

© in compilation Australian Institute of Criminology 1996
© in text Helen Adams

The contents of this file are copyright. Apart from any fair dealing for the purpose of private study, research, criticism or review, as permitted under the *Copyright Act 1968* (Cwlth), no part of this file may in any form or by any means (electronic, mechanical, microcopying, photocopying, recording or otherwise), be reproduced, stored in a retrieval system or transmitted without prior written permission. Inquiries should be addressed to the publisher, the Australian Institute of Criminology, GPO Box 2944, Canberra ACT 2601.

Crime and Older People, ISBN 0 642 22739 X

Considering the Elderly Victim of Crime, Abuse, Neglect and Self-Neglect

[Unedited. Paper as presented at Conference of 23-25 February 1993]

S/Constable Helen Adams
Community Policing Squad, Knox
Victoria Police

(Sponsorship of attendance at Crime and Older People
Conference by Australian Alliance Insurance)

Crime, abuse and neglect so often affect those who are most vulnerable in our society, and they include children and the elderly. With the protection of our children, there are laws, guidelines and procedures that have been implemented to ensure their safety. However, are those who are elderly and in need of protection equally protected?

There are many elderly people in society who are able to live their lives in peace, thankfully not requiring protection for their own well-being. But it is the elderly victim of crime, abuse, neglect or self-neglect who will be discussed here.

Police, by the sheer nature of their duties, become involved in all sorts of situations that come to their attention. Investigation of crime and the many consequences that arise as a result is just one area. Many of the matters we deal with involve families and individuals in crisis and dealing with the welfare of these members of the community is often complex.

Many of our elderly community are frail and live alone, often having no outside support sometimes through choice and sometimes because they are not aware of support available to them. They have suffered through the trauma of World Wars and the Depression of the 1930s and envisage their retirement years to be lived in peace and tranquillity. However, the trends of modern-day living coupled with the increasing crime rate undermines their confidence to the extent that they live in fear, a fear felt by most of the elderly population. Whether this fear is real or perceived is beside the point, the trauma of being a victim of crime is in itself debilitating and the fear of becoming a victim of crime is just as debilitating.

Often the atmosphere of fear is generated by the reporting of the incident by the media. Responsible reporting can have a very positive effect on the community because it makes the populace aware of what is happening. However, a concentration on the negative can create more fear because that is all the reader has. The media should incorporate the reporting of the crime with the latest of crime prevention measures that are operating at the time. Thus, the reader can be reassured that positive pro-active policing can help to minimise the potential for becoming a victim of crime. Sadly, though, the reporting of the crime is often highlighted on page one of the newspaper and the crime prevention initiatives are either not reported or are further down through the newspaper in small print. It then must become a matter of public relations for the police to "sell" to the community pro-active strategies that are in operation.

The elderly victim of crime, like many other victims of crime, may never recover from their ordeal particularly if they have been physically or sexually assaulted. The shock and trauma, coupled with the added stress of their age and any infirmity they may suffer, creates specific needs in relation to counselling and other resources they may need. The needs of the elderly victim of crime, as with all victims of crime, should be classed as a high priority by the community.

Members of Community Policing Squads are very well versed in victim sensitivity and can provide ongoing support in conjunction with other counselling agencies.

To improve alertness and self-confidence within the elderly community, education is imperative. This often requires the elderly person to re-educate themselves in relation to their security. Throughout their lives most have trusted people they do not know, they have left doors unlocked and windows open. They must be encouraged to seek out proper security, not so their homes are turned into prisons but so that they are secure enough and feel safer in their environment. They must be encouraged to lock doors, to secure windows, to question those seeking their assistance at the front door or over the telephone and to not advertise the fact that they live alone.

Sadly, we have to educate our elderly population not to trust all people and to be aware of what they are told or asked to do. A recent example is of a 90-year-old woman who answered a knock at the door. Two men said they would clean her carpets for \$900, she agreed to this but felt intimidated and scared. One male offered to drive her to her bank to withdraw the money and she went with him because she was too scared to say no. The men cleaned her carpets in a fashion and she paid them the \$900 they had requested.

Unscrupulous people do prey on our society - they always have and always will. Educating our elderly population of what to be aware of, their security and encouraging their self-confidence and self-esteem can reduce the instances of them falling prey to crime. Educating those who provide support services to our elderly, to listen to any concerns they may have is also necessary.

The Knox Community Policing Squad, which operates within the eastern suburbs of Melbourne, has been instrumental in implementing several crime prevention programs over a two-and-a-half year period. The first of these programs involves lectures to our elderly community titled "Safety Strategies for Senior Citizens". The recipients of these

lectures are Senior Citizen Clubs, Probus Clubs, Church groups, Retirement Villages, Special Accommodation establishments, and any other group that would benefit.

A whole range of crime prevention strategies are given involving security in the home, in the street, when walking, banking, shopping, driving and general security advice. Feedback has been overwhelming and the general view after the lecture has been that the audience feels more confident and safer in their own environment because of the strategies they have been given. Many have been proud to comment that they were already implementing some of the strategies given.

So often when delivering our lectures, several of our senior citizens commented on how worthwhile they considered our lecture to be, because they felt that usually little consideration was given to them by those in authority and the community in general. They agreed that the pro-active steps we have taken have helped them feel better about their everyday living. Maybe just knowing that we cared helped them too.

A further program we have implemented is a Residents At Risk Register. This has been designed for people who feel they are at risk, be they elderly and living with a spouse or other caregiver, elderly and living alone, or elderly and infirmed. Other people who consider themselves at risk may be those who have spouses who work at night, single mothers, those of any age who live alone, those of any age who are infirmed and those who may previously have been victims of crime or abuse. The majority of those on the register are elderly people. Because of the overwhelming response, it is now envisaged that this register will be for elderly residents only. A separate register will be held for those who fall into the other categories.

Upon receipt of the Residents At Risk Register form, members of the Knox Community Policing Squad conduct an initial visit to the resident. During this visit, an assessment of the person's needs is made and often we are able to assist with support services for that

person and provide security advice. All the details of our Residents at Risk are entered on computer and are strictly confidential. Relevant information on the form includes marital status, living situation, next of kin, where key is available, medical history, Medical Practitioner and any other comments that the resident feels are pertinent. Visits to the resident or telephone contact is thereafter maintained according to need. Pro-active policing like these two programs has certainly proven to be very successful and the feedback we have received has supported this. Hopefully these programs will be implemented Victoria wide.

Educating our elderly society about abuse is equally as important. Elder abuse, be it physical, sexual, emotional, mental, psychological, neglect or financial deprivation, happens all too frequently - we would all know of many cases. Too often shame, humiliation, fear, ignorance of who to contact and the sheer nature of their infirmity prevent the elderly victim taking steps to seek help.

Most perpetrators of abuse as I have described are spouses, family members and carers - they are known to the elderly person. Often, the abuse occurs because of enormous stress and this in itself is a further problem.

Education about the stresses the carers may face, support services and resources for those who care for the elderly must be maintained, and in most cases should be increased. For example, the wife caring for her elderly husband who suffers Alzheimers Disease. She has not sought assistance and has no supports. Her husband is incontinent and keeps her awake throughout the night, so she ties a plastic bag around his penis securing this with a rubber band.

By educating those who could be perpetrators of abuse to the possible stresses of caring for their elderly and providing them with details of support available to them, hopefully

abuse could be reduced. Funding and resources to the support services available to carers, must be treated as a priority and must be maintained.

Stress is by far not the only factor in relation to abuse of our elderly - it is simply just one of them.

Families with a history of domestic violence can follow through the pattern with their elderly family member, age is often no deterrent to being abused. The elderly person may have always been a victim of domestic violence. Carers who suffer from a mental illness or who have a dependency on alcohol or drugs can all be perpetrators of abuse. Consider the 85-year-old woman who owns her own home but periodically has her 50-year-old son living with her. He is an alcoholic who, when he goes on binges, physically hurts her. The role is reversed, she cares for him because of his illness and the abuse she suffers is part of this role, as she sees it.

Of course there are those within the family, extended family or community unit who purport to care for the elderly, but who simply have malicious intent and must be dealt with to the full extent of the law.

Prosecution of abuse cases involving the elderly are very difficult for many reasons. For instance, the elderly victim may be suffering Alzheimers Disease or some other form of dementia or memory loss, raising doubts as to the accuracy of any evidence they may be required to give.

Many elderly victims of abuse are also reluctant to "tell on" a relative or caregiver who is abusing them, either for reasons of loyalty, fear, security, infirmity, ignorance of who to tell or they would rather put up with the abuse instead of being alone. There may also be the fear held by the elderly victim that they will be "put in a home" if they tell.

Conditioning is also a reason for non-disclosure - long-term and constant abuse reduces self-esteem and self-confidence.

It can be very difficult for the police or others to make sure the abuse ceases if the victim does not want police involvement or the situation does not meet with the criteria for intervention by the Guardianship Board, Geriatric Assessment Team or any other relevant body.

An Intervention Order which is an order granted by a Magistrate and taken out by the family member or police under the Crimes Family Violence Act, gives police power to intervene if the conditions of the Order are breached. This can be taken out without the consent of the victim and may be the only way for the legal system to be able to stop the situation continuing - if again the criteria applies. Monitoring of a situation, if the elderly person wants us to visit, may be the only temporary solution to a complex problem.

Support workers who provide assistance to the elderly, be they medical personnel, district nursing, meals on wheels, home help, extended care, respite care or any other worker involved in caring for the elderly, must also be educated about the abuses that can happen. They must also be encouraged to tell someone if they fear abuse is occurring.

Pro-active policing can be instrumental in educating our elderly, those who care for them and those who provide support to them. Continually warning the community in general that elderly abuse does happen may create the awareness needed in case a person finds themselves in such a position in their elder years. This is often the case with victims of incest - we have found that by continually giving out information that help is available, helps them to take that first important step - to tell someone who will listen.

We have implemented another program on abuse of the elderly where we work closely with support staff attached to the Human Resource Department/Aged Care Services of our

local Municipal Councils. An initial lecture is given by a member of our squad detailing our role and the many types of abuse that can occur. We also discuss how we can assist support workers who detect or suspect abuse of an elderly person.

We attend monthly assessment meetings held by the Aged Services Department of one of our councils. Police are seen as being part of the team and our intervention and advice is sought. Exchange of information is most beneficial and equally referrals are made. Both groups work very comfortably together because the welfare of the client is of prime importance to us all.

The Guardianship Board and Geriatric Assessment teams are also organisations we work very closely with - they refer cases to us that may require police intervention and alternatively we refer cases to them. The expertise of these two organisations, together with the expertise of the Office of the Public Advocate and the State Trustees Office are an invaluable resource in our work.

Some forms of abuse, i.e. emotional, can be very subtle and extremely difficult to detect and the elderly person may not even be aware that this is happening. Police involvement with cases of abuse involving our elderly community are rarely "black and white" in solution. So often "grey areas" are encountered and monitoring of a situation may be the only "bandaid" we can apply at that time.

The issues of self-neglect by some of our elderly community are emotive and present police and others involved in this field with many different concerns and frustrations. Consider the elderly person who lives alone and sometimes has done for years. The conditions they live in are squalid and not fit for human habitation. They are dirty, appear undernourished and very withdrawn - suspicious of outsiders. Their lifetime has been learning to live as they do. This is the way they live. What can we do ?

The standards we set for ourselves must be put aside when dealing with these cases because the question of civil liberties and personal choice takes over. If the criteria exists, i.e. medical/psychiatric concerns and inability by the person in question to assist themselves, then perhaps we can enlist the expertise of the Guardianship Board. If conditions exist where fire hazard or health hazard is apparent and complaints by neighbours or others are lodged, then perhaps we can enlist the expertise of the local Council Health Inspector.

Frustration occurs where none of these criteria or conditions exist and what we have is an elderly person who chooses to live as they do. I have had longstanding dealings with such a lady. She has had meals on wheels deliveries for some years. The local Council staff referred her to us at one of our assessment meetings. She allowed me to visit her with herself between me and the half closed front door. The smell of her and her house was nauseating. From the part of the door that was open I could see rubbish piled up in the hall and into the lounge room. Through her kitchen window I could see papers and rubbish piled up throughout the room even on her stove. She told me that sometimes she used the stove to heat up some food.

Subsequent enquiries I made with all the relevant authorities proved fruitless - no complaints had been received about her. I continued to visit her on a regular basis. The woman was dressed always in very dirty clothes. She appeared clean, her hair was always brushed and newly washed. She liked me to visit, even though she was suspicious. We talked a lot about her life. She was very astute and appeared happy, even content. She accepted my visits but only to a degree that was acceptable to her.

Finally, she allowed local Council Home Help staff and myself to clean some of the rubbish off her back porch and her hallway - even into her lounge room. One of the ladies was physically ill during one of our cleaning up days. The fridge in the hallway she

allowed us to empty for her. It was filled with rotten bottles of orange juice, cheese and other foodstuffs. The fridge had not worked for some time.

After several cleaning visits she said she did not want us to clean up any more as she had to sort out a lot of things. I continued to visit - sometimes filling a garbage bag for her, with her permission.

In the latter part of last year, she succumbed to cancer and was in hospital for a short while before she died. One of the few relatives she had, told me that she had known the woman to live in these conditions since the 1950s.

Sadly, with some self-neglect cases, support services can be rightly or wrongly criticised because they are perceived as having failed to intervene, when they have either actually tried to intervene but there is simply nothing that can be done from a legal point of view, or they have not investigated as fully as they should have.

The case of an 83-year-old male living in deplorable conditions in a Melbourne suburb illustrates the complexity of self-neglect issues. The elderly man was blind in both eyes. He had lived in the rented premises owned by a factory owner for about 20 to 25 years. Police were alerted by a horrified Telecom worker who had been called to the premises to repair the telephone.

Police members attended the premises straight away and from their notes, they described an extremely pungent smell that "hit" them when they entered via a rear door. They were then confronted by a room full of cobwebs. The floor was covered in dirt and grime. The front window was extremely dirty and even the curtains could not be seen through because of the amount of dirt and "gunk" on them. Police located the elderly man in a front room of the house lying on a bare mattress amongst a lot of rubbish. This rubbish had to be

removed to reach the elderly man. Amongst the rubbish was food, wine casks, mice and rats. The rest of the premises, which was small, was in much the same condition.

The elderly male was taken to hospital by ambulance for a physical assessment although he refused to go voluntarily. Medical examination revealed that the man was surprisingly in good health and he was not considered to be in need of long-term "in-patient" care. A social worker at the hospital subsequently applied to the Guardianship Board in relation to the man but after investigation it was felt that he did not fit into the criteria and could make decisions for himself. Alternative accommodation was supplied for the man beginning with a Geriatric Centre and ending with a Homeless Persons Hostel. He discharged himself from each establishment - always wanting to go back home.

After his initial hospitalisation, the police members organised the local council health officer to attend at the premises and the premises were declared unfit for human habitation. An order was implemented that the premises be cleaned, and fumigated and it was boarded up so no-one could occupy it. Investigation by police members revealed that the conditions that the elderly man lived in had been known by many who worked in the area for some years. The local council maintenance worker had attended many times over the years and had told his supervisor of the state of the premises but told police that "nothing had been done". The local Telecom worker had also attended previously and had told his boss about the conditions but again "nothing had been done".

The landlord who owned the adjacent factories also knew of the conditions as did the Real Estate Agent who collected the rent for the premises. The rental agreement was that the elderly man paid \$90 per fortnight and he was always prompt. It was also agreed that if the rent was late then the agent would visit to make sure the elderly man was not dead. The agent stated he had last visited the premises 6 - 7 years previously and conditions were pitiful. There were also 7 - 8 dogs living inside the premises. Because of his concern for the welfare of the elderly man, he contacted the local council. He was told that the elderly

man should be left alone as that was the way he wanted to live and there would be no follow up by the council.

The elderly man in the end became the subject of a Guardianship Order which was taken out by an Aged Services Worker with the local council as the elderly man was intent on returning to live in the premises which the owner wanted to demolish, this Guardianship Application was unsuccessful.

The end result of this case was that many health workers became involved because of police intervention. The state of the man's living conditions had been well known for many years by many support workers in the area.

The elderly man told police that he had asked for council assistance to clean his house over the years but that they had only given him 2 hours a week and this was not enough, therefore the premises had gone to ruin.

A further Guardianship Application later taken out by the Aged Services Worker was successful and the elderly man was placed in accommodation pending nursing home placement.

This case created a lot of media attention with many professionals, including Police, being "attacked" for lack of action. When dealing with the man, the Police and subsequent hospital staff and other workers found him very difficult to work with because all he wanted was to return to his house and live as he had.

Both of these cases highlight the complex nature of self-neglect issues. The dilemma is how far can we go. The natural feeling is to protect the elderly person from themselves - to change their living conditions into something more acceptable. If change is what the elderly person wants, then the solution is simple. The difficult part is when the elderly

person is adverse to suggestions of change. Although as a police officer I find this scenario frustrating, I know I have to consider what is right for that elderly person, whose independence and dignity is important. I have to consider whether my intervention will make the situation worse because change is what I want for them. Its not their choice.

The question of what to do in cases of self-neglect has to remain open because the issues are very complex. Cases of self-neglect are not isolated and the frustrations of sometimes not being able to effect change remains. Perhaps the option of monitoring as I was able to do with the elderly lady I have described may be the way to start. The time has come for all professionals to consider where we can go from here. Do we have to leave a situation as it is and has been for years or is there something else that can be done. Certainly a Conference such as this provides a forum for sharing opinions and ideas.

Our commitment to caring for our aged community is long standing and ever increasing and being able to attend this Conference will only serve to benefit myself, the Victoria Police and our elderly community.