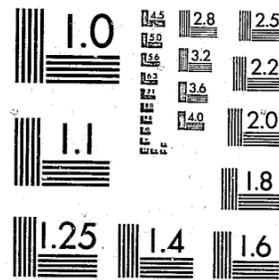


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Community Policing

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Police-Community  
Relations



# The Police and the Elderly (Part I)

By  
MARTIN A. GREENBERG, J.D.

*Assistant Professor of Law  
Enforcement  
Arkansas State University  
State University, Ark.*

and

ELLEN C. WERTLIEB, Ph. D.

*Adjunct Professor of Psychology  
Park College  
Parkville, Mo.*

The proportion of elderly people in the United States is increasing at a dramatic rate. At present, approximately 11 percent of the population in the United States is 65 or older, and it is estimated that this percentage will increase to 18 percent during the next 50 years.<sup>1</sup> This population shift demands a tremendous amount of forethought, planning, and understanding by human service agencies to insure that the needs of all people are being met.

As direct service professionals, the police come into contact with the elderly for the same reasons that they come into contact with other segments of the population—they may be victims, witnesses, suspected perpetrators of crimes, or community mem-

bers in need of guidance. Due to the tremendous increase in the size of this population, it is especially important that police officers become aware of the special needs and characteristics of this segment of our society. This awareness, combined with the knowledge of various laws pertaining to the elderly, can make the lives of police officers and the elderly a little easier.

### What the Police Should Know About the Elderly

Human aging may be thought of as a pattern of biological as well as psychological changes. Literature on the elderly usually emphasize the negative changes that occur. However, in order to obtain an accurate picture, it is necessary to be aware of the strengths as well as the weaknesses of the aged person. A well-rounded view can be especially important to



Dr. Greenberg



Dr. Wertlieb

police officers in their interactions with the elderly.

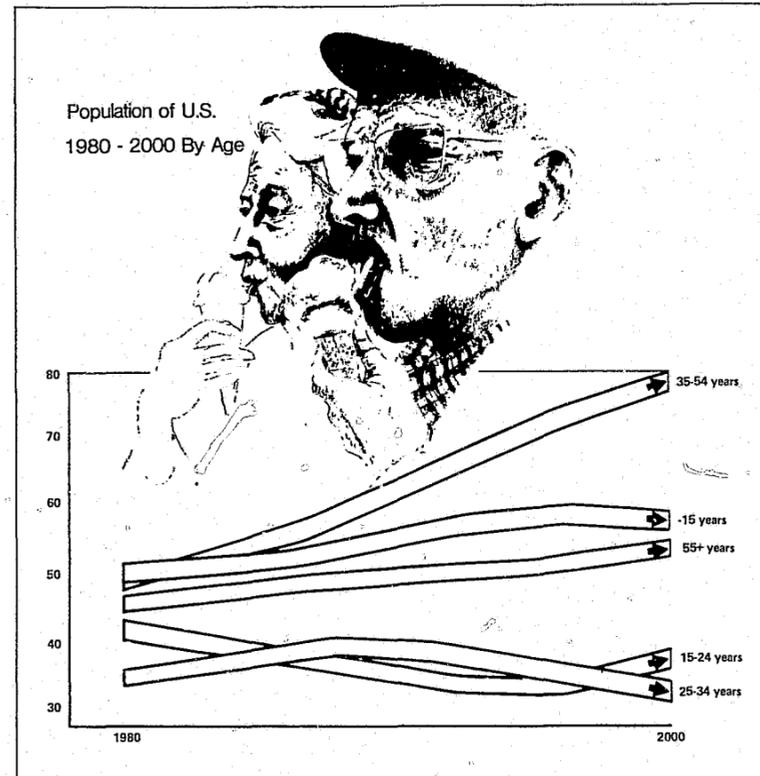
Weaknesses of the elderly are exemplified by the retirement laws which take the aged out of the work force and replace them with "more capable" younger workers, creating a self-fulfilling prophecy such that if the elderly are not given the opportunity to produce, they might lose the motivation and consequently the ability to produce. If the stimulation in one's surroundings is limited, a similar result can occur.

The majority of older people live in the community; only 5 percent of the population over 65 live in institutions. In contrast to the living arrangements of a generation ago, a minority of the community-based elderly live with their children or other relatives. If they do not live with a spouse, most of these individuals live alone or with a nonrelative.<sup>2</sup> Their increased independence raises the likelihood of interactions with police officers. Despite the fact that over 80 percent of older persons have one or more chronic conditions (e.g., visual and/or hearing impairments), these problems do not generally impede their daily activities. A 1979 National Center for Health Statistics report indicated that only 20 percent of the persons over 65 who were surveyed limited their normal daily routines.<sup>3</sup>

Environment plays a key role in the development of any individual. The young person who is brought up in a culturally and intellectually deprived milieu will rarely actualize his or her potential. A sterile environment can similarly stagnate the development of the elderly person. However, this stagnation does not have to occur. There are many people who have made great achievements during their advanced years—Pablo Picasso, Thomas Edison, Clara Barton, and Grandma Moses are just a few.

After a review of the literature, Baltes and Labouvie concluded that most intellectual decrements observed in the aged are largely due to environmental deficits. It was, therefore, argued that educational programs specifically geared toward the elderly should be developed.<sup>4</sup> In a similar vein, Geist has argued that general mental ability does not gradually decline with age.<sup>5</sup> Problem-solving ability often remains intact; verbal skills often improve. However, when one applies a time limit to tasks, there is an ostensible decline in performance.<sup>6</sup> Perhaps the knowledge of a long response time makes prospective employers especially reluctant to hire older workers since they believe that they are "accident prone." However, research has indicated that the reverse is true. Accident rates are lowest among older workers, perhaps due to their slow and careful work patterns.<sup>7</sup>

The elderly person represents a collection of unique and varied experiences. This special attribute can be used to enrich many lives. Programs such as Foster Grandparents have harnessed this asset. However, many people choose to deprive themselves of any regular contact with elderly persons, in part because of a



fear of the weaknesses they foresee acquiring during their future gerontological period of life.

#### Biological Characteristics

A slow deterioration of biological functions begins during a person's midthirties. As a consequence, when people reach their sixties, they are less capable of dealing with infection, trauma, and other stressful conditions.<sup>8</sup> The biological changes cause elderly persons to reach higher levels of arousal than their younger counterparts when confronted with stressful situations. In addition, a longer period of time is needed to return to one's normal state.<sup>9</sup> This factor is extremely important for police officers to consider when interacting with distressed elderly victims or witnesses.

Visual impairment is very common among the elderly. Peripheral vision is often impaired, as is acclimation to the dark. A more moderate impairment necessitates greater illumination for reading, and there may also be some color discrimination loss for blue, green, and violet.<sup>10</sup> Touch sensitivity is decreased<sup>11</sup> and bruising is easier. Diminished auditory acuity and discrimination is also common among the elderly. In fact, loss of sensitivity to high-frequency sounds affects nearly everyone by the age of 70. This hearing loss accentuates any feeling of isolation and consequently might play into any feeling of depression which, in turn, might dispose such an elderly person to withdrawal behavior.<sup>12</sup>

The aging person typically experiences a decrease in the ability to acquire and retain information. Such individuals might easily recall the details of events that occurred in their youth but have difficulty in remembering

what happened that very morning.<sup>13</sup> Together with possible hearing and visual impairments, this latter characteristic has a direct impact upon the adequacy with which an elderly person might be able to serve as a witness to a crime. These characteristics must also be taken into account when the suspected offender is being advised of his or her rights. Hearing impairments might obscure the police officer's statement. Chronic or acute brain damage might prevent a person from comprehending what the officer is saying. Foreign-born individuals might forget their acquired language and revert to their mother tongue.<sup>14</sup> In addition, a severe short term memory problem might cause suspects to waive their rights inadvertently because they forgot what the police officer had told them.

Statistics indicate that intellectual impairment of such mental functions as memory, orientation, judgment, learning, and calculation is considered clinically significant in nearly 10 percent of individuals over 65 who live in the community. The rate increases to 50 to 75 percent of the nursing home population. Unfortunately, many of these individuals needlessly suffer. Approximately 15 percent of these cases are believed to stem from undetected disorders which are potentially reversible. An additional 20 to 25 percent of these individuals are afflicted with treatable conditions which remain undetected and consequently aggravate intellectual impairment.<sup>15</sup> Knowing these facts, the police officer can play a very important role in the care of elderly persons merely by referring them to the appropriate agency.

## “. . . it is especially important that police officers become aware of the special needs and characteristics of this segment of our society.”

The role of helping professionals is extremely important among the aged. Since the average life span has increased, so too has the prevalence of chronic progressive disorders.<sup>16</sup> The increased proportion of elderly persons in our society corresponds to the likelihood of an increased proportion of disabled persons. More and more people are being confronted with the problem of adapting to impaired sensory and perceptual functions which come with growing old. According to a National Center for Health Statistics survey, the most commonly reported conditions are arthritis, hypertension, hearing impairment, heart condition, and visual impairment.<sup>17</sup> Decreased resistance to disease increases the elderly individual's chances of acquiring a physical disability. In addition, physiological changes predispose many elderly people, especially women, to obtain bone fractures from relatively minor stress.<sup>18</sup> Such fractures increase the likelihood of being subject to periods of immobility. Concern about these mishaps is emphasized by the fact that accidents are the primary cause of crippling and disabling and the third leading cause of death for older persons.<sup>19</sup>

#### Educational Characteristics

As the overall characteristics of our society change, so do the characteristics of the elderly. For example, the average educational level for persons 65 and over has been steadily rising. Whereas the median years of schooling completed by individuals 65 and older was approximately 8.5 in

1970, it is predicted that by the year 2000, this median number will exceed 12.<sup>20</sup> These statistics point to the fact that today's young and middle-aged citizens have higher educational levels and possibly reading levels than their elderly counterparts, a characteristic of the elderly which can be easily exploited by con artists who seek out the vulnerable for fraudulent schemes. It is perhaps an equal tragedy that this characteristic is not being considered by the honest work force in their communications with the elderly. Consequently, it is difficult for some to read and comprehend information concerning essential services such as health insurance, Medicare, Medicaid, Food Stamps, Social Security, and Supplemental Security Income. A majority of elderly persons participating in a recent study demonstrated a reading ability of eighth grade and less. However, 98 percent of essential service documents had reading levels of ninth grade or higher.<sup>21</sup> Until these essential service documents are appropriately changed, police officers might find themselves in the position of providing indepth explanations of specific government benefits or alternatively referring the elderly person to someone who can help them.

When referrals are made, the police officer should remember that the elderly prefer interacting with older service workers. This preference will inevitably have an impact upon how the services are received and used. This age preference also applies to police officers as well as nurses and lawyers and varies with the elderly individual's educational level when physicians are considered. Whereas the more educated elderly person prefers a younger physician, the less educated one prefers an older physician.<sup>22</sup>

#### Psychological Characteristics

The increased risk of becoming ill, seeing one's friends and loved ones stricken with disease, and being exposed to the death of family members and friends place a tremendous amount of stress on the elderly. For some people, retirement is an additional source of stress, especially since many employers require their employees to retire at age 70. After a lifetime of working, these individuals are faced with the question of what to do with their time. Social Security regulations which restrict the amount of nontaxable income retired persons may earn insure that most of these elderly people will stay out of the work force. Forced retirement combined with possible health problems serve to limit the feeling of being in control of one's life.<sup>23</sup>

How do the elderly cope with these new sources of stress? A prevalent stereotype is that aging individuals do not have the ability to adapt to stressful situations—that they are rigid in their responses or that they use regressive defense mechanisms which distort reality instead of dealing effectively with it.<sup>24</sup> However, a study conducted by McCrae yielded no support for this stereotype. In fact, results of this study indicated that there was generally no difference in the way young and old people cope with stress. However, older people (i.e., age 65 to 90) were found to be less likely to rely upon the mechanisms of hostile reaction and escapist fantasy than younger people (i.e., age 21 to 49). McCrae concluded that the differences in coping strategies employed by young and old individuals can be attributed to the different types of

**"A sound understanding of the general characteristics of the elderly can provide police officers with a basis for . . . providing appropriate assistance."**

stress that these two age groups encounter.<sup>25</sup> The clarity of McCrae's findings becomes obscured by the notion that the coping strategies used so successfully in one's youth might cause problems in one's old age. In line with this reasoning, Vogel has claimed that many elderly individuals continue to use the same coping mechanisms even after they may have become maladaptive.<sup>26</sup>

The literature concerned with personality changes occurring with age is largely inconclusive. The one generalization that has been found is that introversion increases with age in the second half of life. In addition, depression has been found to be the most common emotional disturbance among the elderly.<sup>27</sup> It is, then, perhaps no coincidence that alcoholism is a serious problem among many elderly individuals<sup>28</sup> and that old age is the time of highest risk for suicide.<sup>29</sup>

The disabled elderly person is especially susceptible to feelings of loneliness and isolation, as well as all those symptoms which typically accompany such feelings. When social interaction is impeded as a result of visual, hearing, or mobility impairments, long-standing neurotic disorders can often be aggravated.<sup>30</sup> Introversion and the feeling of isolation among the elderly may be partly a consequence of our socialized need to hide all blemishes. Fortunately, the trend toward mainstreaming disabled individuals is beginning to reduce this attitudinal barrier. The manner and techniques used by police officers in their public service functions can be a tremendous help in this regard.

**Summary**

These characteristics of the elderly are by no means all-inclusive. Issues which were discussed were selected because of their overall impact upon police/elderly interactions. However, individuality must not be disregarded. Each elderly person represents a unique collection of experiences and physical conditions. Consequently, police officers must deal with a full range of older persons, from those who are outgoing to those who are reticent, from those who are physically able to those who are bedridden. A sound understanding of the general characteristics of the elderly can provide police officers with a basis for assessing each elderly person's strengths and weaknesses, the accuracy of which is crucial for providing appropriate assistance.

*(Continued next month)*

**Footnotes**

- <sup>1</sup> White House Conference on Aging, *Final Report Volume 1. A National Policy on Aging* (Washington, D.C.: Department of Health and Human Services, 1981), p. 62.
- <sup>2</sup> White House Conference on Aging, *Chartbook on Aging in America* (Washington, D.C.: Department of Health and Human Services, 1981), pp. 16-17.
- <sup>3</sup> *Ibid.*, p. 80.
- <sup>4</sup> P. Baltes and G. Labouvie, "Adult Development of Intellectual Performance: Description, Explanation, and Modification," C. Eisdorfer and M. Lawton, eds., *The Psychology of Adult Development and Aging* (Washington, D.C.: American Psychological Association, 1973), pp. 197 and 202.
- <sup>5</sup> H. Geist, *The Psychological Aspects of the Aging Process with Sociological Implications* (St. Louis, Mo.: Warren H. Green, Inc., 1968), p. 44.
- <sup>6</sup> L. Bowles, V. Portnoi, and R. Kenney, "Wear and Tear: Common Biological Changes of Aging," *Geriatrics*, vol. 36, No. 4, 1981, p. 83.
- <sup>7</sup> *Supra* note 5, p. 75.
- <sup>8</sup> *Supra* note 6, p. 77.
- <sup>9</sup> R. Schultz, "Emotionality and Aging: A Theoretical and Empirical Analysis," *Journal of Gerontology*, vol. 37, 1982, p. 45.
- <sup>10</sup> *Supra* note 6, p. 83.
- <sup>11</sup> *Supra* note 5, p. 69.
- <sup>12</sup> *Supra* note 6, p. 86.
- <sup>13</sup> J. Maloney and C. Bartz, "Aging and Memory Loss," *Journal of Gerontological Nursing*, vol. 8, 1982, p. 402.

- <sup>14</sup> S. Berkowitz, "Informed Consent, Research, and the Elderly," *The Gerontologist*, vol. 18, 1978, p. 239.
- <sup>15</sup> H. LaPorte, "Reversible Causes of Dementia: A Nursing Challenge," *Journal of Gerontological Nursing*, vol. 8, 1982, p. 74.
- <sup>16</sup> *Supra* note 5, pp. 138-139.
- <sup>17</sup> *Supra* note 2, p. 80.
- <sup>18</sup> *Supra* note 6, p. 83.
- <sup>19</sup> "Safety of the Elderly Program Kit," *Aging*, vols. 287-288, 1978, p. 55.
- <sup>20</sup> R. Clark and J. Spengler, "Population Aging in the Twenty-First Century," *Aging*, vols. 279-280, 1978, p. 10.
- <sup>21</sup> S. Walmsley and R. Allington, "Reading Abilities of Elderly Persons in Relation to the Difficulty of Essential Documents," *The Gerontologist*, vol. 22, 1982, p. 37.
- <sup>22</sup> E. Furchtgott and J. Busemeyer, "Age Preferences for Professional Helpers," *Journal of Gerontology*, vol. 36, 1981, p. 91.
- <sup>23</sup> *Supra* note 9, p. 49.
- <sup>24</sup> R. McCrae, "Aging Differences in the Use of Coping Mechanisms," *Journal of Gerontology*, vol. 37, 1982, p. 459.
- <sup>25</sup> *Ibid.*
- <sup>26</sup> C. Vogel, "Anxiety and Depression Among the Elderly," *Journal of Gerontological Nursing*, vol. 8, 1982, p. 213.
- <sup>27</sup> *Supra* note 9, p. 48.
- <sup>28</sup> P. Snyder and A. Way, "Alcoholism and the Elderly," *Aging*, vols. 291-292, 1979, p. 8.
- <sup>29</sup> J. McIntosh, R. Hubbard, and J. Santos, "Suicide Among the Elderly: A Review of Issues with Case Studies," *Journal of Gerontological Social Work*, vol. 4, 1982, p. 63.
- <sup>30</sup> *Supra* note 5, p. 94.

*Photo and illustration courtesy of the American Association of Retired Persons.*

**END**