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Encounters Between the Elderly and Law Enforcement

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Abstract

The elderly population is growing dramatically throughout the world. Out of this growth comes

an increase in the number of encounters between the aged and law enforcement. These

encounters occur because of a variety of factors including mental illnesses and addictions.

Furthermore, older adults may be victims as evidenced in different forms of abuse such as

physical, emotional, or financial abuse. Sadly, some documentation exists that older adults are

committing more crimes. Multiple reasons have been postulated for these crimes including

poverty, jealousy, and boredom. All of these different situations with the aged have created an

increase in the number of encounters between the elderly and law enforcement. Different

programs exist that can be used to train law enforcement professionals to identify and help the

elderly who are in need of assistance. Regardless of the program used, law enforcement can

improve their ability to protect and serve this vulnerable and growing segment of the population.

The elderly need the help of law enforcement and this need will continue to increase as the

elderly population grows.

Keywords: elderly, aging, geriatric, law enforcement, police, victims, criminals, mental

illness, addictions, community programs, crisis intervention team training

Encounters between the Elderly and Law Enforcement:

An Overview of Mental Illness, Addictions, Victims, and Criminals Obvious to many, the aging population is increasing dramatically in numbers and percentages across the world (Kettaneh, 2015; Rutherford, 2012; Shrestha & Heisler, 2011; TRIP, 2018; United Nations, 2012). Professionals estimate that people over 65 years of age will constitute 20% of the population by 2020 and will continue to increase after that (Bourns, 2000; Lavretsky, 2018). With the increases in the aged population, it is prudent to expect an increase in the encounters between the elderly and law enforcement. These encounters will occur in many manifestations. The specific encounters briefly addressed herein include those related to mental illness, addictions, victims, and criminals. To complicate the situation, these manifestations may also have considerable overlap such as the mentally ill person who is the victim of a crime or the opioid-addicted individual who steals to survive. It is important to note that this is a compendium of issues and it is not an exhaustive presentation of all of the possible encounters between the elderly population and law enforcement professionals.

The parameters of the aging population differs from study to study and organization to organization. (Acierno et al., 2010; TRIP 2018; World Health Organization, 2018a). Typically, 65 and older is considered the standard. With the increase in the human lifespan, some researchers specified 75 or 80-years-old as the point of significant aging. The literature related to older persons in jail often considered 50-years-old as the beginning point of the aging population because of the severity and difficulties of life behind bars (please see the article by Hanser and Hu in this special issue on Aging in the *Contemporary Southern Psychologist* for a more detailed discussion of the elderly who are incarcerated). The literature utilized herein primarily

documented 65 and older as the age group of interest. A few articles that are mentioned

incorporated 60 to 64-year-olds as well and these articles were included because of the depth of

helpful information they provided.

Mental Illness

According to the World Health Organization (2018b), there is a worldwide increase in the

number of persons suffering from a mental illness. These individuals are often referred to as

consumers (Bonner & Johnson, 2013). The estimates suggested that 15% of elderly individuals

suffer from a mental illness (World Health Organization, 2017). Despite the increase in

consumers, there has been a drastic decrease in affordable services and available mental health

beds at hospitals (Bonner & Johnson, 2013; Louisiana POST Council, 2018; Torrey, 1997). As a

result, this trifecta of situations provides a forewarning of increased encounters between law

enforcement officers and the elderly whether they are consumers, victims, addicts, criminals, or a

combination of these (Bonner & Johnson, 2013; Cordner, 2006; Louisiana POST Council, 2018).

The most common mental disorders in the elderly are depression at 7% and dementia at

5% (World Health Organization, 2017). Girgus, Yang, and Ferri (2017) found that gender

differences in depression rates continue into old age with women diagnosed with depression

more than men. Depression is not a requirement of getting older and should never be considered

normal. Unfortunately, depression in the elderly is often ignored by primary care treating

professionals. To improve the quality of life of elderly patients, treating professionals should

always assess for depression. A proactive program including social supports should be utilized

to reduce the occurrence and debilitating effects of depression in the elderly. Law enforcement

encounters with elderly individuals who are depressed may be tragic because it may be in the

form of attempted or completed suicide. Some of the depressed elderly individuals may also resort to suicide by cop.

Dementia occurs in more than one form but the most recognizable may be Alzheimer's dementia. The World Health Organization (2017) estimated that more than 50 million people suffer from some form of dementia and Alzheimer's dementia accounts for approximately 70% of these cases. Alzheimer's dementia involves cognitive impairment which is manifested in problems with memory, thinking, and acting (Alzheimer's Association, 2018). Treatments include medications, environmental manipulations, caregiver training, and support groups. It is common for individuals with Alzheimer's dementia to wander and become lost. At this point, family members may contact the police to help find their loved one or the police may find the person wandering and try to assist in getting them home. In these cases, the goal of law enforcement involvement is to help the individual get home before a tragedy occurs.

In the aged, anxiety disorders occur nearly as often as dementia at a rate of almost 4% (World Health Organization, 2017). However, anxiety disorders do not get the attention that Alzheimer's dementia garners. Not surprisingly, anxiety was found to impact memory in older adults (Herrer, Montorio, & Cabrera, 2017). These authors also found older adults with anxiety remembered more events with negative associations than with positive associations. As with other disorders, anxiety in the elderly should be actively screened and treated. Disorders and disabilities should not be accepted without treatment just because someone is over 60-years-old. Typically, law enforcement officers are not called for help for someone with an anxiety disorder only. But, when an anxiety disorder is present with another disorder such as depression, the possibility of an encounter with law enforcement increases.

Psychotic disorders including schizophrenia and delusional disorders involve distorted thinking and loss of contact with reality. Most schizophrenic patients are younger in part because individuals with this disorder do not tend to have a long life. In elderly patients, diagnosing and treating these disorders can be particularly problematic because of interrelated and compounding issues of a neurological, biological, and psychosocial nature (Mendez, von Gunten, & Antunes, 2015). One researcher succinctly stated, "Still too often, older patients with schizophrenia are seen as lost cases, although they should deserve our respect for having survived into old age with an illness as severe and disruptive as schizophrenia." (Meesters, 2017, pp. 511). Crisis Intervention Team (CIT) police officers routinely answer calls for service that involve someone with schizophrenia. In keeping with the low prevalence rates, only approximately 5 – 10% of these calls involve an elderly individual (M. Fendall, personal communication, October 18, 2018). However, these calls still have the potential for danger for the elderly individual and the police.

Early diagnosis is important with any disorder including mental disorders (Alzheimer's Association, 2017; Mendez, von Gunten, & Antunes, 2015; World Health Organization, 2017). Education about the disorder is critical for the individual with the diagnosis, family members, and/or other caregivers. The World Health Organization identified several disorders as needing improvements in programming including depression, psychoses, dementia, and substance use disorders. Improvements in these areas can produce benefits for the elderly and may help reduce their negative encounters with law enforcement.

Addictions

The World Health Organization (2017) cited 1% of the worldwide elderly population suffer from some form of substance abuse. Importantly, they also stated that the misuse of substances in the elderly is often ignored or incorrectly diagnosed. This cited percentage appears relatively miniscule. However, when considering the size of the elderly population, this percentage equates to millions and millions of individuals who need help.

The National Survey on Drug Use and Health provides a plethora of information including some age-related characteristics (SAMHSA, 2017). The data are divided into lifetime use, past year use, and past month use. And, the detailed age characteristics include ages 60 to 64 and 65 and above. Many researchers utilize this data as they investigate specific areas of drug use. The most recent survey provided information through the year 2017.

According to this national survey (SAMHSA, 2017), the most commonly used drug by individuals 60 and older was alcohol. Over 60% of those surveyed admitted consuming alcohol during the past year. More importantly, almost 20% of 60 to 64-year-olds and over 11% of individuals aged 65 and older admitted to binge drinking during the past month. Furthermore, almost 5% of 60 to 64-year-olds and almost 3% of individuals 65 and older admitted to heavy drinking in the past month. Binge drinking was defined as five drinks for males and 4 drinks for females. Heavy drinking was defined as binge drinking more than five days in the past month. All of the percentages were higher for the 60 to 64 age group than the 65 and older age group. Alcohol consumption by itself is not illegal for these age groups. It is acceptable in most jurisdictions in the U.S. once a person has reached the legal age of consumption which is usually age 21. Often when people think about alcohol abuse, they think of young adults or possibly

middle-aged men. In 2015, Kettaneh warned that alcohol abuse is not a disorder reserved for the

young. Older adults suffer from alcoholism as well. They also have unique problems and

complications as a result of the aging process combined with alcoholism including hypertension,

falls, and dementia. Kettaneh made a strong case for counselors to become educated and

proficient in treating alcohol abuse within the elderly population.

       Reinforcing the concern of elderly alcoholism, Dombrowski, Norrel, and Holroyd (2016)

documented alcohol abuse as the primary substance misused by elderly psychiatric patients.

During a 10-year-period, they found approximately 12% of elderly psychiatric patients abused a

substance with almost 75% of them abusing alcohol. From this elderly patient total, they found

11% addicted to sedative hypnotics, almost 3% addicted to opioids, and approximately 1%

addicted to cannabis or tobacco. Almost 40% involved an unspecified addiction.

       The progressive legalization of marijuana, i.e. cannabis, may have had an impact on older

adults as well as younger adults. In 2017, an article was published which analyzed the

demographic trends of cannabis users from 2006 through 2013 (Han et al., 2017). The authors

found a significant increase in cannabis usage with persons aged 65 and older. From 2006 to

2013, the cannabis usage increased 250%. This significant increase should forewarn

professionals to become knowledgeable and competent to treat cannabis addictions in the elderly.

This increase is also particularly problematic for law enforcement because of the contradictions

in laws between some states and the federal government.

       A recent study documented the types of substances that were consumed by the elderly

who had been referred for addiction treatment (Saberi, FaniSaben, Mousavinasab, Zarghami, &

Taraghi, 2018). All of the participants who had been referred for addiction treatment had abused

opioids. Of these people, 65% admitted to using tobacco products and 31% drank alcohol.

Almost 27% of them admitted to using some form of sedative.

The opioid epidemic is abundant within younger age groups but the elderly are not

immune. Psychiatrists Suryadevara, Holbert, and Averbuch (2018) bemoaned the drastic

increase in opioid prescriptions, abuse, and overdoses within the aging population. However,

they did not recommend for physicians to quit prescribing opioids to elderly patients entirely.

Instead, they stated the following: "We advocate strongly for vigilance in oversight, monitoring

closely for warning signs of misuse, and thorough documentation." (pp. 16). They emphasized

that 80% of elderly long-term care patients have significant pain. They clearly stated there are

appropriate situations to prescribe opioids for pain management, especially in end of life

(hospice) care.

Research and review articles have not focused on the use of tobacco products recently as

much as they did in the past. However, SAMHSA continues to include the use of tobacco

products in the National Survey (SAMHSA, 2017). Tobacco products include cigarettes, cigars,

and snuff. Between 66 to 71% of elderly respondents admitted to tobacco use at some point in

their lives. Of particular interest is the past year and past month usage of tobacco products in the

elderly. The survey documented a past year usage of 14 – 22% and a past month usage of 12 –

20%. As with other substances, tobacco can complicate health conditions especially in the

elderly. Tobacco cessation should be a consideration even in the geriatric population. The

elderly are unlikely to encounter the police because of the use of tobacco. However, it is

informative that some elderly individuals continue to use tobacco products. Often CIT officers

will utilize cigarettes as a bargaining tool. With this confirmation that some older adults

continue to use tobacco, CIT officers can continue to use these products as they attempt to

deescalate crisis situations.

Addictions in the elderly are not limited to drug substances only. Gambling is another

addiction of concern (eSauvaget et al., 2015). The prevalence estimates of a gambling disorder

in the elderly ranges to a high of almost 11%. The elderly primarily choose casinos and bingo

for their gambling activities. As of 2015, online gambling had not been identified or researched

within the elderly population. But, eSauvaget et al. (2015) did identify an 83-year-old individual

with an online gambling disorder who began his online gambling habits when he was 80-

yearsold. The authors proposed that this is not an anomaly. They postulated that online

gambling is an under-reported and under-investigated phenomena. The common physical

problems inherent with aging such as mobility difficulties make online gambling an easy option

for older adults. Many people over 60 may choose to gamble online because of these physical

problems, loneliness, and isolation. Sadly, engaging in online gambling will only exacerbate

problems of isolation and depression. The authors encouraged research and development of age-

specific treatments for online gambling addictions in the elderly.

Interestingly, circadian rhythms may provide a key to addiction treatments in the young

and the aged (Gulick & Gamsby, 2018). The human bio-clock has provided another avenue for

addiction treatment as it now appears to influence the reward systems of drugs. Research is

proving beneficial in this area.

However, the largest gap in knowledge is in our understanding of how age mediates the

interactions of the circadian and reward systems. Melatonin levels, chronotype, and

addiction patterns all vary with age, but almost all work has been done in young adults,

and in adult animal model systems. More recently, research has begun to examine the

importance of the adolescent night owl chronotype in addiction, but more studies are

needed, and almost no work has been done in elderly adults or comparable model

systems (Gulick & Gamsby, 2018, pp. 137)

This information reinforces the need for more research and evidence-based treatment for

addictions within the elderly population.

In the sample of 17,000 elderly persons identified by Ghossoub and Khoury (2018),

slightly over 2% had a substance use disorder as compared to the approximately 12% who had a

psychiatric disorder. This percentage regarding substance abuse is double the World Health

Organization's (2017) estimations. Within this 17,000 person sample, almost 11% had received

mental health treatment in the past year but only 0.1% had received alcohol abuse treatment. The

previously mentioned National Survey contained similar results but they identified that

approximately 2% of elderly individuals had received some form of substance abuse treatment

during the past year (SAMHSA, 2017). This lack of substance abuse treatment for the elderly is

troubling. This overall situation of addictions makes some elderly individuals more vulnerable to

negative encounters with law enforcement.

Victims

The elderly can be particularly attractive targets for criminals. They are a vulnerable

population who may not have the knowledge, cognitive abilities, or physical strength to avoid

becoming a victim of crime. In a cursory review of FBI databases, the most frequent articles

associated with law enforcement and the elderly focused on fraud. Many types of fraud exist

including home improvement scams and identity theft. Acierno et al. (2010) found over 5% of

elderly respondents admitted being the victim of financial fraud committed by family members.

According to the 2017 revised bulletin on identify theft, the number of elderly victims increased

from 5% to almost 6% between 2012 and 2014 (Harrell, 2017). They were the only age group to

have a significant increase during this timeframe. The vast majority of these cases involved the

misuse of existing credit cards and bank accounts. Unfortunately, most of these cases are never

reported to the police.

Elder abuse is a crime. The American Association of Retired Persons (AARP) has

warned about elder abuse estimating 10% of older adults have been a victim (Schmitt, 2017).

They especially warned about abuse from hired caregivers. In 2010, the National Elder

Mistreatment Study was conducted in the U.S. (Acierno et al., 2010). The authors emphasized

the prevalence of many forms of elder abuse including physical, financial, and sexual abuse.

Their results documented the following: almost 5% experienced emotional abuse, slightly under

2% reported physical abuse, and less than 1% claimed they were sexually abused. Greater than

all of these was the percentage of elderly individuals who reported being neglected during the

previous year, which was over 5%.

The National Center on Elder Abuse (NCEA, 2018) is a government supported resource

through the U.S. Administration on Aging. The NCEA (2018) also cited that 10% of senior

citizens were the victim of elder abuse. Based on census data, this percentage equates to over 4

million elderly adults who are victims. Even more disturbing, Acierno et al. (2010) found that

50% of elderly persons with dementia would be the victim of some form of abuse.   The

NCEA (2018) was clear in stating that elder abuse is underreported. This is reinforced

previously by the World Health Organization (2017) who estimated that almost 16% of elderly

individuals suffer some form of elder abuse. They also believed that this percentage is an

underestimation. The World Health Organization (2018a) stated that elder abuse occurs more in

residential facilities than in other environments. And, they do anticipate increases in elder abuse

throughout the world as the elder population increases.

The website for the NCEA (2018) provides many resources and fact sheets to help

prevent elder abuse or to assist if abuse has occurred. Their resources address a variety of areas

including crime, neglect, disabilities, and domestic violence. The World Health Organization

(2018a) also promotes training for providers of elderly services, respite for family caregivers,

and public and professional awareness campaigns. Adult Protective Services are available in

most states. And, law enforcement agencies usually have divisions or officers specifically

designated to work with elderly citizens.

The elderly may also be victims in motor vehicle accidents, even if they are the ones

driving. The number of people who are over 65 and driving in the U.S. increased by almost 40%

from 2006 to 2016 (TRIP, 2018). The largest increases in drivers over 65 were found in

Louisiana at 44%, Arkansas at 28%, and South Carolina at 28%. According to the most recent

statistics, there have been increases of elderly drivers of 20% or more in 19 states. With more

drivers, there are more accidents. The elderly are especially vulnerable in car crashes due to

poorer overall health and fragility. The geriatric driving population has the tendency to travel at

off-peak times. But, with increased traffic congestion, the times that are available for them to

drive become less and less. Unfortunately, elderly men and women tend to live beyond their

driving abilities by 7 to 10 years. Transportation mobility makes a tremendous impact on the

elderly population's quality of life. Once they cannot drive, their interactions with others

decreases greatly. According to TRIP, there are ways to improve safety for geriatric drivers.

Vehicle technology such as blind spot warnings helps the elderly avoid accidents. Roads that are

in good repair with adequate markings and sufficient lighting are important. And, some states

have found better results when elderly drivers are required to renew their driver's licenses

inperson. Many of these individuals will self-select to no longer seek a license and will stop

driving of their own volition. Law enforcement may help the families of older adults by

referring the elderly individual to the Department of Motor Vehicles if driving ability is of

concern.

Criminals

While the elderly are more often viewed as victims, they may also commit criminal

actions. Speiser (2015) wrote a business article entitled "The World's Elderly are on a Crime

Spree". One specific major heist of jewelry and money involved nine thieves ages 43 through
76. Speiser promulgated that the aged respected the law in the past but now they demonstrate a

growing disregard. He stated that the commission of crimes is on the increase among older

individuals in the U.S. and throughout the world. South Korea experienced a 40% increase in

violent crimes committed by senior citizens between 2011 and 2013. In Japan, crimes by the

elderly have doubled since 2003. In England, the incarceration rates of the geriatric population

increased three times more than the rates for other age groups in the general prison population.

Speiser attributed these increases to inadequate income, increased expenses especially in food

and medical costs, boredom, and jealousy of other affluent elderly persons.

One recent article entitled "Granny Dealing Drugs on the Government's Dime: Why

Medicare and Medicaid Should Have Safeguards in Place to Prevent Abuse" addressed the

elderly as criminals (Campbell, 2017). In this article, Campbell emphasized the increased ease

with which elderly patients can receive prescriptions for pain medications. Often they can

receive large quantities of these medications which is not possible for younger patients. In

addition, Medicare and/or Medicaid do not closely monitor these prescriptions. Compounding

the problem is the fact that most of these elderly patients live on a small, fixed income. These

factors set the stage for elderly drug dealers. Extrapolating estimates from the U.S. Government

Accountability office, approximately 650,000 elderly individuals across the U.S. may be

obtaining prescription medications to sell for profit. Interesting, Louisiana is one of the few

states with mandatory disclosure laws which attempt to prevent patients from doctor shopping

for prescriptions. In conclusion, Campbell made a plea for better oversight and management of

these medications with the elderly to reduce fraud and protect taxpayers' money.   In

further consideration of the elderly as criminals, Ghossoub and Khoury (2018) conducted

several analyses based on the National Survey on Drug Use and Health from 2006 through

2014. "…there is increasing evidence that older adults are committing more offenses and

violent crimes leading to an increased frequency of arrests in late life" (Ghossoub & Khoury,

2018, pp. 211). The sample size of people who were 65 and older was impressive at more than

17,000 individuals. Of these, only 5% admitted to committing a criminal offense or being

arrested during the previous year. Drunk driving was found to be the most common criminal

offense by the elderly with a prevalence rate of 18% of the total reported arrests. Similarly, 12%

were arrested for being drunk. Additional arrests of interest included vehicle theft at 8%,

burglary at over 6%, and larceny and other assaults both reached 5.8%. Serious violent offenses

reached 5.6% and was defined as "aggravated assault, rape, homicide, or manslaughter"

(Ghossoub & Khoury, 2018, pp. 214). Previously, Campbell (2017) stressed the concern of the

aged defrauding the government by obtaining prescription medications to be sold for profit.

Ghossoub and Khoury (2018) found that 3.9% of the elderly population who admitted to being

arrested during the past year were arrested for the possession and sales of drugs. Obviously, with

more criminal activity, there will be more encounters between the police and the elderly.

The Law Enforcement Response

In 2000, Bourns emphasized the importance of police providing services for the elderly.

He stressed the growing elderly population and the value of a different approach for law

enforcement and elderly interactions. Law enforcement officers should be trained in methods to

address elder abuse and protocols for Alzheimer's patients. In 2014, this call is reiterated

(Brown, Ahalt, Steinman, Kruger, & Williams, 2014). These authors emphasized the police as

the front line for geriatric healthcare in the community. Included in their study were all calls for

service with the elderly including first responder calls related to health conditions. In this

research, over 80% of the law enforcement officers stated they had been trained in issues relating

to the elderly. However, only 32% considered themselves knowledgeable in this area. The

police requested more training in elderly health conditions and in available community resources.

In a follow-up study, Brown et al. (2017) evaluated a training program for police that

focused on geriatric issues. This short training program was associated with a comprehensive

CIT program. Forty-five percent of officers who attended the training reported having daily

interactions with the elderly. According to post-test scores, knowledge of aging issues did

increase. Through this brief two-hour training, officers felt more prepared to respond to elderly

individuals.

Since 2006, law enforcement officers throughout Louisiana have been taught about mental illnesses including some elderly conditions (Bonner & Johnson, 2013; Region VIII Mental Health Community Response Task Force, 2010). In northern Louisiana, the primary program has been conducted as part of the Northeast Delta Crisis Intervention Team Training Programs. This 40-hour training program provides law enforcement officers with knowledge and experiential training on mental illnesses, substance abuse disorders, and Alzheimer's dementia. Over the 12 years since its inception, this program has conducted almost 50 of the week-long trainings and trained over 1000 officers, dispatchers, and other public safety personnel (Bonner & Johnson, 2018). This CIT program has also sponsored continuing education in elder issues such as the Silver Alert program. The course evaluations, post-test scores, and anecdotal stories over the years have substantiated the value of this program for training officers in a myriad of crisis situations including encounters with the elderly.

Hamm, Wylie, and Brank (2018) researched the level of confidence aging persons had in law enforcement and the courts. They linked positive perceptions with cooperation and compliance; both of which are important to successful encounters with the police. According to their research, they found that older individuals documented a greater trust in law enforcement than younger individuals. They suggested that further research is warranted before statements can be made to suggest that this trust and confidence will increase crime reporting by the elderly.

Conclusions

The evidence is substantial: The elderly population is growing. It is not unreasonable to expect an increased number of encounters with law enforcement as these geriatric numbers increase. Some sources emphasized deinstitutionalization as the main reason there are more

encounters between the police and citizens of any age (Cordner, 2006; Louisiana POST Council, 2018; Torrey, 1997). This may be accurate for individuals with a mental illness or addiction but it does not explain all of the possible reasons for an increase in encounters with law enforcement. It is not uncommon for the elderly to be a victim of a crime and need police assistance. And, some articles have documented the increase in the number of elderly persons as criminals. All of these situations elucidate the main point: The elderly population is growing and will continue to do so. Finding ways to help the geriatric population get the help they need will be one important step toward reducing negative encounters with the police.

A recurrent theme with the elderly is that conditions and disorders are often ignored, misdiagnosed, or inappropriately treated. Education is critical to combat these failures. Elderly persons and their caregivers need to be taught regarding what is normal and abnormal in the aging process. Treating professionals need good training related to the elderly and the manifestation of disorders specific to the aging population. Public awareness campaigns will also be helpful. Law enforcement professionals need training about the elderly including information on identifying behaviors related to illnesses and addictions, victim characteristics, and criminal manifestations. More evidence-based research is needed to guide all of this education.

With the increase in numbers of the elderly population and the critical absence of appropriate resources, there will be no lack of customers, clients, or patients for the treating professional who chooses to specialize in this demographic. If someone wants their work to make a difference, a career serving the elderly population should prove to be both satisfying and rewarding.

The ultimate goal for law enforcement professionals is to protect and serve the citizens. The elderly are one of the most vulnerable subgroups of these citizens. Additional knowledge regarding disorders and victimology among the elderly will enhance the service that law enforcement provides to the aged. Increasing the positive encounters between law enforcement and the elderly is an admirable and respectable goal.

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