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Impact of crime on the rural elderly

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Abstract

Two hundred and seven persons over 65 years of age were interviewed to determine the impact of crime on their lives. The setting was during a much publicised series of assaults on the rural elderly in their homes. Seventy two per cent were upset, 40% of the total were moderately upset and 26% suffered a major upset. Females and those over 75 years old were most upset. Some aspect of change of lifestyle was found in the vast majority.

Introduction

Five years ago, the elderly in Ireland, particularly in rural areas, lived in a relatively crime free environment. They felt safe living alone and leaving their door open to strangers in the traditional fashion. This relative tranquility of rural Ireland was radically shattered in recent years, by a series of attacks, during which elderly persons were robbed and assaulted. Several deaths and severe injuries caused a public outcry, and a police task force was set up in the West of Ireland to counter the attacks. The widely known fact that old age pensioners in rural Ireland hoard money in their homes was a significant stimulus to the recent and ongoing robberies. The purpose of this study was to assess the impact of these attacks and subsequent publicity on the lives of the elderly in the Galway region.

Patients and Methods

One hundred consecutive patients over 65 years of age, admitted to University College Hospital, Galway, having passed a standard mental assessment, were interviewed by two of the authors (EB, GB), using a standardised questionnaire. One hundred and seven persons aged 65 years or over, were similarly assessed when consecutively encountered by 10 public health nurses during domiciliary visits. One person only was interviewed from each household. The study sample comprised 1% of the 20,000 persons who were 65 years or over in County Galway.

The interviewers own assessment of the impact of crime on those interviewed was recorded as nil, moderate, or major upset. A major upset consisted of a change of abode or continuous or debilitating fear and anxiety. A moderate upset was intermittent fear or anxiety or a change in lifestyle.

The questionnaire sought household characteristics, knowledge about attacks, use of mass media, reaction to attacks, checklist of possible changes in lifestyle, the respondent's own impression of the impact of the attacks and the interviewer's assessment, and whether or not they had recovered completely from the upset. The contents of the questionnaire were based on the results of a pilot study on a group of hospitalised elderly.

Results

Table 1 shows the household characteristics of the elderly in the sample. The demographic data were the same as the total county elderly population, except that 20% of persons over 65 years live alone in Galway, whereas 40% of those in the study were living alone.

Seventy two per cent of those interviewed were upset by the attacks. In 83% of these, fear for their own safety was the reason for their upset, and in the remaining 17% concern for the sufferings of the victims was the cause. Twenty eight per cent of the sample knew of attacks in their own locality, 27% knew a victim of an attack and 10 respondents had suffered either physical violence or had had their homes burgled. The interviewer's assessment of the extent of upset

TABLE 1 - Demographic data on all elderly

	n	(%)			
Male	84	(40)			
Female	123	(60)			
Age 65-74	87	(42)			
^75	120	(58)			
Have TV	174	(84)			
Have telephone	95	(46)			
Read newspapers	145	(70)			
Daily social contacts					
0	30	(14.5)			
1-2	105	(50.5)			
>.3	69	(35)			
			M(n)		F(n)
Living in country	136	(66)	65		71
Living in village	27	(13)	1		53
Living in town	44	(21)] – 19	_	52
Living alone	82	(40)	32		50
Living with elderly	53	(26)	35		18
Living with ablebodied	72	(34)	17		55
Total	207	(100)			

was that 40% suffered a moderate upset and 26% suffered a major upset.

Table 2 shows the characteristics associated with major upsets. Females were more likely (81.2%) to have been upset than males (66.6%), and those over 75 years (89%) than those under 75 years (74%). Table 3 shows some of the changes in lifestyle encountered. The presence of an

TABLE 2 – Characteristics of the elderly who experienced a major upset [n = 54(100%)]

		0/
	n	%
Male	16	(30)
Female	38	(70)
Age 65-74	15	(28)
Age >/ 75	39	(72)
Living in country	40	(74)
Living in lown	10	(19)
Living in village	4	(7)
Living alone	35	(65)
Living with elderly	16	(30)
Living with ablebodied	3	(5)
Not recovered completely	35	(65)
Attacks in own locality	27	(50)
Total	54	(100)

TABLE 3 – Examples of change in lifestyle encountered among all the elderly interviewed

	n	%
Go out less often	17	(8)
Lock up more carefully	116	(56)
Receive more visits (friends, relatives)	33	(16)
Installed phone/alarm	23	(11)
Have means of defence (dog, gun)	25	(12)
Distrust strangers	52	(25)
Total	207	(100)

ablebodied person in the house reduced the tendency to worry (64%, versus 82% of those living alone) and to distrust strangers (41%, versus 68% of those living alone). Fifty one elderly living alone lived in the country and the sexes were

equally represented in this group.

Discussion

Anecdotal data suggest that a large number of elderly in rural Ireland live in fear. This -study confirms this with the finding of 66% of the .sample having experienced major or moderate upset, with some degree of fear and change of lifestyle being almost universal occurrences.

Females and persons over 75 years were most upset, and this agrees with data from several other studies. 1-4

These authors found that the long term psychological effects of burglary were experienced almost exclusively by women. They also found that old age intensified many of the problems associated with victimisation, due to physical and social isolation and increasing frailty.

In this study 25% distrusted strangers, 14% had no daily social contact, 40% lived alone and 65% were living in isolation in the countryside. This significant degree of social and physical isolation, and the acute awareness of their vulnerability to assault as frequently stated in the media (>80% had TV, 70% read newspapers) were potent stimuli for fear and upset among this vulnerable population.

The majority of those suffering a major upset were still upset at the time of interview. Extrapolation of these figures

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to County Galway means that 3,500 elderly are still suffering a major upset. Modification of this figure to account for the higher percentage living alone in the sample and the high rural component interviewed, would reduce the figure somewhat. However, 54 out of 207 elderly suffering a major upset as shown above, warrants immediate supportive measures to comfort the thousands of elderly throughout the country in a similar situation.

Smith recently reviewed fear of crime, and found little documentation on reactions and sequelae to crime among the rural elderly. In Ireland most crime research has been conducted in Northern Ireland and predominantly in an urban setting. This study is unique in that it is the first to document the impact of crime on the rural elderly in Ireland, and secondly because it was carried out during a well publicised series of assualts on isolated rural elderly.

Further research is recommended in view of the significant impact of these attacks on the lives of the elderly as shown above, and to establish suitable and effective means to dissipate the threat and diffuse the fear.

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