

Encounters between the Elderly and Law Enforcement:
An Overview of Mental Illness, Addictions, Victims, and Criminals

Mkay Bonner

University of Louisiana at Monroe

Mark S. Johnson

University of Louisiana at Monroe

Authors Note

Mkay Bonner, Departments of Criminal Justice and Psychology, University of Louisiana at Monroe.

Mark S. Johnson, University Police Department and Department of Criminal Justice, University of Louisiana at Monroe.

Correspondence concerning this article should be addressed to Mkay Bonner, Departments of Criminal Justice & Psychology, University of Louisiana at Monroe, Monroe, LA 71209. Contact: bonner@ulm.edu

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

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

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 (Herrera, 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. However

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. In addition, 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 four 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

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

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 the 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. Nevertheless, eSauvaget and associates (2015) did identify an 83-

year-old individual with an online gambling disorder who began his online gambling habits when he was 80-years-old. The authors proposed that this is not an anomaly. They postulated that online gambling is an under-reported and under-investigated phenomenon. 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 fo(ba).-3(ve)4(.30009.eera)4(1 st)-4(re)7(n)-9(g)10(th t)-3(o a)4

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 and associates (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. The World Health Organization (2017) who estimated that almost 16% of elderly individuals suffer some form of elder abuse reinforces this previously. 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. In addition, 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. Moreover, 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.

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.

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.

- Cordner, G. (2006). *People with a mental illness*. Community Oriented Policing Services; Problem-Oriented Guides for Police. The U.S. Department of Justice.
- Dombrowski, D., Norrell, N., & Holroyd, S. (2016). Substance use disorders in elderly admissions to an academic psychiatric inpatient service over a 10-year period. *Journal of Addiction, 2016*. doi: 10.1155/2016/4973018
- eSauvaget, A., eJimenez-Murcia, S., eFernandez-Aranda, F., eFagundo, A., eMoragas, L, eWolz, I., ... Menchon, J. (2015). Unexpected online gambling disorder in late-life: A case report. *Frontiers in Psychology, 6*, doi: 10.3389/fpsyg.2015.00655
- Ghossoub, E., & Khoury, R. (2018). Prevalence and correlates of criminal behavior among the non-institutionalized elderly: Results from the national survey on drug use and health. *Journal of Geriatric Psychiatry, 31*(4), 211-222.
- Girgus, J., Yang, K., & Ferri, C. (2017). The gender difference in depression: Are elderly women at greater risk for depression than elderly men? *Geriatrics, 2*(4), 35.
- Gulick, D., & Gamsby, J. (2018). Racing the clock: The role of circadian rhythmicity in addiction across the lifespan. *Pharmacology & Therapeutics, 188*, 124-139.
- Hamm, J., Wylie, L., & Brank, E. (2018). Measuring older adult confidence in the courts and law enforcement. *Criminal Justice Policy Review, 29*(3), 301-316.
- Han, B., Sherman, S., Mauro, P., Martins, S., Rotenberg, J., & Palamar, J. (2017). Demographic trends among older cannabis users in the United States, 2006-13. *Addiction, 112*(3), 516-525.
- Harrell, E. (2017). *Victims of Identity Theft, 2014*. Bureau of Justice Statistics Bulletin. U.S. Department of Justice.

- Herrera, S., Montorio, I., & Cabrera, I. (2017). Effect of anxiety on memory for emotional information in older adults. *Aging & Mental Health, 21*(4), 362-368.
- Kettaneh, A. (2015). Substance abuse among the elderly population: Overview and management. *Journal of Applied Rehabilitation Counseling, 46*(4), 11-17.
- Lavretsky, H. (2018). Geriatric psychiatry introduction: Neuropsychiatric disorders of aging. *Psychiatric Times, 35*(1), 15-21.
- Louisiana POST Council. (2018). *The Louisiana POST Police Officer Training Manual*. Baton Rouge, Louisiana: Louisiana POST Council.
- Mendez, M., von Gunten, A., & Antunes, M. (2015). Schizophrenias and delusional disorders amongst the elderly. *Swiss Archives of Neurology, Psychiatry and Psychotherapy, 166*(4), 113-125.
- Meesters, P. (2017). Healthy older schizophrenia patients: Exceptions to the rule? *The American Journal of Geriatric Psychiatry, 25*(5), 510-511.
- National Center on Elder Abuse. (2018). U.S. Administration of Aging. Retrieved from <https://ncea.acl.gov/>
- Region VIII Mental Health Community Response Task Force. (2010). *Northeast Delta CIT Training Manual*. Monroe, LA: Region VIII Mental Health Community Response Task Force.
- Rutherford, T. (2012). Population ageing: Statistics (Report to the House of Commons, pp. 1-8). Retrieved from www.parliament.uk/briefing-papers/sn03228.pdf
- Saberi, M., FaniSaben, L., Mousavinasab, N., Zarghami, M., & Taraghi, Z. (2018). Substance use disorders in the elderly people referring to addiction treatment clinics, 2017. *Directory of Open Access Journals, 6*(2), 31-40.

SAMHSA. (2017). *National survey on drug use and health, 2017*. Center for Behavioral Health Statistics and Quality. Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

World Health Organization. (2018b). *Mental Health*. Fact Sheet. The World Health Organization. Retrieved from