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# **Preventing Crime Against Older Australians**

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**Marianne James and Adam Graycar**



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# Foreword

Australia's population has aged steadily throughout the 20th century. At the present time about 2.3 million people, or 12 per cent of the population, are aged 65 years and over. Between 2011 and 2031, as the baby-boom generation has even more of a demographic impact, this group of people will account for almost one-quarter of the total population. Older people are a very diverse group, mostly female, both poor and rich, urban and rural, healthy and less so, Australian and overseas born, to mention just a few characteristics.

Research into the issue of older people and crime has only been a serious endeavour over the past 20 years. The most consistent finding of all the research, both in Australia and internationally, is that older people are overwhelmingly less at risk of criminal victimisation than other age groups. However, it has commonly been asserted that despite this, older people tend to have higher levels of fear of crime than the general population. This apparent risk/perception paradox has dominated both research and the implementation of intervention strategies. To understand the intricacies associated with this paradox, it is, therefore, important when addressing criminal offences committed against older people, to take into account the diversity of the aged population and the diversity of offences. Older people are no more vulnerable to "everyday" crimes such as burglary, robbery, and assault, but the potential for increased vulnerability is evident in the abuse of older people, both by family members and professional carers. While this includes the abuse of older people in private homes, it can also include negligence and fraud by professionals, especially health care professionals, legal professionals, and finance industry professionals.

The Australian Institute of Criminology has been researching crime and older people for almost 10 years. This publication gives a comprehensive analysis of the current issues. These include predatory crime, fear of crime, abuse of older people both in private homes and residential care, as well as economic crime. Prevention strategies for both predatory crimes and elder abuse are examined, and suggestions for government policy are made. It needs to be emphasised that public debate in Australia over the coming years should examine the adequacy of current responses and determine whether modifications or new approaches are necessary. A specific research and policy focus on the issue of crime against older people needs to be poised between tackling an important and pressing social problem and compounding unhelpful stereotypes which portray older people as vulnerable and dependent. Making distinctions between groups of people on the basis of age alone overlooks or masks a range of other important social indicators as well as the diversity of experience, stations, and social location within Australia's group of older people.

**Adam Graycar**

**July 2000**

**Director, Australian Institute of Criminology**

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# Abbreviations

ABS	Australian Bureau of Statistics
ACATs	Aged Care Assessment Teams
AIHW	Australian Institute of Health and Welfare
ATMs	Automatic Teller Machines
AVO	Apprehended Violence Order
CPTED	Crime Prevention Through Environmental Design
CPS	Community Policing Squad
CLASP	Community Liaison and Safety Project
EFTPOS	Electronic Funds Transfer Point at Point Of Sale
HACC	Home And Community Care
NHMP	National Homicide Monitoring Program
PCCCs	Police Community Consultative Committees
SAFE	Security and Advice For the Elderly
YNOT	Youth Network Of Tasmania



# Executive Summary

For reasons that are now obscure, we count people aged 65 years and over as our older population. Today, in Australia there are 2,283,400 people in this age group. Of these, 681,800 (30%) are in their 60s (aged 65–69), 1,084,000 (47%) are in their 70s, and 517,500 (23%) are aged more than 80. Fifty-six per cent are women, 44 per cent are men and, the older the cohort, the higher the proportion of women.

The number of people aged 65 years and over is growing rapidly. By the year 2016, the population over the age of 65 will have increased to 3,501,000 (an increase of 34% in less than 20 years) while the population aged 80 and over will comprise 852,100 people (an increase of 64%). The proportion of people aged over 65 years will increase from 12 per cent of the population to 16 per cent within this planning horizon. All of these people are alive today and most are well.

Dependencies increase with age and, above the age of 75, the rate of institutionalisation is more than double that of those aged from 65 to 74 years. Furthermore, the incidence of dementia increases with age. It is estimated that 1 in 5 people over 80 suffers from dementia (compared with 1 in 20 in the 65–79 age group). Ninety-one per cent of those aged 65 and over live in private dwellings; 6 per cent live in nursing homes, hostels, and retirement villages with a supported living facility on site; and the remaining 3 per cent live in non-private dwellings such as hospitals. As age increases, however, so too does institutional care. For those aged more than 80 years of age, three-quarters live in private dwellings while 20 per cent live in supported living establishments.

Older people are vibrant participants in our society and vibrant consumers. As participants, they are at risk of crime as consumers and, as such, they may benefit from crime prevention and information services.

Over the course of the twentieth century, life expectancy has increased substantially. At the present time, at age 65 life expectancy for a male is 15.8 years and for a female 19.6 years. This means that having made it to 65, on average a male can expect to live to 80 and a female to 85.

The challenges of this demographic shift are significant. Vibrant older people are more likely to be victims of crime as they go about their daily lives,

though the evidence shows that their risk of predatory crime is not high. Older people who are asset rich are at risk of fraud as they plan how to spread 40 years of earnings across 80 years of life. Frail older people, whether in health care establishments or at home, are at risk of abuse by carers who may not care well and demented older people are at great risk in terms of having their interests protected across a wide range of fronts.

This report shows that older people, in a similar manner as other groups in the population, are at risk from four main sources:

- family members, friends, and acquaintances who may assault or steal from them;
- strangers who may victimise them;
- commercial organisations or “white collar” criminals who could defraud them; and
- carers with whom they are in a “duty of care” relationship and who may neglect or abuse them.

When understanding and responding to crime and older people, there are, therefore, three issues which need to be discussed. These are:

- crime and abuse, which includes predatory crime, duty of care and relationship crime, as well as economic crime;
- fear of crime; and
- risk assessment and strategic partnership.

There are significant issues for current policy and practice. In order to lay a safety base for the growing number of older people in Australia, we need to blend knowledge with strategic interventions.

This report is part of that process. It summarises the important issues under debate, suggests ways of moving these debates forward, and reports upon activities and programs around Australia and internationally which attempt, despite the anomalies, to address the perceived problem of crime and older people.

# Introduction

Since the 1970s, there has been an increase in concern about older people as victims of crime. Initially, interest was generated by the assumption that older people were targets of crime and suffered substantial victimisation. This assumption was quickly challenged by the collection and analysis of national crime statistics and victim surveys which showed very clearly and consistently that, in fact, the opposite was true—older people were by far the least likely age group in the community to suffer from criminal victimisation. Despite this finding, researchers did not abandon their interest and instead began to investigate other aspects of crime against older people. In particular, research focused on the impact of crime on older victims as well as older people's fear of crime. For approximately a decade, the consensus was that older people suffered the consequences of crime (physical, psychological, and financial) more severely than younger age groups and that older people also had higher levels of fear of crime despite their lower rates of victimisation.

These early certainties have been challenged and now there is almost no consensus within the research community regarding either the extent or the impact of criminal victimisation, or the level of fear of crime which exists amongst older people. In short, the debate about crime and older people is wider and more controversial than it has ever been.

Of particular importance in the debate is the increasing revelation that the research focus has, to some extent, been misplaced. Whilst much of the research and policy efforts have suggested that older people are not particularly at risk from crime, this has primarily been in relation to "conventional crimes" (such as burglary, robbery, and assault). The literature on the abuse of older people—in residential care institutions, in private homes, and through their contact with governmental/administrative structures (in particular, guardianship and administration systems)—indicates that conventional crimes represent only a portion of the victimisation experience of older people. In the same way as any discussion of crimes against women would undoubtedly include domestic violence as a

major feature, a discussion about crime against older people must include, as a fundamental component, issues of criminal victimisation and abuse in less public settings.

## **What do We Mean by “Crime” Against an Older Person?**

In attempting to understand the phenomenon of crime against older people, this report incorporates into its definition of “crime”, types of acts which have been variously described as “street”, “predatory”, or “stranger” crime, as well as those which are commonly labelled as “abuse” and “fraud”. In the former case, the emphasis is upon isolated acts such as assault, sexual assault, burglary, robbery, and homicide, which are commonly viewed as being perpetrated by strangers. Much of the community outrage at the victimisation of an older person is reserved for this type of crime. This is especially so when the older victim is vulnerable due to physical or mental frailty, or to financial insecurity.

In relation to elder abuse, where a familial and/or formal or informal duty of care relationship exists, victimisation is usually characterised by an established and ongoing pattern of behaviours rather than single isolated events. It has generally been a difficult task to raise a united and sustained sense of moral outrage in relation to this more private and largely hidden form of victimisation of older people compared to that generated by “stranger” related crimes. Moreover, the term “abuse” may also incorporate behaviours which do not fall strictly under the criminal law, but which result in considerable harm and serious deterioration to the quality of life of an older person. Cases of abuse are generally first identified by an aged care health or social worker and, to the extent that formalised responses exist, they are largely within the health and aged care sector. The issue has thus primarily been constructed as a health and welfare problem. Although not wishing to challenge the important and essential role of the health and aged care sector in this work, the report does advocate that the health and welfare model be integrated to a greater extent with a criminal justice model of understanding and responding to the problem.

The abuse of older people in residential care institutions has been a matter of public interest in Australia since the late 1970s and early 1980s. Lobbying by community groups has resulted in a range of government inquiries, actions, as well as new structures and systems. The issue is now regarded as an

important regulatory issue in which the Federal Government is directly involved.

The impact of fraud and financial crimes can be very distressing for older people who are at a stage of their lives where it is difficult to recoup their losses. Fraud is usually committed by strangers, mostly by personal contact, but increasingly over the telephone or on the Internet. It comprises a variety of scams including improper investment advice such as participation in get-rich quick schemes. Financial abuse also includes making improper use of an older person's property or money without his or her knowledge or permission, forcing older persons to change their wills to benefit specific individuals such as health care providers or relatives, and denying older persons access to their money or preventing them from controlling their assets. Issues concerned with enduring powers of attorney are particularly relevant. Financial abuse has traditionally been included as a category of elder abuse. However, there are significant questions to be answered here as to whether this is the most appropriate way in which it should be categorised.

## Older People and Stereotypes

A specific research and policy focus upon the issue of crime against older people is poised between tackling an important and pressing social issue and compounding unhelpful stereotypes which portray older people as vulnerable and dependent. Making distinctions between groups of citizens on the basis of age alone overlooks or masks a range of other important social indicators and the diversity of experience, status, and social location within that group. Older people are as diverse (possibly more so) as any other grouping in society. Some are financially secure, others are not. Some are in fine physical health, others are not. Some have large and supportive networks of family, friends, and community supports while others are socially isolated. Some have lived relatively easy and comfortable lives while others have experienced hardship and struggle. Some have found strength and resilience throughout the hardships of life, whilst for others, an accumulation of adverse life experiences has resulted in feelings of insecurity and vulnerability.

A report topic entitled *Preventing Crime Against Older Australians*, therefore, needs to begin by making the focus clear. Although the increasing age profile of Western societies requires us to have as much understanding as possible

of the consequences of ageing in a complex society, including issues of crime and victimisation, we are not, and should not be, interested in the topic for its own sake. To do so would be symptomatic of ageism. For those older people who are in good health, are financially secure, have supportive networks and who are personally resilient, the concern about the risk and effects of crime should be no more, or less, than for any other group in the community. Exceptions to this are where there are specific issues related to ageing which require consideration in the policy context (for example, superannuation matters and generational/cultural sensitivities).

However, for those older people who are vulnerable due to degrees of physical or mental frailty, financial insecurity, and social isolation (all of which tend to increase with age), it is reasonable, and indeed imperative, to ensure that victimisation and fear of victimisation does not compound these existing difficulties. Although the risks and impact of victimisation of older people should not be over-dramatised (as has been the tendency of the media), neither should they be minimised. In a similar manner, the lived experience of many older people for whom the issue of personal security may be a complex and important concern should not be ignored.

## **Crime and Older People: Important Questions and Debates**

In attempting to address these issues, this report, like many others, will show that according to official statistics older people are by far the least at risk of criminal victimisation than younger age groups in our community. The major question which arises from this finding is whether there is any justification in directing resources to special crime prevention programs for older people. The report will explore the various claims and counter-claims which surround the meaning of this finding by asking questions about:

- whether our measures of crime are sensitive to the older peoples' experiences of victimisation;
- the extent to which older people are, or are not, fearful of crime;
- the differential impact which an incident of criminal victimisation may, or may not, have upon an older victim; and
- the usefulness or otherwise of current policies and interventions in addressing the personal safety-related concerns of older people.

As mentioned above, the report also concentrates upon a range of behaviours and incidents which do not come to the attention of official statistics. These behaviours tend to fall into a “grey area” between the health care and criminal justice sectors, where little comprehensive information is available. These include:

- abuse of older people in their homes by spouses, adult children, paid carers, and community workers;
- abuse of older people in residential care facilities; and
- abuses which occur through the management of frail and decision-impaired old age, such as the use and misuse of Enduring Power of Attorney and Guardianship legislation.

The addition of these issues complicates the picture of low victimisation provided by official statistics. They raise another set of complex and sensitive policy questions.

- To what extent the criminal justice system should intervene in private arrangements?
- What is the proper relationship between care issues and legal issues?
- What are the most effective systems of regulation and compliance in residential care?
- How best can the material affairs of physically or mentally impaired older people be managed?

## Structure of the Report

This report is structured in relation to the issues outlined above. The second chapter on “Australia’s Older People” outlines the characteristics of Australia’s ageing population, including demographic, cultural, and social factors.

The report then somewhat artificially divides the issues into the two categories of crimes outlined above. The divide is artificial because there are some areas of overlap between the two (for example, where a “stranger” befriends an older person with the express purpose of financial exploitation). These issues will be dealt with as each case arises. The divide is, nevertheless, justified because each “type” generates different research and policy questions and different responses.

The following three chapters address issues related to stranger crime. The chapter entitled “Predatory Crimes Against Older People” covers the issues raised for older victims of violent crimes both in their homes (for example, “home invasion”) and on the street, robbery, and property crimes such as burglary and fraud. The chapter on “Older People’s Fear of Crime: A Complex Debate” concentrates upon issues of fear in relation to these types of crimes. The next chapter “Preventing Crime Against Older People” then describes and analyses various programs operating around Australia which address crime and fear of crime by strangers. In doing so, it also compares Australian responses with international examples in order to support, inform, and improve programs in Australia.

The next three chapters then turn to the issue of abuse. The chapter on “Abuse in Private Homes: Risk, Prevalence and Theoretical Issues” explores the issue of abuse in the private domestic setting and demonstrates the extraordinary complexity of the issue and the large number of forms in which it can manifest. The chapter on “Abuse in Residential Care: Conceptual, Legal and Regulatory Issues” then goes on to discuss abuse in residential care institutions and by other paid care agencies. After outlining the types of abuses perpetrated in such settings, this chapter argues that abuse of older people in these settings is principally a regulatory issue and explores some aspects of regulatory theory which can help to explain and improve the problem. The chapter on “Economic Crime Against Older People” outlines the types of economic crimes which can be committed against older people. The following chapter “Preventing Abuse of Older People” then discusses the current state of public response to the problem of abuse of older people in Australia. In addition, the final chapter outlines strategic directions.



# Australia's Older People

## Demographic Issues and Population Ageing

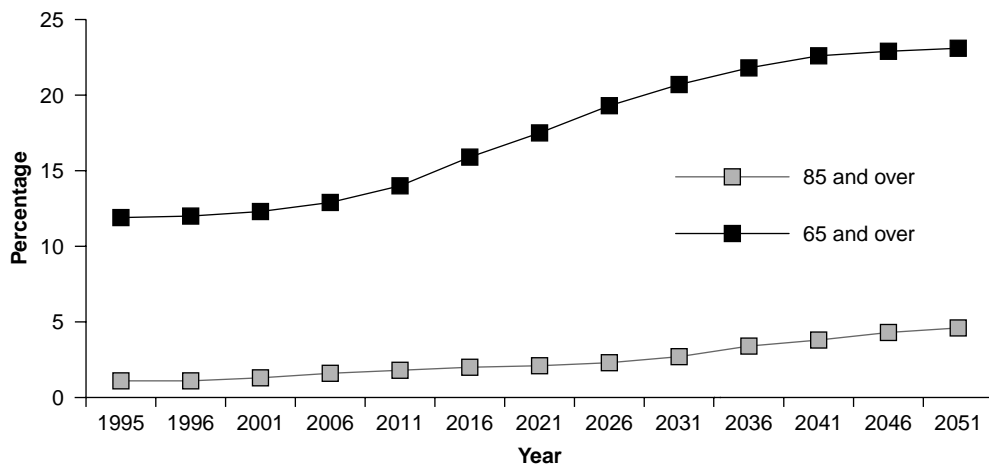
There are about 2.3 million people aged 65 and over in Australia and they comprise 12 per cent of the population, this proportion is growing. Australia's population has aged steadily throughout the 20th century, apart from a temporary reversal due to the post-war baby boom. And, indeed, it is this baby-boom generation which has made, and will continue to make, a large impact on the absolute size of a range of population groups of specific policy interest as it progresses through the age structure. For example, in 1961, baby-boomers formed a prominent bulge at the younger end of the age distribution (then children under 15). At the other end of the spectrum, between 2011 and 2031, baby-boomers will make a significant contribution to the numbers of people aged 65 years and over (Australian Bureau of Statistics (ABS) 1999a). Indeed, as the youngest of the baby-boom generation turns 65 in 2031, the median age of the population is projected to reach 42–43 years and the proportion of the population aged 65 and over is projected to reach 22 per cent (ABS 1999a).

After 2031, the baby-boom generation will have less of an effect on the number of older people and the numbers, while increasing substantially on today's figures, will then begin levelling out. Figure 1 shows that between 1997 and 2051, those aged 65 and over will rise from 2.3 million (12% of the population) to 6.3 million (23% of the population), whilst those aged 85 and over will increase from 216,100 (1.1% of the population) to 1.1 million (4.8% of the population) (ABS 1999a).

Moreover, those aged over 85 years will comprise a far greater proportion of the aged population—rising from 8.8 per cent in 1995 to between 19.5 and 20.1 per cent in 2051, an increase of nearly 4 times in absolute numbers (ABS 1999a). This means that a significant aspect of the population ageing is within the aged population itself. In contrast, the proportion of the population aged between 0 and 14 years is expected to decrease in each

projection year. On the other hand, the proportion of the population aged between 15 and 64 years will increase initially and then decline from about 2010 onwards (ABS 1999a).

**Figure 1: Projected Australian Population Aged 65+ and 85+, 1995-2051**



Source: ABS 1999a.

## The Diversity of the Aged Population

The common adage that “you are only as old as you feel” reflects the particular problems of subjectivity involved in defining old age. The widespread diversity of people in the latter years of their life usually means that a single, somewhat arbitrarily chosen, age cut-off point of the type used in large scale survey research and various social policies can only be a very broad indicator of the experience of members of such age categories. Some people may be sprightly at 90 or incapable at 65, and, therefore, must be assessed on their own individual merits. Defining what is “normal” for any age group also creates the danger that those who are most capable will be taken as the general standard. This could create unrealistic expectations for others in that age group and disappointment if they fail to meet standards expected. It could also be problematic for those who are capable of much more. Personal capacities are, therefore, important and prejudices about certain age groups must be avoided.

Diversity of age is, in turn, reflected in the diversity of the aged population itself. This heterogeneity should have a major influence on policies for older

Australians. For instance, a notable feature of Australia's ageing population is that women increasingly outnumber men in the later age groups—more than 70 per cent of people over the age of 85 are women; though this will decrease slightly to 64 per cent by 2051 (ABS 1996a). Policies and attitudes, therefore, need to be very sensitive to the situation of very old women living alone. Older people in rural areas can often be subjected to their own special set of circumstances with isolation and lack of appropriate services as a potential problem. The population aged 65 years and more is increasing more quickly in rural, regional, and remote Australia than in the total Australian population (ABS 1998).

A significant proportion of older Australians come from culturally and linguistically diverse backgrounds. According to population estimates (ABS 1999a), while almost 1 in 3 of those aged 65 years and over were born overseas (that is from both English speaking and non-English speaking backgrounds), just under 1 in 5 of these people came from culturally and linguistically diverse backgrounds. This compares with 1 in 6 of the general population (ABS 1999a). Australia's migrant population comes from over 160 different countries, speaks over 100 languages, and adheres to many different religions and belief systems. It is predicted that people from culturally and linguistically diverse backgrounds will comprise approximately 25 per cent of the Australian population aged 65 years or more by the first decade of the 21st century (Rowland 1991).

Issues associated with the ageing of Australia's Indigenous population are also quite unique. There are complex social circumstances combined with severe economic deprivation interacting with all issues connected with the Aboriginal aged, and obviously different criteria need to be addressed. Using standard definitions of old age for Indigenous Australians is problematic as their lifespan is almost 20 years less than other Australians. Indeed, if old age is defined as 65 years and over, then only 1 in 38 Indigenous Australians are in this category compared with 1 in 8 of the rest of the population. Aboriginal and Torres Strait Islander people are much more likely to live in rural or remote locations than other Australians. About 1 in 4 Indigenous Australians live in non-urban areas compared with around 1 in 7 non-Indigenous Australians. This has implications for the provision of services in these areas (ABS 1998).

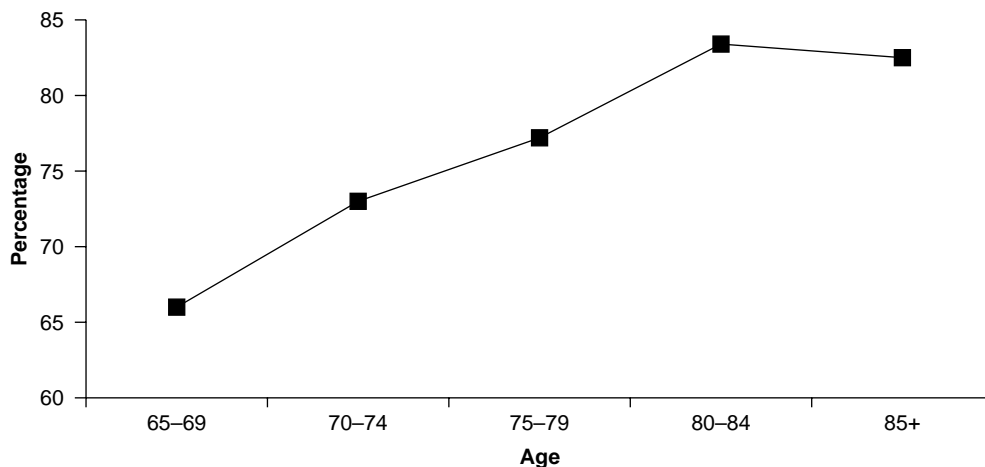
Any discussion on the diversity of the aged population should also include the disabled aged and the frail aged who are potentially vulnerable to mistreatment. In 1998, just over half of those aged 65 and over had some

form of disability, most of the type which restricted their ability to conduct basic daily tasks. The incidence of profound disability, however, is significantly higher in the 80 and over age groups with 27 per cent of males and 40 per cent of females being affected (ABS 1999a).

It is also important to note that older people have low average incomes compared with younger age groups. Figure 2 shows that in 1996–1997, the average gross weekly income for older people<sup>1</sup> was just under half of all other age groups. This reflects low labour force participation and a heavy reliance on government pensions, both of which understandably increase with age (ABS 1999a).

Older people who are single are more likely to be reliant upon government benefits than couples, 81 per cent and 65 per cent respectively (ABS 1999a). However, it must also be recognised that most older people usually have lower living costs, they generally have no dependants, they have higher rates of home ownership or have low housing costs, low income tax, and many activities and services are also subsidised.

**Figure 2: Proportion of Older Income Units Whose Principal Source of Income was from Government Benefits, 1998**



Source: ABS 1999a.

<sup>1</sup> Whether one-person income units or couple units.

## The Living Arrangements of the Older Population

Most older people in Australia live independently. In 1998, 91 per cent of people aged 60 years and over lived in private dwellings, either with their spouse, on their own, or with other relatives or friends (ABS 1999a). In contrast to this, only 6 per cent of older people lived in nursing homes, hostels, and retirement villages with a supported living facility on site, and the remaining 3 per cent lived in non-private dwellings such as hospitals (ABS 1999a). This has been an increasing trend in recent years as government policy over the past decade has favoured the expansion of support for older people at home rather than in residential settings. As a result, more and more older people (approximately 70%) who are classified as having “moderate” or “profound or severe” disabilities now live in the community rather than in residential care (ABS 1999a). The proportion of older people living in the community decreases with age, but not significantly, with approximately 87 per cent of men and nearly 77 per cent of women who are 80 years and over still living in the community (ABS 1999a).

Of the 91 per cent who live in private dwellings, most (62%) live with their spouse or other relatives, while 28 per cent live alone (see Table 1). As mentioned earlier, the proportion of older people, especially older women, living alone increases with age. Nearly 40 per cent of women aged 80 years and over live alone. Most older men have a spouse but most older women have no spouse. What this means is that many older people, often with some form of disability, spend a significant period of time alone, increasing the problems associated with social isolation (ABS 1999a).

**Table 1: Living Arrangements for Older People, 1998**

	65–79 Years %		80 Years + %		65 Years + %
	Males	Females	Males	Females	Persons
With Partner	74.3	49.8	45.1	11.2	52.5
With Other Relatives	3.9	11.0	5.1	18.7	9.1
With Non-relatives	1.5	1.3	1.5	0.8	1.3
Alone	16.8	32.7	29.7	38.3	27.6
Nursing Homes and Hostels	1.5	2.2	13.4	22.8	5.9
Total	100	100	100	100	100
	'000	'000	'000	'000	'000
All Persons 65 and Over	815.0	942.1	178.2	335.8	2271.2

Source: ABS 1999a.

## Health, Disability and Care Arrangements

The health status of older Australians has improved significantly over the past few decades—with substantial declines in the death rate for those over 65 years old and an increased life expectancy. Although most older people report one or more long-term health condition,<sup>2</sup> these conditions are not so disruptive that the person seeks medical attention on a regular basis. Indeed, a significant majority (approximately 65%) of older people self-assess their health as being good, very good, or excellent (ABS 1999a). However, increasing health problems and disability are associated with increasing age.<sup>3</sup>

Table 2 shows that in 1998, just over half of those aged 65 and over had a disability—most of the type restricted their ability to conduct basic daily tasks. The incidence of profound disability is significantly higher in the 80 and over age groups (27% for males and 40% for females) than those between 65 and 79 (6.4% for males and 8.9% for females).

**Table 2: Disability Status of Persons Aged 65 and Over, 1998**

	65–74	75–84	85+	Total Population 65 Yrs and Over	
				Males	Females
No Disability	55.5	38.9	15.8	45.9	46.2
Disability	44.5	61.1	84.2	54.1	53.8
Core Activity Restriction	38.0	57.0	83.2	47.0	50.1
<i>Self-Care</i>	14.3	28.3	63.1	19.6	27.0
<i>Mobility</i>	32.6	50.6	80.0	39.4	46.3
<i>Communication</i>	10.7	23.8	48.5	20.8	17.2
No Core Activity Restriction	6.5	4.2	1.0	7.1	3.7
Total	100	100	100	100	100
	'000	'000	'000	'000	'000
Total	1 294.8	750.5	226.0	993.3	1 277.9

Source: ABS 1999a.

<sup>2</sup> Eye problems (96%), hypertension (38%), and ear and hearing problems (32%). ABS 1999, p. 59.

<sup>3</sup> The recent emphasis upon “healthy ageing” questions the automatic adoption of this assumption. The concept of “healthy ageing” focuses upon the gains which can be made to health expectations through population health measures and promotion and prevention interventions (Commonwealth Department of Health and Aged Care 1999).

### *Informal Care*

The informal network—family, friends, and neighbours—is overwhelmingly the principal source of assistance to older people living in the community. In 1993, 267,500 carers were providing primary assistance to people aged 65 and over (ABS Survey of Disability cited in Australian Institute of Health and Welfare (AIHW) 1997).

### *Formal Care*

Formal care provided to older people in the community is organised mainly through the Home and Community Care (HACC) Program<sup>4</sup> and the Community Aged Care Package.<sup>5</sup> In 1998, of the 41 per cent of all people aged 65 and over who received assistance in the home, 59 per cent received help from the formal care network. However, only a small proportion of older people rely exclusively on formal care. Even amongst those with a severe or profound handicap, over 90 per cent receive significant levels of assistance from the informal care network.<sup>6</sup> It is important to realise that not only are older people the recipients of care, a significant number of older people (at least 42% of people over 60)—often with disabilities—also have responsibility for the care of an older person (ABS 1999a).

## Conclusion

A specific research and policy focus upon the issue of crime against older people needs to be poised between tackling an important and pressing social issue and compounding unhelpful stereotypes which portray older people as vulnerable and dependent. Making distinctions between groups of people on the basis of age alone overlooks or masks a range of other important social indicators as well as the diversity of experience, status, and social location within that group.

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<sup>4</sup> The HACC Program is a jointly funded Commonwealth and State Government program providing services to people at home who are restricted in their daily tasks due to disability.

<sup>5</sup> The Community Aged Care Package, funded by the Commonwealth, is a scheme of intensive home-based care designed as an alternative to residential care for people with even quite complex care needs.

<sup>6</sup> Australian Institute of Health and Welfare:  
[www.aihw.gov.au/publications/wonline/oag/page18html](http://www.aihw.gov.au/publications/wonline/oag/page18html)

# PART A



# Predatory Crimes Against Older People

## Predatory Crime

Few issues generate the intensity of community outrage as the news that an older person has been the victim of a criminal attack. In the face of consistent evidence which shows that older people are far less at risk of criminal victimisation, this outrage is a clear indicator that the issue is embedded with values and assumptions about ageing and the place of older people in our society. It is also linked closely to the stereotypical views that older people are dependent and vulnerable. Of course, in cases where this is so, victimisation of vulnerable and dependent people, whether through age, disability, or other means, is abhorrent and all efforts must be made to eliminate such incidents from occurring. Because of this, analyses of older people and crime have tended to be dominated by issues of vulnerability and dependence, rather than focusing upon the diversity of older people as a group. Therefore, although it is important to realise that outrage at attacks on older people are a manifestation of cherished social values, it is also important not to ignore the possibility of inherent ageist assumptions about the nature of “older people” as a category.

The broad pattern of victimisation for predatory crime in Australia is consistent with findings throughout Western countries; that is, older people are far less likely to be victims of crime than other age groups in all types of recorded criminal incidents. The results from crime victim surveys indicate a similar pattern. Despite this pattern of decreased risk, there is evidence to suggest that within the population of victimised older people, the patterns of victimisation are somewhat unique, differing in important respects from patterns in younger age groups. However, there is one point which is always worth noting—crime is not uniformly distributed across geographic areas and that only a minority of victims experience the majority of crime (see, for instance, Pease and Laycock 1999).

Comparisons with the United States show similar levels of low victimisation for older people. In fact, in the United States those aged between 16 and 24

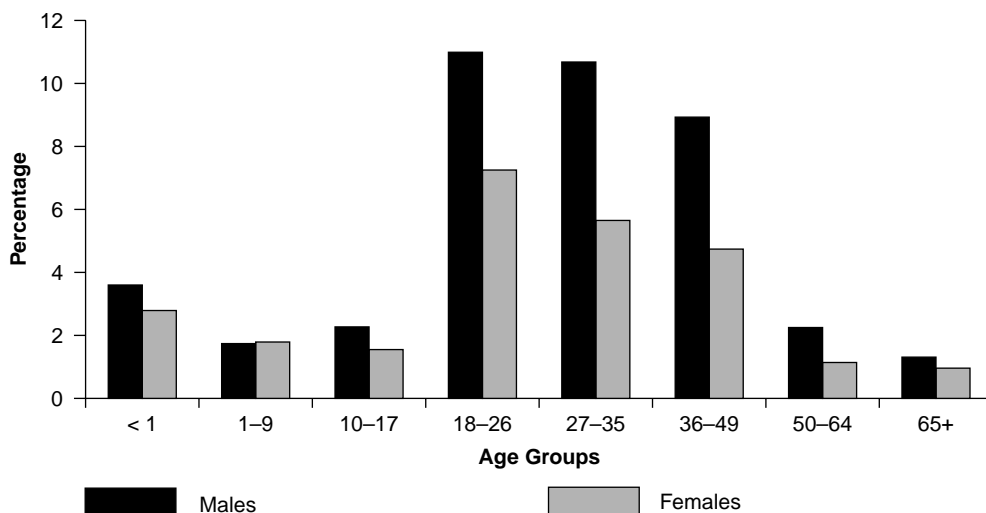
were 28 times more likely to be victims of all crimes of violence (robbery, assault, and sexual assault) than people aged 65 years and older (Rennison 1999).

The British Crime Survey (Mirrlees-Black et al. 1998) also shows young men aged between 16 and 24 years of age to be most at risk of criminal victimisation and that 1 in 5 had been a victim of violent crime in 1997. This compares with only 1 in 200 people aged 65 years or older.

### Homicide

The National Homicide Monitoring Program within the Australian Institute of Criminology, showed that in the 10 years from 1989 to 1999, there were 3386 victims of homicide; that is an average of almost 340 people per year. Males between 18 and 49 were most at risk with a rate of about 9 per 100,000 (age specific) of the population (Figure 3). The risk of homicide for older people was low at a little over 1 per 100,000 (age specific) of the population or 1 in 14 (7%) of all incidents (Mouzos 2000). This confirms previous research that older people are at the lowest risk of homicide mortality generally (see, for instance, Fox and Levin 1991; Silverman and Kennedy 1993). Overall, in Australia, there were 236 older victims during the decade, an average of 24 per year.

**Figure 3: Australia, Homicide 1 July 1989–30 June 1999: Rate per 100,000 Relevant Population, Gender and Age Group (N = 3386)**



Source: National Homicide Monitoring Program, Australian Institute of Criminology.

In contrast to homicide victimisation generally where approximately 40 per cent of homicide victims were female and 60 per cent were male, older victims of homicide were evenly distributed according to gender (Mouzos 2000). Males and females over the age of 65 years were, therefore, equally at risk of homicide victimisation. There are no gender-based differences in the distribution of victims aged 65 years and over. In Table 3, the proportions generally reflect the proportions in the population as a whole.

**Table 3: Australia, 1 July 1989–30 June 1999: Gender-Age Distribution of Older Victims of Homicide (N = 236)**

Gender of Victim	Age Group of Older Victims					Total
	65–69	70–74	75–79	80–84	85+	
	<b>Number</b>					
Male	59	22	17	11	8	117
Female	31	31	20	22	15	119
Persons	90	53	37	33	23	236
	<b>Percentage</b>					
Male	65.6	41.5	45.9	33.3	34.8	49.6
Female	34.4	58.5	54.1	66.7	65.2	50.4
Persons	100.0	100.0	100.0	100.0	100.0	100.0

Source: National Homicide Monitoring Program, Australian Institute of Criminology.

Among this relatively small group of older people, some clear patterns emerged which were consistent with other findings comparing homicide of older people with younger age groups (see, for instance, Bachman et al. 1998). In contrast to younger age groups, older victims of homicide were:

- more likely to be killed in the home than in public places;
- equally likely to be killed by a stranger as by someone known (the large majority of homicides in younger age groups are committed by someone known to the victim);
- more likely to be associated with robbery;
- more likely to be the result of an assault with a blunt instrument;
- less likely to be a dispute of a domestic or intimate nature; and
- more likely to be women, especially women living alone (Carcach et al. 1998).

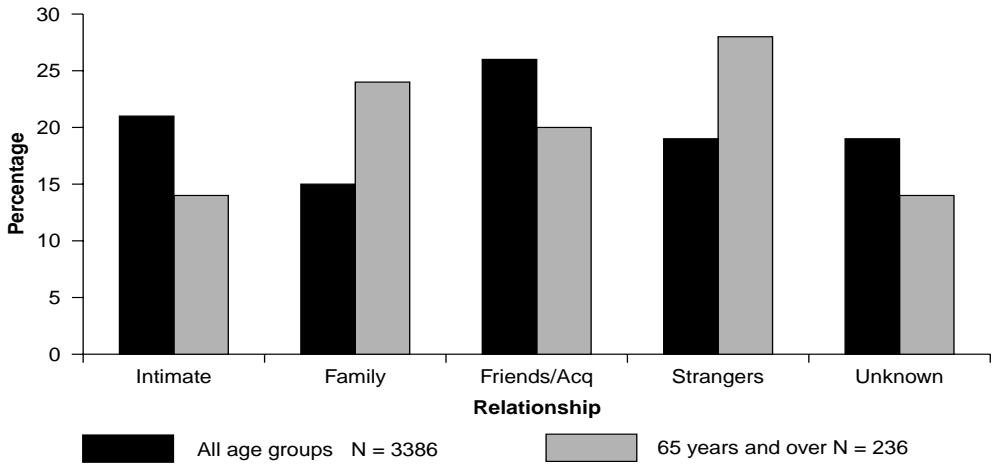
The indications were also that older people who were victims of assault (usually associated with a robbery) were more likely than younger victims to sustain fatal injuries (Carcach et al. 1998; Silverman and Kennedy 1988; Bachman 1993; Copeland 1986; Fox and Levin 1991). Silverman and Kennedy suggested that homicides against older people in such cases were motivated by theft rather than the intent to harm. Death of the older victims was the result of the fact that the specific residence concerned was more likely to be occupied by a person, and particularly a person with physical vulnerability (Silverman and Kennedy 1988). The older homicide victim in these cases just “happens to be in the way of a burglar entering the victim’s house in search of goods or money” (Silverman and Kennedy 1988, p. 16).

In Australia, when a homicide did result from another crime (most likely a robbery), the likelihood of it happening to an older person was double that of it happening to a younger person. Of all homicides, 13 per cent occurred as a result of another crime; while for older victims, 28 per cent of homicide incidents occurred as a result of another crime. In these characteristics, Australian data appear to correspond to and confirm the trends in other countries (Bachman et al. 1998; Copeland 1986; Fox and Levin 1991; Maxfield 1989; Falzon and Gregory 1998).

Media often report items such as “home invasion” and assaults on “vulnerable” older people (particularly women). Older women who live on their own are more likely than other members of the community to be killed as a result of a robbery in the home. What is usually missing from the media reports is the very low risk which older people face of such an event occurring. More importantly, the media fails to report the fact that older people are just as likely to be at risk from members of their own family (Carcach et al. 1998).

Figure 4 shows the patterns of victim–offender relationships in homicide are different for younger and older people, but it must be stressed that homicide is a rare event and that these charts are based on 236 elderly victims over a 10-year period.

**Figure 4: Australia, Homicide, 1 July 1989–30 June 1999: Relationship Between Victim and Offender**

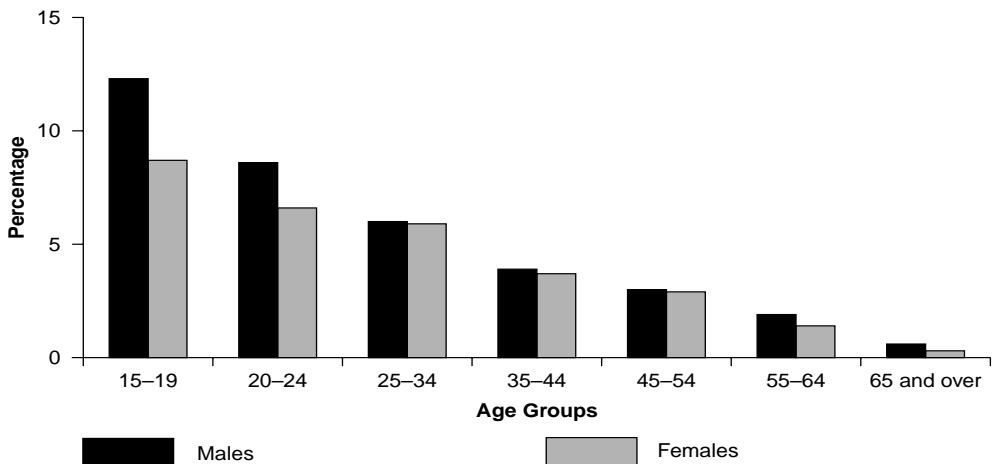


Source: National Homicide Monitoring Program, Australian Institute of Criminology.

### Assault

All reports and surveys show that assault decreases quite significantly with age. The ABS Crime and Safety Survey 1998 (ABS 1999b) found that those over 65 accounted for only 0.3 per cent of all incidents. In addition, 45 per cent of assault victims experienced 2 or more assaults, representing a little over three-quarters of all incidents and that half of the female victims were assaulted at home, compared with 18 per cent of males. The highest rates for physical assault for both males and females were in the 15–24 years age group (see Figure 5).

**Figure 5: Australia, Victims of Assault 1998**



Source: ABS 1999b.

### *Sexual Assault*

The ABS Crime and Safety Survey 1998 (ABS 1999b) found that women between the ages of 18 and 19 were by far the most victimised group. This decreased quite markedly for other age groups to the point of virtual non-existence at age 65. It is important to bear in mind that the crime of sexual assault is notoriously subjected to under-reporting and it is likely that under-reporting is especially high amongst older women (Muram et al. 1992). Thus little is known about the experience of sexual assault for older victims.

### *Robbery*

Robbery is one crime where police reports show the risk for older women is greater than their population share. Almost 14 per cent of female victims of unarmed robbery reported to the police were over the age of 65 (ABS 1999c). However, while police reports in 1998 show that 1020 people over 65 reported a robbery (ABS 1999c), the ABS Crime and Safety Survey 1998 (ABS 1999b) estimates that there were 6,300 victims of robbery aged 65 and over. Whatever the real figure, this is clearly a risk area.

Of all the robbery victims in the Crime and Safety Survey (ABS 1999b), almost one-quarter experienced 2 or more incidents. This represented almost half of all the robberies which occurred. Women aged 65 years were 2.5 times as likely as men in that age group to be robbed. Notwithstanding this, their victimisation rate was lower than any other age group except children under 14.

Table 4 shows the proportion of people aged 65 years and over who had been victims of assault, sexual assault, armed robbery, and unarmed robbery as a proportion of all reported victims of these offences (ABS 1999c).

**Table 4: Australia, Offences Reported to the Police 1998**

	Males		Females		Persons	
	N	%	N	%	N	%
Assault	1056	1.4	602	1.1	1168	1.3
Sexual Assault	7	0.3	69	0.6	76	0.5
Armed Robbery	105	2.5	71	3.6	176	2.8
Unarmed Robbery	204	2.9	640	13.7	845	7.2

Source: ABS 1999c.

(N refers to the number of victims aged 65 and over % refers to the proportion of victims aged 65 and over as a proportion of all reported victims of that offence)

An analysis of data from the National Crime Victimization Survey in the United States (1992–1994) revealed different patterns of risk in robbery victims across age and gender groups (Bachman et al. 1998). Particularly relevant for the older population were the following points.

- Female robbery victims older than 65 were more likely to sustain injury compared with all other sub-groups, including males aged more than 65 years.
- Incidents involving older people were more likely to be perpetrated by strangers than people known to them, even those taking place at, or near, a private residence.
- In those incidents where the offender was known to the victim, women were more at risk than men.

These points were reiterated by Faggiani and Owens (1999) who, however, expanded on them by concluding that:

- Most robbery victims who were aged 85 years or older were robbed at home, but most adults aged between 65 and 74 were robbed when performing routine activities outside the home.

### ***Handbag snatching***

Handbag snatching is not well documented. A 1987 study by the New South Wales Bureau of Crime Statistics and Research showed that a higher proportion of older women were victims of handbag snatching than other age groups. In the 42 incidents of bag snatching examined, half of the victims were aged over 55 and nearly all were females. None involved the use of a weapon but most victims were pushed from behind (New South Wales Bureau of Crime Statistics and Research 1987).

### ***Break and Enter***

The ABS Crime and Safety Survey 1998 (ABS 1999b) found that households with persons aged 55 years and over had a lower risk of break-in victimisation compared with other households.

Research from the Home Office in the United Kingdom (Mirrlees-Black et al. 1998), however, has shown that a burgled house is 4 times as likely to be burgled again, and that 50 per cent of repeats occur within 7 days of the first burglary. Single and low-income older persons in the United Kingdom were shown to be particularly vulnerable to burglary incidents and they often lacked the resources to prevent initial or repeat victimisation.

### ***Violence Against Women***

The Women's Safety Survey conducted in 1996 (ABS 1996b) confirmed the low levels of violence experienced by older women, with 1.2 per cent of those surveyed in this age group reporting that they had experienced violence in the 12 months preceding the survey. This compared with 19 per cent of women aged between 18 and 24.

### ***Culturally and Linguistically Diverse Backgrounds***

The proportion of older people born in non-English speaking countries is rising in Australia and is currently about 14 per cent of all people over 70. Little is known about the impact of crime on older people from culturally and linguistically diverse backgrounds, as police statistics and crime victim surveys do not usually provide this information (Gilbert and Zdenkowski 1997).

### ***Aboriginal and Torres Strait Islander People***

Once again, police statistics and crime victim surveys do not usually provide information on victimisation rates for Aboriginal and Torres Strait Islander people. However, the 1994 National Aboriginal and Torres Strait Islander Survey—New South Wales revealed that 15 per cent of all people in this group reported being physically attacked in the previous 12 months (Gilbert and Zdenkowski 1997). Aboriginal and Torres Strait Islander people are 7 times more likely than the rest of the population to be victims of homicide. In addition, Aboriginal and Torres Strait Islander women are over-represented as victims of murder, attempted murder and assault (James and Carcach 1997). Older Aboriginal and Torres Strait Islander people, particularly older women, can be subjected to financial exploitation by younger people, with threats of violence used to obtain access to pension payments (Gilbert and Zdenkowski 1997).

## **Data Issues**

Data here have been drawn from two main sources—*Recorded Crime* (ABS) and the *National Crime and Safety Survey* (ABS). These are the most nationally reliable sources of information about victims of crime available in Australia. New data will soon be available from the Australian Institute of Criminology which conducted, early in 2000, a national survey of victimisation among older people.



The limitations in measuring crime via these sources, however, are well known. Many crimes are not reported to police. There is notorious under-reporting of assault and sexual assault. The 1998 ABS Crime and Safety Survey revealed that only 28 per cent of assault victims and 33 per cent of sexual assault victims told the police about the most recent incident (ABS Crime and Safety Survey 1999b). With regard to robbery, only half of the victims reported an incident to the police. Women were more likely to tell police than men (59% of females compared to 42% of males). The rate of reporting to police generally increased with age, with 70 per cent of people aged 65 and over reporting an incident of robbery to police (ABS Crime and Safety Survey 1999b). This may account for the higher rate of robbery recorded for older women, but it is clear the incidence is proportionally higher.

In attempting to identify more specific data relating to particular variables such as age, the data is further restricted, especially in older age groups. Because of the small numbers in the older age groups compared with the younger age groups, older victims of crime are recorded as a single category, with no disaggregation beyond 65 years of age. This limitation is substantial as the 2 or 3 decades beyond this age are likely to be characterised by major differences in the population along the lines of health, vulnerability, mental frailty, and socio-economic status; all of which may significantly affect the older person's experience of crime.

Moreover, because of the restrictions on access to ABS unit record data in Australia, it is not possible to analyse older victims' experiences of crime further through the national data. Overseas, useful secondary analyses of national data sets have been conducted; they demonstrate important patterns of victimisation amongst older people and point to important and targeted policy responses. In the absence of the ability to conduct similar analyses in Australia, there is a reliance upon extrapolation from overseas experiences to the Australian context. Although in some respects, the demographics, and cultural and institutional conditions in the United States, the United Kingdom, Canada, and Australia are similar, there are also significant differences. For instances, these become evident in drug markets and different ethnic and racial groupings. It is also likely that, at least to some degree, these differences are influential in producing different effects in terms of crime victimisation.

## Conclusion

The broad pattern of victimisation for predatory crime in Australia is consistent with findings throughout Western countries. That is, older people are far less likely to be victims of crime than other age groups in all types of recorded criminal incidents. However, the over-riding theme to emerge from this chapter is the absence of data which would allow a comprehensive, reliable estimate of the patterns and trends involved in the analysis of predatory crime committed against older people in Australia (though the Australian Institute of Criminology 2000 survey may shed some light when analysed). To follow detailed lines of inquiry in relation to particular types of crime and particular sub-sets of the older age category is impossible. It is ironic that we know more about the victimisation experience of older people in the United States, Canada, and the United Kingdom than we know about Australia's older people.

# Older People's Fear of Crime: A Complex Debate

## What is Fear of Crime?

It has long been asserted that despite the actual low victimisation rates, older people are, nevertheless, disproportionately fearful of crime (Hale 1996). So common is this perception that it has often been argued that “fear of crime” is a more pressing policy issue for older people than crime itself (Hough and Mayhew 1983).

Traditionally, the concept “fear of crime” has been treated in an abstract way. Unlike a mugging or a theft, fear of crime has not been considered as a tangible phenomenon. It does not refer to a particular incident that may be circumscribed in time and space. Instead, it refers to ways of thinking, feeling, and acting that are more universal and somewhat more difficult to quantify. However, if a proportion of older people feel that they are at risk even though they may not have been personally victimised then, in a sense, they may be said to experience costs resulting from their knowledge of, and emotional response to, the criminal victimisation of their contemporaries. Such a conceptualisation engenders feelings of insecurity about person or property which may cause mental anguish or constrain people to behave in ways that have a negative impact on their quality of life. Therefore, those who are vicariously victimised, like those who are directly victimised, may be said to experience the costs of crime (Fattah and Sacco 1989).

By regarding fear of crime as a vicarious victimisation, the concept shifts from an abstract notion to an empirical reality. In so doing, it becomes a more practical concern. However, fear emanating from such a source manifests itself not in the objective reality of fear involved, but in the confidence of older people in dealing with crime should it happen (Fattah and Sacco 1989).

Fear of crime has the potential to be a social problem of large proportions—if people believe they are in danger, they will change their lifestyles

accordingly (Gilbert and Zdenkowski 1997). There are five levels of fear which can be identified, each of which requires different responses.

- Apathy.
- Apprehension.
- Alarm.
- Torment.
- Terror.

**Apathy** is the most common—people do not think it can happen to them, believe in immortality and invincibility, and take no precautions.

**Apprehension** may stimulate individuals to take some precautions and participate in self-protection or community activities.

**Alarm** is the emotion when danger is imminent. To “beat up” risk as we see from time to time creates alarm when it is unwarranted.

**Torment** can involve the development of unwarranted fear based on sensationalising media reports of violent crimes, induce torment, and divert people from more realistic risks of financial fraud. It can also induce political action and mobilisation.

**Terror** is the most damaging level of fear. It can immobilise older people who may barricade themselves in their homes, cut ties with the outside world, and suffer considerable neglect through not shopping for food or seeking health care when required. It is possible that people can live in terror and rational argument is not a persuasive mechanism to fix the situation (Rykert 1994).

## Do Older People Fear Crime?

More recently, the literature on older people’s fear of crime has begun to question the legitimacy of the so-called “paradox”. That is, older people are the least victimised of any group in society, but the most fearful. More and more studies show results which fail to confirm, or at least significantly complicate, the theory that older people have higher levels of fear than other age groups and which are disproportionate to their risk of victimisation. The contradictory nature of research regarding older people and fear of crime has led to calls for greater differentiation in research and finer distinctions in

defining what is meant by “fear of crime”, the types of questions which are used as indicators of fear, and alternative methodological techniques for obtaining information. There is also a need to differentiate fear from generalised anxiety.

A recent study found older people were more likely to be afraid for their grandchildren than for themselves (Tulloch et al. 1998). This, of course, is dependent on the types of crime or nature of the threat envisaged. For instance, there are particular crimes such as child molestation which may make older people fearful for their grandchildren. However, credit card fraud may be a concern for themselves. The ABS Crime and Safety Survey 1998 (ABS 1999b) revealed that persons aged 65 years and over were less likely to perceive crime as a problem for them with almost 4 out of 5 saying that there were no crime or public nuisance problems in their neighbourhood. This compared with about one-quarter of those in the age ranges between 15 and 55.

## Who Fears Crime?

A series of surveys conducted by the ABS have asked respondents how safe they feel walking alone in their neighbourhoods at night. These surveys have consistently shown that a large proportion of older people feel unsafe in this situation. They have also shown that older people are much more likely than younger age groups to report feeling unsafe while walking alone at night (Gilbert and Zdenkowski 1997). This is a very narrow indicator of why people register fear and how fear is experienced by people in different areas. More specific questions have to be addressed, such as: Do older women express more fear than older men? Do people in lower socio-economic groups experience more fear of crime than people in higher income brackets? Do people living alone experience more fear than those who live with one or more persons? Some smaller studies have addressed some of these questions. These are outlined below.

A study conducted in the United Kingdom (Midwinter 1990) found that, although fear of crime is experienced by more older women than older men, fear cuts across socio-economic barriers and bears no relationship to the actual level of crime in particular neighbourhoods. In fact, one of the most fearful groups was found to be single, older people living alone in comparatively trouble-free areas. Their fears, apparently, stemmed not from direct experience, but from a general vague perception of crime statistics.

In New South Wales, crime prevention surveys completed by two local councils (Waverley and Fairfield) have also dealt quite extensively with the degree of fear of crime amongst older people.

The Waverley Municipality has quite a high percentage of their population aged over 60 years. The survey (Waverley Municipal Council 1991) conducted (although quite small with only 45 participants, so the size and the nature of the sample defy generalisation and is opportunistic rather than random) attempted to explore:

- the perception of crime as a local problem alongside other local problems;
- the extent to which older residents are victims of crime and the consequences of such victimisation;
- the indirect effects of crime on older residents; and
- the influence of other factors on the attitudes and experiences of older people in relation to their sense of personal security.

The respondents were chosen indirectly through community organisations in an attempt to instigate less personal contact than would otherwise be the case and to include housebound older people. They were predominantly female, aged 70 and over and living alone, and many of the respondents were born outside Australia and had been living at their current addresses for many years. The findings of the survey revealed that fear of crime among the majority of older people was not as important as had been expected. The report concluded that a significant factor in the results was the level of social isolation, which in the sample was fairly low. This may be because the sample was chosen through community organisations. It may also be because the level of social cohesion in the Waverley area, which is fairly affluent, is high. Most older people have been living in the same house or flat for many years and there is a definite community spirit.

On the other hand, a survey of 180 residents for the Fairfield project (Fairfield Municipal Council 1991) indicated that fear of crime was a very substantial problem for the entire population in the municipality. However, older people were more fearful than the younger people. This fear impacted negatively upon the ability of a large number of residents to move freely within their neighbourhood, to use local parks, public transport, and even shopping centres. People did not feel particularly safe in their own homes, nor did they feel it would be safe to leave their houses and property

unattended. It also appeared that women generally felt the least safe and their lifestyles were the most constrained by fear of crime.

The Fairfield area has a high concentration of people from culturally and linguistically diverse backgrounds, a very high population turnover rate and many of the people live in public housing. Because of the population turnover, it has been difficult to engender a sense of community in this area.

A survey conducted in Newtown, New South Wales (500 residents) asked how safe the respondent felt in various locations, including the main street, the railway stations, playgrounds and parks, lanes, hotels, pubs, and shops. In most cases, people over 60 were as likely as younger people to report feeling unsafe. Overall, a significant number of people reported feeling unsafe. For example, 15.5 per cent of respondents felt quite unsafe on the main street at night, 34 per cent felt quite unsafe using the railway station at night, and 46.6 per cent felt quite unsafe in lanes at night (Brown et al. 1997).

It appears that a lack of social cohesion with its corresponding level of individual social isolation is the major factor in those who, among older people, are most fearful of crime. Socio-economic factors are important in so much as poorer areas often have more difficulty in developing a feeling of community among its residents. Therefore, it is very important that the social isolation which some older people experience be addressed. This is where community involvement and an inter-sectoral approach is crucial.

## **Why are Some Older People Fearful of Crime?**

One of the reasons that older people are more fearful of crime is because of their increased vulnerability. Reduced or low income means that any loss of economic resources is more serious. Even the problems of replacing such articles as library tickets, cheque books, and other documentation after a purse snatch may become more demanding and tiresome as people grow older (Midwinter 1990). Also, ageing is a period of decreasing physical strength and agility, which means resistance is both less effective and more dangerous than for younger persons. Even relatively minor injuries may result in serious and perhaps permanent damage to the older victim, to say nothing of the enormous psychological impact (Grabosky 1989). Midwinter (1990) also found that older people are particularly fearful of street crimes, which is not surprising. The increased risks involved, which can be magnified by social isolation, contribute to this.

Another significant aspect of some older people's fear of crime is the over-dramatisation of certain crimes in the media. Many older people, as well as the general public, form their perception of crime through the media. Once again, social isolation affects older people's feeling of vulnerability, the media can, for some, be their only form of contact.

## Interventions

### *Confidence Building Strategies*

If fear of crime is a problem in some areas, it may be possible to reduce this through community confidence-building strategies. This could lead to more social cohesion and a suggested format is as follows:

- organise social outings for older residents to reduce isolation;
- monitor crime reporting in the mass media to promote a more accurate and realistic picture of crime in the community;
- use the local media to promote community-awareness programs for older people and to let them know what services are available in their local community;
- promote a more positive picture of ageing in the general community by portraying older people as a resource, not a burden; and
- engender a feeling of order in the community by addressing such problems as litter and graffiti. A perception of incivilities increases older people's fear of crime.

All of the above points would be ideally achieved at the community level under the auspices of the Local Government. Local councils could, in fact, act as the umbrella organisation in integrating the expertise of relevant service providers, educational institutions, the police, and older peoples' organisations. This would accommodate the individual needs of different groups such as women, culturally and linguistically diverse groups, Aboriginal communities, as well as the frail and disabled aged. Indeed, it is critical that programs must be developed with a substantial understanding of the local community in which they are being conducted. If this is not done, such programs run the risk of instilling a false sense of security in an environment where the risks may be all too real. At their best, however, such programs can be of benefit, particularly if they are developed in consultation with the older people. If older people are directly involved in the planning



and organisation of such programs, and if the programs are set in the context of the community itself, they have the ability to empower, inform, reduce isolation, and build social cohesion.

### ***Community Building Strategies***

If social interaction builds interpersonal commitments which generate feelings of security, less cohesive communities may benefit from increased levels of interaction among residents. To the extent that neighbourhoods are able to organise, they can more effectively take action against such things as abandoned buildings or noisy neighbours which realistically lie outside the confines of the criminal justice agencies. It is also important to encourage interaction between all members of the community, particularly intergenerational communication.

These types of intervention address the issue of perception. They seek to inform older people of their low risk and help dispel myths created by the media and other sources which make older people think that they are at considerable risk. At their worst, these programs can be patronising and dismissive of older people's experience—concentrating on informing people that they are irrational to worry about their personal safety and that their fears are groundless. Moreover, unless such programs are conducted with a substantial understanding of the local community in which they are being conducted, they run the risk of instilling a false sense of security in an environment where the risks may be all too real. At their best, however, such programs can be of benefit—if they are developed in close consultation with older people. If older people are directly involved in the planning and organisation of such programs, and the programs are set in the context of the community itself, they have the power to empower, inform, reduce isolation, and build social cohesion.

### ***Physical Rebuilding Strategies***

Crime Prevention Through Environmental Design (CPTED) is explicitly directed toward the alleviation of feelings of insecurity which older people may feel. A safety audit to focus on environmental design strategies could include the following:

- a security assessment of underpasses, subways, access to communal properties, multi-storey car parks, poorly lit areas, and all other environmental trouble spots;

- develop sensitivity to older public housing tenants—special needs and anxieties of older people should be taken into account;
- consider carefully possible sites for facilities for older people; and
- a clean, tidy orderly area is important for reducing levels of fear in individual communities.

## Conclusion

Fear of crime has the potential to be a social problem of large proportions. If people believe they are in danger, they will change their lifestyles accordingly (Gilbert and Zdenkowski 1997). It is essential that social workers and law enforcement officers understand the continuum of fear that may confront older people. As with other factors which involve older people, the diversity of groups within the older population has to be taken into account, high levels of fear amongst all older people cannot simply be assumed. For instance, for many older women, fear of crime is a feature not of old age, but of being female. Other factors which may cause concern for older people include social isolation, low educational levels, previous criminal victimisation, and low income levels (Gilbert and Zdenkowski 1997; Kelly et al. 1992). In turn, policy and practice should reflect this.

However, older people's views of crime cannot be separated from the broader experiences of ageing and of being an older person at this particular point in time. Anxiety about crime is not a straightforward reflection of perceived risk. Indeed, older people are no more likely than other sections of the population to think that they are likely to become victims. Rather, the fear of crime becomes a focus for broader anxieties deriving from increased physical frailty, economic vulnerability, and social isolation. While such factors may always have been associated with ageing, their impact may be accentuated for many older people by a profound sense of cultural disorientation brought about by the especially rapid social change in the last 50 years (Anderson 1998).

Like crime itself, fear of crime should not simply be seen as a problem to be dealt with by policing or crime prevention. While there is value in promoting awareness and use of crime prevention measures among older people and in educating the public in general about risks of crime, the limitations of these approaches must also be recognised. A holistic approach is needed, this approach recognises the more general anxieties associated

with ageing and seeks to reintegrate older people back into the communities in which they live. The contribution that older people can make to the community should be recognised and valued (Anderson 1998; James 1993).

In particular, there is a need to find ways of bridging the gap between the oldest and younger sections of the population, particularly adolescents. In the absence of contact between these groups, older people's anxieties about using the same public space can multiply. More intergenerational work should be undertaken to help break down the barriers between younger and older people (Anderson 1998).

# Preventing Crime Against Older People

This chapter describes and analyses various strategies and programs operating around Australia which address predatory crime as well as fear of crime. In doing so, it also compares Australian responses with international examples in order to support, inform, and improve programs in Australia. This chapter is based on information provided to the Australian Institute of Criminology from organisations around the country. These organisations consisted of police, government agencies (Commonwealth, State or Territory, and Local), and community agencies. The programs referred to here are by no means an exhaustive account of all those which are operating in Australia at the present time, rather they are some examples of practice. Details of some international crime prevention programs are also outlined at the end of this chapter.

Crime prevention programs which relate to older people generally fall into two categories, they are situational crime prevention and community crime prevention.

## Situational Crime Prevention

Situational crime prevention refers to interventions designed to prevent the occurrence of crimes, especially by reducing opportunities and increasing risks for offenders. It involves strategic efforts to reduce risk, such as locking doors and installing alarms (Tonry and Farrington 1995). CPTED is also included under the umbrella of situational crime prevention. This aims to prevent opportunities for crime, including theft, vandalism, and threats to personal safety. It involves input into the design of individual houses and their relationship to one another, and to the surrounding neighbourhood. It also focuses on improving street lighting, controlling access to buildings, and restricting pedestrian and traffic flow. Examples of situational crime prevention programs in place in various parts of Australia are as follows.

In **New South Wales**, one initiative of the police service has been to distribute personal safety alarms to older people in a limited number of areas, on request. These alarms are intended to reduce fear of crime as well as to prevent immediate physical threat.

In **New South Wales**, the police service has also undertaken to develop a Safe Return Register. This consists of a database of people at risk of “wandering” from home, perhaps because of dementia. Friends, relatives, and institutions supply names, photographs, and other information about at-risk people to police who maintain the database at local area level. Those on the database are often fitted with a discreet Meditrack signalling device, which allows them to be readily located by police should they go missing.

This scheme also operates in **South Australia**. Here the Safe Return Program has been developed in partnership with the Alzheimers Association to provide the safe return of people who suffer from dementia.

In **South Australia**, the HomeAssist Scheme is funded through the HACC Program, Department of Human Services, but is administered by local councils and involves the South Australia Police. It provides security advice and assistance with the installation of security hardware for older home owners. The HomeAssist scheme is designed to assist people who are frail/aged, disabled, carers of aged people, or people who are financially disadvantaged. Home security and safety was introduced to the program in 1989 and information regarding home security and personal safety information is provided to this target group through the following media:

- telephone advice;
- presentations to service clubs and groups that interact with older people;
- personal, in home security audits which are followed up by referrals to local-based (generally Local Government based) community service teams to perform the modifications at discounted costs;
- training to locally-based members of service teams to perform similar roles; and
- direct referrals of clients to the locally-based community service teams.

A similar program also operates in the **Australian Capital Territory**. This program is called the Community Liaison and Safety Project (CLASP). CLASP is a safety and security service managed by the Council of the Ageing and involves the Australian Federal Police, the Australian Capital

Territory Fire Brigade, and the Australian Capital Territory Ambulance Service. Representatives from the Australian Capital Territory Department of Justice and Community Safety, Australian Capital Territory Department of Health, Australian Capital Territory Housing and the Migrant Resource Centre are also involved. CLASP assesses the levels of safety around homes where members of the older community live. This assessment then ensures older members of the community are aware of safety and security solutions and how to gain access to these solutions. Included in the safety check are paths, flooring, electrical cords, kitchen appliances, bathrooms, fire safety (smoke alarms, escape plans, furniture placement), medical safety (storage and use of medication), and security of doors and windows.

In **Queensland**, there is also a Home Assist/Secure Program. In a similar manner as the South Australian program, this has been implemented statewide and is coordinated by the Department of Public Works and Housing. The program is directed towards basic safety maintenance and the provision of security surveys, advice, and limited financial subsidies to members of the program's target group. To be eligible for assistance persons must be 60 years of age or older, or be a person with a disability, and living in their own homes or in private rental accommodation. The Queensland Police Service's Crime Prevention Unit screens prospective field staff employed by the program and provides intensive crime prevention training as well as ongoing information and support.

In **Tasmania**, the Creating a Safer Community Program offered by Tasmania Police's Community Relations section includes information on the following:

- safety and security;
- making your home more secure;
- security audits;
- telephone calls;
- visitors;
- how to reduce being taken advantage of; and
- safety in public transport areas.

In **Tasmania**, Project Samaritan has also been implemented. This is an initiative of the Crime Prevention and Community Safety Council, in partnership with Tasmania Police and Neighbourhood Watch. The project aims to reduce repeat burglaries of residential premises by supporting

victims with crime prevention advice and assistance. Attending police officers provide professionally produced information and advice to victims with the support of trained Neighbourhood Watch volunteers, who provide a follow up service.

In the **Northern Territory**, the Neighbourhood Watch Program specifically targets older residents in a strategy which advises older people about security issues. An information brochure has been produced. Representatives from Neighbourhood Watch regularly attend senior citizen's groups and speak on a variety of issues. These include:

- noise legislation;
- electronic banking;
- security precautions at Automatic Teller Machines (ATMs) and Electronic Funds Transfer Point at Point Of Sale (EFTPOS) outlets;
- procedures for carrying handbags and wallets;
- sensible approaches to arriving and departing public transport;
- breathalyser legislation; and
- emergency telephone procedures "000".

In **Western Australia**, the Office of Seniors Interest has funded two trial programs to teach seniors to use new technologies, some of which have a security aspect, such as banking and EFTPOS.

Also in **Western Australia**, Project Deadlock, which is a joint initiative between Lockwood Australia and the Western Australia Police Crime Prevention Bureau, provides security advice to senior residents who fall within the criteria of eligibility. The locks are supplied and installed free of charge. Another initiative of the Western Australia Police, which is carried out in conjunction with Telstra, is aimed at providing seniors with the opportunity to have their dial type telephone replaced with press button types. The police also assist seniors eligible for this program into accessing an emergency number through the speed dialling facility.

Project Deadlock has been introduced in **Victoria**. The aim of this project is to significantly contribute towards improving the sense of security and well being of older Victorians who have been recent victims of crime. This is

achieved by the provision and installation of *Lockwood 001* deadlocks at no cost to recipients. They must meet the following criteria.

- Recipients must be in the 60 plus age group.
- They must have suffered a crime that involved injury to a person or an intrusion into their home.
- They must have suffered a trauma and/or an apparent increased fear of crime as a result of being a victim of crime.
- Their home requires, and is suitable for the fitting of, upgraded locks to the front and rear doors.
- The recipient is able to understand the lock operation and physically able to operate it.
- It would appear that the provision of this service from the recipient's own resources would be difficult/onerous (for example, pensioner).
- In the opinion of the investigating detective, the provision of this service will make a significant contribution to the well being and sense of security of the recipient.

In **Victoria**, the Community Policing Squad (CPS) introduced "The Police/Elder Care Program" in 1994. The program is specifically aimed at making senior citizens in the community feel safer. Once an application is completed and returned to the CPS, the applicant's details are entered into a computer database. Police visit the person(s) and give advice on security measures and arrange a security appraisal of the premises. Through the assistance of local service clubs, such items as smoke detectors and peepholes are also fitted, as well as trimming of any shrubs or trees that pose a security risk. For instance, the City of Greater Dandenong in conjunction with Dandenong Neighbourhood Watch encourages isolated senior citizens in the community to have regular contact with local police and other members of the community. The program is called Secure Seniors (an "elder care" program). In this program, older people are visited or telephoned and assisted with crime prevention matters. Eligible persons must live in their own home and have no immediate family with whom they have contact.



## Community Crime Prevention

Community crime prevention focuses on community mobilisation as a means of crime prevention. The strategies include organising residents to take preventive action and to increase surveillance and guardianship. It therefore refers to interventions designed to change the social conditions that influence offending in residential communities (Tonry and Farrington 1995). Examples of community crime prevention in various areas of Australia are as follows.

In **New South Wales**, the police have called upon the services of volunteers in local areas to deal with any issues relating to crime which may be of concern to the older population. The volunteers are older people and the age demographics of the volunteers makes them particularly suited to handling the inquiries of older people and dealing with their issues. The contribution of the volunteers is acknowledged through the presentation of certificates, by the police, upon completion of a certain number of volunteer hours.

In **South Australia**, the Crime Prevention Unit of the Attorney-General's Department provides funding to support local crime prevention committees in most metropolitan and some country local government areas. Membership of these committees includes representation from the police, local council, Neighbourhood Watch, and other community organisations. Each committee develops a strategic approach to local crime issues and this has included victim support. In areas not funded, the Crime Prevention Unit is developing a crime prevention program with local government and other interested partners.

Also in **South Australia**, the Police actively encourage all residents to become involved in Neighbourhood Watch. Neighbourhood Watch Programs are community-based crime prevention programs aimed at reducing the incidence of preventable crime, as well as providing a safer community. Participants in this program include older people who receive advice regarding residential security and reducing community crime. Some Neighbourhood Watch areas base their meetings within local aged care facilities in order to encourage and support older people. The Neighbourhood Watch Program links in with a range of other Watch Programs such as School Watch, Business Watch, Taxi Watch, and the Trans Adelaide Bus Scheme.

In **Queensland**, the Neighbourhood Watch Program has been in operation since 1988. A 1996 evaluation indicated that the majority of the active participants in the program were older members of the community. In **Victoria**, the Neighbourhood Watch Program is active in 50 per cent of the population. Many of the participants of Neighbourhood Watch in Victoria are also aged 50 years and over and specific meetings and seminars are held to address issues concerning older people.

In **Victoria**, Confident Living for Older Victorians aims to enhance the safety, security, independence, and quality of life for older citizens. The program seeks to identify and address those concerns that prohibit participants from feeling safe and secure. Trained presenters deliver lectures and provide booklets covering the following topics.

### *Taking Care of Yourself*

- Staying Fit.
- Food and Nutrition.
- Smoking.
- Alcohol.
- Medication.
- Ambulance.
- Injury at Home: The Biggest Risk.
- State Emergency Service.
- Companionship and Social Support.
- Assistance at Home.

### *Living Confidently in Your Home*

- Avoiding Accidents and Personal Injury.
- Fire Safety.
- How to Improve the Security of Your Home.
- Security Devices.
- Personal Safety.

### *Safe Travelling*

- Walking.
- Driving.
- When Is It Time to Stop Driving.
- Safe Travelling on Public Transport.

### *Taking Advantage of Your Community*

- The Seniors Card.
- Assistance with Meeting Your Household Costs.
- Educational Opportunities.
- Home Modification and Renovation Services.

### *Where to Go for Help When You Need it*

- Police Assistance.
- Advice and Training to Improve Your Safety.
- Victims of Crimes Assistance Tribunal.
- Victim Support Services.
- Legal Assistance and Personal Advocacy.
- Resolving Disputes with Family and Neighbours.

Safer Living is a similar program to the Confident Living for Older Victorians Program. However, this program generally is geared towards women.

Police Community Consultative Committees (PCCCs) have been introduced into **Victoria**. These are dedicated to developing crime prevention and community safety strategies that aim to:

- improve quality of life;
- reduce the actual level of crime;
- reduce the fear of crime;
- reduce the effects of crime; and
- improve relationships between the community and the police.

This, in part, is achieved by delivering programs aimed at older people through initiatives such as Confident Living for Older Victorians and Safer Living.

Each PCCC is autonomous in the way it addresses crime prevention and community safety issues at local community level. The strategies can be aimed at one particular group or a community as a whole. Currently, numerous PCCCs are focusing their energies on initiatives aimed at the older person.

In **Tasmania**, a program called Common Ground has been implemented. This is a joint initiative of the Crime Prevention and Community Safety Council and the Youth Network Of Tasmania (YNOT). The aim of this project is to identify and address people's fears and concerns associated with the project sites—2 bus malls, an open air shopping mall, and 2 public parks in Southern Tasmania. The project is part of a 2-stage National Fear of Crime Project funded by the Commonwealth Government's National Crime Prevention. Common Ground places significant emphasis on the importance of consulting with the community, both to establish the foci of the fear held by community members and to develop, implement, and evaluate strategies to address those fears. The project will involve the development of strategic partnerships between the government (State and Local) and the community to come up with strategies to reduce people's fear of crime associated with the project sites.

While the project is intended to target the whole community, some specific groups have also been identified such as "older persons". Older persons will be consulted throughout the project to:

- establish their level of fear when using the project sites;
- establish who and or what it is they are fearful of;
- identify factors influencing their fear of crime;
- identify avoidance or adaptive strategies used to deal with their fear; and
- identify possible strategies to make them feel less fearful when using or thinking of using project sites.

In **Western Australia**, several community initiatives have been implemented by the Office of Seniors Interests.

- The "Safer WA" Strategy which was launched by the State Government in 1998 in response to public concern about crime. The strategy is

overseen by the Cabinet Standing Committee on Law and Order and the Minister for Seniors is on the Standing Committee.

- A Safer Seniors Working Group, consisting of representatives of government agencies such as Office of Seniors Interest, Western Australia Police, and prominent seniors' organisations. This working group reports to the Safer WA Council.
- The Western Australia Police Service has established the Seniors/Police Consultative Committee on crime against seniors. Committee members include representatives of government agencies such as this Office and prominent seniors' organisations.
- The Western Australia Police Service Crime Prevention Offices in the metropolitan area and Mandurah are developing registers of seniors in their area who are concerned about crime.
- Ministry of Justice Pilot Program for School Curriculum. The Office of Seniors Interests was involved in preliminary meetings for a pilot program to raise awareness among junior high school students of the impact of crime on older people. This program is currently being evaluated.
- Fremantle Community Policing Senior Support Committee. The Office of Seniors Interest is represented on the Steering Committee of the Fremantle Community Policing Senior Support Committee, which recruits senior volunteers to provide crime prevention advice and reassurance to seniors concerned about crime.
- Protective Behaviours Western Australia (Inc). Protective Behaviours is a community group supported by the Western Australia Police Service. In 1999, a grant awarded by the Office of Seniors Interest to conduct a series of "Safer Seniors" workshops during the international year of older people.

In **Queensland**, the Office of Ageing has produced an information kit on crime and safety and trained community organisations to use the kit to dispel myths and fears about the extent of crime perpetrated against older people. Two initiatives are funded under this program.

- Older People's Action Projects.
- Safe and Confident Living.

The aim of the Older People's Action Projects is to increase opportunities for independence and community participation for Queensland seniors who are socially isolated or at risk of becoming socially isolated. Nine local projects located throughout Queensland are funded under this program to:

- assess and implement opportunities for enhancing the community involvement and independence of older people;
- provide flexible and creative programs to meet the identified needs of well older people; and
- establish networks and self-help initiatives which support older people and strengthen their communities.

The Safe and Confident Living initiative aims to increase confidence among older people by providing accurate information on crime, informing older people, particularly single women, about services and supports that are available in the community, and developing methods of linking older people to these services. Safety Link Advisers address concerns in their local area and link people, particularly older women, to appropriate supports and services.

The Office of Youth Affairs and the Youth Justice Program are other program areas within the Department of Families, Youth and Community Care, which undertake crime prevention programs. While these programs are primarily directed at young people, they impact on the amount of crime perpetrated against older people.

## **International**

### *European Union*

After reviewing a multitude of local crime prevention programs offered throughout the European Union, the European Forum for Urban Security (1996) identified the following key supports for effective policy and practice in promoting safer neighbourhoods.

- A central coalition to define problems and available resources to address problems, draw up action programs and delegate responsibilities, and re-adjust local policy and programs as required.
- A technical coordinator to supervise and maintain the coalition's focus on strategic objectives, implement targeted programs, arrange evaluations, and ensure local citizen and official participation.

- Local security surveys to detail crime rates, levels of fear, and hidden victimisation in problem neighbourhoods, as well as the views of groups who can contribute to reducing insecurity.

Programs which have followed the above principles have made two achievements.

- Over a 93 per cent decrease in residential burglaries among low-income older people provided with stronger locks and precautionary measures under the Security and Advice For the Elderly (SAFE) Project, Nottinghamshire, England.
- High-rise social housing residents felt more secure after a night watchmen/youth mediation program reduced the amount of young people gathering in building foyers and stairwells (European Forum for Urban Security 1996).

### *United States*

In the United States, police trained in working with older people work liaise with senior citizen communities. By developing a rapport with older people, officers assigned to this position can pinpoint specific problems which impact on that segment of the population and then recommend ways to minimise the risk of victimisation. The officers can also alert older people to ongoing scams being committed against them. Finally, the trained police officers can involve older people in volunteer programs. This has a two-fold purpose. It allows older people to feel that they have an impact on the crimes being committed against their peer group and it allows the law enforcement community to benefit from the valuable services this group can offer. In order to fulfil their responsibilities effectively, law enforcement officer need to understand the process of ageing as well as the many types of crime and abuse older persons experience. They must also know how to communicate with senior citizens. Specific knowledge in these areas allows law enforcement specialists to guide department policy and to train law enforcement generalists on how to improve their delivery of law enforcement services to older persons. They can also alert older people to types of fraudulent behaviour which may be used against them such as telemarketing and mail fraud schemes, as well as their unwitting exploitation in furtherance of medicare/medicaid fraud committed by doctors and nursing homes and (Rykert 1994).

### *United Kingdom*

Local Government initiatives have been introduced in the United Kingdom to reduce crime through street lighting initiatives in Fulham, Hammersmith, and Tower Hamlets. The household survey of older people showed an immediate and marked reduction in disorder and incivilities in the relit area. A total of 35 incidents were reduced to 3 in 6 weeks, a reduction that was sustained over a 12-month period. Prior to lighting improvements, the majority of older residents were afraid to walk approximately 30 metres from their door to the on-site community centre. Fearful of crime and disorder, they felt vulnerable and powerless.

Lighting improvements greatly reduced older people's concerns and fears about crime. The evaluation of the project showed that fears of being burgled, robbed, or assaulted in the street showed significant reductions. One in 3 older people said that they were more willing to go out after dark and almost half thought it had increased their confidence to go out at night. Lighting also affected perceptions of crime problems over the 12-month period (Painter 1994).

### *Preventing Residential Burglary Among Single Elderly People (Nottinghamshire, England and Wales)*

Research in the United Kingdom has shown that a burgled house is 4 times as likely to be burgled again and that 50 per cent of repeats occur within 7 days of the first burglary. Single and low-income older persons are particularly vulnerable to burglary incidents and they often lack the resources to prevent initial or repeat victimisations (European Forum for Urban Security 1996).

In 1993, the SAFE project was created in Nottinghamshire to provide low-income older burglary victims with the opportunity to have the physical protection of their homes reinforced free of charge. Devised by the Community Affairs Department of the local police, this project aims to prevent the traumatic experience of a second burglary incident by providing:

- a project coordinator employed by the police to meet the victims immediately after a burglary and offer them assistance under the program; and
- if the victims accept, a police carpenter performs a security audit on the victimised dwelling, repairs the damage done by the intruders, installs reinforced protection (for example, stronger locks), and gives victims advice on precautionary measures to take to avoid being burgled.



The impact of this was that there was over a 93 per cent decrease in repeat residential burglaries among the 1,000 homes provided with upgraded security and protection between 1993 and 1994. Also, 21 homes protected under the program withstood an attempted repeat burglary (European Forum for Urban Security 1996).

### *France*

In France, the national Bonnemaïson Scheme, primarily administered through local government, has emphasised broad ranging social policy strategies concerning the recreation, education, and employment needs of young people in its approach to crime prevention. The French program combines national and local funding and has the commitment of politicians and bureaucrats at all levels. However, even though it is appreciated that if crime prevention is to succeed, it must have the full backing of the local community. There has been no attempt to impose crime prevention committees on unwilling local councils. The initiative to participate is left entirely to the individual areas (King 1989).

The importance of improving the physical and social environments of major cities, particularly in depressed neighbourhoods is stressed in the French approach to crime prevention. The necessity to encourage social harmony in the cities, encourage communal life, and offer support for victims is acknowledged, as is the need to reduce tensions between races and generations by promoting cultural pluralism and encouraging people to participate in the life and decision-making of their community (King 1989).

In Lille, for instance, it was found that the construction of the new Metro a few years ago attracted groups of young people who would often hang around there all day and sometimes the night near the Metro entrance. The concern evoked among the Metro administrators and security officials was not related to any serious crime problem. They did not steal or attack travellers. It was more the discomfort they caused by their often outlandish punk or hippy appearance, together with the threat they presented to middle-class values. People were frightened of them, particularly older people. A theatre project was devised to entice the young people away from the Metro with the idea of directing their energies into constructive channels. This proved to be the most successful way of integrating the young people into youth training schemes and ultimately back into the community (King 1989).

## *Canada*

Achieving a safer city through cooperative action in Edmonton, Canada. The challenge here was to reduce citizen insecurity, particularly among women and older people. This was achieved by implementing a general crime prevention program.

In 1990, the City Council of Edmonton (estimate of population: 840,000) created the Mayor's Task Force on Safer Cities which consisted of 15 people chosen for their expertise or interest in crime prevention and/or social development. The Task Force identified priority areas and specific actions to prevent crime and decrease citizen insecurity through the following strategies.

- Crime Prevention Through Social Development: establishing programs to address various social problems which generate anti-social or criminal behaviour (for example, improving education and nutrition for children from low-income families and tackling poverty, substance abuse, alcohol problems, and family violence).
- Crime Prevention Through Urban Design: altering the physical design of buildings and areas to reduce the opportunities for crime by increasing the effort and the risks of offending, and reducing the rewards of offending (for example, street lighting and enforcement patrols of public transportation stations).

An evaluation showed a 41 per cent drop in the total number of criminal offences, this was the largest reduction of any major Canadian city, and a 31 per cent decrease in violent crime, between 1991 and 1995 (Mayor's Task Force on Safer Cities 1996).

## **Conclusion**

As the ageing trend becomes more obvious in Australia, increasingly more attention will need to be paid to the special crime and safety issues arising from the ageing process. As a result, it will be necessary to take into account the unique characteristics of the older populations and their particular types of victimisation and social experiences.

While this chapter has provided a division between situational crime prevention and community crime prevention, this is an artificial divide. In the case of older people, there needs to be a great deal of overlap between

the two approaches. Preventing crime and reducing fear for Australia's older population is not just about law enforcement and it is not just about community involvement—it is of concern to both. The skills and resources of a wide range of organisations and people, therefore, need to be involved. These would include all levels of government, the police, private sector organisations, the media, and older people's organisations, as well as older people themselves.

Emphasis should be placed on putting inter-sectoral crime prevention strategies into place at government level. For an inter-sectoral approach to succeed, there needs to be a strong commitment to, and a general flexibility in, the provision of services provided. These should reflect the diversity of requirements and situations among older people. Cooperation between Commonwealth, State, and Local Governments is an essential part of the process so that the programs available are integrated and appropriate, notwithstanding divided responsibilities between levels of government and departments within them. This would also ensure a uniform level of support and service delivery to all older Australians. Evaluation of existing programs is also essential so that best practice in all States and Territories is based on evidence-based research.

## **PART B**

# Abuse in Private Homes: Risk Factors, Prevalence and Theoretical Issues

The abuse of older people can occur in both private homes and residential care facilities. Although sharing some common features, each setting presents different problems, issues, and policy responses. This chapter will discuss the abuse of older Australians in private homes, while the next chapter will discuss abuse in residential settings.

## Background

Most older people in Australia live independently. In 1998, 91 per cent of people 65 years and over lived in private dwellings, either with their spouses, on their own, or with other relatives or friends. In contrast to this, only 6 per cent of older people lived in nursing homes, hostels, and retirement villages with a supported living facility on site, and a further 3 per cent in non-private dwellings such as hospitals. Government policy over the past decade has favoured the expansion of support for older people at home, rather than in residential settings. As a result, more and more older people (approximately 70%) with “moderate” or “profound or severe” disabilities (as defined by the ABS) now live in the community rather than in residential care (ABS 1999a). The proportion of older people living in the community decreases with age, but not significantly, with almost 84 per cent of men and nearly 75 per cent of women who are 80 years and over still living in the community (ABS 1999a).

In 1993, 267,500 carers were providing primary assistance to people aged 65 and over (AIHW 1997). The informal network—family, friends, and neighbours—is overwhelmingly the principal source of assistance to older people living in the community. Whilst whereas the formal care network, organised mainly through the HACC Program, plays a significantly smaller and usually supplementary role. Only a small proportion of older people rely exclusively on formal care. Even amongst those with a severe or profound handicap, over 90 per cent receive assistance from the informal care network (AIHW 1997). It is important to realise that not only are older

people the recipients of care, but a significant number of older people (at least 42% of people over 60), often with disabilities, also have responsibility for the care of an older person (ABS 1999a).

Although reliance upon the informal care network can be indicative of strong family and community bonds, that network can vary in quality and strength. The stressful nature of the caring role, complex family dynamics, and a loose and largely unregulated system of support provide an environment in which abusive situations can arise. These factors also mean that abuse is not always an uncomplicated or uni-directional interaction of “carers” who abuse dependent people. In some situations, especially where there is a history of family violence, child abuse, or where dementia and other psychological disorders are present, the dependent older person can also be “abusive” towards their carer.

## What is Elder Abuse?

Broadly defined, elder abuse (a term in use for only the last 15–20 years) is generally used to cover any behaviour or pattern of behaviour by a person or persons which results in harm to an older person (McCallum et al. 1990; Office of the Commissioner for the Ageing, South Australia 1992; Office of Ageing, Queensland 1994). Little consensus exists about the range of harms which this broad definition should include. Definitional categories are often diverse, including combinations of physical abuse, psychological abuse, medical abuse, economic abuse, violations of rights, sexual abuse, neglect, and self-neglect. These categories are often further modified by distinctions between intentional and unintentional acts, passive or active abuse (acts and omissions), those which focus on the trust and obligation of care, the relationship between the abused and the perpetrator, or those which focus on the harm caused regardless of the intention of the abuser.

In the main, Australian studies, working papers, and policy documents have adopted a relatively straightforward multi-dimensional typology of abuse which includes categories such as physical abuse, emotional or psychological abuse, as well as neglect and economic abuse (Barron et al. 1990; Kurrle et al. 1991; Department of Human Services and Health 1994). Some include an extra category of sexual abuse (New South Wales Task Force on Abuse of Older People 1992; New South Wales Advisory Committee on Abuse of Older People in Their Homes 1997). Unlike American analyses, Australian definitions tend to exclude categories of self-neglect (Dunn 1995). Instead, all

Australian States and Territories can employ Guardianship legislation to protect an older person who is incapable of making decisions (New South Wales Task Force on Abuse of Older People 1992).

McCallum (1993) has argued that these definitions can be broadly distinguished by those who lump together the broad range of harms to which older people are subject of abuse and those who split these harms into separate units for analysis. There are benefits and limitations to each approach and each has corresponding implications for policy responses.

“Splitters” argue that an overarching term creates methodological problems. They argue that it:

- inhibits rigorous analysis of the diverse and often unrelated types of problems to which older people are exposed;
- contributes to the inadequacy inconsistency and non-comparability of prevalence and incidence data; and
- leads to fragmented understanding, thus potentially downplaying or overblowing the extent of the issue.

In addition, it is argued that labelling harmful acts as “abuse” detracts from the criminality of the behaviour and degrades the experience of victims. The key labelling issue is whether criminal acts such as assault, rape, or theft are redefined as physical abuse, sexual abuse, and financial abuse, and thus removed from the criminal justice system. The widely known dilemma is whether a criminal act should be understood as private behaviour within a relationship.

On the other hand, “lumpers” argue that “elder abuse” is a useful term and should be treated as a single category (Department of Health and Human Services 1994; McCallum 1993) because:

- qualitative distinctions between these and other harmful or criminal acts are spurious;
- where dependency is a major factor, the term “abuse” denotes a breach of the duty of care, whether formally or informally bestowed, and a violation of trust (Hugman 1995);
- the term abuse covers a range of harmful and undesirable behaviours which can severely impact upon the quality of life of older people but which might not come under the strict rubric of the criminal law. These may be more usefully dealt with via a combined response from health professionals, community services, and the legal system;

- older people in abusive situations often experience multiple and overlapping types of abuses; and
- the term “elder abuse” can be a useful “flag” to easily identify and denote, for reasons of public awareness, a set of behaviours with particularly serious consequences for older people.

## Extent of the Problem

It is difficult to know the full extent of elder abuse. This is partly because of methodological inconsistencies and the incomparability of research findings, but other complex factors also contribute. As with similar social problems in the domestic or private arena, there are likely to be high levels of under-reporting. Very often, older people themselves may not regard the behaviour as a crime or that it is serious enough to warrant public intervention. In addition, many feel shame, have a fear of retaliation, and are fearful of institutionalisation as an alternative to their current care arrangements.

Some, especially those with extreme physical or mental impairments as well as those who are socially isolated, may have no opportunity to report abuse or have no one whom they can tell. This is compounded by a lack of systematic structures within the health and criminal justice systems for reporting and detecting possible cases and a lack of knowledge on the part of professionals about those systems which do exist. The community in general also tends to resist issues which challenge cherished beliefs about the home and family as a source of nurture and support rather than, in some cases, a setting for abuse and violence.

The first Australian studies (Barron et al. 1990; McCallum et al. 1990) sought to establish the existence of elder abuse in the Australian community and to explore the “range” of the problem, but made no claims to making reliable statistical estimates of the extent of abuse. In 1992, Kurrle, Cameron, and Sadler made the first and, to this day, the only systematic attempt to establish prevalence rate for Australia. This study estimates that approximately 4.6 per cent of older people are abused in some form (Kurrle et al. 1992). This rate broadly corresponds to similar overseas studies (Pillemer and Finkelhor 1988) which, depending upon definitional and methodological approaches, vary between approximately 3 per cent to 6 or 7 per cent (Kurrle et al. 1991). Another study (Barrett 1998) sought baseline data on elder abuse as recorded by a range of agencies in



New South Wales and Western Australia. It was found that almost half of the agencies in New South Wales surveyed, and just over a quarter of the agencies surveyed in Western Australia, had seen cases of elder abuse.

Estimates are notoriously difficult in that the incidents are gathered, not through a survey, but through reports to agencies which provide advocacy or support services. It could, therefore, be argued that the estimates are skewed as they rely only on activities of agencies for which abuse is a focus. The Australian Institute of Criminology will collect research which studies the phenomenon of abuse of older people to build a better understanding, even if realistic estimates may not always be available.

A recent American study (United States Department of Health and Human Services 1998) of domestic elder abuse reported some interesting finds.

- Female elders were abused at a higher rate than males, after accounting for their larger proportion in their ageing population.
- The oldest elders (80 and over) were abused and neglected 2 to 3 times more than the rest of the older population.
- In 85 per cent of the elder abuse and neglect incidents with a known perpetrator, the perpetrator was a family member, and two-thirds of the perpetrators were adult children or spouses (47.3% were adult children and 19.3% were spouses of the victims). Other relatives comprised 8.8 per cent of abusers while grandchildren accounted for 8.6 per cent.
- Of the total number of people who had been abused and neglected, only 16 per cent were officially reported, but the remaining 84 per cent were not. From these figures, it can be concluded that over 5 times as many incidents of abuse and neglect were unreported than those reported.

A recent Australian study reached similar conclusions. This was not a survey, it is based on 100 phone calls by people alleging abuse to the Aged Rights Advocacy Service in Adelaide. These 100 cases represented approximately 20 per cent of their total caseload over 2 years (Cripps 1999).

- Of the victims, 76 per cent were women and 24 per cent were men. Psychological and financial abuse were most commonly reported, followed by physical abuse, social abuse, and neglect. This pattern applied equally to women and men.

- Fifty-four of the older people lived with the abuser, 39 did not. Five of the older people lived in a nursing home. Abuse came primarily from a son (29% of instances) or a daughter (23% of instances). Abuse by multiple family members was also common (11% of instances). Abuse from a spouse or a partner was less than in the American survey, occurring in 7 per cent of instances. Only 7 per cent of abuse came from a non-family member and the remainder comprised various other relations, for example a niece.
- It was predominantly the “old” older people, those aged 75 years or over who were being abused.
- Financial abuse was reported less often where the older person lived with the abuser, whereas psychological, social, and physical abuse was more common where the older person lived with the abuser.

With roughly 1 in 25 older people likely to suffer from abuse, it is imperative to ensure adequate training for social workers and for police. Both are in the first line of defence for victims of abuse and neglect.

While identifying risk does not always ensure a preventive and proactive response, the South Australian Aged Rights Advocacy Service has identified risk factors for both the older person and the abuser (Cripps 1999).

For the *abused* the risk factors were:

- isolation of the older person;
- ongoing family conflict;
- dependency—physical and/or emotional and/or financial; and
- lack of services.

For the *abuser* the risk factors were:

- ongoing family conflict;
- emotional problems;
- low income;
- substance/alcohol abuse; and
- care giving stress.

## Why Does Elder Abuse Occur?

Most of the research on risk factors has concentrated upon identifying individual pathologies either on the part of the victim/the perpetrator or pathologies of the family environment. Studies have shown the important influence of dependency of the abused upon the abuser. In some cases, this is due to some form of cognitive or physical impairment of the abused (Kurrle et al. 1992; Sadler 1994). Carer stress, the most common early explanation for the existence of elder abuse, appears to be a less influential factor than first thought. Rather, where carer stress is a contributing factor, it is usually associated with dependency or other mediating influences. Predisposing individual factors in the abuser, such as dementia, substance abuse, or psychiatric illness, have also been identified (Kurrle et al. 1992; Sadler 1994; Sadler and Weeks 1996).

Elder abuse is also very often the result of long-term family conflict between a parent and a child or spouses. The relationship between domestic violence and elder abuse is increasingly understood to be important. Although under-researched, in the few studies which examine the phenomenon as a specific category, domestic violence accounts for a significant percentage of cases identified as “elder abuse”. In many of these cases, the abuse is, in reality, the continuance of long-term domestic violence into old age. With the onset of disability and the intervention of community services, behaviour which has long been carefully concealed is exposed and labelled as “elder abuse” (Mears 1997). However, once again, the relationship is not straightforward. In some cases, the situation is reversed—the long-term perpetrator becomes dependent upon his victim and the domestic violence victim now becomes the abuser under changed power relations.

As well as domestic violence, a history of other forms of family violence, such as child abuse, play an important role. An abusive “carer” may also be the victim of domestic violence or the adult survivor of child abuse who is now in a position of power over their past perpetrator. These issues remind us that whilst families are often helpful and appropriate providers of care, this is not always so.

A full understanding of elder abuse must also move beyond individual risk factors and concentrate upon the problem as a function of broader social structural issues such as poverty, isolation, ethnicity, and gender. However, research to date has not been successful in identifying theoretical frameworks which are useful in understanding the issue as a social phenomenon.

## Responses to Elder Abuse

Prevention and alleviation of elder abuse can be tackled through formal and informal mechanisms (Kinnear and Graycar 1999).

### *Informal*

As with other social problems, the ideal prevention strategy is to effect long-term change of community attitudes which directly or indirectly sanction such behaviour. Raising community awareness and creating a widespread intolerance to the behaviour can be encouraged through a “social capital” approach—fostering social bonds, social trust, and mutual reciprocity. This perspective emphasises a “bottom-up” model—from self and community education/resolution through increased support services and, ultimately, to a “last resort” legal intervention (McCallum 1993). Community education, initiatives which reduce isolation of older people in their communities, the encouragement of the view that elder abuse is a mainstream issue on a par with other forms of family violence, and campaigns which emphasise more positive images of older people can all assist with developing a broad based, active community intolerance to elder abuse. However ideal such an approach is though, more immediate and formal responses are also necessary.

### *Formal Responses and the Role of Legal Interventions*

Formal responses to elder abuse in Australia have a health focus rather than a legal or a criminological focus. Instances of elder abuse very often first come to the attention of health and geriatric services and are mainly the responsibility of Aged Care Assessment Teams (ACATs). Thus, the major emphasis in response tends to be located firmly within a “care” model rather than a “violence” or criminal justice model (Collingridge 1993). This stands in contrast to the United States where many states have statutes targeted specifically to elder abuse as a discrete category, many of which include the use of mandatory reporting.

In response to many criticisms and difficulties of this system (Faulkner 1982 cited in Kurrle et al. 1991), Australia has adopted a more cautionary approach. Other than the Guardianship legislation and Disability acts in various Australian states which protect the decision-impaired older person, no Australian legislation specifically deals with the abuse of the elderly. Legal options are available within the existing criminal justice framework—reporting directly to the police to be dealt with as crimes and obtaining an

Apprehended Violence Order (AVO) where there is immediate danger or threat of danger. The absence of specific legislation in Australia is not an oversight, it is the result of considerable amounts of community consultation on the part of various government inquiries and working groups. Caution has been particularly recommended in relation to mandatory reporting, with concerns that results from this strategy overseas have been mixed. However, not enough is known to justify such an intrusive response. Such a response needs to be substantially resourced to deal with the resulting increased load and there are ethical difficulties where a victim is a competent adult.

In the study mentioned previously, conducted by the Aged Rights Advocacy Service in South Australia (Cripps 1999), it was found that different responses were favoured by different people depending on the abuse they were experiencing. For instance, in the case of physical abuse, psychological abuse and neglect, the most effective preventative strategies came from the area of formal service provision, for example a domiciliary care service. Moving to alternative accommodation, such as independent accommodation or a hostel, was also common. By contrast, social abuse, that is the limiting of lifestyle choices by the abuser, was most successfully countered by enabling the older person to raise their problem in their informal network of friends and family. The formal protective strategies adopted to prevent financial abuse were more successful than any other strategies. Steps in this area were arranging Power of Attorney, Guardianship Board Orders, and seeking legal advice (Cripps 1999).

As an alternative, Australia has preferred to develop protocols and guidelines which emphasise a multi-disciplinary approach and effective cooperation between health services, medical services, housing assistance services, and voluntary organisations. Further work at the Australian Institute of Criminology will develop an inventory of such protocols around Australia.

### *Lessons from Domestic Violence or Child Abuse Responses*

Arguments about the proper role for legal interventions in elder abuse echo similar debates in the field of domestic violence and child abuse. Although there are many similarities between elder abuse and other forms of family violence, there are also important differences.

A domestic violence model of elder abuse would prioritise the safety of the victim, emphasise the criminality of the behaviour, and attach responsibility to the perpetrator (Collingridge 1993). Responses under this model are to

remove the victim from the source of the threat, either by removing the perpetrator or by providing support and opportunities for victims to escape. Applying a domestic violence legislative model to elder abuse has many advantages, particularly in its prioritisation of the victim's safety, but is not without its difficulties. Especially where dependency is a factor, encouraging the person to leave the situation invariably means establishing some other form of care. More often than not, the alternatives for care are those which older people claim to least desire—institutionalised care (Kurrle et al. 1992). It is highly likely that the lack of alternatives for care prevents abused older people from seeking help. Creative alternatives developed in close consultation with older people must be a major priority for assisting victims of elder abuse to seek safety with the minimum personal distress and disruption.

In similar manner, the child abuse model—with its focus upon risk, assessment, and tightly controlled bureaucratic procedures—has some benefits for identifying and intervening in situations of elder abuse. However, the principal difficulty with adopting a child abuse model of legislation for elder abuse is that, unlike children who are deemed to be legally incompetent, the abused older person is, unless there is decision-making impairment, a mature adult with full citizenship rights. Unless under a guardianship order, it is, therefore, inappropriate to make decisions about what might be in the person's "best interests" (Stevenson 1996). Once again, this should not deter policy makers and service providers from establishing appropriate methods of identifying those at risk and conducting effective and timely assessment of the situation and doing this will require a balance of vigilance, creativity, and collaboration with older people.

Further analysis of the similarities and differences between domestic violence, child abuse, and elder abuse has the potential to guide the development of the optimum mixture of responses in this highly complex area.

## Conclusion

### *Conceptualising the Problem*

Whether the domestic abuse of older people is conceived broadly under the term "elder abuse" or whether the concept is disaggregated by the type of harm it may not necessarily be an "either/or" choice. In order to maintain

the issue upon the public agenda, it seems useful to have a “catch-all” phrase which politicians and the general public can readily identify. However, for research purposes, this may not be entirely useful.

### *Researching the Problem*

Prevalence or population surveys can be helpful, but the sparse and contradictory nature of these results means that a quality evidence base must incorporate more situational and disaggregated methods of research. Elder abuse is not limited to situations of dependent older people being abused by a stressed or malevolent “carer”. In order to fully understand the phenomenon of “elder abuse”, we must ask the following questions.

- How much of that which is currently identified as “elder abuse” is actually domestic violence which predates the onset of age and dependency? Should such cases be considered as a sub-set of elder abuse or of domestic violence?
- To what extent are carers subject to abuse by dependent relatives? In what situations and to what type of abuse are they subject?
- What is the impact of abuse of older people upon their long-term quality of life and ultimate survival?
- What is the influence of cyclic family violence?
- How do abused older people perceive their situation and what sort of response do they desire?
- Should financial abuse be included as a category of elder abuse?
- Should deliberate neglect be included as a category of elder abuse?
- How does elder abuse manifest in non-mainstream communities such as the Indigenous populations, the culturally and linguistically diverse populations, and the rural populations? How does the prevalence and incidence compare with the broader picture? What contributes to any differences which may be observed?
- What is the relationship between gender and elder abuse?

These questions must be tackled with a combination of quantitative and qualitative research with, as far as possible, direct emphasis upon primary sources—older people, their relatives, and carers.

### *Responding to the Problem*

Poor data hinder effective policy and suitable intervention. Policies, therefore, have to be, at once, cautious but effective. There is little doubt that over the past 10 years in Australia, the issue of elder abuse has gained a firmer place on the social policy agenda. As a result, a range of protocols and guidelines have been developed—many of which are sensitive to the complexities of the issue. In the absence of legislation, the challenge is to maximise its visibility, ensure that all involved in the protection of abused older people are fully trained and informed of guidelines, and work to established protocols.

Public debate in Australia needs to examine the adequacy of current responses and determine whether modifications or new approaches are necessary. In doing so, special emphasis must be given to the safety and well-being of older people who require care. Difficult dilemmas such as the lack of alternative care arrangements must be tackled head on. People must be provided with options in which they can find safety, but which can take account of the relationships involved and empower rather than disempower victims.



# Abuse in Residential Care: Conceptual, Legal and Regulatory Issues

The issue of abuse of older people in residential care has been a matter of public interest in Australia since the late 1970s and early 1980s. Over this time, as community activists and the media focused attention on stories of horrific mistreatment or neglect in nursing homes, public pressure began to mount on the Commonwealth to intervene. Since then, with a range of government inquiries, actions, as well as new structures and systems, the issue has generally been properly viewed as an important regulatory issue. As with most regulatory matters, however, debates continue over the appropriate method of regulating the nursing home industry and government policy has undergone some substantial changes over the past few decades. To situate the conceptual, legal, and regulatory issues within the context of possible abuse in residential care, it is, therefore, first of all necessary to understand the legislative and policy process which has occurred within all areas of aged care.

## Policy Changes

Historically, services for frail and destitute older people without family support in Australia were the responsibility of charitable agencies. The Federal Government did not enter the field until 1954 (Gibson 1998) when the *Aged Persons Homes Act 1954* marked the beginning of government involvement in aged care. This allowed for a capital subsidy to approved voluntary (not-for-profit) organisations to provide self-contained and hostel-type accommodation. Nursing home beds were initially provided only if care was required by existing residents (Gibson 1998). The intent of this Act was to increase the housing available to poorer aged people.

However, over the next few decades this ideal was seriously eroded for two reasons. Firstly, the emphasis on financially needy older people was subverted by the fact that incoming residents gradually became required to provide a substantial capital “donation” in order to secure accommodation. These contributions were a major source of capital funds which enabled

voluntary sector organisations to take up additional Federal subsidies to further expand their accommodation holdings. This practice reduced the access of poor older people, the very group that the program had been established to assist (Gibson 1998). Secondly, the initial focus on self-contained and hostel-type accommodation was changed to a focus on providing more nursing home beds. The capital and recurrent subsidies provided by the government to the voluntary sector for nursing home beds made them an attractive financial proposition. This, in turn, created a substantial interest in the private sector which came to regard nursing homes as low-risk, high profit financial ventures (Kewley 1980). This resulted in a doubling of the numbers of nursing home beds between 1963 and 1972.

In 1969, the recurrent subsidies were extended to hostels, but payable only on behalf of more dependent residents. Significant capital incentives were offered to the voluntary sector to increase their hostel bed provision (the *Aged Persons Hostels Act 1972*). It was also required that hostels built under this Act were only able to admit people on the basis of need, contributions by incoming residents were specifically disallowed (Gibson 1998). The increased emphasis on hostels during the early 1970s was also a result of a growing concern with the escalating costs associated with nursing home care.

Most nursing homes, at this stage, were located in the voluntary and private-for-profit sectors, with a minority being in the state government sector. In 1973, various strategies aimed at controlling growth in both sectors were implemented. These included control over admissions, control over the growth of new beds, and control over fees. However, in 1974 in what seemed like a contradictory move, the government introduced deficit financing for voluntary sector homes—a system which provided a subsidy equal to the annual operating deficit of such homes. This policy created an advantage for voluntary sector nursing homes which saw their number of beds double in the following 5 years until 1980. This compared with an 18 per cent rise in government nursing homes and a 7 per cent rise in “for-profit” nursing homes (Gibson 1998).

In 1981, a report prepared by the Auditor-General was critical of the Commonwealth’s performance in obtaining value for the large sums of money which it was spending on nursing home care. As a result, two Parliamentary Committees were established, both of which have had a substantial impact on aged care in Australia. The first of these was the

McLeay Report (1982) which contained recommendations from the Standing Committee on Expenditure, the most important of which were that additional financial aid be provided for assessment teams, appropriate staff-training programs put in place, and that subsidies to institutions should be based on an assessment of appropriate costs. It was also recommended that both State and Local Government be responsible for the planning and delivery of accommodation and home care services for the aged (Sax 1993). However, one of the weaknesses of the report is that it did not recommend a strengthening of standards monitoring, preferring to rely upon a trial of self-regulation for a period of 5 years.

With no apparent improvements to the situation, and with a change of government in 1983, a new inquiry was initiated. This was the Senate Select Committee on Private Hospitals and Nursing Homes (Giles Report 1985), it recommended the development of new Commonwealth standards for nursing homes and the establishment of a regulated system for the inspection of Commonwealth nursing homes. These recommendations were formulated in conjunction with the active involvement of various community groups who were intimately involved with some of the worst excesses of neglect and abuse. The report was not backwards in its description and dramatisation of these incidents.

In 1984 and 1985 consecutively, the Review of Hostel Care Subsidy Arrangements and the Joint Review of Nursing Homes and Hostels were established. The Joint Review of Nursing Homes and Hostels (Ronalds 1989) was particularly instrumental in bringing to prominence the issue of residents' rights in nursing homes and hostels.

Graycar (1986) pointed out that there was a clear choice to be made between a custodial level of care that aims to keep patients safe, comfortable, fed, clean, and supervised, and a holistic level of care that supports quality of life activities aimed at keeping the physical, social, and mental capacity of each individual to a maximum. There was, however, a price to be paid for the latter approach which was the one chosen by the Commonwealth Government but, to ensure a fair distribution of resources across the nation, standards were developed and funding systems devised to allow those standards to be met (Sax 1993).

## Outcome Standards in Aged Care

As a result of this interest and concern regarding standards of care in the industry, the Commonwealth Government recommended that the previous system of monitoring which focused almost exclusively upon input standards (that homes meet certain criteria of care in terms of physical facilities, medical treatment, and financial procedures) be turned around to focus upon outcomes monitoring, especially in terms of adverse outcomes for residents. Thus, a Commonwealth/State Working Party on Nursing Home Standards was established. After significant consultations with industry, consumer unions, and professional groups, the committee developed 31 Outcome Standards which were legislated under section 45D of the *National Health Act* in November 1987.

Regulation, in the form of the Outcome Standards Monitoring Program, was subsequently introduced into nursing homes in 1987 and extended to hostels in 1991. This Program reviews the quality of care received by residents in terms of national standards, with an emphasis on the care outcomes for residents. It includes the potential to apply substantial sanctions (including withdrawal of Commonwealth benefits) where homes persistently fail to meet the required standards (Gibson 1998).

In 1992, an evaluation of the Australian Outcome Standards Monitoring Program was completed. The report (Braithwaite et al. 1993) was generally positive, although not without its criticisms. The opening paragraph notes:

The Australian Outcome Standards Monitoring Program has some deficiencies in comparison to the regulatory systems that have been observed in the United States, England, Japan and Canada, but in its fundamentals it is a better designed process than that operating in any of these countries. In the opinion of the consultants, over the long haul it is the Australian regulatory process that stands a better chance ... of securing substantial improvements in the quality of nursing home life and better value for the taxpayer's dollar (Braithwaite et al. 1993, p. xi).

The difficulties inherent in establishing agreed outcome measures in aged care programs are compounded by the very nature of the population and the kinds of assistance they require. Care of the frail or disabled aged generally requires some composite of medical, personal care, social, psychological, and accommodation services (Gibson et al. 1992). However, the standards devised are concerned, not with quality of care in the traditional sense, but

quality of life. For example, there are six overriding objectives associated with the outcome standards.

- Health care: Resident's health will be maintained at the optimum level possible.
- Social independence: Residents will be enabled to achieve a maximum degree of independence as members of society.
- Freedom of choice: Each resident's right to exercise freedom of choice will be recognised and respected whenever this does not infringe on the rights of other people.
- Homelike environment: The design, furnishings, and routines of the nursing home will resemble the individual's house as far as reasonably possible.
- Privacy and dignity: The dignity and privacy of nursing home residents will be respected.
- Variety of experience: Residents will be encouraged and enabled to participate in a wide variety of experiences appropriate to their needs and interests.

## Current Policy

In 1996, significant changes were made to the way in which standards in residential care facilities were to be regulated. One of these was that aged care providers were now required to allow the various community-based advocacy services in each State and Territory to access each facility. The advocacy services focus on the needs, wishes, and rights of the person through the provision of information, representation, education, advice, and support for those whose frailty means that they may not be able to help themselves. They also promote self-advocacy through means such as resident's committees. At an individual level, advocates seek to increase people's involvement in decision processes within a facility. And, at a community level, they have a broader focus which encourages the development and adoption of policies, practices, and structures in aged care services. Advocacy services operate independently of the Commonwealth Department of Health and Aged Care and service providers, they are an important mechanism to protect residents and provide feedback to managers of residential aged care services about the quality of care. In addition, these

services are important for assisting facilities to tailor their services to better meet the needs of client.

Another change announced was the restructuring of the residential care system. Hostels and nursing homes were amalgamated into one system and Federal Government benefits were to be subjected to a means test with entry payments (subject to an assets test) required of persons entering all residential care.

A number of services and structures are currently in place which are aimed towards the protection of people in residential care facilities.

- The *Aged Care Act 1997* (Commonwealth).
- *User Rights and Principles 1997* (Commonwealth).
- *Charter of Residents Rights and Responsibilities*.
- Internal and External mechanisms for complaints resolution, both internal to the aged care service itself and external through the Complaints Unit oversighted by Aged Care Complaints Resolution Committees.
- Advocacy Services.
- Community Visitors Scheme.

Although not directly relevant to this discussion, it is necessary to briefly describe the increasing desire of government to deinstitutionalise aged care in Australia. This has been occurring in one way or another since 1985 and has proceeded on two levels. The first has involved the expansion of the home care sector and the reduction of residential care. The second is characterised by a move away from more intensive levels of residential care (nursing homes) towards the less intensive levels of care provided by the hostel sector. Measures have also been taken to make temporary residential care more `accessible to people who are essentially home-based through various respite care provisions, the aim of which was to increase the permeability of the boundary between residential and home-based care (Gibson 1998).

## Summary

An underlying preoccupation with outcome measures has been the basis of policy analysis and social planning for the last 30 years. In the 1970s and

1980s was a reflection of the growing demand for health and welfare services in the context of increasing concern over escalating public expenditure. In the 1990s, these concerns with the growing demand and fiscal constraint, together with a preoccupation with effectiveness and efficiency, have been compounded by new trends. In many developed countries, the way in which governments fund and supply services has undergone significant change. This change is generally referred to as the shift from the provider to the regulatory state (Gibson 1998). With the emergence of quasi-markets and “contracting out” as standard strategies in service provision, the accountability of service providers has come under increased scrutiny. Almost by definition, accountability requires that providers demonstrate that the service has been provided with due attention to considerations of quality and effectiveness. The result of this has been an even greater emphasis on outcome measurement (Gibson 1998).

However, in defining outcome measures for aged care, one of the key problems derives directly from the nature of the client population and the kinds of services which they require. Caring for frail older people involves a myriad of responses. The clientele are often characterised by multiple health problems, both physical and mental. These may interact to produce highly variable manifestations which are independent of the caring environment (Gibson 1998). The residential care institution is, therefore, a complex social setting which must balance and integrate organisational objectives and imperatives whilst maintaining a home environment for people with intensive physical and emotional needs. Within this environment, there are many opportunities for undesirable actions and omissions to occur. These are outlined below.

## Types of Abuse

There are three major interactive factors involved in any explanation related to the abuse of older people. These include individual, environmental, and structural characteristics.

### *Individual*

People with particular personality types or with particular histories (perhaps being out of control or of being abused by others) are more likely to abuse than others (Clough 1999). This category includes behaviours such as physical attacks, emotional or psychological abuse, deliberate neglect, sexual abuse, and fraud.

### *Environmental*

Environmental factors include the situations in which dependent adults live and in which carers undertake care and create stresses that can become intolerable. These, in turn, affect the behaviour of the adult and carer, which can then lead to abuse (Clough 1999). It is, however, imperative that this category include aspects related to staffing and management and their attitudes to care, rather than simply considering staff numbers, or types of buildings and facilities.

Within this category, it has to be considered that stress levels leading to staff burnout is a very real problem. Work in a nursing home is often poorly paid, has low prestige, and is physically taxing. Generally, staff receive little training in ways to handle the interpersonal problems which can occur with older people (Pillemer and Bachman-Prehn 1991).

### *Structural*

The structural abuse of older people includes both institutional or systemic factors, as well as the attitudes of a society which holds older people in low esteem. And, indeed, the status of older people in general is compounded for those who are dependent on others for care. In terms of institutional or systemic causes, the practices and rules which govern the organisational needs of the residential care centres may become a source of abuse in themselves (Decalmer 1993). Symptomatic of this type of abuse is the denial of rights, dignity and freedom, active neglect, isolation, as well as a dull and depressing life style.

Nay (1993) argued that despite numerous government efforts to improve the situation, and despite the existence of many residents who expressed satisfaction with nursing home life, for some older people the nursing home experience can be disempowering, dehumanising, and emotionally painful. This was expressed as follows:

Residents felt that their “real” identity was not recognised or respected and that they were obliged to adopt the “good patient” identity as they became just one more number. They complained of not being addressed by name, not having their opinions listened to or valued, having their lives controlled, fearing retaliation, having to ask permission and being treated like children. They experienced very little, if any, privacy. Some went so far as to liken it to being in prison (Nay 1993, p. 102).



When addressing the issue of acts of abuse in residential aged care, it has been customary to draw a distinction between individual acts of abuse in institutions and actual institutional or institutionalised abuse (Glendenning 1999). The individual characteristic explanation allows the idea that it is types of people who abuse, rather than abuse as a consequence of the interplay between all of the factors described above (individual, environmental, and structural). And, given the existence of sufficient stress factors, people have a greater capacity to abuse others than they would want to acknowledge (Glendenning 1999). Therefore, consideration of both individual and group responses to internal and external factors is crucial in the behaviour of those employed in aged care (Clough 1999).

## Dependency

For those who are, and must remain, dependent on the care of others, the key question becomes what can be done to reduce the negative consequences and attributes of dependency. Just what is it that makes dependency undesirable? And, is it possible to change the fact that dependency will at some stage be inevitable for some people (Gibson 1998)? Inevitably, the social world is characterised by certain kinds and levels of dependency and interdependency, much of which is acceptable. It is, therefore, the negative connotations associated with dependency in frail old age which is the problem here and the question to be asked is: how can this be alleviated?

There are three elements involved in the answer to this question.

- The extent to which the dependent individual needs the required service or resource in order to protect his or her interests.
- The availability of alternative sources of assistance or service.
- The level of discretion which the resource holder or service provider has in providing the required assistance (Gibson 1998).

Because at some stage the dependency of frail older people becomes irreversible, it is not tenable to consider the option of independence. What has to be considered is how best to maximise the positive ways to approach dependency. In the case of frail older people in nursing homes, some basic level of provision will always be met but the way in which the service is provided, the quality of care, the immediacy of response, and the willingness to provide extra help are the crucial variables here. A culture of good

nursing home care which emphasises preventative and rehabilitative strategies will undoubtedly have the capacity to reduce the levels of need for certain individuals at certain points during their residence (Gibson 1998). However, this is not, and will never, always be the case. One alternative to reduce the vulnerability of the frail aged, which has been suggested by some of the more radical advocacy groups in the United States, is to abolish all institutional care and to replace this with home-based services. However, as the previous chapter illustrates, this type of care is not without its own set of problems. Another option is to allow access to alternative sources of service provision within the nursing home. However, this option would only be available to well-off people and it could possibly conflict with the existing management style of the nursing home involved (Gibson 1998).

## Conclusion

There is already sufficient research information to demonstrate that, in institutional settings, there is a paramount need for better training, better working conditions, and a fundamental recognition by administrators and managers that burnout is an established phenomenon (Glendenning 1999). However, drawing attention to bad residential practice is problematic for those currently working with integrity in residential care because it has the potential to undermine further work, which for other reasons holds low status and is undervalued. It is also problematic for owners and managers. Because little is known about the scale of abuse which can occur in residential aged care, the totality of the situation cannot be understood (Clough 1999).

Two important questions need to be answered. The first is "Where does bad practice end and abuse begin?" The second is "To what extent are events which are considered to be abusive typical of the whole life within a particular aged care residence or typical of other homes?" (Clough 1999) Also, Bennett and Kingston (1993) have argued that there is a deficiency in research that could be used to explain and remedy the socialisation process that enables the examination of the influence of age or other variables, such as health status and availability of family care, on the probability of moving into residential care.

In any regulatory system, there is the question as to whether the function or orientation is one of maintaining or improving quality or rather a punitive one where staff discipline takes precedence. In the context of a high quality

national aged care system, the likelihood that inappropriate care will remain unnoticed and unrebuked diminishes substantially. In the context of a national system of care which provides an adequate level of supply so that people are not forced to accept poor quality or inadequate services as an alternative to no assistance at all, it is less likely to find frail aged persons using poor quality or inadequate services.

Public policy which supports institutionalisation of frail older people to the exclusion of other forms of care in the community can be the underlying cause of abuse in many instances. However, the ability of older people to remain independent within their communities depends upon the availability of infrastructure, such as appropriate housing and transport as well as the social support provided by families and the community.

# Economic Crime Against Older People

The term “economic crime” which is used in this chapter includes three issues, which although separate contain some common elements.

- Financial mismanagement.
- Fraud.
- Enduring Power of Attorney and guardianship issues.

There is some overlap in this chapter with the discussion of elder abuse in the chapter “Abuse in Private Homes: Risk, Prevalence and Theoretical Issues”. And, indeed, it should be emphasised that when economic crime is committed against older people within the context of a duty of care relationship, it does fall into the category of elder abuse. However, the seriousness of the problem, together with the fact that economic crime against older people can also be committed by those who are not in a duty of care relationship, warrants these issues being explored separately.

The impact of economic crime can have a devastating effect on older people. Not only can a comfortable lifestyle collapse, but they may not have the time or the opportunity for financial recovery. A blow to financial security is often a permanent and life threatening setback, characterised by fear, lack of trust, and is often the onset of acute and chronic anxiety.

Again, there are no official statistics, however, it is generally acknowledged that economic crime is possibly the most prevalent of all crimes which are committed against older people.

## Financial Mismanagement

Financial mismanagement (or financial abuse) includes making improper use of an older person’s property or money without his or her knowledge or permission, forcing older people to change their wills to benefit specific individuals, such as health care providers or relatives, and denying older people access to their money or preventing them from controlling their

assets (Kurrle et al. 1992). Sometimes it is difficult to distinguish abusive conduct from well-intentioned but insensitive behaviour. On occasions, conduct which began as being in the older person's interest may end by being abusive. For example, family members may initially offer helpful advice regarding financial investments, but as the older person's mental faculties decline, they may take over the entire management of that person's affairs and misappropriate funds for themselves. Determining the exact point at which abuse or fraud occurs is a matter of great difficulty as the circumstances may be unclear, and evidence may be impossible to gather (Smith 1999). Financial abuse, as with other forms of abuse of older people, may not be regarded as a criminal matter.

In 1992, a study was published which examined the medical records of 1,176 community-based patients over the age of 65 who had been referred to a geriatric and rehabilitation centre in New South Wales in the financial year 1990–91. Fifty-four cases (4.6% of referrals) of abuse were discovered, with 13 (1.1%) involving material/financial abuse. Another 21 cases involved multiple forms of abuse which included financial abuse. In the majority of cases of financial abuse, dependency of the older person was found to be the major causative factor (Kurrle et al. 1992).

In 1995, another survey was conducted of 20 community nurses and home care workers in rural New South Wales who had regular contact with older persons. Of the 598 clients visited during a 1-month period, 12 (2.0%) cases of financial abuse were reported. This study also found that as the number of the clients' health problems increased, so did the extent of abuse increase (Cupitt 1997).

There have been two recent studies conducted by advocacy services in Australia. The first of these was undertaken by the Office of the Public Advocate in Western Australia. This study involved people over 65 years and analysed applications made to the office between 1 July 1995 and 30 June 1998. It was found that 141 applications (10%) involved allegations of financial abuse. Relatives were most often the alleged perpetrators and other relatives most often reported the matter. In 46 applications, allegations were made of bank accounts being misused, while 21 applications concerned property or assets being sold illegally. Thirty-one applications involved allegations of abuse of an Enduring Power of Attorney. Although most allegations of financial abuse were unable to be substantiated, 34 individuals were found to have perpetrated financial abuse, mostly involving abuse of

bank accounts or arising out of money having been given or lent to them (Office of the Public Advocate in Western Australia 1999).

The second of these was a study undertaken by the Aged Rights Advocacy Service in South Australia of 100 cases, which represented approximately 20 per cent of their workload over a period of 2 years (Cripps 1999). Just over one-third of these cases were financial abuse, the majority of which involved women over the age of 75 years.

Another study (Barrett 1998) sought baseline data on elder abuse as recorded by a range of agencies in New South Wales and Western Australia. It was found that financial abuse was a substantive problem. It was the second highest category of abuse reported to New South Wales agencies and the third highest in Western Australian agencies.

An elder abuse manual prepared by Wayne Fielding (1995) noted that the following indicators might signal financial abuse.

- Standard of living not in keeping with the elder's income or assets, for example, poor clothing and grooming supplies.
- Unusual or inappropriate activity in bank accounts.
- Unexplained or sudden inability to pay bills.
- Expectations of disproportionate high contribution by the elder to household expenses.
- Valuable personal belongings missing.
- Signatures on cheques or documents which appear suspicious.
- Documents such as Power of Attorney or a will drawn up, but not comprehended by elder.
- Lack of understanding of financial arrangements that have been made (for example, they believe they own the home, yet receive an eviction notice).
- Promises of lifelong care by caregiver or recent acquaintance in return for money or property.

## Fraud

In Australia, fraud is not recognised as a separate legal category of crime (other than conspiracy to defraud). Instead, a variety of property offences may be used to prosecute any conduct which involves dishonesty, such as crimes of theft, and obtain financial advantage by deception. There is a lack of reliable data on the nature and extent of such offences in Australia and the data, which do exist rarely, include the variable of age. Accordingly, on the basis of official crime statistics, it is not possible to state with any precision the extent to which older persons have been victimised through fraud and whether the rate of victimisation is greater or lesser than for other age groups. It is also not possible to quantify the extent to which older persons from non-English speaking backgrounds or older Indigenous Australians have been victimised through fraud (Smith 1999). The close personal involvement of the older person and the offender, or fear of reprisal (for example, removal to a nursing home for the victim or imprisonment for the offender leaving no one left as a carer) means that many offences are not reported. Also, older people who suffer from dementia and who are unable to communicate effectively may not be aware that they have been defrauded and may die without the crime ever being investigated (Smith 1999).

In the 1975 victimisation survey conducted by the ABS (there is no reason to suspect this has changed), it was found that as age increases beyond the 30s, the rate of victimisation for offences of fraud, forgery, and false pretences decreases (ABS 1975). In the United States, Titus and Gover (1999) concluded on the basis of evidence from a number of surveys that older individuals are not at greater risk of fraud victimisation. They argued that younger and better educated people may have wider interests, engage in a broader range of activities, and have greater consumer participation in the marketplace than other demographic groups; thus increasing their exposure to fraud (cited in Smith 1999).

In testimony before the United States Congress on 4 August 1999, Susan Herman, Director of the National Victims' Service, provided data reporting that 20 per cent of American older people have been victims of some kind of fraud. Herman went on to point out that many older victims are too embarrassed to report incidence of fraud. Sometimes the perpetrator is a loved one or a caregiver and the victim does not want to get into trouble. Sometimes older people are not aware that they have been defrauded or feel that reporting will do no good, or they do not want to bother the police.

Sometimes they are reluctant to confront their greatest fear; that is, they will be considered incompetent to handle their own financial affairs. By reporting, many feel they risk their independence (personal communication).

New technologies pose new risks for older Australians. Telemarketing fraud is a considerable problem for older people, some studies show that older people are more often defrauded through telemarketing scams than are younger people (for example, American Association of Retired Persons 1997). Another area of increasing vulnerability relates to gambling prizes and lotteries, Sometimes these may be advance fee schemes in which victims are required to provide funds in order to receive a benefit—which never arrives (Smith 1999). Noting the actuality of robbery on the street and over the phone or computer, it is realistic to say that older people are more likely to be mugged electronically than mugged on the street (Graycar and James 1999).

Older people with health problems can be promised alleged cures for such diseases as cancer or arthritis. Also, anti-ageing products are regularly advertised. This type of advertising now appears on the Internet. Older people may also be targeted by those seeking to sell health care appliances such as hearing aides or spectacles. Sometimes such appliances are overpriced or ineffective or they may be prescribed by unlicensed practitioners (Smith 1999).

Although most fraudulent conduct carried out in the health care sector results in the government suffering the loss rather than the individuals, occasionally older people themselves may be defrauded. Medical practitioners have, for example, exerted undue influence over patients to leave bequests in their wills or have sought to borrow money from patients which they are unable to refuse to repay (Smith 1999). One instance currently being investigated by police in England concerned a general practitioner who was charged with murdering 15 female elderly patients and allegedly securing bequests from their wills. In one case, it was alleged that an 81-year-old patient was murdered after the doctor forged her will which would have made him the sole beneficiary of her 300,000 pounds estate (Jenkins 1999).

An investigation in Australia's largest nursing home fraud was concluded in January 1997 when a Sydney nursing home operator and pharmacist was convicted of defrauding the Commonwealth. The defendant had operated 5 nursing homes and had stolen \$1.7 million in Commonwealth Government



funding through lodging false claims for costs allegedly incurred in respect of the nursing and personal care of frail aged residents in the homes. Claims were made in respect of family members, non-existent employees on the nursing payroll and other staff not involved in nursing or personal care of residents such as builders, bricklayers, and contractors (*Comfraud Bulletin* 1998, p. 3).

Many older people have substantial assets and wide investment options. This may make them attractive targets for investment fraud. In arranging investment of their funds, reliance is often placed on professional advisers such as lawyers, accountant, and investment advisers, some of whom may act unprofessionally. In one case investigated by the Victoria Police Major Fraud Group in 1996, 2 clients, a husband and wife, aged 85 and 88, provided a sole practitioner solicitor with \$200,000 to be invested on the basis of security by way of registered second mortgage. The solicitor in question then misappropriated the funds for his own use (Smith 1999). While cases like this do not occur every day, they are not unknown.

## Enduring Power of Attorney and Guardianship

An area of increasing concern is financial abuse carried out by those who act in a fiduciary capacity as legally appointed agents for older persons. In Australia, it is possible to execute a document known in some jurisdictions as an Enduring (or Protected) Power of Attorney which confers authority on someone else to act on that person's behalf in the management of his or her affairs. If the donor of the power later becomes mentally incapable, the attorney will still be able to act for that person unless an application is made to a court or Guardianship Board to revoke the power. Such arrangements are governed by legislation in each State and Territory which ensures that the person granting the power understands the nature of the arrangement and how it may be varied or revoked (Smith 1999).

Guardianship and Administration Boards have been established in each State and Territory to protect the interests of people who are unable to manage their affairs through various specified forms of disability or mental deterioration. Public Advocates (or Guardians) can also be appointed to assist people with disabilities in order to ensure that their interests are protected. Where an older person is unable to manage his or her financial affairs, an Administration Order may be made which enables the person's estate to be managed by an appointed administrator. Legally-appointed

agents, such as attorneys, guardians, or administrators, are required to act in the best interests of those for whom they act and are not permitted to profit from their agency. Where agents breach such obligations, an action for damages may lie and, in extreme cases, the agent could be prosecuted for theft or obtaining a financial advantage by deception. Each of these systems, however, requires that acts of impropriety be identified and brought to the attention of the authorities. Often an older person may not be in a position to know what has occurred while relatives may be the ones involved in the illegal conduct in question and, therefore, unlikely to report it.

One preliminary study published by the Australian Institute of Criminology found that Enduring Power of Attorney was widely used. Of those who participated in the study, 40 per cent who lived in the community and 57 per cent who lived in aged care facilities and retirement villages had made arrangements to legally appoint an attorney to manage their affairs in the event of future incapacity. However, some participants were unsure whether an Enduring Power of Attorney or a Power of Attorney had been arranged and some could not recall the details of the forms that had been signed or the legal status of the arrangements (Setterlund et al. 1999). The study revealed that older people's knowledge of the substitute decision-making process is very limited but that abuse was not widespread.

Without effective means of identifying and reporting improper conduct, legal avenues of redress may not be possible. This contrasts with the granting of probate and the strict accountability in distributing assets specified in a will following a death. The State has much stricter provisions for accountability when dealing with the dead than when dealing with the living.

Writing in the *FBI Law Enforcement Bulletin* in 1994, McRae and Mathis (1994) claimed that "powers of attorney may be the single most abused legal document in the American judicial system" (p. 2). The mismanagement of income and assets can occur when individuals are appointed as agents with legal authority to manage an older person's financial affairs. Whether this generalisation applies to Australia requires further inquiry.

# Prevention

## *Legislation*

In order to raise awareness of the problem of fraud directed at older persons and to ensure that cases of deception may effectively be prosecuted, it has been suggested that specific legislation should be enacted to proscribe some of the more egregious deceptive practices which target older persons (Smith 1999).

In the United States, specific legislation has been enacted to make certain telemarketing practices illegal, although in Australia the Australian Competition and Consumer Commission has adequate powers to investigate and prosecute misleading and deceptive practices, whether they affect older persons or not (Smith 1999).

Every state in the United States also has legislation proscribing various forms of elder abuse—which may, or may not, involve traditional forms of criminal conduct—with most jurisdictions also having mandatory reporting provisions (Olinger 1991). Although the criminalisation of elder abuse helps to publicise the problem and may enable some cases to be dealt with which might otherwise fall outside the scope of existing criminal laws, the role which the criminal law has in this area is inevitably limited owing to the impediments which victims and others face in detecting and reporting cases (Smith 1999).

## *Law Enforcement*

Law enforcement agencies have a central role to play not only in investigating crimes of deception perpetrated against older persons, but also in informing them of the risks and suggesting appropriate fraud prevention measures. Most police services throughout Australia have officers involved in crime prevention who liaise with older persons in the community and provide them with fraud prevention information (Smith 1999).

In the United States, so-called “law enforcement gerontologists” have been used to work with older persons and community groups to prevent fraudulent practices. Such specially trained officers alert potential victims to new schemes and initiate a variety of self-help programs, some of which make use of older persons as volunteers. Being specially trained, they are able to offer information and advice in a constructive way rather than by creating unnecessary alarm which could be counter-productive (Rykert 1994).

### ***Education and Information***

Titus and Gover (1999) concluded their review of fraud victimisation research by commenting that evidence of prior victimisation of fraud is a high indicator of future victimisation. Accordingly, they suggested that information and education on fraud prevention should be specifically targeted at those who have been victimised in the past.

A number of Internet sites now provide information on fraud victimisation and how to avoid it. These include the National Fraud Information Centre (<http://www.fraud.org/>) which provides information on various fraudulent schemes and, in particular, those which are directed at older persons as part of its "Elder Fraud Project". The American Association of Retired Persons also provides similar information, such as its medicare fraud site (<http://www.aarp.org/medfraud/>), and conducts regular surveys on fraud victimisation of older person (Smith 1999).

### ***Enhanced Reporting***

Although many surveys have shown that older persons are not defrauded to a greater extent than those in other age groups, there remains a need to encourage older persons to report their experiences of fraud to the authorities. It is only when individual cases come to light can the patterns of victimisation be discerned and appropriate preventive action taken. Publicity of the available avenues of consumer redress should be undertaken and measures adopted to coordinate the functions of different agencies in order to make the process of complaining easier. The use of telephone and the Internet could, for example, be more accommodating than having to travel to a city office to lodge a complaint (Smith 1999).

### ***Statutory Authorities***

In appropriate cases, it may be necessary for a frail or infirm older person's financial affairs to be managed by an agency such as an official trustee or guardian. The use of such protective agencies, whilst an important safeguard, should not prevent capable older persons from controlling their own lives and finances merely because of their age (Smith 1999).

Various other statutory complaints authorities also have a role to play in investigating cases of fraud and financial abuse against older persons within their own areas of expertise. Health provider registration authorities, for example, already have jurisdiction over acts of professional misconduct perpetrated against older health care users and are able to make use of

powerful sanctions such as de-registration. Statutory authorities also regulate the activities of lawyers, accountants, investment advisers, and those engaged in direct marketing. The effectiveness of such avenues of redress depends, however, on the allegations being reported and on the authorities in question being adequately funded in order for detailed investigations to be undertaken (Smith 1999).

### *Private Sector Initiatives*

Business and professional organisations within the private sector may also be able to assist in the prevention and detection of fraud. In Canada, for example, older persons have begun authorising their banks to monitor their accounts in order to discover unusually large transactions or pattern of transactions. The bank is then authorised to raise its concerns with the account holder and to warn of the possibility of fraud. Account holders, however, retain full rights over their accounts and may elect to disregard any warnings given. This scheme has already resulted in one older person being prevented from losing Can\$20,000 through telemarketing fraud following an earlier incident in which Can\$40,000 had been lost (Zanin 1998). Similarly, in Massachusetts, a program in which bank employees received special training in the identification of possible cases of abuse of older persons' bank accounts led to the identification of a number of cases of financial abuse (Price and Fox 1997).

Other professionals may also be able to assist in identifying cases of financial abuse. Those authorised to receive statutory declarations and affidavits, or who prepare and witness Powers of Attorney, should undertake their obligations responsibly and ensure that older persons who sign financial and legal documents are fully competent to do so and have not been coerced by family members into disposing of their assets. Medical practitioners who see their older patients regularly may be in the best position to be aware if an older person's mental abilities have declined to such an extent that they are incapable of understanding the effect of documents which they sign. In appropriate cases, they should refer the matter to relevant statutory agencies. It might also be necessary in appropriate cases for those who act under a Power of Attorney to prepare an annual statement setting out details of the year's financial activities (Lush 1998).

## Conclusion

A wide range of individuals and organisations have an interest in dealing with fraud and financial abuse directed at older persons. In order for their initiatives to be most effective, it is necessary for some degree of coordination to take place. An example of a coordinated approach is that devised by the New South Wales Advisory Committee on Abuse of Older People (1994). It developed ways in which a working relationship could be established between all agencies with an interest in the abuse of older people or which provide services to them.

As in other areas of fraud prevention and control, solutions to the problem will entail a range of strategies which extend from preventative activities based on the provision of information and education, through informal regulatory measures administered by those who work with older people, such as medical and legal practitioners, to the use of civil and criminal law responses. Each has an important role to play in protecting older persons from economic victimisation (Smith 1999).

# Preventing Abuse of Older People

There is no legislation in Australia specifically directed towards the issue of abuse of older people, or elder abuse as it is more commonly referred to. Remedies are found either in the criminal law through the police and/or the use of AVOs, the health system in which community health workers and general practitioners can identify and respond to suspected cases of abuse, and Guardianship legislation which exists in all States and Territories for the protection of decision-impaired older people.

This chapter outlines some of the current efforts around Australia which have been put into place to address and prevent the abuse of older people from those whom they are dependent upon. Some programs which address abuse of carers are also discussed. The material listed was assembled from responses sent to the Australian Institute of Criminology by government departments and service organisations, this list will be updated as more information becomes available.

## Protocols and Guidelines

Protocols and guidelines have been put into place in some Australian jurisdictions.

*Australian Capital Territory:* There is no formal approach to elder abuse in the Australian Capital Territory at the present time.

*New South Wales:* The *Interagency Protocol* model established in New South Wales constructs elder abuse as an ageing issue (encompassing financial, psychological, physical and sexual abuse, and neglect, or as separate issues to be managed as such) to be responded to by existing services within the community using a locally tailored case management model. Cases of potential/suspected/actual abuse of, both older people and their carers, are generally first responded to by ageing services, for example ACATs and then referred to mainstream agencies (for example, police and domestic violence services) if and when appropriate.

The protocols include agencies and services such as the Aged Care Assessment team, New South Wales Police, Department of Community Services, Community Resource Teams, and Home Care. The aim of the protocols is to promote best practice in responding to abuse and to improve coordination between services, as well as the responsiveness of services to abusive situations.

**Northern Territory:** The Northern Territory Health Service does not have a policy on Elder Abuse at the present time.

**Queensland:** Queensland has *Intra-Agency Protocols for Responding to Abuse of Older People* where elder abuse is dealt with as an ageing issue. The implementation of these protocols is coordinated by the Office of the Ageing. Currently, funding is also being sought to meet the need for a service to respond appropriately to the abuse of Indigenous older people.

**South Australia:** There are no formal protocols in South Australia. However, the Department of Human Services, through the Office for the Ageing funds the Aged Rights Advocacy Service to run the Abuse Prevention Service. Elder abuse is managed on a case-by-case basis with an advocacy approach as an ageing issue. The response and strategies to stop and prevent abuse are undertaken by the existing agencies within the community and the different forms of abuse are managed separately. For example, situations of domestic violence are handled within mainstream domestic violence services, whereas assault and fraud are handled by the police.

**Tasmania:** The Department of Health and Human Services is currently in the process of developing “Abuse of Older People Policy and Protocol”.

**Western Australia:** Western Australia has an *Elder Abuse Protocol* to assist government agencies in the identification of abuse in residential and community settings. This outlines guidelines for interagency collaboration to respond to the issue. Elder abuse is viewed as a distinct ageing issue encompassing financial, psychological, as well as physical abuse and neglect, rather than as separate issues to be managed as such.

**Victoria:** There are no formal protocols in Victoria. Elder abuse is defined by the context in which it occurs rather than the nature of the harm, for example physical or financial abuse. This situational approach contends that elder abuse does not constitute a unique or exclusive category of behaviour. That is, domestic violence can also apply between spouses who are elderly and can encompass other abusive family relations, such as a young adult



harassing a grandparent. The term elder abuse can be used to cover a variety of situations involving the victimisation of an older person. These situations involve domestic violence, professional malpractice, fraud, and abusive behaviour.

Victoria is in the process of developing protocols for people with dementia and elder abuse issues which may be associated with this, including those involving carers. These will encompass the full range of abuse to which people with dementia are vulnerable in the contexts of residential care, day and community-based services in the home as well as professional malpractice, financial exploitation, inappropriate care, abusive practices, and infringement rights.

**Commonwealth:** The Commonwealth Government views elder abuse as a very important ageing issue encompassing financial and psychological abuse, physical and sexual abuse, as well as seclusion and neglect. Through development of the National Strategy for an Ageing Australia, the Government is working to improve attitudes to older Australians and to reduce isolation of older people within their communities. The *Attitude, Lifestyle and Community Support* discussion paper covers social capital, social isolation, depression and elder abuse.

The Commonwealth Government also recognises that elder abuse may occur in a residential care setting. This is stated in the Charter of Residents' Rights and Responsibilities in Schedule 1 of The Commonwealth *Aged Care Act* (1997). This states, *inter alia*, residents have the right "to live in a safe, secure and homelike environment and to move freely both within and outside the residential care service without undue restriction" and "to live without exploitations, abuse, or neglect".

## Training

**New South Wales:** In New South Wales, training is provided to health and community care workers, police, and a range of other services targeting older people in all regions of New South Wales. This training is designed to enable workers to identify and respond effectively to suspected cases of abuse or neglect. There is a "train the trainer" component of this to ensure that awareness is passed on to all new workers.

**Queensland:** The Department for Families, Youth and Community Care which funds the Elder Abuse Prevention Unit provides training and support to community organisations and service providers who work with older people who may have been abused. This is a state-wide service.

**South Australia:** In South Australia, the Aged Rights Advocacy Service provides educational sessions for older people, the general community, and staff assisting older people. In a collaborative venture, the Aged Rights Advocacy Service also provides training on the abuse of older people to medical practitioners, as well as facilitating the development of a forum of agencies which have a fundamental role to respond to abusive situations. These include the police, Office of the Public Advocate, Legal Services Commission and the Public Trustee.

**Tasmania:** In Tasmania, the Crime Prevention and Community Safety Council in conjunction with the Department of Health and Human Services, Tasmania Police, and older person's organisations such as the Tasmanian Pensioners Union and the National Seniors Association, has formed a collaborative partnership to develop and implement a training and an awareness program to assist older persons to undertake strategies to improve their personal safety in their homes. Peer education programs are organised by the police and delivered through appropriate older peoples' organisations.

**Victoria:** The Ministerial Task Force on Dementia Services has recently identified elder abuse as a significant issue for people with dementia and their carers. Their aims for the future are to increase awareness of this issue among service providers and the general public, facilitate effective and consistent responses by service providers, and formulate strategies to promote recognition of elder abuse within relevant training curricula through liaison with the College of General Practitioners and Divisions of General Practitioners.

**Western Australia:** The Council on the Ageing in Western Australia trains government departments and non-government agencies in the identification of abuse and strategies for intervention into elder abuse.

## Information Resources

Various resources and information kits, including manuals, videos, and discussion papers, have been prepared in **New South Wales, Victoria, Queensland, Western Australia, and South Australia**. These resources are for both the older people and the general community, they focus on issues such as dementia and abuse, financial exploitation, mandatory reporting, and gender.

## Awareness Raising

In **New South Wales**, under the New South Wales Dementia Action Plan, the Ageing and Disability Department has convened a series of workshops on protecting the rights and interests of people with dementia with a range of stakeholders including representatives from the Guardianship Tribunal Office of Protective Commissioner, Office of Public Guardian, and the Alzheimer's Association of New South Wales.

These workshops covered medical, care, and support issues as well as financial issues.

*Queensland:* In the Department of Families, Youth and Community Care, through the Elder Abuse Prevention Unit, operates a state-wide free call "helpline" which provides support, advice, and referrals to older people, family members and persons who are experiencing, witnessing, or are concerned about the abuse of older people. The Elder Abuse Prevention Unit is based in Brisbane and has community education staff based in Cairns, Rockhampton, and Warwick.

## Carers

In **New South Wales**, a program called Protection of Carers and Those They Care For has been developed by Carers New South Wales. This gives appropriate advice, information, and support to protect carers, and those they care for, from any form of abuse. The rationale behind this program is that appropriate support to carers and those they care for may prevent abuse occurring. Carers New South Wales also has a role in lobbying government to ensure that carers get this support from the range of community care and government agencies.

Respite care is a very important element of any strategy directed at carers. In **New South Wales**, the Benevolent Society provides two main types of respite care. The first of these is day respite care which is a supervised program of activities for older people, many of whom have special needs such as persons with mild dementia. The service provides the regular carer with a break or the client with respite from a particular situation or condition. Most programs operate on weekdays only with services provided in a hostel, nursing home, or at a person's own home. There are some weekend and evening programs. Residential respite care provides temporary accommodation for a person in a hostel or nursing home while the usual carer has a rest. All Benevolent Society residential services reserve some beds for respite care.

The Social Support Program in **New South Wales** is funded by HACC. This program recruits and trains volunteers, who then provide a range of services for frail older people and for the carers of these people.

There are similar programs as those described above operating in all States and Territories in Australia.

## Conclusion

Although some jurisdictions have made considerable efforts to address the problem of the abuse and neglect of older people, these have mainly been implemented in an ad hoc manner as the need is seen to arise. The issues involved in the abuse and neglect of older people are diverse and complex. Because the levels of abuse and neglect include physical, sexual, psychological, financial, and neglect issues, the responses need to reflect the diversity and complexity involved.

More attention must be given at the national level to coordinate and facilitate inter-jurisdictional communication, to evaluate initiatives, and to gather reliable data on elder abuse and neglect. States and territories which have not yet developed protocols and guidelines need to be encouraged to do so. It is important that all older Australians are in a position to be offered equal access to all services and that best practice is realised in all cases.

# Strategic Directions

A specific research and policy focus upon the issue of crime against older people needs to be poised between tackling an important and pressing social issue and compounding unhelpful stereotypes which portray older people as vulnerable and dependent. Making distinctions between groups of people on the basis of age alone overlooks or masks a range of other important social indicators as well as the diversity of experience, status, and social location within that group.

However, for those older people who are vulnerable due to degrees of physical or mental frailty, financial insecurity, and social isolation, it is reasonable, indeed, imperative, to ensure that victimisation and fear of victimisation does not compound these existing difficulties. Although the risks and the impact of victimisation of older people should not be over-dramatised (as has been the tendency of the media), neither should they be minimised. In a similar manner, the lived experience of many older people for whom the issue of personal security may be a complex and important concern should not be ignored.

As this report has shown, older people, in a similar manner as other groups in the population, are at risk from four main sources.

- Family members, friends, and acquaintances, who may assault or steal from them.
- Strangers who may victimise them.
- Commercial organisations or “white collar” criminals who could defraud them.
- Carers with whom they are in a “duty of care” relationship and who may neglect or abuse them.

When understanding and responding to crime and older people, there are, therefore, three issues which need to be discussed.

- Crime and abuse, which includes predatory crime, duty of care and relationship crime, as well as economic crime.
- Fear of crime.
- Risk assessment and strategic partnership.

## Crime and Abuse

Depending on the assessment of risk, responses to *predatory crime* include the spectrum of traditional crime prevention measures. These include the development and communication of accurate and realistic information, basic situational prevention measures, risk assessment, community audits, CPTED, and a range of community development initiatives. It is in these areas that law enforcement can work with other service providers, particularly health and welfare workers. The dynamic is for the development of crime prevention partnerships in which the professional activists understand the changing demographics as well as the continuum of fear, the means of communicating across the spectrum, and the means of building community cohesion in the face of significant and monumental social change.

The dynamic is very different in the case of *duty of care and relationship crime*, also referred to as elder abuse. The stressful nature of the caring role, complex family relationships, and a loose and largely unregulated system of support provide an environment in which abusive situations can arise. This abuse is often challenged as part of a family dynamic rather than a criminal activity. Issues are disputed and legal interventions are sometimes assumed to be an intrusion into the private lives of families. Although, it is important to include here abuse in residential care where the issues are quite different.

There are significant lessons to be learned from child protection, where the same arguments were canvassed two decades ago (Stevenson 1996). Apart from financial abuse, the issues are very similar. As in the case of child abuse, greater professional awareness of elder abuse has raised estimates of prevalence. In child abuse, the risk model is dominant because highly protective legislation contributes to the use of a "risk model". No similar legislation exists for elders and there is no mandatory reporting. In both cases, there is a tension between the interests of the parties involved.

Parents have rights as citizens to natural justice to a defence against unwarranted allegations and this is against a backdrop of the “ownership” of the child by the parents.

In elder abuse, there is not an exact parallel as adult children do not have legal responsibility towards their parents. Furthermore, the relationship of an adult child to a parent is not always that of carer, and there is sometimes a substantial amount of abuse by elders upon their carers. Vulnerability also varies, in that children are identified as vulnerable simply because they are children, but not all abused adults are necessarily vulnerable.

*Economic crime* includes three issues, which although separate, contain some common elements. These are financial mismanagement, fraud, and Enduring Power of Attorney and Guardianship issues. The impact of economic crime can have a devastating effect on older people. Not only can a comfortable lifestyle collapse, but they do not have the time or the opportunity for financial recovery. Thus, a blow to financial security is often a permanent and life threatening setback, characterised by fear, lack of trust, and the onset of acute and chronic anxiety. There is some overlap here with the discussion on elder abuse. And, indeed, it should be emphasised that when economic crime is committed against older people within the context of a duty of care relationship, it does fall into the category of elder abuse. However, the seriousness of the problem, together with the fact that economic crime against older people can also be committed by those who are not in a duty of care relationship, warrants these issues being explored separately.

## **Fear of Crime**

It has long been asserted that despite low actual victimisation rates, older people are, nevertheless, disproportionately fearful of crime. So common is this perception that it has often been argued that “fear of crime” is a more pressing policy issue than crime itself. As with other factors which involve older people, however, the diversity of older people has to be taken into account. High levels of fear amongst all older people cannot simply be assumed.

## Risk Assessment and Strategic Partnership

Crime prevention works best in partnerships. Partnerships are achieved through inter-sectoral cooperation. Agencies involved in inter-sectoral cooperation are: social service departments, health services, local government, housing department, the police, older people's organisations (such as the Australian Pensioners and Superannuants Federation and the Older Women's Network), the courts, recreational and educational institutions, and voluntary organisations. Most of the agencies involved are public bodies with a variety of organisational structures. Not all agencies are active in every case and it is not possible to list some of the combinations, which is also an illustration of the size of the inter-organisational task.

The analysis of appropriate intervention and partnership depends on three components in relation to vulnerability.

- The actual risk of crime.
- The impact of crime on the victim.
- The consequences of fear on both the victim and the community as a whole.

## Strategies

There is a need for a national approach to preventing crime against older people. Different policy responses are, therefore, required for different types of crime and abuse. However, there is one common element which prevails. This is the need to build social capital within communities so that social bonds, social trust, and mutual reciprocity can be fostered. Strategies, therefore, need to be developed primarily at the local government level under the auspices of both Federal and State/Territory government legislation. This way, a uniform level of service delivery is ensured, while being tailored for individual communities. A number of issues need to be considered when developing government policy.

- A recognition of the diversity of the aged population.
- The relationship between gender and crime in older age groups.



- The experience of Indigenous older people, culturally and linguistically diverse older people, and rural older people needs to be determined. How does the prevalence and incidence compare with the broader picture? What contributes to any differences which may be observed?
- The need for a national audit of crime prevention programs relating to predatory crime against older people which are already in place, with a corresponding evaluation of the effectiveness of these programs.
- The need for a national audit of the existing programs relating to the prevention of abuse of older people in private homes, with a corresponding evaluation of the effectiveness of these programs.
- The development of protocols and guidelines to prevent the abuse of older people in nursing homes.
- The development of practices to protect older people against fraudulent activity, for example certain telemarketing practices.
- The need for an inquiry into practices related to Enduring Power of Attorney and guardianship issues.
- The need for evidence-based research and enhanced data collection.

## Conclusion

Poor data hinder effective policy and suitable intervention. Policies, therefore, have to be cautious but effective. The lack of evidence-based research also hinders effective policy. Evaluations, rigorous or otherwise, of any programs concerned with crimes and abuse committed against older people simply do not exist.

The important challenge for policy as the Australian population ages is to achieve a balance between responses which do protect those older people who *are* dependent and vulnerable, due to physical or mental frailty, whilst at the same time, not ignoring the needs, experiences, and potential resources of older people who do not fit into these categories.

The challenge for policy in relation to the protection from victimisation of older people in the community is to target strategies to those contexts in which older people *are* vulnerable and who *do*, for various reasons, have disproportionate fears about crime to the level where it limits their quality of life and results in social isolation.

The challenge for Australian society as a whole is to ensure that all older people achieve their full potential while living their lives with dignity and respect.

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