

Chapter Four

Risk and Aging¹

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Introduction

The idea that age is a risk factor for a number of adverse outcomes is pervasive in western culture. This is evident in anti-ageing rhetoric in the media that suggest that individuals can delay the problems associated with ageing by using certain products or engaging in certain behaviors (e.g., exercising or volunteering). However, the ideology of risk in the context of ageing also represents a major paradigm shift in the way that older people are conceptualized as a demographic category. For example, the anxiety associated with population ageing has shifted attention from ways to support this “deserving” group to a re-examination of older adults as a “dependent” group. Both the growing capability of older adults to remain productive (even if not always in the labor force) and the growing number and proportion of older adults in the population have raised questions about the way social policies address the needs of this group.

This chapter expands on the idea of risk and welfare by exploring the ways in which the development of the risk society is related to cultural changes and current issues in ageing. In particular, we examine the risks facing older adults, including health and victimization, and connect this to types of risk assessment. We then illustrate these issues via discussion of the recent development of Silver Alert plans in many U.S. states, policies that mandate procedures for helping locate seniors with dementia who go missing. Silver Alerts illustrate ways in which the idea of risk is being used to redefine ageing issues in a way that targets a specific variety of older people and to mitigate a problem expected to grow in the near future for that group. Finally, we offer concluding reflections about age as a category of risk assessment, and point out potential caveats or ironies to this approach. In closing, we offer suggestions for future research in the area of risk and ageing.

From Age to Need to Risk

In many nations, the institutionalization of pension programs and formation of the medical/industrial complex created the foundation for the introduction of the welfare state, and ultimately, the ageing enterprise (Estes, 1979; 2001). The idea of the ageing enterprise as the commodification of programs and businesses targeting older people emerged as a way of making sense of how ageing and old age are defined and treated in society. It also clarified the role of

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ideology in shaping those conceptions and approaches to social programming for older people (Estes, 2001). In particular, the logic of benefit disbursement in early systems followed a rationale whereby people above a given chronological *age* (e.g., 65) were viewed as deserving of social welfare. During the height of the introduction and development of many age-based social programs (predominantly in the 1960s in the U.S.), older adults' *need* was implied because the prevalence of older adults who were needy was very high. As a result, most social programs targeting older adults and ageing issues have awarded benefits to citizens based on age alone. For many advocates raising attention about the needs of older adults, such programs represented a major success because the overall welfare of older adults was viewed as a societal responsibility. Some scholars raised concerns that age-based programs inadvertently perpetuated ageism by conferring the status of "needy" to all individuals over a given age threshold (e.g., Binstock, 1983; Neugarten, 1983), in general, however, the link between age and need was justified in serving the purpose of improving the economic and health status of older adults.

The effects of population ageing, however, elicit discussions about redefining the way social support mechanisms distribute resources and how responsibilities for distribution should be delegated in the private and public spheres (Myles & Quadagno, 1991). Partly, this ideological shift was a response to the increased cost of social programs targeted to older people due to the growing number of recipients. This motivated explorations about new ways to distribute social welfare, potentially displacing age-based and/or need-based approaches observed in earlier decades. By the 1980s, the number of older adults in industrialized nations had increased greatly and many older people were able to enjoy long periods of healthy retirement. Thus, ideological debates about age- and need-based programs were complicated by the visibility of overall improvements in older adults' health and economic status. Furthermore, the growing number of people eligible to receive benefits from social programs increased substantially, raising concerns about the sustainability of such programs due to the shrinking ratio of workers to non-workers in the population. Thus, the combination of the increased cost of maintaining social programs for older adults and the growing capability of many older adults opened the door for blaming older people for the cost of old age programs, and led to discussions about the role individuals should play in off-setting those costs (Minkler, 1996).

The effects of population ageing ultimately made the role older adults play in society a salient political issue. Literature on the productivity and potential of older adults began to emerge in the 1980s (e.g., Butler & Gleason, 1985), at a time in which there was a growing awareness about the increasing proportion and actual number of people age 65 and older who remained capable of contributing to society. However, the growing number of people in the oldest ages (85+), who are the most likely to face physical and cognitive decline, raised attention to the potential problems that such a society may face in caring for this vulnerable group of older people. In fact, the potential contribution of older adults in later life was depicted as a way to counter-balance the *risks* associated with population ageing (as is depicted in productive ageing literature such as Morrow-Howell, Hinterlong, & Sherraden, 2001). As a result, marked improvement in the health and welfare of older adults in recent decades weakened the link between age and need in later life. Subsequently, age and risk has become a more intuitive approach for managing the problems facing older people and an ageing society. Using risk as an approach to addressing the social welfare of older adults means focusing on the issues facing specific groups of older people who are at the highest risk of experiencing problems, rather than all people age 65 and older. Thus, the fears associated with population ageing set the stage for a new ideological framework for managing the risks associated with age and ageing, justified by

the logic that it is no longer financially feasible to address the general welfare of older people. The logic of *risk*-assessment is being used as a new basis for distribution of social welfare benefits within the current demographic and socio-cultural context.

Ageing in a Risk Society

As a salient social issue, ageing intersects with the concepts of risk in the contemporary social scene. In this section, we briefly explore the development of the risk society, and its subsequent focus on efforts to provide for the social security of older people and protect society from the problems associated with population ageing. We contextualize this discussion by exploring the variety of risks to which older people may be exposed, with attention toward the risk tolerance of older adults.

Risk is an everyday part of public life, and the mitigation or management of risks is often assumed by public sector agencies (Bessant et al., 2003). As a result, the idea of risk has become an important concept in the social problems literature. The discourse of risk has demonstrated the extent to which risk is part of everyday life. Awareness of the risks individuals face every day has been heightened in recent decades following major catastrophic events like Three Mile Island (1979), Bhopal (1984), Chernobyl (1986), and more recently, by terrorist attacks (Zinn, 2008b). (See Clarke and Short [1993] for a review of scholarship in the sociology of risk). Among the seminal thinkers in risk, Ulrich Beck (1992; 1999) argues that there are both objective and subjective aspects to risk. Objective risks are evident in the consequences to risk that are a part of people's everyday lives. The subjective element to risk is evident in the public discourse about how risks create (or suppress) fear, thereby influencing efforts to safeguard against risks. Beck situates his conceptualization of the contemporary risk society in the interplay between both of these varieties of risk, real (objective) and socially constructed (subjective). A further exploration of risk and security helps clarify how age is conceived as a risk factor.

In an objective sense, risk may be viewed as a real danger which is perceived as a transgression of social values (Zinn, 2008a). For example, early in the 20th century, employment in later life was tenuous because older people were likely to experience health conditions that limited their ability to work, placing older people at a high risk of becoming poor. In many democratic states, societies sought to off-set the risk of becoming poor and disabled in later life by creating universal healthcare and retirement programs. These programs made it the collective responsibility to ensure that older adults were protected from becoming frail and impoverished. Thus, if older adults were exposed to health and economic risks, strongly held social values would be violated.

The subjective quality of ageing as a social risk may have to do with its putative effect on the society at large. Subjectively, societal ageing can be interpreted as creating unintended consequences by increasing the complexity of social relations through greater numbers of retired people compared to working people. Part of the perceived success of the growing numbers of people reaching old age and to overall improvements in life expectancy is due to technological advances (e.g., social and medical advances) that improved length and quality of life (Zinn, 2008a). This, in coordination with demographic and social changes, has ultimately resulted in increased anxiety surrounding the societal cost of maintaining an older population structure (Gee & Gutman, 2000).

There are also risks that may vary by age, including risks of accidents, disasters (both technological and natural), victimization, loss of control in systems (e.g., food standards or

product safety), work-related injuries, loss of work (e.g., layoffs or downsizing), health risks (e.g., injuries or illness), abuse/neglect, and loss of independence. In fact, in an actuarial sense, ageing itself is frequently viewed as a risk factor, one related to the likelihood of a number of negative outcomes. Risk tolerance may be different depending on the group exposed to the risk, just as perception of risk may depend on the age of those considered at risk.

Age as a Risk Factor

If we define safety as an acceptable level of risk, and security as the efforts to achieve or maintain a given level of risk (Vestermarck, 1996), risk perception can be understood as contextually related to the probability of an event's occurrence and the severity of its outcome (Zinn, 2008b). For example, the tolerance of risk is higher when driving in a car than when flying in an airplane, and this tolerance is related to both the probability and the severity of an accident. The concepts of safety (acceptable level of risk) and security (probability and severity of the outcome) help explain the logic behind the way age has become accepted as a risk factor. In the following sections, we focus on two varieties of risk that tend to increase with age, and thus, tend to initiate societal responses to mitigate risk: health and victimization.

Health and Ageing

The professional discourse of risk as it relates to health is often framed as a set of practices for managing collective fear about future health events (Petersen & Wilkinson, 2008). The idea of health as a risk factor stems from epidemiological research that examines the relationship between individual and/or societal characteristics and the likeliness of experiencing a health event (Alaszewski, 2006). Thus, health care as 'risk management' rationalizes the conduct of the individual and the social body by highlighting potential harm and identifying sources of danger.

Risk management as it relates to health and ageing is associated with death and disability. The major causes of death in our society have shifted in recent years such that rather than dying due to complications from acute illnesses (e.g., the flu), people are more likely to die from chronic diseases in later life (e.g., cancer or heart disease) (see Omran, 1971). Thus, age, health, and risk have become intertwined in that chronic health problems that result in disabilities and reliance on others for care is a reality for most people. Physical disabilities and cognitive impairments may limit older adults' ability to care for themselves for extended periods in later life, and the risk of experiencing disabling health problems increases with age. For example, on average, women will become disabled and need care for 3.7 years and men for 2.2 years after the age of 65 (Kemper, Komisar, & Alecxih, 2005/2006). Risk of becoming cognitively impaired also increases with age. Estimates of severe cognitive impairments suggest that approximately 4.5 million adults in the U.S. are currently living with Alzheimer's disease, a number which is expected to quadruple over the next forty years (Alzheimer's Association, 2007). Although health issues are typically measured at the individual level, when an individual becomes disabled or unable to care for him/herself, other people must become involved in his/her care.

There are different ways people manage the risks associated with becoming disabled in later life. One approach is with the purchase of long-term care insurance. This can be used as a mechanism to manage the financial risk of becoming disabled by providing people with the security of knowing that, if they are no longer able to care for themselves, they can hire someone to care for them. The cost of long-term care insurance is determined by one's risk of becoming disabled, and since the risk of experiencing chronic health problems increases with age, the cost

of long-term care insurance also increases with age. Since few people prepare for becoming disabled when they are young, by the time people begin to consider purchasing long-term care insurance, the cost is typically very high and potentially unaffordable. Therefore, only a very small proportion of the population actually owns a long-term care insurance policy (Robbins, 2008). Although there are other mechanisms in place to help individuals manage the risks associated with becoming disabled and dependent in later life, in general, most people exclusively rely on social insurance programs like Medicare, which covers acute health problems for older people and is not designed to cover the costs of long-term care. Therefore, in order to manage health problems in later life, individuals either have to pay for care directly from personal savings income or rely upon family members or friends for informal care. Thus, the risk associated with declining health in later life is dispersed to individuals and their families in countries where long-term care is not universally provided.

Especially with the cost of healthcare increasing, discussions about the health problems individuals and groups of individuals (i.e., older adults) may face in the future often have the unintended consequence of intensifying social anxiety about the uncertainties of future health problems (Wilkinson, 2001). The redefinition of health in terms of risk corresponds with a substantial change in the focus of the behaviors of individuals in influencing the collective good, namely, with regard to the formation of human capital (i.e., the resources individuals have that will help them contribute to society). One example of the way in which a shift to individual responsibility has occurred with regard to ageing and health is in the language of the “successful aging” rhetoric, whereby individuals are encouraged to remain active in order to delay the onset of disability (e.g., Rowe & Kahn, 1997). This ideology is perpetuated by literature that examines the factors associated with the onset of health problems in later life, especially those which suggest that individual behavior is linked to health outcomes. Critics suggest that this approach may lead to the conclusion that those with poor health outcomes in later life are to blame for their dependent status (e.g., Minkler, 1996). Given that a risk society is one in which individuals are expected to take responsibility and an active role in managing their relationship to risk (Rose, 1999), it is unsurprising that interventions have been used to legitimize the encouragement of certain behaviors viewed as risky to society (Petersen & Wilkinson, 2008).

Crime and Ageing

Criminological research has clearly identified the types of crime victimization experienced by older adults, including the risk factors associated with victimization. When compared with other age groups (including those twelve and younger), those 65 and above are the least likely to be arrested for most violent and property crimes (Federal Bureau of Investigation, 2003). Similarly, those 65 and older are at significantly lower risk for victimization in violence offenses (Bureau of Justice Statistics, 2002) and property offenses (Bureau of Justice Statistics, 2000). However, elders may be vulnerable to other varieties and forms of abuse. For example, in the U.S., the National Center on Elder Abuse (2001) suggests that seniors may be exposed to four varieties of abuse (physical, psychological, sexual, and financial) and active or passive neglect.

Much of the research in these areas examines the risk factors associated with victimization, abuse, and neglect (see Macmillan, 2001; Peguero and Lauck, 2008 for reviews). In particular, a variety of social circumstances may increase risk of victimization, including living in poverty; social isolation; substance abuse (commonly alcoholism); physical or mental disability; and minority status. Gender has a complex relation to victimization, as men are at

higher risk of victimization in street crimes, while women are more likely to be victims of sexual abuse. The status of caregivers is related to an older person's risk of victimization as well, as substance abuse and poor mental health of caregivers increases the risk that an older adult will be victimized. Finally, living alone, while potentially correlated with social isolation, has a protective quality, in that it reduces the older person's exposure to potential victimizers and abusers (Peguero and Lauck, 2008).

Another line of research examining older adults' fear of victimization complements the sober assessments of such risks. Such studies of fear of victimization cover two types of risk assessment: direct and altruistic. First, criminological research has tended to indicate that fear of crime increases with age, despite the fact that victimization decreases with age (see Ferraro, 1995, p. 67-8 for a review). However, subsequent research indicates that many measures used to study fear of crime do not accurately measure the phenomenon in older adults (LaGrange and Ferraro, 1987). Therefore, we can view older adults as a group that has a low probability of victimization and a low level of fear about their own victimization. Thus, we cannot look to older adults as a source of direct fear for safety efforts to control risk of victimization. Instead, we must look beyond this group to understand efforts to maintain security.

The fear that individuals have for the safety of others may also be relevant in the assessment of risk of victimization of seniors. Warr (1992) describes such altruistic fear as the concern that individuals have for the safety of others. Children are the most common object of altruistic fear, as women are more likely to fear for their children than their husbands, while men demonstrate the opposite tendency. A later study identified a further gendered aspect to altruistic fear, and found that women were likely to fear not only for their children, but also for their elderly parents and siblings (Snedker, 2006). While all in contemporary society live with the idea that we are at risk of having bad things happen (see Beck, 1999), our altruistic fear is not evenly distributed. Given the varying levels of concerns for others' safety, it is not surprising that much of the academic research and policy development has surrounded children, a typical focus of altruistic fear. In comparison, the level of altruistic fear experienced toward elders is small, although the recent development of Silver Alert systems in many U.S. states may signal the expansion of altruistic fear to encompass older adults. Silver Alerts provide an example of a policy intended to mitigate a known category of risk for a sub-population of older adults: the problem of missing adults with dementia.

Addressing Risk in Later Life: The Example of Silver Alerts

The recent development of Silver Alert policies in the U.S. serves to exemplify the way in which the conception of risk and welfare intersect with age. Silver Alert policies, instituted at the state level, establish plans for finding older adults reported missing. These policies propose to mitigate risks associated with victimization and cognitive decline in later life by creating an organized effort to identify missing older people with dementia. Projected increases in the size of the older population and in the number of older persons with dementia may have sparked the development of such policies. In part, the motivation for the development of Silver Alert policies is related to the fact that a portion of those with dementia engage in wandering behavior, and therefore, may be at risk of becoming lost.

The antecedents of Silver Alerts are AMBER Plans, which stands for "America's Missing: Broadcast Emergency Response." AMBER Plans were developed in the U.S. in the early- to mid-2000's in response to high profile abduction cases (Muschert, Young-Spillers, and Carr, 2006), with the national AMBER Alert plan being instituted in 2005. Similar to Silver

Alerts, AMBER Alerts may be issued by police when a child is reported missing. Both AMBER Alerts and Silver Alerts release relevant information via broadcast media, including a description of the individual who is missing, and any other pertinent information that may help citizens or search teams in identifying the missing individual. Although there has, thus far, been little evaluation of the effectiveness of AMBER Alerts, preliminary studies suggests they may not be as successful as hoped (Griffin, Miller, Hoppe, Rebideaux, and Hammack, 2007; Griffin and Miller, 2008). It is surprising that with even less research to support the development or evaluation of Silver Alert plans, they are emerging at a rapid pace.

Silver Alerts first appeared in the U.S. in 2006, and by the beginning of 2009 there were seventeen states with active plans. The national Silver Alert plan was enacted in September 2008, providing funding for numerous states to develop similar plans. Subsequently, a number of states have Silver Alerts on their legislative agenda for 2009, and the development of such policies is expected to continue at a rapid pace. Silver Alert systems piggy-back on the infrastructure present for AMBER Alerts, and although the criteria for activating a Silver Alert vary by state, the defining feature of most plans is that the missing individual is an older person suffering from a cognitive impairment. (See Carr, Muschert, Brown, Robbins, Kinney, Petonito, and Manning [n.d.] for an overview of the development of policies and their criteria for activation.)

The establishment of Silver Alerts is intended to manage the risk associated with wandering, theoretically lowering the risk that someone will wander away from home and not be found. These programs can offer support for caregivers, whether private or institutional; however, there is some controversy about the cost of this support with regard to the autonomy and rights of those with dementia. Wandering behaviors are neither universal nor necessarily problematic for the individuals with dementia. In fact, although wandering can be a particularly challenging behavior for caregivers of those with dementia, research suggests that wandering behaviors can be therapeutic and can promote feelings of autonomy and empowerment among those with the impairment (Kearns, Rosenberg, West, & Applegarth, 2007). Furthermore, although some literature depicts wandering as a problem to be controlled or prevented (Dewing, 2006), wandering is often purposeful for the individual with dementia (Robinson, Hutchings, Corner, Finch, Hughes, Brittain, & Bond, 2007). The scarcity of research on the subject of adults who have gone missing due to dementia and cognitive impairments raises further questions regarding whether the introduction of Silver Alerts is an appropriate solution for managing the risks associated with the growing number of people with dementia.

The establishment of Silver Alerts may reflect the growth of altruistic fear regarding the safety of older adults, particularly those with dementia. The logic of this trend fits with the ageing and risk approach. As noted above, the risk approach to social welfare supports the ideology that those who are at risk should receive greater protection and care, with extreme risk groups receiving the highest levels of support and care. Almost without critical discussion, elders with dementia have been labeled as being at-risk, and their behaviors, as problematic. However, do the risks justify the use of Silver Alerts techniques? The expansion of media alert systems to locate elders may represent a form of control creep (Marx, 1988), in which techniques of control have the tendency to expand in their applications. In this context, the labeling of a segment of the elder population as 'at-risk' may lead to increased oversight by the state. While the data strongly indicate that older adults are less likely to be victimized than members of younger cohorts, we nonetheless see the expansion of control techniques, in this case, in the guise of caring for an at-risk segment of the population.

The introduction of Silver Alerts may be seen as an inexpensive way to manage the increasing number of people expected to have cognitive impairments. Although Silver Alerts can be activated by both informal caregivers and formal caregivers, for individuals in the community or individuals in institutions, in general, it is depicted in the media especially as a tool to help caregivers of elders in the community avoid placing their loved one in an institution (e.g., DeMarco, 2009). The media often instills fear about the potential dangers facing individuals with dementia, and suggests that it is in the best interests of older people with dementia if Silver Alert plans are in place. While the sentiment behind the proposed benefits of this policy may be altruistic, it may also support ideological beliefs regarding individual responsibility for managing the risks and problems associated with population ageing.

Concluding Reflections

Our discussion has raised some concerns about the conceptualization of age as a risk factor, and the use of risk as a mechanism by which to attend to the social welfare of older adults. First, we examine a potential unintended consequence of diminishing the autonomy of older adults by using ageing and risk as criteria for the allocation of social welfare. The line between caring and control is blurry at best, and even well-intentioned efforts to provide care may lead to unintended negative outcomes. While many unintended consequences are unforeseeable, careful consideration may reveal serious consequences. (See Cherkaoui [2007] for a recent review of Max Weber's concept of unintended consequences). In particular, the identification of a group as being 'at-risk' might justify increased supervision and help from public agencies (Bessant et al., 2003). Ironically, those older adults with greater exposure to risk might be more vulnerable to unintended mechanisms of social control, many of which are an outgrowth of well-meaning efforts to study and protect those very groups. Our concern is that such policies, like Silver Alerts, might contribute to negative stereotypes about older adults, and may violate the civil liberties of some elders who may wish to maintain mobility or keep their whereabouts unknown. While the apparent intention behind Silver Alert programs is to support vulnerable older adults and their caregivers, we question whether the balance between caring and control is always maintained.

A second irony to the use of age itself as a risk factor lies in the in the fact that as age increases, so does the probability of becoming disabled and dying. With the increased cost of social policies supporting older adults as a whole, conceptualizing age as a risk factor provides a method to target the greatest problems facing older adults by addressing the needs of a specific variety of older people, namely, those most likely to be "dependent." Settersten (2007) raises concerns about this approach because it distances older people from one another, placing them into categories and taking attention away from the challenges facing older adults as a whole. Thus, the issues that affect older adults as a group may be overlooked. Political agendas that serve the interests of the group as a whole may be abandoned or disregarded altogether unless we pay close attention to the important issues facing all older adults in today's society, not just specific sub-populations. In other words, paying greater attention to the problems facing a sub-population of older adults viewed to be at-risk might ultimately lead to the disempowerment of the entire group. Because "risk-based research informs practices that promote more intensive focus on the behaviours of targeted groups" (Bessant et al., 2003, p. 115), the use of risk to distribute social welfare is likely to diminish the social power of older adults. Although the use of age-based approaches was accused of promoting "compassionate ageism," a risk-based approach may place older adults in an even more vulnerable position.

The dominance of discourses of risk and ageing raises some important issues regarding the way social welfare benefits are allocated. The use of risk as a way to approach old age policies may seem logical given that it targets those who are the most likely to need support. However, caution is warranted because the logic seems to be tied to the neoliberal tendency to make social welfare the responsibility of individuals. We encourage continued exploration of the relevance of risk in distribution of social welfare to older people. However, we suggest that rather than focusing on those at the highest risk for needing a given form of support, that social welfare be focused on ways to facilitate trust between older adults and society without diminishing the social power, rights, and autonomy of older people as a group.

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