

A 15 Year Retrospective Review of Homicide in the Elderly*

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ABSTRACT: With constant improvements in socioeconomic conditions, the people of most industrialized nations are living longer. Most elderly individuals lead productive lives within the community. Unfortunately, when elderly individuals suffer from a debilitating disease or injury, society seems ill-equipped to care for them. The frailty and social isolation that comes with illness or advanced age renders the elderly more vulnerable to crime. This study examines the circumstances that surround homicides of those 65 years of age or older which occurred in Jefferson County, Alabama over a 15 year span. We conducted a retrospective study of all decedents brought to the Jefferson County Coroner/Medical Examiner Office during the 15 years from 1981–1995. A computer search identified 150 homicide victims who were 65 years or older. In these 150 cases the causes of death were as follows: gunshot wound 50%, blunt force injuries 19%, knife wounds 14%, and asphyxiation 10%. Younger homicide victims were much less likely to be killed as the result of a direct physical assault; blunt force injuries and asphyxiation combined caused death in only 7% of the younger population. Robbery was the most common motive for death in the elderly population, which accounted for 37% of cases. The most common location for homicides in the elderly population was in their own residence, which accounted for 71% of cases. Four elderly homicide victims were shot by the police. Three elderly decedents died as a result of abuse.

KEYWORDS: forensic science, elderly, aged, homicide, abuse, forensic pathology, Jefferson County Alabama

Recent concern about the increasing cost of medical care in the United States of America has focused attention on the aging of our society and the rapid growth of the elderly portion of the population. Most elderly individuals are well able to care for themselves and to lead an independent life. Nevertheless, old age eventually brings increasing weakness and, in many cases, social isolation (1). This weakness and isolation may render the elderly more vulnerable to attack in the form of abuse (2). Since 1960 the rate of homicide in those 65 years of age or older has increased (3). Published series of data concerning homicides have mentioned the number of homicides in the elderly population, comparing the data obtained with similar data from homicides in victims under the age of 65 years (3–5). Two studies published in the previous decade have examined the nature of homicides committed against the

elderly in more detail (6–7). Having recently examined several violent homicides against elderly individuals, including a case of abuse, we reviewed our case records from 1981 to 1995 in order to gain a clearer understanding of the circumstances surrounding homicides of the elderly and of the incidence of abuse ending in death in our jurisdiction.

Methods

We conducted a retrospective review of all decedents examined at the Jefferson County Coroner/Medical Examiner's Office during the 15 years from 1981 to 1995. During this time, the medical examiner's office was operating under a consistent medical examiner's statute, and all deaths investigated by the office were certified by one of five forensic pathologists. The medical examiner's statute charges the office with the responsibility of investigating all sudden and unexpected deaths, including all violent deaths, that have occurred in Jefferson County and which have been caused by events that transpired in Jefferson County. The nature of cases which were investigated by this office remained constant throughout the course of the study. Cases for this study were identified by a computer search of our office database for all individuals 65 years of age or older in which the manner of death was either homicide or undetermined. We found 228 cases by this search. The investigative reports, autopsy findings, and toxicological analysis of all 228 cases were reviewed. In none of the 74 cases where the manner of death was undetermined did we find sufficient evidence to warrant inclusion of the case in our study as a homicide. Three cases originally classified as homicides were excluded from further study because, upon review, insufficient data were present to establish an unequivocal diagnosis of homicide. (In all three cases the determination of homicide rested solely upon the fire marshal's assertion that the fire which caused death must be a case of arson because volatile accelerants were within the house. Our fire marshal's office considers all such fires cases of arson until proven otherwise. No perpetrator has ever been found in any of these cases). A fourth case was excluded in which the decedent died as a late complication of a gunshot wound received during a robbery committed a decade before when the decedent was younger than 65 years of age. The exclusion of these four cases left 150 cases in which a person 65 years of age or older had been a victim of a homicide. The data from these cases were compared to data obtained from homicide cases occurring over the same time span in which the victims were below the age of 65 years. Over the 15 years of the study the Jefferson County Coroner/Medical Examiner's Office examined 2062 victims of homicide who were younger than 65 years of age. Our database contains cause of death, identity of assailant, and location of injury in all cases. If any of this information is unknown, then "unknown" is entered into the appropriate space in the database. The database does not contain the motive for a homicide; in our office, motive can only be ascer-

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tained by review of the individual case file. The 2062 case files of homicide victims younger than 65 years of age were not personally reviewed for this study.

Results

The population of Jefferson County over the course of this study was stable, fluctuating by roughly 3%. According to the U.S. Census Bureau, the total population of Jefferson County in 1980 was 671,371, including 81,072 individuals 65 years of age or older. The Census Bureau's estimate of the total Jefferson County population in 1985 was 658,988. The population of Jefferson County in 1990 was 651,520, including 91,472 individuals 65 years of age or older. The 1995 estimate for the total county population is 663,077. (The Census Bureau makes no midpoint estimate of the subpopulation of the county that is 65 years of age or older.)

Our search revealed 150 homicides in victims over the age of 65 years. The ages of the decedents ranged from 65 to 95 years, with a mean age of 75 years. The male to female ratio was approximately 3:2. Over the same 15 years 2062 homicides occurred in those younger than 65 years of age with a male to female ratio of roughly 5:1. From 1981 to 1995 there was no significant change in the rate of homicides in the elderly population. During the course of this study the homicide rate in the elderly population ranged from 6-21/100,000 elderly. In contrast, the homicide rate in the population younger than 65 years of age ranged from 16-33/100,000 individuals younger than 65 years of age. The annual homicide rates per 100,000 population of the appropriate age are shown in Fig. 1.

The causes of death in the elderly population are contrasted with those in the younger population in Table 1. For both groups gunshot wounds were the most common cause of death. Knife wounds, whether stabbings or incised wounds, accounted for the same percentage of deaths in both groups. Blunt force injuries and asphyxia as causes of death were more common in the elderly population than in the younger population. In the elderly population 5% died of some combination of causes among guns, knives, blunt force, and asphyxia. One elderly woman had been drowned, and one elderly man was scalded to death with boiling water.

TABLE 1—Comparison of deaths in homicide victims under 65 years of age and those 65 years and older. (Note: In some cases sum is less than 100 due to rounding.)

	<65 years (n = 2062)	≥65 years (n = 150)
Cause of Death		
Gunshot wounds	76%	50%
Blunt force injuries	6%	19%
Knife wounds	14%	14%
Asphyxia	1%	10%
Other	2%	7%
Relationship of Assailant to Victim		
Acquaintance	43%	23%
Relative	13%	22%
Stranger	10%	15%
Police	1%	3%
Unknown	33%	37%
Location of Assault		
Decedent's residence	27%	71%
Other residence	17%	6%
Street	24%	5%
Motor vehicle	6%	3%
Business premises	5%	7%
Other	13%	4%
Unknown	8%	3%

The motives for homicide in the elderly are shown in Table 2. The most common motive was robbery, which accounted for slightly over one third of the cases. Domestic disturbances accounted for 21% of deaths, which included 6 cases of murder/suicide. The motive remains unknown in 13% of the cases. Intoxication by alcohol or drugs of abuse, rape, or other motives comprise the remainder of the cases.

Comparison between the elderly and younger homicide victims of the relationship of the assailants to the victims revealed that in each group relatives or acquaintances were the most common perpetrators, as shown in Table 1. The assailant remains unknown in roughly one third of each age group.

The vast majority (71%) of elderly homicide victims were killed in their own residence (Table 1). In contrast, only 27% of the homicides in the younger population took place in the decedent's

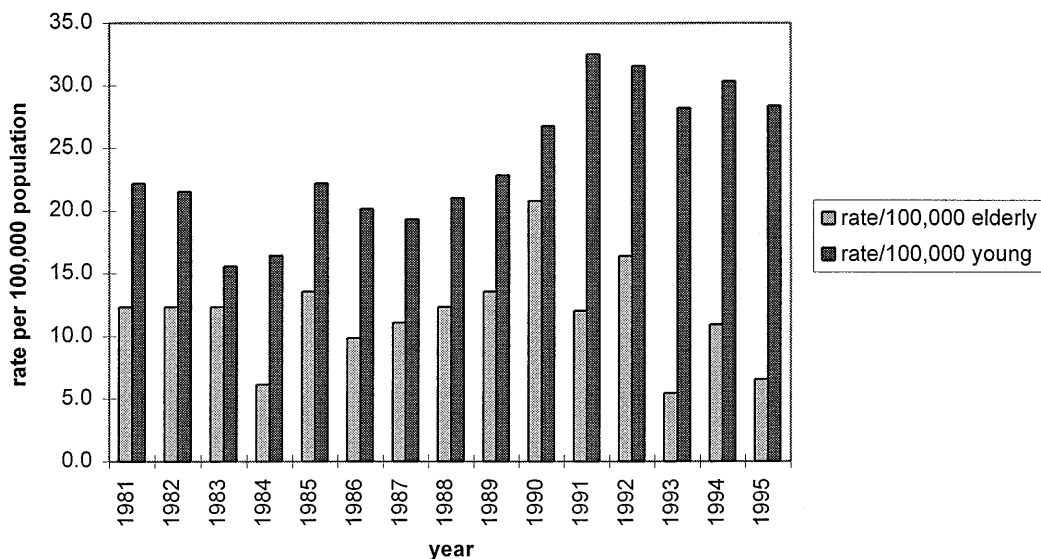


FIG. 1—Adjusted homicide rates in Jefferson County per 100,000 population of appropriate age.

TABLE 2—*Motives for assault in homicide victims 65 years and older.*
(Note: Sum is less than 100 due to rounding.)

Motive for Assault	≥65 years
Robbery	37%
Domestic Disturbance	21%
Alcohol/Drug Abuse	10%
Sexual Assault	7%
Unknown	13%
Other	11%

residence. Many of the younger homicide victims were killed either in someone else's residence or on the street.

Discussion

Studies have drawn attention to the increasing rate of homicides in the younger population, both in our jurisdiction and in others (8–10). We found no increasing trend in the homicide rate in the elderly population over the 15 years of our study (Fig. 1). This relatively stable rate of homicide in the elderly has been observed both in our jurisdiction (10) as well as in others (8).

We found that elderly homicide victims differ little from the younger victims in regard to the relationship of the assailant to the decedent. As shown in Table 1, the elderly decedent was killed by either an acquaintance or relative in 45% of cases, while younger homicide victims were killed by either an acquaintance or relative in 56% of cases. The assailant was a stranger to the decedent in 15% of the elderly victims and in 10% of the younger victims. The assailant remains unknown in roughly one-third of cases in both populations. These findings are in keeping with published data (5). Whatever the age of the homicide victim, a friend or relative remains the most likely culprit.

We found that 71% of elderly homicide victims in our study were killed in their own home. Copeland reports that 62% of the elderly homicide victims in his study were killed in their home (6). Younger homicide victims, on the other hand, were killed at home in only one-fourth of cases. Younger homicide victims were far more likely to be killed on the street or in someone else's home than were the elderly.

Four of the elderly homicide victims in our study were killed in police shootings. One of the victims, a 74 year old white male, was a jilted lover who was threatening his former girlfriend and her new boyfriend with a gun when the police were called upon to intervene. Another victim, a 70 year old black male, was shot when a multiagency drug enforcement team raided his residence. In the two other cases the decedents were involved in a shootout with the police. In all four cases, the decedents were armed and posed a threat to the police officers. Covey and Menard looked at trends in arrests among the elderly and found to their surprise that, although those 65 years of age or older have much lower arrest rates than individuals younger than 65 years of age as a rule, the elderly are more likely than younger individuals to be arrested for violent crimes, particularly assault and homicide (11).

In only three cases of the 150 in our study was death the result of abuse. In one case a husband who had beaten his wife for years ended their relationship by shooting her. In another case, a husband who had beaten his wife on many occasions came toward her with a television antenna to beat her again, and she shot him. The third case was a man with Alzheimer's disease who lived in the same house with his sister. In anger, the decedent's sister beat him with a sponge mop and scalded him with boiling water after he refused

to get out of the bathtub. We had expected to find more cases of elder abuse than we did. One explanation for our few cases is that abuse in our jurisdiction occurs more frequently, but it is not being detected by our office. Abuse might go undetected if a case were never referred to us, or if we declined to accept jurisdiction in an elderly individual for whom the circumstances surrounding death did not seem unusual. We routinely decline jurisdiction in cases where the elderly decedent has a medical history, such as hypertension, which accounts for death and which is in keeping with the circumstances surrounding death. If the police who investigate the death are concerned that foul play might be involved, we accept jurisdiction. Another possibility is that elder abuse sufficient to cause death is an unusual occurrence. Finally, the number of abuse cases depends upon our definition of abuse, and abuse proves to be a difficult concept to define to everyone's satisfaction. To us, the factor that determines whether a death is one of abuse is the motive. In most of the homicides in our study, the motive was either robbery or a family argument that escalated out of control. Neither of these motives seems like abuse to us. In abuse the assailant is seeking to punish the decedent or to kill the decedent by degrees, whether it be by starvation or repeated beatings.

The elderly homicide victims in our study were more likely than the younger population to be killed by a direct physical assault. We found that the elderly homicide victim was three times more likely to be beaten to death, and ten times more likely to be asphyxiated than younger victims. Copeland also found that blunt force injuries were more common as causes of death in the elderly when compared to a younger population (6). Schafer points out that homicide in the elderly falls into two categories: those cases where the homicide is independent of the decedent's age and those where the assailant exploits the frailty and social isolation of the decedent (7). The motives in our study bear witness to Schafer's observation, because 44% of the homicides of elderly victims were committed in association with either a robbery or a rape. Concerning all homicides in all age groups as reported to the Federal Bureau of Investigation's Uniform Crime Reporting System for the year 1995, only 18% of homicides were committed in association with a felony such as robbery or rape (5).

In our study we did not personally review the investigative reports of the 2062 victims of homicide who were younger than 65 years of age. In a study reported by our office in 1994, however, all homicide case files covering the years 1978–1989 were personally reviewed to determine motive (10). In that study the motives for homicide in all decedents of all ages were as follows: argument 32%, domestic dispute 19%, felony 12%, passion 6%, drug/alcohol related 3%, rape 2%, and other 27% (10). These percentage rates have remained stable since 1989. While the motive categories employed in the previous study do not correlate exactly with those which we have used, it is still clear that the elderly are far more likely to be killed during the commission of another felony than are younger homicide victims. Both cause and motive suggest that the weakness that comes with old age either makes the elderly more likely to fall victim to a violent physical assault or less able to overcome such an assault once it has occurred.

Conclusions

In summary, we studied 150 cases of homicide in which the decedent was 65 years of age or older. We found that the homicide rate in elderly victims was stable during the course of the study. The elderly homicide victim is far more likely to die in his own home than is a homicide victim younger than 65 years of age.

Four of the elderly decedents were killed by police. Only three of the 150 homicides were the result of abuse of the elderly. When compared to younger homicide victims, the elderly decedent was more likely to die due to a direct physical assault such as a beating or asphyxiation.

How can such deaths be prevented? No simple solution exists. Two factors that may contribute to making the elderly targets of assault are their weakness and their isolation. A cure for the infirmity of old age continues to elude medical science. Isolation, however, can be reversed, provided that we as individuals and as a society care to do so.

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