Chapter One

Social Gerontology for Law Enforcement

LEARNING OBJECTIVES

1. Discuss aging in society today, including demographic trends.
2. Discuss the integration of law enforcement with the needs of older people.
3. Understand social gerontology as it relates to law enforcement—specifically the social aspects of aging, including ageism, retirement, lifestyles, family, social roles, and the financial status of older people.
4. Demonstrate sensitivity to the negative stereotyping of older people and be able to educate others about stereotyping.
5. Describe the living arrangements of older people.
6. Discuss the opportunities for positive changes that exist when serving the needs of older people.

Attitude Tip—It is an honor to be involved in the life of an older person in any way.

Case Study 1

You have recently graduated from a large metropolitan police academy, and you are assigned to a precinct that contains a large older population. Included in your post are several high-rise senior apartment complexes and a senior citizens center. You are eager to serve the population in your precinct.
How can you make a difference?
What should you do?

OLDER PEOPLE AND THE LAW ENFORCEMENT OFFICER

Aging is part of the lifecycle. As a law enforcement officer, you see older people in the community every day. Have you ever wondered what older people think about themselves? About the community? About crime? What the attitudes of older people toward law enforcement are? As a law enforcement officer, what are your views about aging? How do these views affect your perceptions about the older people you serve?

The later half of the 20th century has often been referred to as "the graying of America." As the Baby Boom generation approaches retirement age, the average age of Americans continues to rise. By the year 2010, the number of Americans over age 65 increased to 13% of the population (40.2 million). It is estimated that by the year 2030, those 65 and older will account for more than 20% of the overall population.[1]

One of the major issues for those who study or work with older people is defining what constitutes "old" or "old age." Depending upon what discipline one is working in or what text one is reading, old or old age can be defined as age 55 (as in prison populations), 60, or 65. This textbook defines older people as age 65 or older. It must be stated that older persons are different than younger adults. Variability increases dramatically with age. Whereas most 50-year-old adults are quite similar to most other 50-year-old adults, an 85-year-old person is quite different from another 85-year-old adult. In fact, the over 65 population is the most heterogeneous of all **cohorts**.

Historical Development

Societies have long recognized the need to protect themselves, to develop laws and ordinances governing behavior, and to punish those who are lawbreakers. The history of law enforcement can be traced back to ancient times when the family, tribe, or clan assumed responsibility for protecting its members.[2]

The ancient Greeks were the first to develop the practice of city policing. Modern municipal policing originated in New York City in 1844.

The history of aging had its origins in the Archaic period, or the beginning of recorded history. The ancient civilizations of China, India, and Asia Minor bore the hallmarks of their patriarchs in which aging personified achievement. Ironically, just as the ancient Greeks were the first to develop city policing, the Greek physician Galen used the term "gerocomy" in the 1st century A.D. for the medical care of the elderly. **Gerontology** is the modern term used for the study of aging, which was coined in 1903 at the Pasteur Institute in Paris.

Law enforcement programs and the historical development in the field of aging have gone unparalleled until now. What then does aging mean for law enforcement? Life expectancy in 2009 was 78.5 years for both sexes (76.0 for males and 80.9 for females). At age 65 in 2009, additional life expectancy was 19.2 years for both sexes (17.6 for males and 20.3 for females).[3] This represents a gain of more than 30 years in just one century. This gain in life expectancy is unparalleled in the history of mankind.

Historically, like other professions, police training programs usually grew out of problem identification—that is, when enough people are affected by a problem, the response is to solve it.[4] Law enforcement has embraced this concept since police–community relations training programs began in the 1940s.

While one would hardly call the emerging older population in America a "problem," it is a social and societal phenomenon that warrants special attention. There also exists an *opportunity*—the opportunity to respond more effectively to the special needs of older people. Not only do law enforcement officers respond to the criminal victimization of older people, but to their social, psychological, and environmental problems as well. No other age group served by law enforcement presents such unique challenges. With proper training and an attitude of compassion and caring, law enforcement officers can have a profound positive impact on the lives of older people.

THE PERLS SCALE

In responding to the needs of older people, it is important to remember certain key concepts. **PERLS** is an acronym created to help you remember unique law enforcement issues when responding to the needs of older people. PERLS will appear throughout the text whenever one of the five aspects of PERLS is being discussed.

- **P** *stands for prevention.* What are the crime prevention programs and strategies that are best suited for the population you are serving? How can they be implemented?
- **E** *stands for the elder population.* What are the distinct things that you must remember about this population in order to respond to its needs effectively? The first thing you should think of when responding to a

situation involving an older person is that older people are different and will present differently than younger adults, and will have specific fears and concerns. You will need to remember the changes that occur with age, and how to effectively communicate with the older person. Just as important, remember that an older person is just as human as a child or younger adult. Treat older persons with respect and dignity.

- **R** *stands for responsiveness, resources, and referrals.* Be responsive to older people's needs. They have lived a lifetime and should not have to live the end of their lives in any fear or deprivation. What resources are available for older people? Be aware of what services your local municipality and state have to offer older people and make the necessary referrals. The time you take will help to improve the quality of the lives of your senior citizens.
- **L** *stands for life issues.* What are the unique characteristics of the older population you are serving? Are there ethnic considerations? Issues of poverty? Access to transportation problems? Understanding what these life issues are will better prepare you to serve the older population's needs in your area.
- **S** *stands for social issues.* Older people may have less of a social network, due to death of a spouse, family members, or friends. This can lead to depression. The older person may need help with **activities of daily living (ADLs)**. Activities of daily living are defined as basic everyday activities needed to sustain life, such as feeding oneself, walking, dressing, getting up from a chair, and toileting. You will need to find out if the older person has sufficient social support to care for both physical and emotional needs. Evaluate the older person's surroundings, and be on guard for the possibility of elder abuse and neglect. If during your observations of the older person's social issues, you observe deficiencies, make appropriate referrals or take appropriate action (see **Table 1-1**).

Remembering the components of PERLS will provide you with a concise way of remembering the important issues regarding older people. Keep it in mind whenever you are involved with older people, and as you read this text. Using this concept will help you identify important issues, and, if necessary, make appropriate referrals. As a result, you will help the older person maintain, or even improve, his or her quality of life.

ATTITUDE

Older people have unique needs and problems that must be managed with skill and compassion. In order to properly manage these needs, you must educate yourself about the issues involving older people in your precinct

Table 1-1 The PERLS Scale

PERLS	**P** Prevention • What are the crime prevention programs and strategies that are best suited for the older population? • How can they be implemented?
PERLS	**E** Elder Population • Treat the older person with respect and dignity. • Older people are different and will present differently than younger adults. • Older people have specific fears and concerns. • Think about the changes that occur with age. • Remember how to effectively communicate with the older person.
PERLS	**R** Responsiveness, Resources, Referrals • Be responsive to the older person's needs. • What resources are available for older people? • Taking the time to make referrals will help to improve the quality of the lives of older people.
PERLS	**L** Life Issues • What are the unique characteristics of the older population you are serving?
PERLS	**S** Social Issues • Does the older person have a social network? Does the older person have ways to interact socially with others on a daily basis? • Evaluate activities of daily living (eating, bathing, dressing, toileting). • Evaluate the older person's surroundings, and be on guard for the possibility of elder abuse and neglect.

or district. Most importantly, you must have the appropriate attitudes when managing the needs of older people.

It is an honor to be involved in the life of an older person in any way. Your attitude as a law enforcement officer must reflect this. Just as it is your responsibility to manage a crime involving the older person, it is also your responsibility to manage the social, psychological, and environmental needs of the older person as well. With an attitude of caring and compassion, you can have a profound positive impact on the lives of older people.

Attitude Tip—With an attitude of compassion and caring, you can have a profound positive impact on the lives of older people.

Ageism

Dr. Robert Butler coined the term **ageism** in 1969. As Butler originally defined it:

> Ageism can be seen as a systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this with skin color and gender. Old people are categorized as senile, rigid in thought and manner, old fashioned in morality and skills . . . Ageism allows the younger generation to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings.[5]

Even use of the terms "honey," "dear," or "pops" or addressing older persons by their first name without their permission are subtle forms of ageism. It is never appropriate to refer to the older person using these or similar terms, even if you think the older person cannot hear or understand you. The reality of aging is that older people are healthy, active, and continue to be engaged in society long after retirement (see **Figure 1-1**).

> Communication Tip—Referring to the older person as "honey," "dear," or "pops" or addressing older persons by their first name without their permission are subtle forms of ageism.

Using derogatory terms, speaking in a condescending tone, and having a negative attitude toward older people will undermine the trust that older people have in law enforcement. There may be instances where you are disgusted

Figure 1-1 The majority of people are healthy, active, and continue to be engaged in society after retirement.

Source: © Pixland/Thinkstock.

or disturbed by what you see on a scene. This is no excuse for a negative attitude. It unjustly punishes the person simply for being old—something over which the person has no control. Additionally, if the older person has just suffered a loss or has been the victim of crime, it further adds to the emotional aguish he or she is experiencing.

Attitude Tip—Assess your own attitudes about older people, and improve or change them if indicated.

As human beings, we must understand and accept aging as part of the lifecycle, and as a society, we must reverse the attitude that aging is an affliction. As law enforcement professionals, we must manage the special needs of older people, and educate older people about crime prevention strategies that promote and enhance the quality of life. Law enforcement officers should not treat older people with disdain and disgust, but rather with an understanding of their situations and needs and with the respect they have earned.

When thinking about older people, keep this in mind: A person age 90 has experienced the Great Depression, two World Wars, the Korean and Vietnam conflicts, the Cold War, the civil rights movement, the peace movement, the space age, and the terrorism on our own soil. Older people are unique individuals with a lifetime of experiences. Take time to get to know some of the older people on your beat or in your sector—it will enrich your life. By providing an example of a caring and compassionate attitude toward older people, the law enforcement community can begin to win the battle against ageism.

THE OLDER POPULATION

To understand the older population, you need to understand the demographics of the older population as a whole. This section provides a brief overview of the older population in the United States.

Geographic Distribution

The 13 states with the highest percentage of resident population age 65 and over are as follows:[6]

1. Florida, 17.3%
2. West Virginia, 16.0%
3. Maine, 15.9%
4. Pennsylvania, 15.4%
5. Iowa, 14.9%
6. Montana, 14.8%
7. Vermont, 14.6%

8. North Dakota, 14.5%
9. Arkansas, Delaware, Rhode Island, 14.4%
10. Hawaii, South Dakota, 14.3%

Currently, 12.9% of the U.S. population is 65 years of age and older. Twenty-three states have population percentages of persons over 65 years of age that are higher than the national average. The states with the largest populations of people over the age of 65 are shown in **Figure 1-2**. It is estimated that 50% of older people live in suburbs, 27% live in cities, and 23% live outside of a metropolitan area.[7]

> Attitude Tip—Always attempt to serve as an advocate for older people. Be a positive role model and force for positive changes in the attitudes of others and in the quality of services provided to older people.

Rate of Aging

The number of people over 65 has dramatically increased over the last century. **Table 1-2** illustrates this.

The older population will continue to grow significantly in the future and will burgeon between 2010 and 2030 when the Baby Boom generation reaches age 65. The population 65 and older will increase to 55 million in 2020 and to 72.1 million in 2030. The age 85 and above population is expected to increase
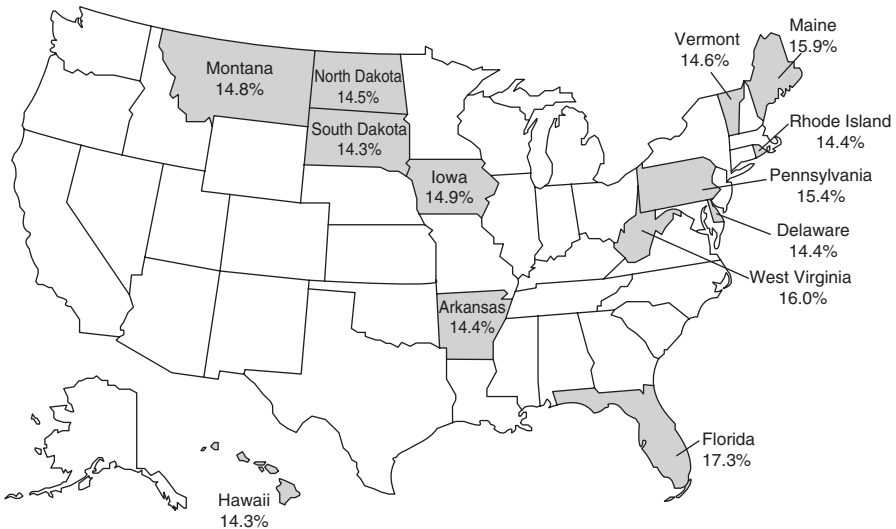
Figure 1-2 The states with the largest populations of people over the age of 65 are highlighted.

Source: © Dr_Flash/ShutterStock, Inc.; Data from US Census Bureau. (2011, November). *The Older Population: 2010.* 2010 Census Briefs. Retrieved from http://2010.census.gov/news/pdf/20111130_slides.pdf.

Table 1-2 Number of Older Adults in the United States in 2008

Age	Number of People	Increase Since 1900
65–74	20.8 million	9.5 times more
75–84	13.1 million	17 times more
85 and older	5.6 million	46 times more

Source: Data from *A Profile of Older Americans: 2010.* Administration on Aging, U.S. Department of Health and Human Services.

from 5.8 million in 2010 to 6.6 million on 2020. Minority populations are projected to increase from 8.0 million in 2010 (20.1% of older people) to 12.9 million in 2020 (23.6% of older people). Between 2010 and 2030, the white population 65 and older is projected to increase by 50% compared to 160% for older minorities, including Hispanics (202%); African Americans (114%); American Indians, Eskimos, and Aleuts (145%); and Asians and Pacific Islanders (145%).[8]

Case Study 2

You are dispatched to the scene of a motor vehicle crash in a residential neighborhood. The fire department and emergency medical services (EMS) are already on location, reporting no injuries. Your scene observations reveal a car that has struck a residence. The car was driven by an 84-year-old female. Your investigation reveals that the driver of the vehicle, while attempting to back the car out from her driveway, accidentally depressed the gas pedal instead of the break, causing the vehicle to careen backward across the street into the neighbor's house. The woman's 90-year-old husband is also on location, and both of them appear to be very distraught.

How do you proceed?

What are your interventional decisions?

Living Arrangements

Older people live in a variety of settings—with family, alone, and in institutions. Each type of living arrangement brings with it a distinct set of concerns which law enforcement officers are called upon daily to manage. For example, those who live alone might fear they are targets for victimization; those who live with family may be the victims of elder abuse and neglect; and those who reside in institutional settings are at the mercy of staff members for their care.

Over half (55.1%) of older non-institutionalized persons lived with their spouse in 2010. About 29.3% of all non-institutionalized older persons lived alone in 2010.[9]

There are a variety of living facilities for older people that provide an array of care, with all of which law enforcement officers must interact.

Active Adult Communities

Active adult communities have become very prevalent in the United States. They are also known as active adult living and active retirement communities. Fees are paid by private funds only. These communities offer age-restricted housing specifically created for seniors who enjoy participating in physical and social activities. The communities boast resort-type amenities, such as golf courses, tennis courts, pools, education classes, bike paths, and restaurants. Often, these facilities have their own private security.

> Attitude Tip—Older adults are vital, generally healthy, contributing members of society and the community.

Independent Living in Senior Apartments

There are a number of rental developments that contain multiple units restricted to lease to those over the age of 55. Individuals who reside in these facilities may want additional physical or emotional security, or prefer to live with other seniors. These complexes often have restricted access and may have someone on duty, such as a desk clerk, 24 hours a day.

Independent Living in Congregate Housing

Independent living in congregate housing may contain convenience services for the residents of the community. Some of the provisions may include meals, housekeeping services, transportation, or social events. Residents may have minor health concerns. They may need the added security of having staff and other residents. This type of housing is typically paid for on a monthly basis by private funds. Independent living is unlicensed and may vary greatly.

Assisted Living

Assisted living is also known as residential care, board and care, and boarding house. Residents residing in these facilities require assistance with one or more of the activities of daily living, or 24-hour supervision to maintain safety. Residents tend to need assistance with medication administration, but not more significant daily medical care. They enjoy the security of 24-hour staffing. Some facilities specialize in the care of Alzheimer's patients or those with other dementias. Fees may be paid for with private funds, supplemental security incomes (SSI), long-term care insurance, or Medicaid. These facilities are typically licensed by each state, and licensing varies by each state. Assisted living facilities may be built as such, or may be contained in regular

Figure 1-3 Example of an assisted living facility.
Source: © Myrleen Pearson/PhotoEdit, Inc.

neighborhood homes (see **Figure 1-3**). Law enforcement should be familiar with the location of such facilities in their posts or sectors, as these facilities can be an easy target for criminals.

Alzheimer's Care Facilities

Alzheimer's care facilities are specialized care facilities for those with signs of Alzheimer's disease or other dementias. The residents of these facilities typically exhibit signs of impaired cognitive ability, forgetfulness, and/or wandering. The facility is designed to prevent residents from wandering off and to maintain safe activities. This may include features such as alarm systems on all doors and hallways that allow residents to wander in a continuous path without obstacles. Private funds, Medicaid, and long-term care insurance typically pay the fees associated with Alzheimer's care facilities. Law enforcement officers may be called to this type of facility for aggressive behavior on the part of a resident or to assist in locating a resident who has wandered off.

Nursing Homes

The term **nursing home** is also known as a skilled nursing facility, convalescent home, or long-term care facility. Residents require 24-hour nursing care and are unable to ambulate without the assistance of a walker, wheelchair, or the assistance of another person in most cases. Residents cannot perform their activities of daily living without assistance. A resident may need therapeutic or rehabilitative services, including speech therapy, physical therapy, occupational therapy, respiratory therapy, or wound care.

In 2009, there were approximately 15,700 nursing homes in the United States comprising some 1,705,808 nursing home beds. Both the federal and state government regulate these facilities to ensure quality of care. Private

funds, long-term care insurance, Medicare, and Medicaid pay for the fees associated with long-term care. Out of all persons 65 years of age or older, 4.1% (1.6 million) live in an institutional setting (see **Table 1-3**).[10] The rate of institutionalization increases with age. Law enforcement officers may be called to this type of residence to investigate abuse and neglect issues.

Income and Poverty

Almost 8.9% (3.4 million) of those 65 and older were below the poverty level in 2009. This number is below the poverty level of 12.9% for those between the ages of 18 and 64. Another 5.4% (2.1 million) of older people were classified as "near poor." Older women are more likely to be impoverished than older men.[11] Income and poverty levels can affect older people's eating habits, upkeep of their homes, and their health care.

Overall Health

In 2009, 41.6% of non-institutionalized older persons assessed their health as excellent or very good (compared to 64.5% for all persons aged 18–64 years). There was very little difference between the sexes on this measure. Most older persons have at least one chronic condition and many have multiple conditions. In 2007–2009, the most frequently occurring conditions among older persons were:[12]

1. Hypertension, 38%
2. Diagnosed arthritis, 50%
3. All types of heart disease, 32%
4. Any cancer, 22%
5. Diabetes, 18%
6. Sinusitis, 14%

Some type of disability (e.g., difficulty in hearing, vision, cognition, ambulation, self-care, or independent living) was reported by 37% of older persons in 2009. Some of these disabilities may be relatively minor, but others cause people to require assistance to meet important personal needs. In 2005, almost 37% of older persons reported a severe disability and 16% reported that they

Table 1-3 Percentage of Older People Living in Institutions

Age in Years	Percentage Living in Institutions
65–74	1.1%
75–84	3.5%
85 and over	13.2%

Source: U.S. Department of Health and Human Services, Administration on Aging. (2011). *A profile of older Americans: 2011*. Retrieved from http://www.aoa.gov/aoaroot/aging_statistics/Profile/2011/docs/2011profile.pdf.

needed some type of assistance as a result. Reported disability increases with age: 56% of persons over age 80 reported a severe disability and 29% of the over 80 population reported they needed assistance. There is a strong relationship between disability status and reported health status. Among those age 65 and older with a severe disability, 64% reported their health as fair or poor.[13]

A study focusing on the ability to perform specific ADLs found that more than 25% of community-resident Medicare beneficiaries over age 65 in 2007 had difficulty in performing one or more ADLs. By contrast, 83% of institutionalized Medicare beneficiaries had difficulties with one or more ADLs and 67% of them had difficulty with three or more ADLs. Limitations in activities because of chronic conditions increase with age.[14] Law enforcement officers may be called to assist emergency medical services personnel with an older person, or may be managing a situation involving an older person on their own.

Use of Healthcare Services

In 2007, about 12.9 million persons aged 65 and older were discharged from short-stay hospitals. This is a rate of 3,395 for every 10,000 persons over age 65, which is about three times the comparable rate for persons of all ages (which was 1,149 per 10,000).[15]

The **old-age dependency ratio** depicts the dependency individuals place on society as they age. It is defined as the number of older people for every 100 adults (potential caregivers) between the ages of 18 and 64. In 2010, there were 22 older people for every 100 "caregivers." By the year 2030, it is projected that there will be 35 older people for every 100 caregivers.[16] The supply of caregivers is not keeping pace with the growth of the older population. The need for caregivers is going to increase, and society is going to have difficulty keeping up with the demand for services as the population continues to age.

SOCIOLOGY OF AGING

Attitudes and Perceptions of Crime and Law Enforcement

What are the attitudes and perceptions of crime by the elderly? Of law enforcement?

These questions are difficult to quantify within the confines of this text. Although the aged have the lowest crime victimization rates, there is disagreement among researchers about the specific fears and perceptions among older people. Some research suggests that older people fear crime less and are more confident in the police than other age groups; other studies report a general fear of crime among both urban and rural older people. There is also research that suggests that older people are aware of crime and alter their lifestyles to avoid becoming victims (e.g., by direct deposit of social security and retirement checks, increased security measures in their homes, and avoidance of being on the street after dark). Other research suggests further that older people feel that the courts are too lenient with sentencing of criminals.[17]

Perhaps this research is difficult to quantify because those over 65 represent the most heterogeneous of all cohorts. For example, those who live in a secured continuing care retirement community may not perceive crime as a daily threat as compared to a widowed elderly woman who lives alone in either an urban or rural setting. There is one question that deserves further thought: If older people are socialized into perceiving themselves as especially vulnerable by society, do these perceptions become self-evident to older people?[18]

Research on the attitudes of the elderly toward the police is also mixed. Some studies suggest that older people who have direct contact with the police hold generally favorable attitudes (regardless of whether this contact was in response to criminal or noncriminal events). Yet, other researchers have found that the greater the frequency of contact with the police, the less favorable were older people's attitudes toward them. One researcher suggests that the indifference to the problems of older people may be at the root of older people's dissatisfaction with police.[19]

The mixed research on the fear of crime and the perceptions of the elderly toward the police gives further credence to the notion that there exists an *opportunity*—the opportunity to understand aging, the fears and concerns of older people, and a chance to quell these fears and intervene with appropriate crime prevention programs. Of particular interest to criminologists and gerontologists is why, after a lifetime of conformity and being law abiding, older people commit criminal offenses for the first time. A discussion of the sociology of aging is offered in order to gain an understanding of the issues affecting individuals as they age.

Lifespan Issues

How individuals perceive life as they grow older has a large effect on their aging process. People who have a healthy attitude may be running marathons when they are 90 years old. Conversely, people who fear growing older may feel useless and depressed. This concept is particularly relevant when considering crime, and the older person's fear of crime. Those who perceive (not falsely) that their neighborhood is safe, and that the police take an active role in community crime prevention programs and who are attentive to the older person's needs, may feel more engaged in society, and, more specifically, in the community in which they live.

Throughout the stages of life, people have emotional reactions to the aging process, especially during major life events. For example, parents who build their lives around their children may have difficulty when their children grow older. The difficulties they may have in dealing with their new lifestyle as the children grow can lead to uncertainty and depression, which have an adverse effect on the aging process. On the other hand, if parents have a healthy attitude and enjoy watching their children grow into adulthood, they will see their role in their children's lives as evolving, not ending. Having a positive outlook on major life events can make the aging process smoother.

Later in life, women undergo **menopause**, and men undergo the lesser known "male menopause," or **andropause**—a time of lessening of testosterone and sexual hormone activity. Just as every individual is unique, these changes affect each individual differently. Individuals in some instances alter their lifestyle, which alters their aging process.

Views about retirement also have an effect on aging. People retire at different ages for different reasons. Economic reasons may influence the choice for some of when to retire. Once people stop working, they need to find another purpose in life. Those with hobbies and interests are better able to enjoy their retirements. Those who feel they have lost their purpose with retirement age more rapidly and with greater difficulty.

The Self in Later Life

As aging occurs, coping with life's changes can be more difficult. How a person controls and copes with the aging process is an important factor in emotional reactions. The personality of the individual determines how well he or she will react to the aging process. How one expects the aging process to occur directly influences the individual's aging process.

End-of-Life Issues

There are several controversial issues with regard to ending one's life to honor the individual's modesty, dignity, self-esteem, and independence. Many feel they should have the right to determine how and when they will die. Late-life suicide often results from the loss of a spouse or the lack of wanting to continue to live with a terminal illness. Euthanasia has been legalized in a few states, but continues to be controversial. The right-to-die movement has focused on all of the various issues; however, not all are accepted.

Law enforcement officers will be involved in deaths concerning older people, or to assist fire and EMS providers at the scene of a cardiac arrest or of an older person who has expired. One document that the law enforcement officer should familiarize him- or herself with is the **do not resuscitate (DNR) order**. Most states have prehospital DNR orders which emergency medical technicians and paramedics are bound by state law to honor. Most DNR orders give specific direction for the EMS provider to follow. To simplify, these DNR orders specify (based on the patient's or the patient's physician's request) the type of care that the EMS provider is able to render. Care may range from palliative (or comfort measures) only to advanced life support procedures up until cessation of breathing and/or pulselessness occurs. As a law enforcement officer, you should familiarize yourself with the type of DNR orders that are in use in your state.

Influences in the Life Course

A variety of factors influence the process of aging. The following sections give an overview of some of these.

Social Class and Life History

The social class and the environment in which a person lives directly influence how that person deals with the aging process (and one would surmise that this also influences the older person's perception and fear of crime). Social institutions and their policies dictate how issues of modesty, dignity, self-esteem, and independence are accepted within the institution's walls.

Race and Ethnicity

Our society is diverse in its ethnic culture. A person's race, ethnicity, and culture will influence how he or she deals with issues (see **Figure 1-4**). In different cultures, the gender of an individual may alter the way the aging process is viewed. In neighborhoods where service is provided to a specific ethnic older group, or a diversified older group, it may be wise to contact community leaders and arrange training so that, as a law enforcement officer, you can understand how the ethnic older population in your precinct or areas perceives the aging process, itself, crime, and law enforcement. In this way, you will gain a better understanding of the population you serve and be better prepared to respond effectively to its needs.

Older Persons on Their Own

As they age, individuals want to maintain their independence as long as they possibly can. As a law enforcement officer, you must be sensitive to the need, and take the older person's wishes for independence into consideration when faced with situations that could negatively impact their independence.

Aging and the Family

The family needs to consider its responsibility to its aging members and take distance of the members into consideration. The nuclear family is often extended miles apart, and younger family members may not be in close proximity to their aging members.

Figure 1-4 Our society is diverse in nature.
Source: © Bob Daemmrich/PhotoEdit, Inc.

Older People Making Choices

The ability of the older person to make sane and rational decisions decreases as the mental capacity of those afflicted by certain ailments, such as dementia, diminishes. When older people make bad decisions, it may cause financial and health problems.

Case Study 3

You are dispatched to an intersection of a reported struck pedestrian. Upon your arrival, EMS is on the scene treating an 82-year-old female who is bleeding from the arm. The injured older woman was attempting to cross the street with the light when a vehicle traveling approximately 20 miles per hour struck her. You note that this is the third time this month that a pedestrian has been struck at this intersection. Your observations reveal a newly opened senior apartment building on one side of the street and a grocery store on the other side of the street.
What are your thoughts?
What are your intervention decisions?

SUMMARY

Older people are a special group in American society who require police assistance. By taking the time to study the issues involved in the aging process, and how crime impacts older people, you are increasing your knowledge beyond that of your initial academy and preparing yourself to properly manage the diverse needs of the older population you serve. One day, you and your parents, siblings, friends, and extended family will be part of the older population, perhaps needing the services of law enforcement. The measures you take to improve the law enforcement response to the needs of the older population today will shape the law enforcement response you may receive tomorrow. By being aware of opportunities for prevention, you can have a positive impact on the lives of the older population you serve.

Attitude Tip—"One hallmark of a civilized society," it was said, "is its willingness to care for its poor, ill, elderly . . . and handicapped."
                                                              —*Saturday Review*, May 1970

CASE STUDY SUMMARIES

Case Study 1 Summary

Wanting to make a difference with the population you serve is the first step. Given that you have a large number of older people in your precinct, including several high-rise senior apartment complexes and a senior center, there are

several things that you (and your department) can do to have a positive impact on the older people in your precinct. One thing that can be done is to visit each of the senior high-rise complexes. This will give the management at these facilities a chance to meet you and for you to get to know them. This will result in developing a positive rapport. It will also provide you with the opportunity to review the security measures in place at the facilities and to make necessary recommendations for improvement. You may also have the opportunity to meet some of the residents, and hear their concerns and fears about crime. It will also show the residents that you are concerned for their wellbeing. When visiting the senior center, find out when it will have a fair or expo, and involve your department by displaying a booth with crime prevention literature.

Case Study 2 Summary

There are several ways you could proceed with this incident, one of which is to charge the driver with failure to control her vehicle (and any other applicable statute) and clear the scene. But would this get to the cause of *why* this accident occurred? It may not, and it would not prevent a reoccurrence. There may be some underlying disease process that caused the driver to pass out, or the driver's reaction time may be impaired. A more judicious way to proceed may be to take both driver and spouse back to their home and evaluate alternatives to the woman driving without threatening her independence. Inquire if there are adult children or other family who could do errands. This will also allow evaluating what other services both may need to maintain themselves in the community. Make any necessary follow-up calls for services that may be necessary. Unfortunately, though, this may be a case where you will have to intervene with the state motor vehicle administration for the person's own safety, and for the safety of others. If this is the case, an attitude of caring and compassion will make it easier.

Case Study 3 Summary

Your observations at the scene revealed a newly opened senior apartment complex on one side of the street and a grocery store on the other side of the street. This should arouse your suspicion that perhaps the traffic light at the intersection is not long enough for older pedestrians to cross, or that there may be obstructions to motorists. In this case, there is an excellent opportunity to prevent a potentially serious or fatal pedestrian accident from occurring. Contact the local or state bureau of highways so that an evaluation of the intersection can be made. The solution may be as simple as extending the time allowed in the crosswalk.

ENDNOTES

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RESOURCES

Administration on Aging (www.aoa.gov)

Aging Network Services (www.agingnets.com)

Alzheimer's Association (www.alz.org)

American Association for Retired Persons (www.aarp.org)

American Federation for Aging Research (www.afar.org)

American Geriatrics Society (www.americangeriatrics.org)

American Senior Fitness Association (www.seniorfitness.net)

American Seniors Housing Association (www.seniorshousing.org)

American Society on Aging (www.asaging.org)

Assisted Living Federation of American (www.alfa.org)

Children of Aging Parents (www.caps4caregivers.org)

Family Caregiver Alliance (www.caregiver.org)

Gerontological Society of America (www.geron.org)

Hospice Foundation of America (www.hospicefoundation.org)

Indian Health Service (www.ihs.gov)

Leading Age (www.leadingage.org)

National Aphasia Association (www.aphasia.org)

National Asian Pacific Center on Aging (www.napca.org)

National Association of Area Agencies on Aging (www.n4a.org)

National Association of State Units on Aging (www.nasua.org)

National Caucus and Center on Black Aged (www.ncba-aged.org)

National Center on Elder Abuse (www.ncea.aoa.gov)

National Council on Aging (www.ncoa.org)

National Hispanic Council on Aging (www.nhcoa.org)

National Indian Council on Aging (www.nicoa.org)

National Institute on Aging (www.nih.gov/nia)

National Stroke Association (www.stroke.org)

The National Consumer Voice for Quality Long-Term Care (www.theconsumervoice.org)

U.S. Census Bureau (www.census.gov)

KEY TERMS

active adult community: A community that offers age-restricted housing specifically for seniors who enjoy participating in physical and social activities; also called active adult living and active retirement community

activities of daily living (ADLs): Basic, everyday activities needed to sustain life, such as feeding oneself, walking, dressing, getting up from a chair, and toileting

ageism: Stereotyping of, and discrimination against, people who are old

Alzheimer's care facilities: Specialized facilities for those with signs of Alzheimer's disease or dementia

andropause: A lessening of testosterone and sexual activity in males later in life; also known as male menopause

assisted living: A residential facility that provides residents with assistance with activities of daily living; also known as residential care, board and care, and boarding house

cohorts: Persons who experience the same significant life event (i.e., birth, marriage) within a specified period of time

do not resuscitate (DNR) order: Written documentation giving permission to medical personnel not to attempt resuscitation in the event of cardiac arrest

gerontology: The study of aging

menopause: The process later in a woman's life during which menstruation ceases

old-age dependency ratio: The number of older people for every 100 adults between the ages of 18 and 64

nursing home: A facility where residents receive 24-hour nursing care; also known as a skilled nursing facility, convalescent home, or long-term care facility

PERLS: A concept developed to assist the law enforcement officer when responding to calls for service to older people. PERLS has five components: P—prevention; E—elder population; R—responsiveness, resources, referrals; L—life issues; S—social issues