UNDERSTANDING AND RESPONDING TO CRIME AND OLDER PEOPLE

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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, research did not abandon its interest and instead began to investigate other aspects of crime against older people. In particular, research focussed on the impact of crime on older victims as well as older people’s fear of crime. For approximately a decade, a consensus existed 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.

From the 1980s onwards, however, these early certainties have been challenged. The literature is now replete with studies which question much of the early work. Currently, therefore, 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 personal crime (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 personal 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.

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. Abuse here refers to physical, psychological, sexual and financial.

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

- Crime and abuse;
- Fear of crime; and
- Inter-sectoral responses.

Crime and Abuse

The first of these issues, crime and abuse, has a number of sub-stories. These include:

- Personal Crime;
- Duty of care and relationship crime; and
- Economic crime.
**Personal Crime**

The broad pattern of victimisation for personal crime (homicide, assault, robbery, burglary) 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. Much of the popular moral outrage at the victimisation of older people, however, is reserved for this type of crime. This is especially so when the older victim is vulnerable due to physical or mental frailty or financial insecurity.

**Homicide.** In Australia, for instance, between 1 July 1989 and 30 June 2000, there were only 261 victims of homicide who were aged 65 years and over – an average of 24 per year (see Figure 1). However, when a homicide resulted 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 (The National Homicide Monitoring Program, Australian Institute of Criminology).

**Figure 1:** Australia. Homicide 1 July 1989 – 30 June 2000: Rate per 100,000 Relevant Population, Gender and Age Group (N=3723)

Source: National Homicide Monitoring Unit, Australian Institute of Criminology

**Assault, Sexual Assault, Robbery.** Table 1 shows the proportion of people aged 65 years and over who had been victims of assault, sexual assault and robbery as a proportion of all reported victims of these offences (ABS 2000). These figures demonstrate the low risk that older people face with these types of crime. The exception being robbery where police reports showed that the risk for older women was greater than their population share, with 10 per cent of female robbery victims reported to the police being over the age of 65. One of the reasons for this could be that the incidence of handbag snatching is high amongst older women (New South Wales Bureau of Crime Statistics and Research 1987). The Women’s Safety Survey (ABS 1996) showed that only 1.2 per cent of those surveyed in the 65 years and over age group reported that they had experienced violence in the 12 months preceding the survey.
Table 1: Australia, Offences Reported to the Police 1999
(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)

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
<th>Persons</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
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<td>1141</td>
<td>1.5</td>
<td>639</td>
<td>1.2</td>
<td>1780</td>
<td>1.4</td>
</tr>
<tr>
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<td>0.4</td>
<td>77</td>
<td>0.7</td>
<td>86</td>
<td>0.6</td>
</tr>
<tr>
<td>Robbery</td>
<td>302</td>
<td>2.6</td>
<td>608</td>
<td>9.9</td>
<td>910</td>
<td>5.1</td>
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</tbody>
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Source: Australian Bureau of Statistics, Recorded Crime, Canberra, 2000

It is important to bear in mind, however, the limitations in measuring crime via these sources. Many crimes are not reported to the 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 1999). With regard to robbery, half of the victims reported the crime to the police. Women were more likely to tell police than men (59 per cent of females, compared with 42 per cent of males). The rate of reporting 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 1999). This could be another factor in the higher rate of robbery recorded for older women.

An analysis of data from the National Crime Victimization Survey in the United States (1992-1994) revealed differential patterns of risk for robbery (including break and enter) 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 while performing routine activities outside the home.

One point which is always worth noting is that crime is not uniformly distributed across geographic areas and that a minority of victims experience the majority of crime (see for instance Pease 1999). Research from the Home Office in the United Kingdom (1997) has shown that a burgled house is four times as likely to be burgled again, and that 50 per cent of repeats occur within seven days of the first burglary. Single and low-income older people were shown to be particularly vulnerable to burglary incidents, and they often lack the resources to prevent initial or repeat victimisation.
When older people require support and assistance from families or professional service providers because of frailty and dependence, their vulnerability to victimisation is increased. An Australian study (Kurrle, Sadler and Cameron 1992) estimated that 4.6 per cent of older people are victims of physical, sexual or financial abuse perpetrated mostly by family members and those who are in a duty of care relationship with the victim. This is consistent with estimates in comparable countries. This type of behaviour is often referred to as elder abuse and can occur both within private domestic settings and residential care facilities. Some of the behaviours included in elder abuse are not recognised as such by the criminal justice system and really therefore only refer to categories described by health and welfare professionals.

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 one-directional interaction of “carers” who abuse dependent people. In some situations, especially where there is a history of family violence or child abuse or where dementia and other psychological disorders are present, the dependent elderly can also be “abusive” towards their carers.

Increasingly, the relationship between domestic violence and elder abuse is understood to be important; domestic violence accounts for a significant percentage of cases identified as “elder abuse”. In many cases, the abuse is the continuance of long-term domestic violence into old age. However, the relationship is not straightforward. In some cases, the situation is reversed – the long-term perpetrator becomes dependent upon their victim and the domestic violence victim now becomes the abuser under changed power relations. 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 of their past abuser (Kinnear and Graycar 1999).

A recent American study of domestic elder abuse found

- Female elders are abused at a higher rate than males, after accounting for their larger proportion in their ageing population.
- The oldest elders (80 and over) are abused and neglected at two to three times the proportion of the elderly population.
- In 85 per cent of the elder abuse and neglect incidents with a known perpetrator, the perpetrator is a family member, and two-thirds of the perpetrators are adult children or spouses. 47.3% were adult children and 19.3% were spouses of the victims. Other relatives comprised 8.8% of abusers while grandchildren accounted for 8.6%.
- 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 five 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, but based on 100 phone calls by people alleging abuse to the Aged Rights Advocacy Service in South Australia (Cripps 1999). The cases examined represented 20 per cent of the total workload of the Advocacy service over a two-year period. The results showed that:

- Of the victims, 76% were women and 24% 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 lived in a nursing home. Abuse came primarily from a son, in 29 per cent of instances, or a daughter in 23 per cent of instances. Abuse by multiple family members was also common (11 per cent). Abuse from a spouse or 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 elders likely to suffer from abuse it is imperative to ensure adequate training for the service providers involved, particularly those 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 (Aged Rights Advocacy Service 1998).

For the abused the risk factors were:
• Isolation of the older person
• Ongoing family conflict
• Dependency - physical and/or emotional and/or financial
• Lack of services

For the abuser the risk factors were:
• Ongoing family conflict
• Emotional problems
• Low income
• Substance/ alcohol abuse
• Care giving stress

Also, 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 focussed attention on stories of mistreatment or neglect in nursing homes, public pressure began to mount on the Government to intervene. Since then, with a range of government inquiries, actions, new structures and systems, the issue has generally been properly viewed as a 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.

**Economic Crime**

The term ‘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.
There is some overlap here with the discussion of elder abuse. And, indeed, it should be emphasised that when economic crime is committed by 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 has a devastating effect on older people. Not only can a comfortable lifestyle collapse, but they do not have the time or opportunity for financial recovery, and a blow to financial security is often a permanent and life threatening setback, characterised by fear, lack of trust and the onset, often 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 (Fielding 1995). 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 impossible to gather (Smith 1999). Financial abuse, as with other forms of abuse of older people, is not 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 sixty-five 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 per cent of referrals) of abuse were discovered with 13 (1.1 per cent) involving material/financial abuse. Another twenty-one cases involved multiple forms of abuse which could have 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, Sadler and Cameron 1992).

In 1995, another survey was conducted of twenty 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 one month period, twelve (2.0 per cent) case of financial abuse were reported. This study also found that as the number of the client’s health problems increased, so also 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 and analysed applications made to the Office between 1 July 1995 and 30 June 1998 and involved people aged over sixty-five years. It was found that 141 applications (10 per cent) involved allegations of financial abuse. Relatives were most often the alleged perpetrators, while other relatives most often reported the matter. In forty-six applications, allegations were made of bank accounts being misused, while twenty-one 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, thirty-four 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 1999). The second of these was the study undertaken by the Aged Rights Advocacy Service in South Australia mentioned earlier in this paper (Cripps 1999). Just over one-third of the cases examined by the Advocacy service related to financial abuse, the majority of which involved women over the age of 75 years.
**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 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).

This situation has, however, to some extent been rectified by an Australia-wide survey which was initiated by the Australian Institute of Criminology in April 2000. This survey was conducted in conjunction with the Australian component of the International Crime Victims Survey and had a sample size of 3,032 individuals, of whom 1,246 people were aged 65 years and over. This data shows that amongst all age groups, consumer fraud is the most commonly committed offence. However, for those aged 65 years and over, the incidence of consumer fraud is more than twice that of assault and theft from the person. When an analysis of consumer fraud is made by age-group, both males and females under the age of 65 years are almost equally as likely to be affected, while in the age-group aged 65 years and over, males are one and a half times as likely as females to be victims of consumer fraud (Carchach, Graycar and Muscat 2001).

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.

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

**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. 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) are also able to 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, be they attorney’s 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. Without effective means of identifying and reporting improper conduct, legal avenues of redress may not be able to be mobilised. 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 in 1994, McRae Mathis claimed that “powers of attorney may be the single most abused legal document in the American Judicial system” (p2). 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. The following indicators might signal financial abuse (Fielding 1995, p50):

- Standard of living not in keeping with the elder’s income or assets - poor clothing, grooming supplies etc.
- 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 (eg 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

**Fear of Crime**

It has long been asserted that despite the low actual 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).

This has been challenged recently by a study which found older people were more likely to be afraid for their grandchildren than for themselves (Tulloch *et al* 1998). The ABS Crime and Safety Survey 1998 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 (ABS 1999).

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.

Five levels of fear can be identified, and all require different responses.

- Apathy
- Apprehension
- Alarm
- Torment
- Terror
Apathy is the most common - people don’t 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 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, and cut ties with the outside world, and suffer considerable neglect through not shopping for food, or seeking health care when required. Police and social workers have reported cases of people living in terror, and rational argument is not a persuasive mechanism to fix the situation.

As with other factors which involve older people, the diversity of older people has to be taken into account, high levels of fear amongst all older people cannot simply be assumed (for many older women, fear of crime is a feature not of old age, but of being female). Other factors that may cause concern for older people are being of non-English speaking background, living in a big city, having lower levels of education, previous criminal victimisation, socio-economic status and income (Gilbert and Zdenkowski 1997; Kelly et al 1992). In turn, policy and practice should reflect this.

Partnerships

Crime prevention works best in partnerships, and the uniformity in responses is achieved through inter-sectoral cooperation. An understanding of the constraints and opportunities of inter-professional work, which has been gained as a result of the current anxiety and professional investment in child abuse could usefully be applied to interprofessional work with others, notably the elderly, the handicapped and the mentally ill, whose needs require a concerted response from what is essentially, in Australia, a fragmented health and welfare service.

In Australia, the agencies involved in inter-sectoral cooperation are: social service departments, health services, local government, housing department, the police, older peoples organisations (such as the Australian Pensioners and Superannuants Federation and the Older Women’s Network), the police, the courts, recreational and educational institutions, and voluntary organisations. Most of these agencies 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 possible combinations, which is also a reflection of the size of the inter-organisational task.

Appropriate intervention and partnership depends on three components in relation to vulnerability:

- The actual risks of crime.
- The impact of crime on the victim.
- Consequences of fear on both the victim, and the community as a whole.

As demonstrated, the risks of predatory crime are lower than for the population as a whole, except for older women who become victims of unarmed robbery. The routine activity patterns of older people place them at very low risk of victimisation by strangers.
With regard to the **impact** there are significant economic, physical and emotional/ psychological impacts following victimisation by a stranger. The preventive role of police has passed, and the social worker’s role is in victim support, restoration, and rehabilitation.

With regard to **fear**, it is still not clear just how much this affects older people, and there are challenges for crime prevention officials and those doing community work to help build an understanding of a safe and supportive climate.

In relation to elder abuse – where a familial and/or formal or informal duty-of-care relationship exists – victimisation is usually characterised by established and ongoing patterns 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, therefore, 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, it would be beneficial if the health and welfare model was integrated to a greater extent with a criminal justice model. This would enhance both, an understanding of, and a response to, elder abuse.

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 pressure groups has resulted in a range of government inquiries, actions, new structures and systems and 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 the losses. Fraud is usually committed by strangers, sometimes by personal contact, but increasingly over the telephone or on the Internet and includes improper investment advice such as participation in get-rich quick schemes. Financial abuse 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 here. Financial abuse has traditionally been included as a category of elder abuse. However, there are important questions to be answered here as to whether this is the most appropriate way in which it should be categorised, particularly in terms of an appropriate response.

**Conclusion**

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, others are socially isolated. Some have lived relatively easy and comfortable lives, 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.
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 – 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.

The important challenge for policy, therefore, 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 and 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 all societies 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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