

Contemporary Comments

Perceptions of Safety Amongst Older People seen by Community Nurses in Central Sydney Area Health Service

Introduction

In recent times elderly residents of inner city Sydney have been portrayed on television and in newspapers as victims in a wave of violent crime. In 1998 media attention escalated following a series of assaults on elderly women in the Redfern, Waterloo, and Alexandria areas. The media became an avenue used by the Police to warn and educate elderly residents on how best to stay safe, as well as inform them of police activity in the area (Kennedy 1998). The increased media coverage also led to a perception of increased fear of crime in the area. Specific locations around public housing estates and recognised 'trouble spots' were targeted by electronic and print media in search of a story.

The community nurses from Redfern and Glebe Community Health Centres felt these perceived fears and increased media presence needed further investigation as it appeared to have a deleterious impact on the health and wellbeing of their clients.

The community nurses provide primary nursing services to people living in the community within a framework of holistic community care. These services include assessment, management and implementation of care as well as liaison with other community organisations and services. Clients are referred by multiple sources with two-thirds of them coming from hospitals and local doctors. The service is delivered seven days a week at no-cost to the recipient. Approximately 70% of the clients seen by the nurses are aged over 65. Within the geographic area of the study those aged 65-75 constitute 12.4% of the population and those aged over 75 make up 5.4%. 40.1% of those aged over 65 do not speak English at home (Rissel & Winchester 1998).

The language of media coverage of inner city Sydney crime refers to ghettos, victims and crises (McGregor 1997). *The Sydney Morning Herald* in October 1997 identifies parts of Redfern in which Aboriginal people reside as a 'U.S. style ghetto' and the suburb of Waterloo as being in the bottom ten for average taxable incomes. It refers to the resultant 'bad pathologies' such as crime, violence and delinquency which occurs through the creation of low income estates, and a widening gap between the rich and the poor. Another article describes the high density of public housing as something which '...has tended to create mini ghettos...' (Lagan 1997). A further article from *The Sydney Morning Herald* quotes a resident's concern: 'most people I've spoken to won't leave their homes. They are frightened. Many won't even come out of their homes at night.' (Horin 1998). Several previous studies in USA have highlighted that sensationalist coverage of crime in the media 'may cause older people to perceive themselves as targets of crime' (Parker & Ray 1990) and Whalley & Gately (1991) stated that 'perceived fears are significant factors in determining lifestyles'.

A survey by the Australian Bureau of Statistics titled 'Women's Safety Survey' (McLennan 1996) identified incidents of violence in its survey of 6,300 women throughout urban and rural Australia. The study concluded that younger women were more at risk of violence than older women. 19% of women aged 18 to 24 had experienced an incident of violence in the previous 12 month period compared to 1.2 % of woman aged 55 and over.

Previous studies have found older people more likely to experience fear than younger people whilst others have found older people do not differ significantly from the rest of the population. The one very consistent finding is that woman experience much higher levels of fear than men. Gunter (1987) found that men were three times more likely than women to have confidence in their ability to look after themselves. Goodey (1994) suggests females are socialised into vulnerability and their need for protection. A recent survey reported in The Sydney Morning Herald found that women feel the need to take added personal responsibility for their safety, e.g. avoiding public transport at night, not going out alone (Safe Women's Project 1999).

This fear may be exacerbated as women get older. Research has suggested that feelings of vulnerability are a fundamental source of older people's fear of crime. An assault on a young male by his acquaintance may have little social significance for the victim whereas an assault by a stranger on an older person could have a profound effect on the victims feeling of safety (Young 1986 in Maguire & Pointing 1988).

In the USA it has been claimed that fear of crime keeps many of the elderly citizens in American cities virtual prisoners in their own homes (Fattah 1986). It was also found that people in poor health are more likely to experience fear of crime and 'fear of crime may be a contributing factor in the decision to move out of ones own home and into a relatives home or residential care' (Gilbert & Zdenkowski 1997).

Nevertheless, statistics indicate that the elderly are less likely to be victims of crime than younger age groups, and that assault is more likely to occur in the home than in the street (Australian Bureau of Statistics 1996). According to Crime and Safety statistics from the ABS only 0.6% of the total population of those over 65 were reported as victims of crime.

Within this context the community nurses undertook a study to assess whether older people in the area perceived that they were at greater risk of crime and whether their perceptions reflected what was the actual incidence of crime in the community. Furthermore the study aimed to ascertain if perceptions resulted in behavioural or lifestyle change. The nursing team had no prior experience with research design. However the research was assessed as important as part of a holistic approach to our care and because of anecdotal evidence of increasing social isolation.

Methodology

All clients over the age of 65 who received nursing support from Redfern and Glebe Community Health Centres were eligible to participate in the project. All the subjects lived in inner city Sydney in the suburbs of Newtown, Redfern, Waterloo, Chippendale, Erskineville, Alexandria, Glebe, Annandale, Pyrmont or Ultimo. The study was conducted over a one-month period from the 1st June 1997 until 1st July 1997.

The format chosen for the study made use of a structured questionnaire, which included both open and closed questions. An initial pilot study tested the appropriateness of the questions and the interview techniques required.

All potential subjects were given written information about the research prior to commencement of the project. Clarification of questions and concerns pertaining to the study were answered at this time. All subjects signed a consent form prior to being included in the sample group.

The interviews were conducted by the usual visiting registered nurse in the client's home. Following the interview the client was given a chance to debrief and appropriate counselling was offered where necessary.

Results

The information was collected in four main areas: i) demographic details of the sample group; ii) the actual experiences of crime; iii) perceptions of crime and iv) manifest behaviours related to crime and safety.

Demography

Of the 266 eligible to participate in the study 127 surveys were completed, giving a response rate of 48%. 87 were female and 40 were male. 139 were not completed. Of the clients who did not complete the study, 51 had dementia and could not answer the questions, 30 were unable to answer due to poor physical health, five were unable to answer due to poor mental health, 11 needed interpreter services that were not immediately available for the interview and 42 people declined to participate.

Those interviewed were aged between 65 and 100 years old. Most respondents were born in Australia. Twenty three percent of the respondents were born overseas. Of these, eight percent were from non-English speaking backgrounds.

The most prevalent type of accommodation was in public housing (63%), and high-rise units comprised 47% of the overall housing. 68.5% of the respondents lived alone and 91% of respondents stated they were happy living in the area.

A large majority (88%) of respondents had lived in the area for more than 10 years. 39% state they were never lonely and 29% stated they were not often lonely.

The aged pension was the source of income for 83% of the respondents.

Actual Crime

To establish a picture of their actual experience of crime, respondents were asked questions on incidents that had happened to them in the street or their home in the last 10 years. Twenty-three people or 18% described being victims of crime in the home. Of these 15 were break, enter and steal.

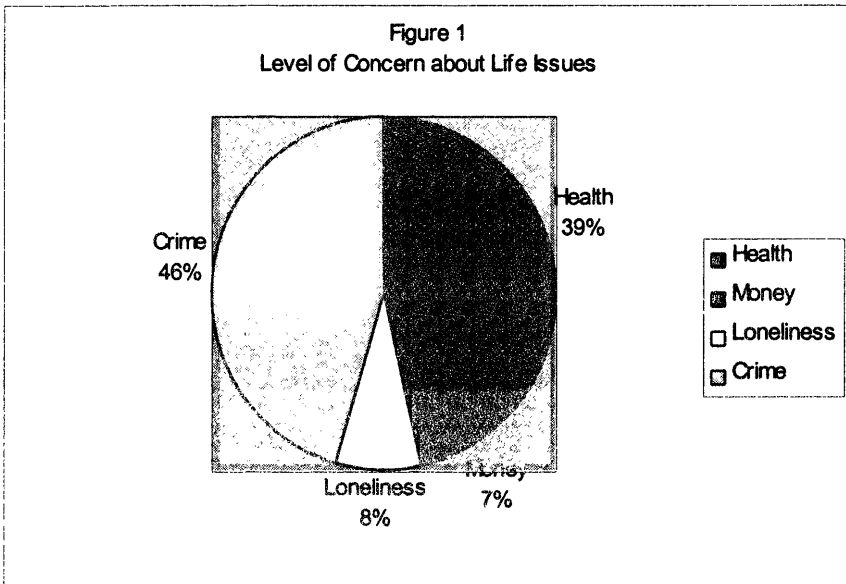
Thirty-four of the respondents (27%) reported been victims of crime in the street Three people described multiple incidents and the total number of occasions of street crime was 43. Of these, 27 were robbery and 15 were assault while one was extortion. Bag snatching was the most prevalent form of crime in the street. 16 of the total of 27 robberies in the street were bag snatching.

Nine people said they were victims of crime in both the home and on the street. Overall, 48 individuals – 38% of the sample had experienced crime in any context within the past ten years. This data is difficult to compare to the local crime statistics as the categories of crime are different and the statistics do not use a ten year time frame.

Perceptions of Crime

When asked about their main sources of information relating to crime, the media rated highest (57.5%) while neighbours, friends and family had a less significant role. Forty percent of the respondents were anxious about leaving their homes. 21% of the respondents are housebound, never leaving their homes at all. Almost half the respondents stated that they had heard of neighbours or friends who had crimes committed against them which included bag snatching, break and enter and assault.

When questioned about how people ranked their concerns about crime against the other major life issues of health, money and loneliness, it was clear that crime was the aspect that concerned people most. Respondents also worried about health a lot (Figure 1).



When respondents were asked to compare the crime rate of their area to other geographic areas, 58% of respondents felt their suburb had the same amount of crime as other suburbs and 30% of respondents felt there was less crime in their suburb. When comparing crime now to the past, 77% of respondents felt there was more crime now than in the past.

Behaviour

Respondents stated they took no added responsive behaviour to crime other than what they had always had in place (locking front and back doors and windows, hiding keys and purses under clothing and not going out alone).

It was also considered by respondents that contact with neighbours served as a security measure. Neighbours were watchful over each other's residences, often visited each other and were potentially able to identify if there was anything amiss. 78% of respondents had some form of contact with their neighbours.

When it came to banking, most people had a friend, relative or agency to act on their behalf. 94% refused to use an Automatic Teller Machine for fear of being robbed or for other reasons such as impaired vision or mobility.

A significant aspect of people's behaviour reported in the survey was a failure to report crime to the police. In total, 18 of the respondents who had experienced a crime had not reported the crime to the police. In most cases no specific reason was given other than that it was thought the police could not help or would not come. When asked what they would do if they heard someone in trouble or distress, 33% would call the police, 47% replied they would stay inside.

Discussion

Within the relatively select sample group it was clear that crime occupied a significant place in the concerns of older residents of the inner city area. However it was not considered any worse than other suburbs of Sydney.

The study revealed that crime incidents had occurred to 38% of respondents in the past ten years. It is difficult to compare this figure to local crime statistics as the official categories used to collate data are different to the categories used in our questionnaire. The latest ABS statistics indicate that people over the age of 65 report a significantly lower incidence of crime than younger age groups (i.e. 0.6%). Our study would suggest that the incidence of crime for older age groups is probably higher than the ABS has indicated.

Furthermore, respondents may have felt more comfortable disclosing information related to crime to a nurse with whom they had an established rapport than they did reporting it to the police. The respondent was able to recount crime openly in their own environment. In future a more collaborative role between nurses and police may be useful in terms of crime prevention strategies and safety education for the elderly.

Respondents indicated that the media were the main source of information about crime, more than that of friends, family and neighbours. Perceptions appeared to be formed from media sources. However, even with heavy coverage in the preceding period people did not believe that crime within the area they lived was worse than crime experienced in other areas.

In fact, 91% of the respondents reported that they continued to be happy living in the area despite the negative aspects and portrayal of their area. Crime was viewed in perspective and was not overwhelming. This is a significant finding considering that 68% of the respondents lived alone. This could be attributed to the fact that the respondents felt part of the local community. As a study in regional Australia found that feeling part of the community and having community links were associated with reduced fear of crime (Gray & O'Connor 1996). Also Begg & Boorman (1994) suggest that familiarity with neighbours, and general social support networks can create a high degree of social organisation and result in stronger feelings of security.

Nevertheless, respondents said that they worried about crime a lot more than they worried about health, money or loneliness. Most people were aware of crime prevention strategies and claimed to implement a number of these, although previous anecdotal evidence had indicated that older people don't often lock doors or ask strangers for identification. Several of the findings could be explored further, in particular the reason crime is not reported and why more respondents do not call the police if they heard someone in distress.

Forty percent of the respondents stated they were anxious about going out. This finding could be attributed to the fact that as clients of the community nurses they probably had more health problems and were more frail and may have felt more vulnerable to crime. This supports findings in previous research, that not only age and gender contribute to fear of crime but also ill health, low income and living conditions. Furthermore, measuring peoples perception of fear is often very difficult as it is an abstract and complex concept and is often the 'result of a whole complex of personality traits and environmental influences' (Gilbert & Zdenkowski 1997). Another significant finding was that 21% of respondents never left their homes at all. This could be investigated further to ascertain if this is attributed to fear for safety or solely due to a physical limitation or disability.

Recommendations

A more detailed account of the incidence of crime in the area would be worthwhile in the light of the figures offered by our sample. The figures put forward by the ABS and the ones drawn from the study reveal a level of disparity. Future studies would need to use similar categories of crime as the ABS to make a more rigorous comparison and statistical analysis of these results.

Future studies could also use a more representative sample of older people in the inner city and include more people from non-English speaking backgrounds as this group was under-represented in the sample.

There was a high level of disclosure of crime to the nurses in the interviews probably because a significant amount of trust is established between community nurses and clients. Further exploration of the nurses' role in community education and planning regarding crime and safety would be worthwhile and development of more collaborative projects with local organisations on specific crime related issues.

In conclusion, the process of designing and implementing a research project on a significant community issue was as important as the result of the study.

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