mentoring program could offer them a kind of one-on-one encouragement and direction not found elsewhere in their lives. For their part, the Senior Mentors could find expansion of personal interest and involvement in the community and its future -- at a time when the normal course of most older people's lives results in shrinking, not expanding, roles. With periodic convocations of those

involved in the program, and other interested parties, this group of older people could provide an important direction for the links among schools, young people, government, and businesses in their communities.

Recommendation 6. The New York State Children and Family Trust Fund should be expanded to strengthen local prevention and treatment programs for at-risk elderly and their families.

The statewide program, designed to support local prevention, services, and treatment of family violence, could fund only one in ten proposals to address elder abuse in its first year. Funding in subsequent years has been at similar levels. This carefully constructed program offers meaningful integration with other available local and regional networks, notably the Caregivers Program (State Office For the Aging), Protective Services For Adults (State Department of Social Services), and other agencies through the Trust Fund's community grant model.

Activities funded by the Trust Fund in this area to date have included caregiver training, respite services, community prevention education, counseling to at-risk family members and victims, elderly day care, crisis intervention, law enforcement skill development, and support groups for families and caregivers. It is the structure and integrative approach of Trust Fund administration which make it a standout among State-funded programs, and which recommend it as much as the goals of its program content. The program's emphasis on outreach to increase both client and community participation, together with the uses made of volunteer support and the requirement for a local match, combine to produce the greatest yield from the tax dollar invested. The program has proven its worth, which is enough to justify the companion recommendation that the four-year limit on funding for the local programs be eliminated.

Recommendation 7. Local leaders should recognize the fear of crime as a serious problem and institute community policing as the first step in a community strategy for reducing it.

Fear weakens informal social controls, thus preventing effective crime control in a neighborhood, and thereby advances business decline. With the deterioration of social controls and businesses comes the decline of building stock, decreased financial investment in and insurance protection of real estate, diminished upkeep of public and private spaces, and decreased presence of neighbors on the street. With fewer, more

isolated neighbors on the street, anonymity is increased, and so are the opportunities for delinquency and crime.

The people who can, move away. In many cases, they are the ones the neighborhood needs most to stay. Elderly people in the neighborhood are not usually among those who can move away (unless they move to live with their families or to a nursing home). Remaining in a changing neighborhood with fear-of-crime problems, older people are very likely to withdraw and isolate themselves from community life. In so doing, they become vulnerable to crime and cut off from neighboring assistance.

A fear-reduction program should not single out the elderly as a target population, but rather should focus on neighborhoods with elderly persons in them. This report has discussed research showing that isolation increases vulnerability to crime, particularly for older people, and that socialization decreases it. We have also reviewed the ways that the effects of the normal aging process, the nuclear-family structure in today's society, and the lifestyles of older people predispose them to isolation; adding in the fear of crime all but guarantees it.

Fear-reduction strategies must begin with police programs which improve the nature and frequency of contacts between citizenry and police. Police presence is a statement to the residents that security of the area is important. This generally means adopting some form of community policing, i.e., officers patrolling on foot or in scooters rather than in autos, and it should involve the use of problem-solving techniques in dealing with neighborhood crime.

The new program to reduce fear of crime should be initiated by the police department, but community policing, while vital, is only part of the strategy. The encouragement by the police department and the increased sense of security should spawn other efforts, such as the formation of a business association -- especially if it is retail -- to work with other neighborhood elements; a cleanup campaign for public and private property; establishment of tenant, homeowner, and family organizations; lighting, a youth program, and a civilian patrol in the park; utilization of the neighborhood school for after-hours programs; cooperative private and public policing efforts; and an annual block party to celebrate the people in the neighborhood.

Previous anti-crime programs which resulted in the reduction in fear of crime were sometimes dismissed as having done no more than make the residents feel better,

while failing to reach the "real" goal of crime incident reduction. A municipality or neighborhood which has reduced the fear of crime has achieved no small accomplishment. Markedly less fearful neighborhoods have environments which are less tolerant of uncivil public behavior, more likely to report trouble and support law enforcement efforts, and less receptive to drug-trade businesses. Reduced fear means retail hours will be longer, because people will be less afraid to shop after midday. They will feel less likely to be victimized and more likely to be helped if trouble should befall them. School buildings with an after-school life could not only offer programs geared to specific needs (recreational, adult education, mentoring, self-help, entrepreneurship) but can also be excellent focal points for drawing the interests, needs, and talents of older people into the life of the neighborhood. This could be especially true in neighborhoods undergoing significant ethnic or economic change.

ENDNOTES

¹ Jacobs, Jane. The Death and Life of Great American Cities. New York: Vintage, 1961. A pioneering writer about city planning and architecture from a sociological viewpoint. "The first thing to understand is that the public peace -- the sidewalk and street peace -- of cities is not kept primarily by the police, necessary as police are. It is kept primarily by an intricate, almost unconscious, network of voluntary controls and standards among the people themselves, and enforced by the people themselves." pp. 31-32.

² Fattah and Sacco, 1989: 233, 238; Douglass and Hickey in Kosberg, 1983: 126; NASW/VAS Survey of Elder Abuse/Neglect in Westchester County, New York, 1986(?): 23. Mention of alcohol as a factor or presence in physical elder abuse implies a consistency with its appearance in studies of other forms of family violence. In the elder abuse literature reviewed for this report, several other sources attesting to the presence of alcohol and other drug abuse in physical abuse of elders were cited. However, definitive studies of the role that substance abuse plays in such situations (and in the other forms of elder abuse) apparently remain to be conducted.

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