

What the Data Demands:

*Findings from Older New Yorkers' Experiences
of Safety, Crime and Abuse*

NYCTM

Department for
the Aging

Table of Contents:

Executive Summary	1
Introduction.....	3
Elder Justice Survey Results	4
Factors in Ageism.....	4
Crime and Elder Abuse	15
Conclusions	30
Appendix.....	32

Executive Summary

In July 2025, the NYC Department for the Aging (NYC Aging) released [The State of Older New Yorkers](#)¹ a report showing the findings from the citywide service needs assessment (SNA). The survey garnered 8,600 responses from older New Yorkers and caregivers. In addition to the State of Older New Yorkers, NYC Aging is releasing a series of issue papers that provide deeper exploration and analysis of the survey results related to specific topics; this issue paper focuses on ageism, crime, and abuse.

Findings

The SNA identified age discrimination, elder crime, and elder abuse as serious issues faced by many older New Yorkers that tangibly and negatively impact their quality of life. Some of the findings include:

Factors in Ageism:

- More than 20% of older adults reported being discriminated against because of their age. Approximately 1 in 8 older adults reported experiencing age discrimination in interpersonal relationships, and just under 12% experienced age discrimination in the workplace.
- “Younger” older adults (ages 60-64) were more likely to report experiencing age discrimination than “older” older adults (ages 85+).
- Older adults who experienced age discrimination were more likely to report trouble paying at least one regular bill, more likely to report at least one barrier to leaving home, and less likely to have stable housing than those who had not experienced age discrimination.
- Older adults who experienced age discrimination were less likely to socialize enough and more likely to report mental health concerns than those who had not experienced age discrimination.

Crime and Elder Abuse:

- Nearly 15% of older adult respondents reported being the victim of elder abuse and/or crime since turning 60 years old. Notably, over half of older adult crime and abuse victims did not report the abuse or crime to the police.
- Older adult crime victims were more likely to report at least one barrier to leaving their home than older adults who had not experienced crime.
- Elder abuse victims were more likely to have a physical or sensory impairment and less likely to have stable housing than older adults who had not experienced abuse.
- Older adults who reported having experienced crime and/or abuse, were also less likely to report adequate socialization and more likely to report mental health concerns than their non-victimized peers.

Next Steps

Research shows that ageism, elder abuse, and crime negatively contribute to physical and mental health outcomes, adverse hiring and promotion decisions in the workplace, and even higher healthcare costs. By recognizing the extent and effects of these exploitations, we are taking meaningful steps toward building a healthier, more age-inclusive New York City. NYC Aging has many existing programs, services, and partnerships in place that can help tackle these issues. However, additional work is needed to continue to dismantle stereotypes and increase safety for older adults in New York City.

Additionally, stakeholder input has identified potential themes of future direction: strengthen coordination and reduce duplication across systems – especially related to housing and economic security; expand protections and legal supports for older adults and caregivers; and increase awareness, outreach, and anti-ageism efforts.

Introduction

In July 2025, the NYC Department for the Aging (NYC Aging) released *The State of Older New Yorkers, Building an Age-Inclusive Future* a report of the findings from our comprehensive, citywide service needs assessment (SNA), which garnered 8,600 responses from older New Yorkers and caregivers from across all five boroughs. This first report gave an overview of the key findings, including sociodemographic characteristics, overall findings concerning quality of life, health and well-being, mistreatment and discrimination, caregiving, use of technology, and knowledge of aging services. For information on background, methods, and any additional SNA findings, please see the [2025 The State of Older New Yorkers](#).²

Now, in a series of issue papers, NYC Aging will provide deeper exploration and analysis of the results from the SNA for specific topics that are critical to aging in place; this issue paper focuses on needs related to ageism, crime and abuse. Research shows that ageism, elder abuse, and elder crime contribute to negative physical and mental health outcomes among older adults, adverse hiring and promotion decisions in the workplace, and even higher healthcare costs.³ By recognizing the extent of these effects, we are taking meaningful steps toward building a healthier, more age-inclusive New York City.

Response Demographics

NYC Aging received 8,600 responses from older adults and their caregivers. Of those, 7,130 were from older adults (aged 60+) residing in New York City.⁴ The demographics for the full sample of older adult respondents are included in the original report.⁵ Table 1 in the appendix provides the weighted demographic information for only those older adult respondents who indicated that they had experienced age discrimination (Question 30), elder abuse (Question 31 and 32), or elder crime (Question 33).

Elder Justice Survey Results

Factors in Ageism:

Ageism as directed at older adults involves discrimination seen within interpersonal relationships and within the workplace. Examples of interpersonal ageism or discrimination include individuals using a patronizing tone when talking to an older adult, making age-related jokes at an individual's expense, or treating the individual in a dismissive way, because of their age. Examples of workplace discrimination include being passed over for a promotion or being disqualified for a job, solely based on an individual's age. There's also internalized ageism, where individuals justify their mistreatments or (often subconsciously) hold negative beliefs about their own abilities, believing their age prevents them from doing something, such as work or physical activities. More than 20% of respondents answered that they had been impacted by discrimination because of their age. Approximately one in eight older adults reported experiencing age discrimination in interpersonal relationships and just under 12% in discrimination in the workplace.

Figure 1: Older Adult Respondents Reporting Experiencing Age Discrimination



Note: Participants could select more than one response.

The approximately 3% of “Other” responses represent examples of discrimination not originally captured in the survey. For example, responses in this category included discrimination due to factors other than age (e.g., race, gender, physical ability) as well as age discrimination in healthcare, housing, and transportation. A few of these responses also displayed some evidence of internalized ageism as well.

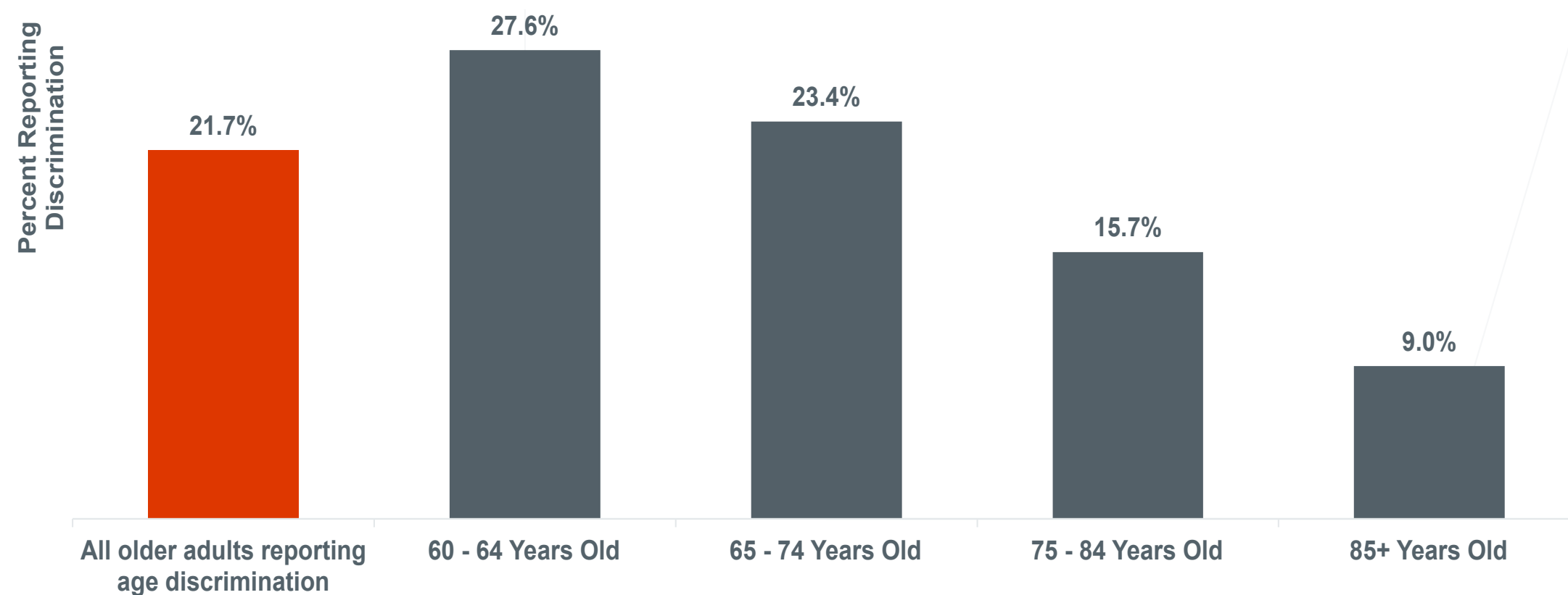
Demographic Differences.

While the likelihood of reporting age discrimination did not meaningfully vary across race/ethnicity, gender, employment status, or income level, it did vary by age and borough. However, it is important to note that these differences, along with all the differences reported in this report, are only correlational. They should not be interpreted to suggest that demographic factors, or any of the needs reported below, cause age discrimination or vice versa.

Age.

The likelihood of reporting age discrimination tended to decrease significantly with age ($p < .001$), with older adults between 60 – 64 years old being the most likely to report experiencing age discrimination while older adults 85 years or older being the least likely. This finding was especially true for workplace discrimination (Cramer's $V = .16$); possibly because older adults between 60 – 64 years old are more likely to be either still in the workforce or more recently retired. Additionally, older adults aged 60-64 reported age discrimination at a significantly higher rate than the citywide percentage (21.7%), while older adults 75 years old and older reported age discrimination at a significantly lower rate than the citywide percentage ($p < .001$).

Figure 2: Older Adult Respondents Reporting Age Discrimination by Age.

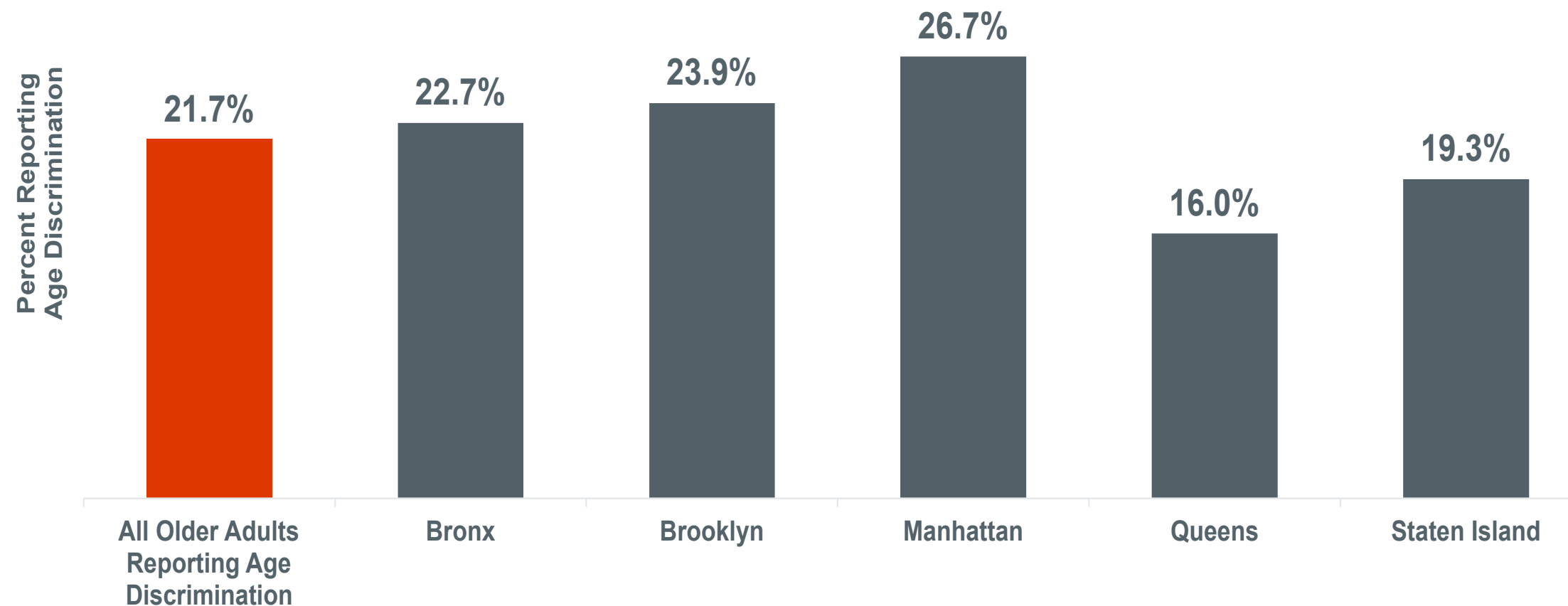


$X^2(3) = 130.43, p < .001, \text{Cramer's } V = .14$

Borough.

The likelihood of reporting age discrimination also differed significantly between boroughs in which the older adult lived ⁶($p < .001$). Older adults who live in Manhattan were significantly more likely to report age discrimination than all older adults in New York City (21.7%). Conversely, older adults who live in Queens and Staten Island were significantly less likely than the percent of all older New Yorkers citywide to report age discrimination.

Figure 3: Older Adult Respondents Reporting Age Discrimination by Borough of Residence



$X^2(4) = 65.99, p < .001, \text{Cramer's } V = .10$

Since there is no reason to believe that age discrimination happens more frequently in some boroughs than others (especially considering that the reported age discrimination may have happened outside of the participants' borough of residence), these findings are more likely to reflect differences in awareness and/or willingness to disclose they have been discriminated against, rather than the prevalence of it. Older adults with more awareness of the definition and consequences of age discrimination may be more likely to notice and report it. Additional outreach and education, targeted at those areas with lower rates of reporting age discrimination, is recommended to increase an awareness and to combat it.

Needs Related to Aging-in-Place.

The SNA included several questions to assess an older adults' ability to fulfill their basic needs, thus contributing to their overall quality of life. These included financial stability, access to affordable food and housing, and accessibility. Two of these variables—trouble paying bills and access to stable, reliable housing—significantly predicted experiences of age discrimination.

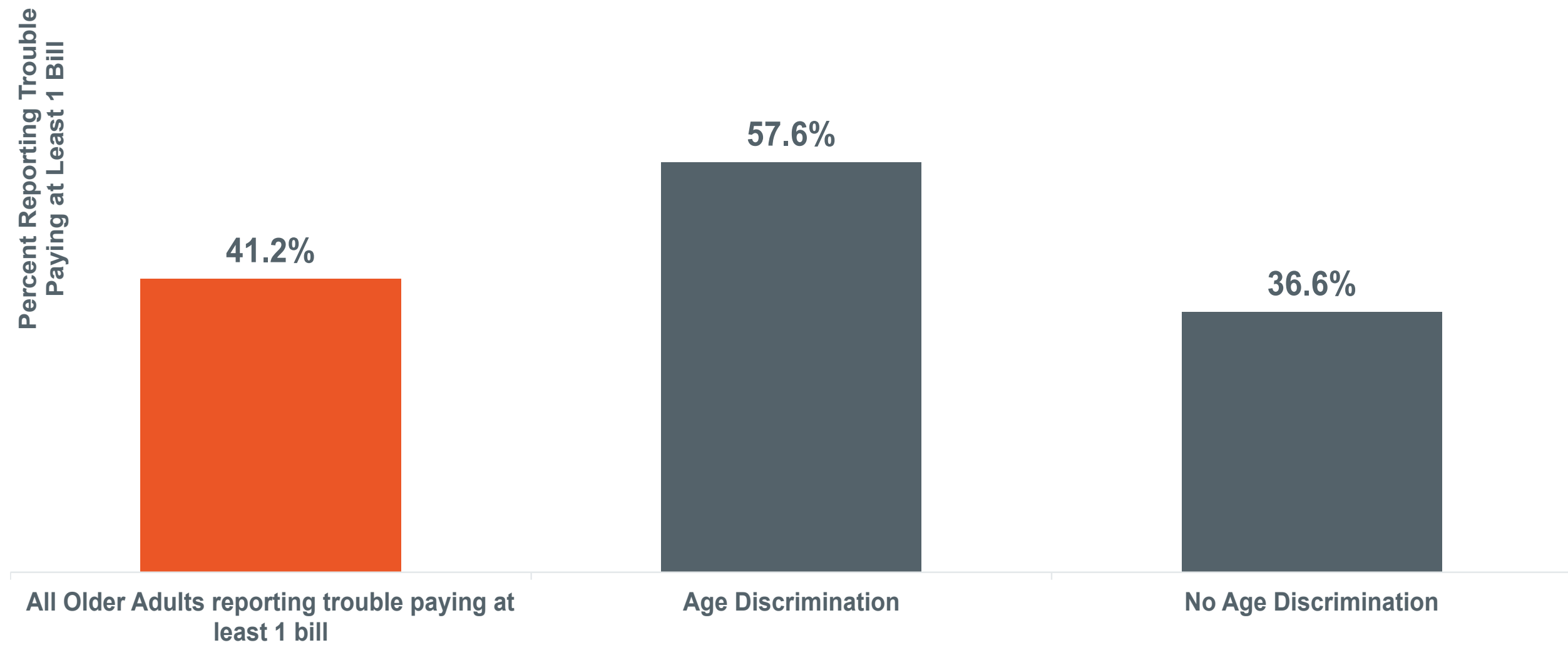
Trouble Paying Bills.

First, older adults who reported experiencing age discrimination were significantly more likely to have trouble paying at least one regular bill than older adults who did not report experiencing age discrimination ($p < .001$). In fact, older adults who reported experiencing age discrimination were significantly more likely than the overall citywide percentage of New Yorkers reporting trouble paying at least one bill, such as rent/mortgage, food, credit card bills, or utilities. Conversely, older adults who did not report experiencing age discrimination were significantly less likely than the overall citywide percentage of older New Yorkers reporting trouble paying at least one regular bill ($ps < .001$).

The analysis found that older adults who reported trouble paying at least one bill were approximately 2.5 times more likely to report experiencing workplace discrimination than those who could comfortably pay their regular bills.

While difficulty paying bills was significantly associated with all forms of age discrimination, it had a stronger impact on the likelihood of experiencing workplace discrimination (odds ratio = 2.54)⁷, specifically, than interpersonal discrimination (odds ratio = 1.92) or age discrimination generally (odds ratio = 2.35). This makes sense, as age discrimination in the workplace could result in lower salaries or lost employment opportunities.

Figure 4: Older Adult Respondents Who Reported Trouble Paying At Least One Bill

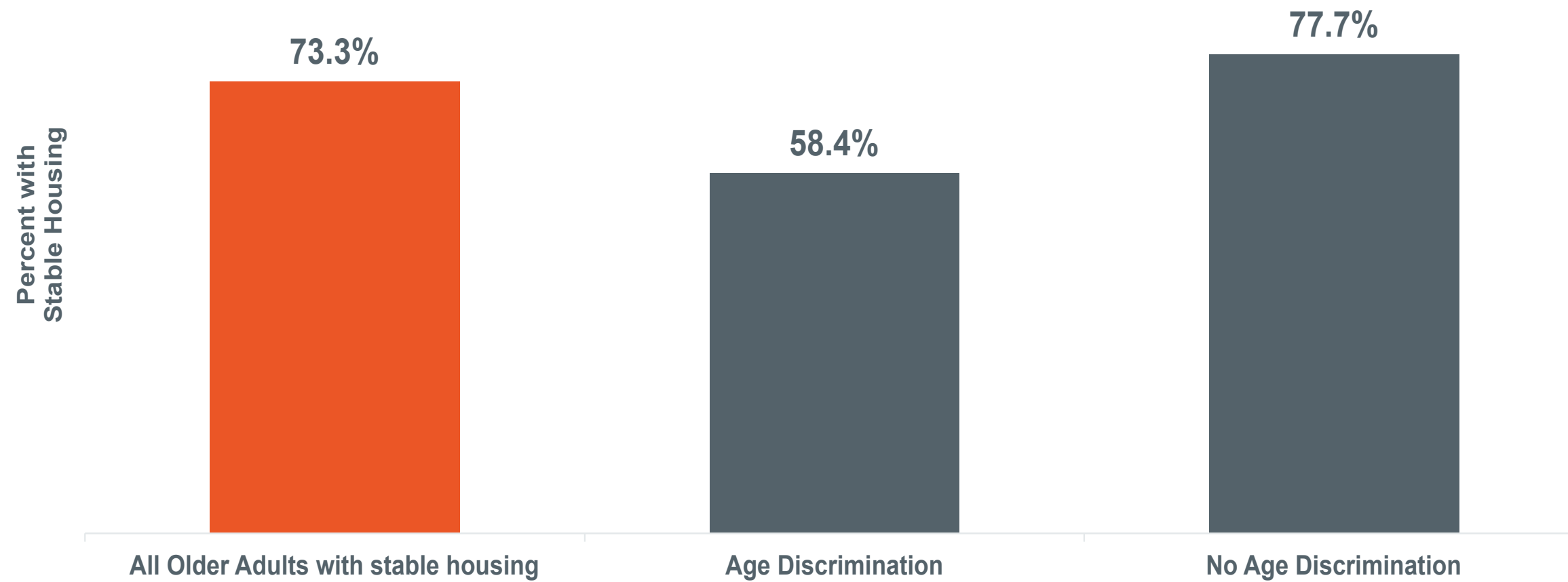


$X^2(1) = 207.19, p < .001, \text{Cramer's } V = .18$

Access to Housing.

Older adults who reported experiencing age discrimination were also significantly less likely to have stable, reliable housing than those who did not report experiencing age discrimination ($p < .001$).

Figure 5: Older Adult Respondents with Stable, Reliable Housing

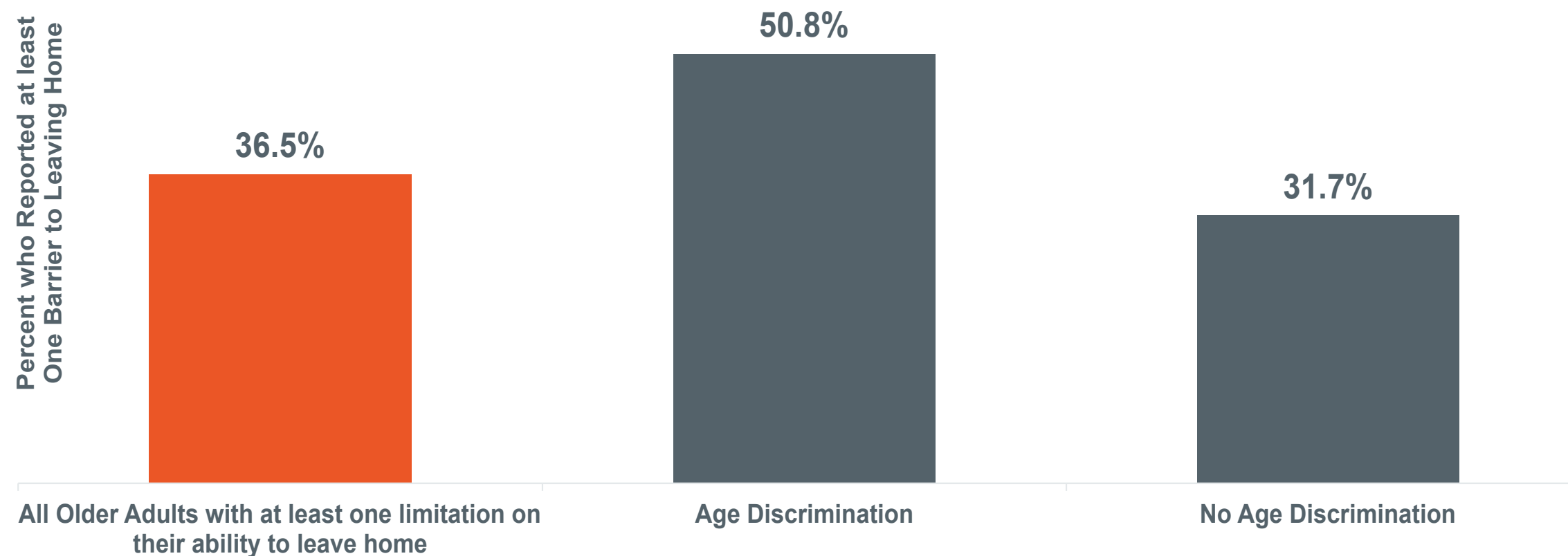


$X^2(1) = 207.52, p < .001, \text{Cramer's } V = .18$

Barriers to Leaving Home.

Older adults who reported experiencing age discrimination were significantly more likely to report at least one limitation on their ability to access their community than those who did not report experiencing age discrimination ($p < .001$), as well as more likely than the overall citywide percentage of older adults reporting barriers to leaving home. In fact, just over half of older adults who reported experiencing age discrimination also reported at least one barrier limiting their ability to do things outside of their homes. These barriers can include lack of transportation, physical impairments, fear of falling, and fear of crime.

Figure 6: Older Adult Respondents with At Least One Limitation on Their Ability to Leave Home



$X^2(1) = 137.99, p < .001, \text{Cramer's } V = .17$

Of the nearly 37% of older adults who reported at least one barrier to leaving home, those who reported experiencing age discrimination were significantly more likely to identify fear of crime and significantly less likely to report a physical limitation as a barrier to leaving home, compared to those who did not report experiencing age discrimination (all $ps < .001$).

Together, these findings indicate that age discrimination tangibly and negatively impacts older adults' quality of life.

Health and Wellbeing.

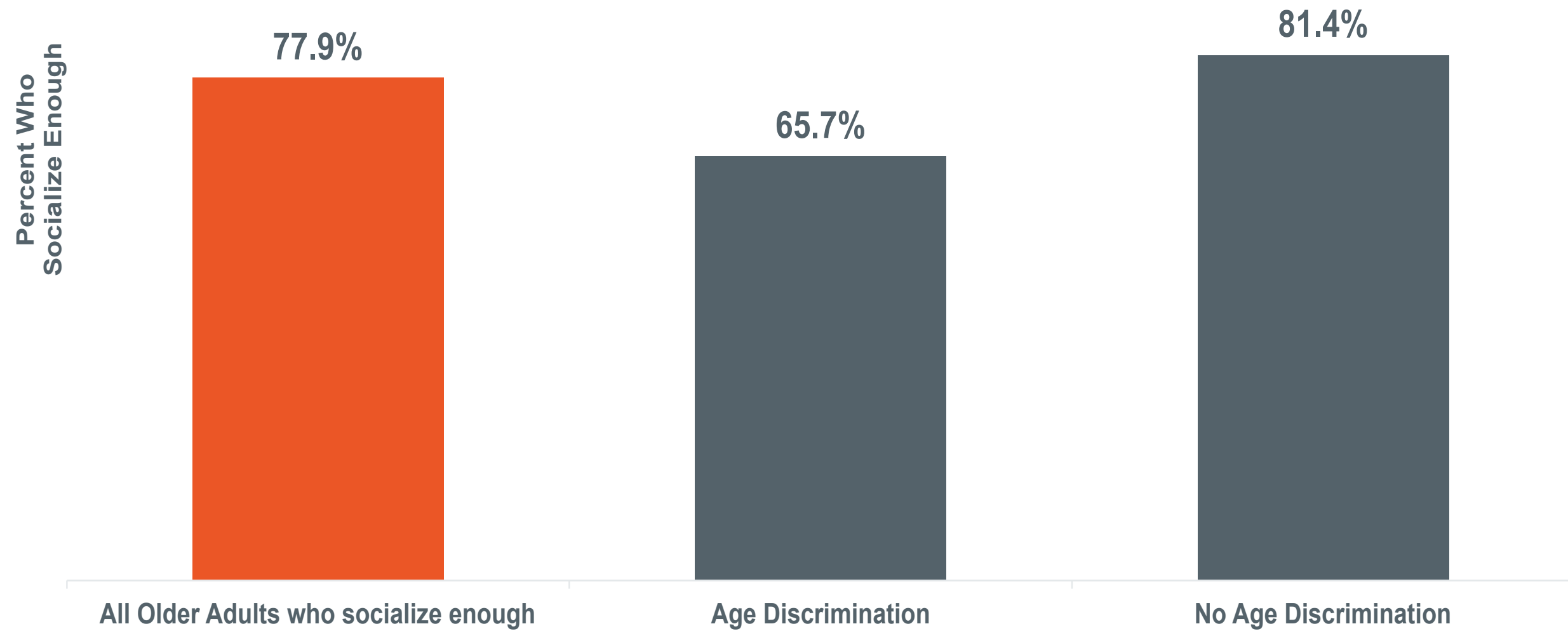
The likelihood of reporting age discrimination was also significantly predicted by several variables related to health and wellbeing, including socialization and mental health.

Socialization.

Older adults who reported experiencing age discrimination were less likely to say that they speak with family members, friends, or other community members as often as they would like than those who did not report experiencing age discrimination ($p < .001$).

In fact, older adults who reported experiencing age discrimination were significantly less likely, while those who did not report experiencing age discrimination were significantly more likely than the overall percentage of older New Yorkers indicating that they socialize with others as often as they would like ($ps < .05$).

Figure 7: Older Adult Respondents Who Socialize Enough.



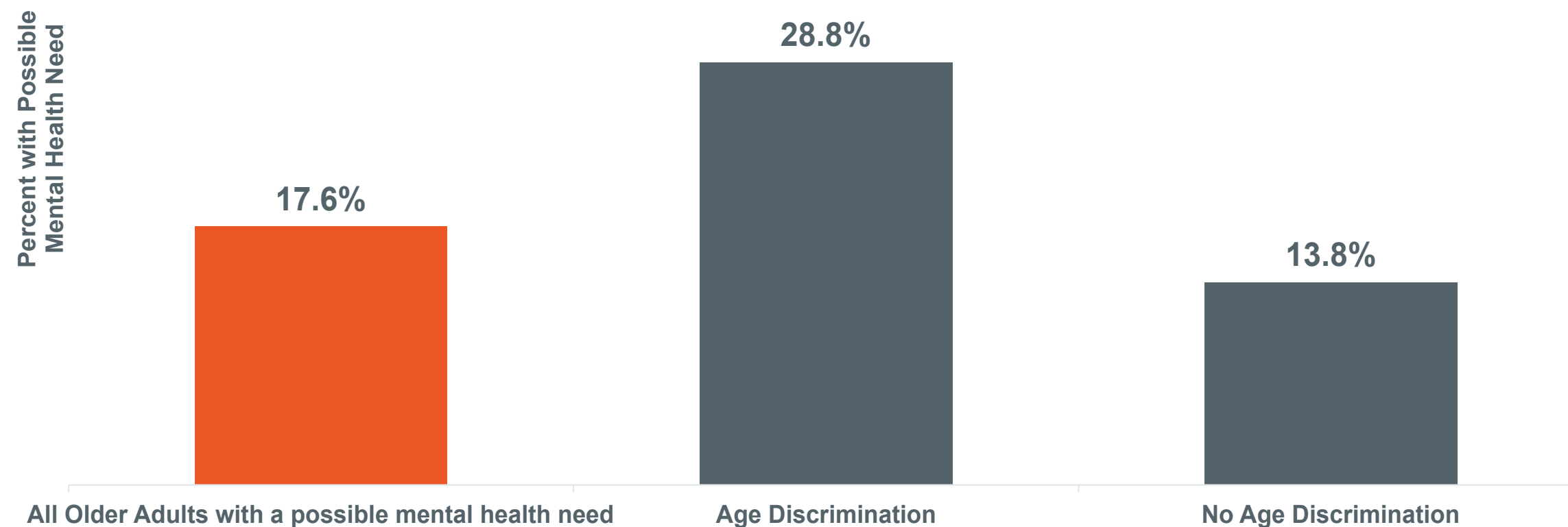
$X^2(1) = 161.27, p < .001, \text{Cramer's } V = .16$

Mental Health Need.

Older adults who reported experiencing age discrimination were significantly more likely than the overall citywide percentage of older New Yorkers to indicate a possible mental health need, while older adults who did not report age discrimination were less likely ($p < .05$).

Mental health and socialization are highly correlated ($p < .001$), so it is not surprising that respondents who reported experiencing age discrimination were also significantly more likely than respondents who did not report age discrimination to indicate they needed mental health support (depression and/or anxiety, $p < .001$).

Figure 8: Older Adult Respondents with a Possible Mental Health Need.



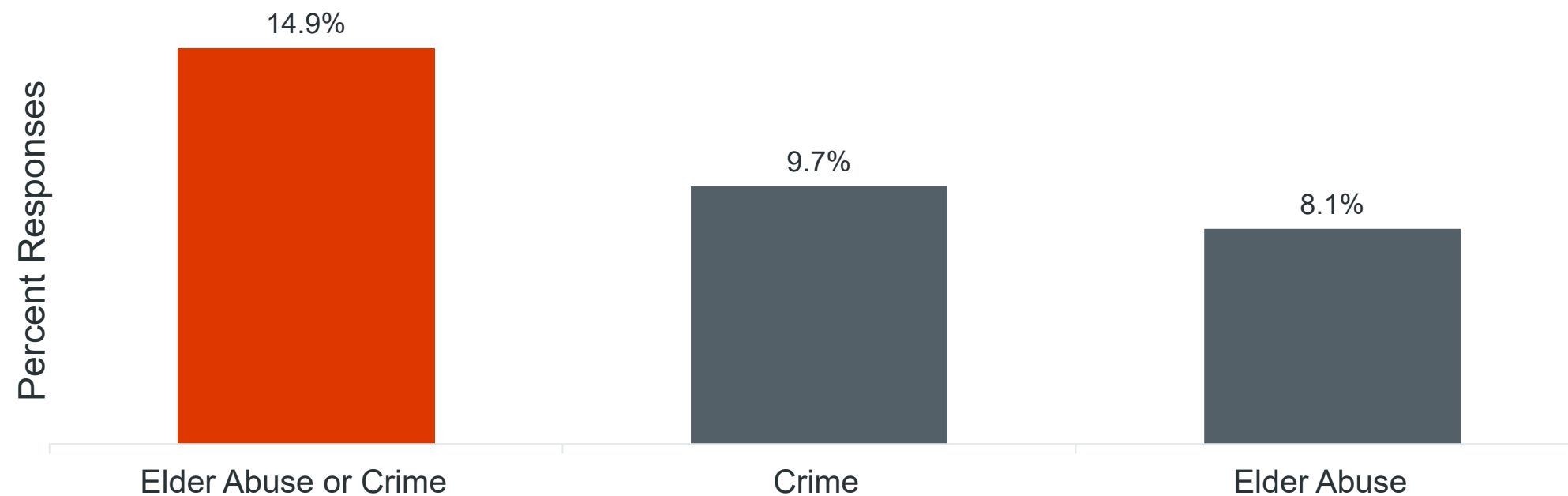
$$X^2(1) = 126.21, p < .001, \text{Cramer's } V = .17$$

Together, these findings support existing research that shows that age discrimination has negative consequences for an older adult's mental and emotional wellbeing⁸.

Crime and Elder Abuse:

In addition to discrimination, many older adults are targeted for crime by an unknown assailant and/or can be abused by family, friends, or another trusted individual in the community. Nearly 15% of older adult respondents reported experiencing some type of elder abuse and/or crime.

Figure 9. Older Adult Respondents Reporting Experiences of Elder Abuse or Crime.



$$X^2(1) = 130.154, p < .001, \text{Cramer's } V = .14$$

However, crime and abuse rates among older adults are generally underreported for a variety of reasons, including feelings of shame or embarrassment, believing that nothing could or would be done to help, or fear of losing independence.⁹ That gives reason to believe the actual crime and abuse rates are higher than those reported in the SNA.

Crime:

To learn more about the needs of older adult victims of crime, the SNA first asked older adults if they had been the victim of a crime committed by a stranger since turning 60 years old. It is important to know that this question only asked if the older adult had been the victim of a crime and did not specify the type of crime. Thus, the responses in this section may reflect the experiences of older adults who have experienced any number of crimes, including violent crimes (assault or robbery), nonviolent crimes (theft or fraud), or cybercrimes (identity theft or internet scams).

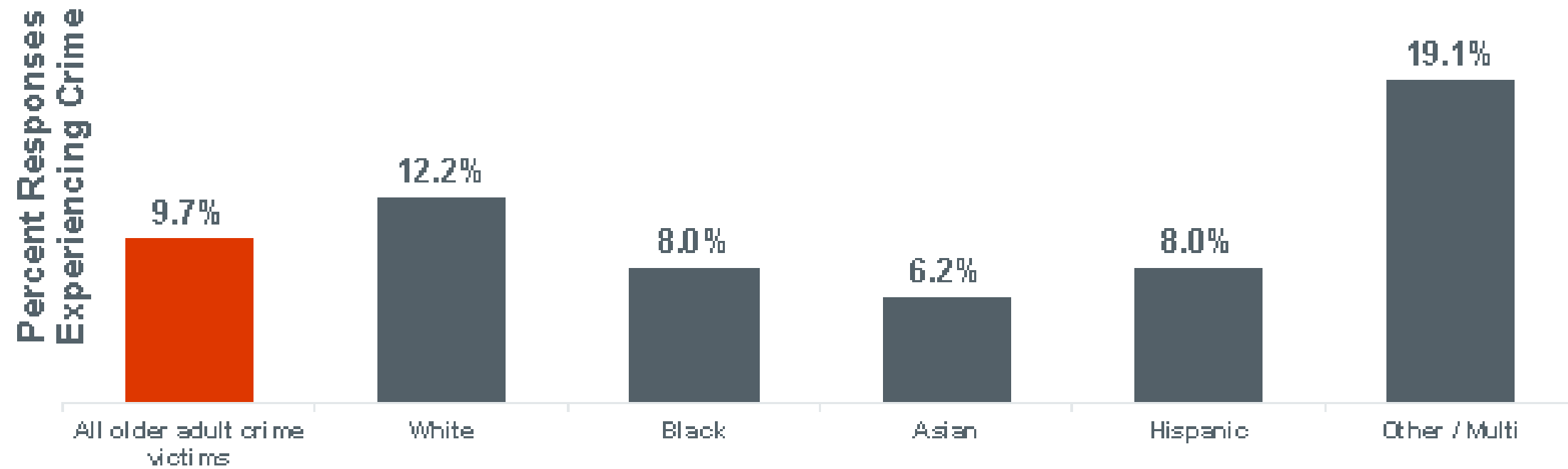
Demographic Differences.

The likelihood of acknowledging that one was the victim of a crime did not vary meaningfully across age, borough, gender, employment status, or income level, but it did vary by the race/ethnicity of the respondent.

Race/Ethnicity.

The likelihood that an older adult indicated that they were the victim of a crime since turning 60 years old varies by their race/ethnicity. Older adults who identify as White or a race other than the ones listed in the survey (including those who identified as more than one race) were significantly more likely to report being the victim of a crime than the overall percentage of older New Yorkers. Conversely, older adults who identify as Asian were significantly less likely than the overall citywide percentage of older New Yorkers reporting being a crime victim (all $ps < .05$).

Figure 10: Older Adult Crime Victims by Race/Ethnicity



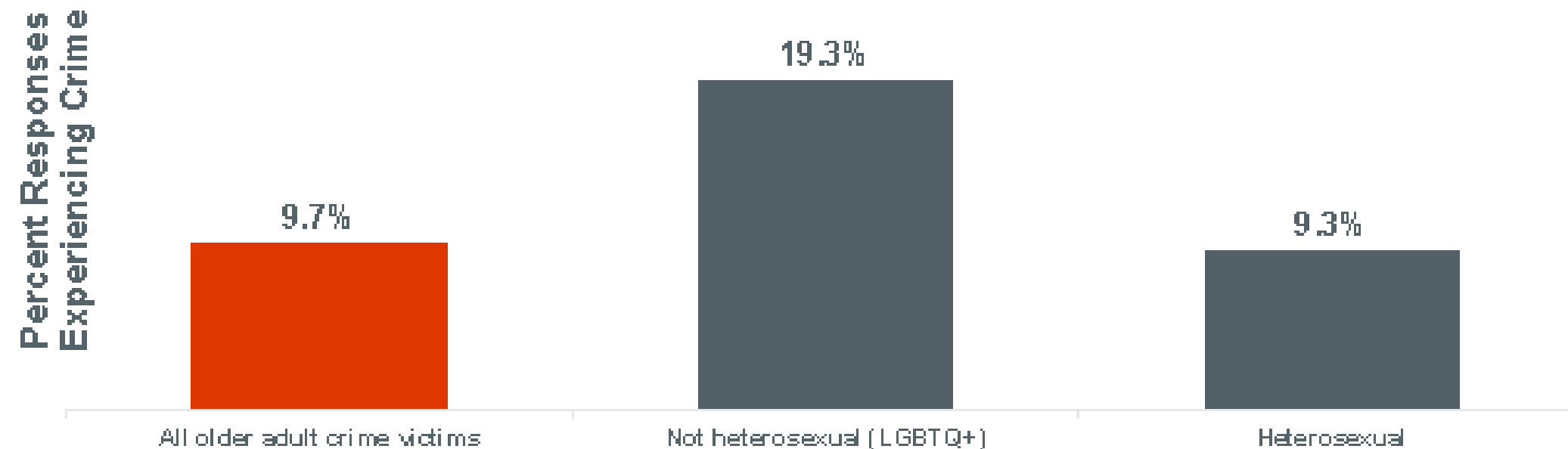
$X^2(4) = 56.52, p < .001, \text{Cramer's } V = .10$

The fact that all minority racial/ethnic groups were less likely to acknowledge experiencing crime than White older adults runs counter to the overall crime victim demographics in NYC¹⁰. A few factors might explain this disparity. First, there is a general unwillingness to report crime among non-White older adults; second, since the survey was distributed by a government agency, it may have made older adults of color uncomfortable acknowledging their experience of crime¹¹.

Sexual Orientation.

The likelihood that an older adult indicated that they were the victim of a crime since turning 60 years old varies by their sexual orientation. Older adults who identify as a non-heterosexual (LGBTQ+) were significantly more likely to report being the victim of a crime than the overall percentage of older New Yorkers ($p < .001$). These results point to increased vulnerabilities experienced within this cohort of older adults.

Figure 11. Older Adult Crime Victims by Sexual Orientation



$X^2(1) = 46.99, p < .001, \text{Cramer's } V = .09$

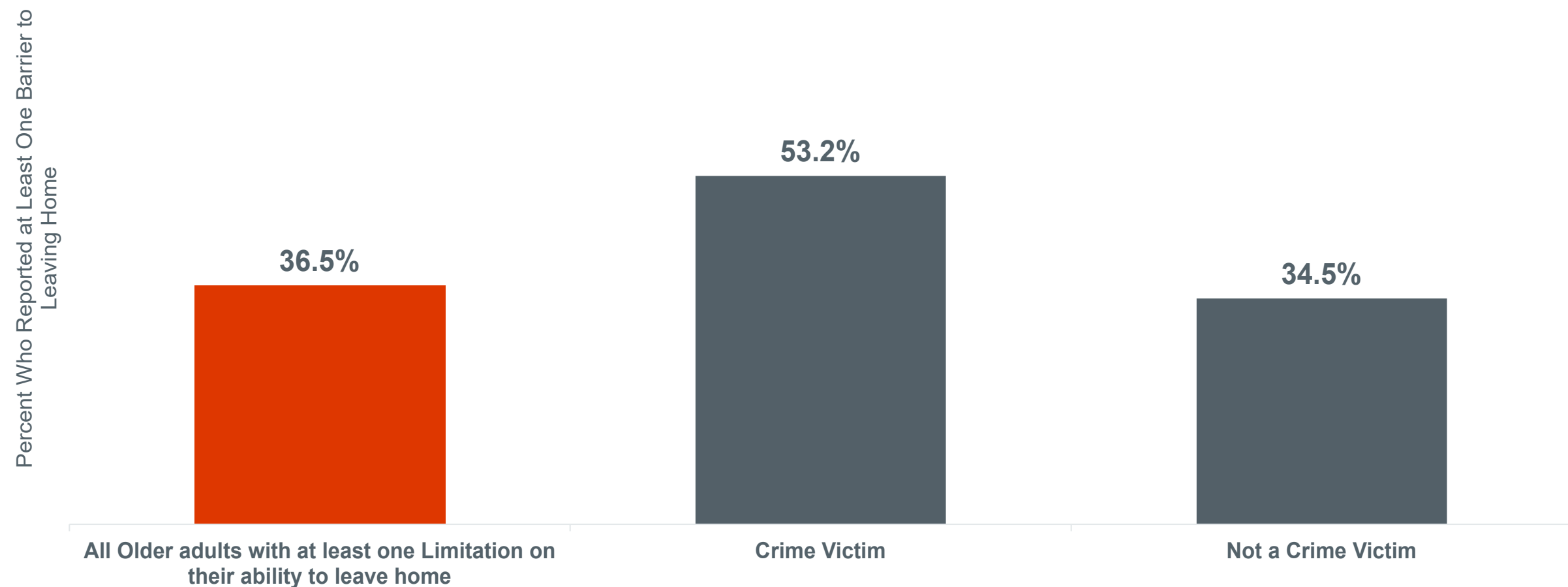
Needs Related to Aging-in-Place.

The likelihood of indicating that a respondent experienced a crime was also significantly predicted by several variables related to older adults' ability to age-in-place, including the ability to leave home, socialization, and mental health.

Barriers to Leaving Home.

Older adult crime victims were significantly more likely to report at least one limitation on their ability to access their community than older adults who had not been victimized ($p < .001$). Over half of SNA respondents who reported being a victim of a crime also reported at least one barrier limiting their ability to do things outside of their homes.

Figure 12: Older Adult Respondents with At Least One Limitation on Their Ability to Leave Home



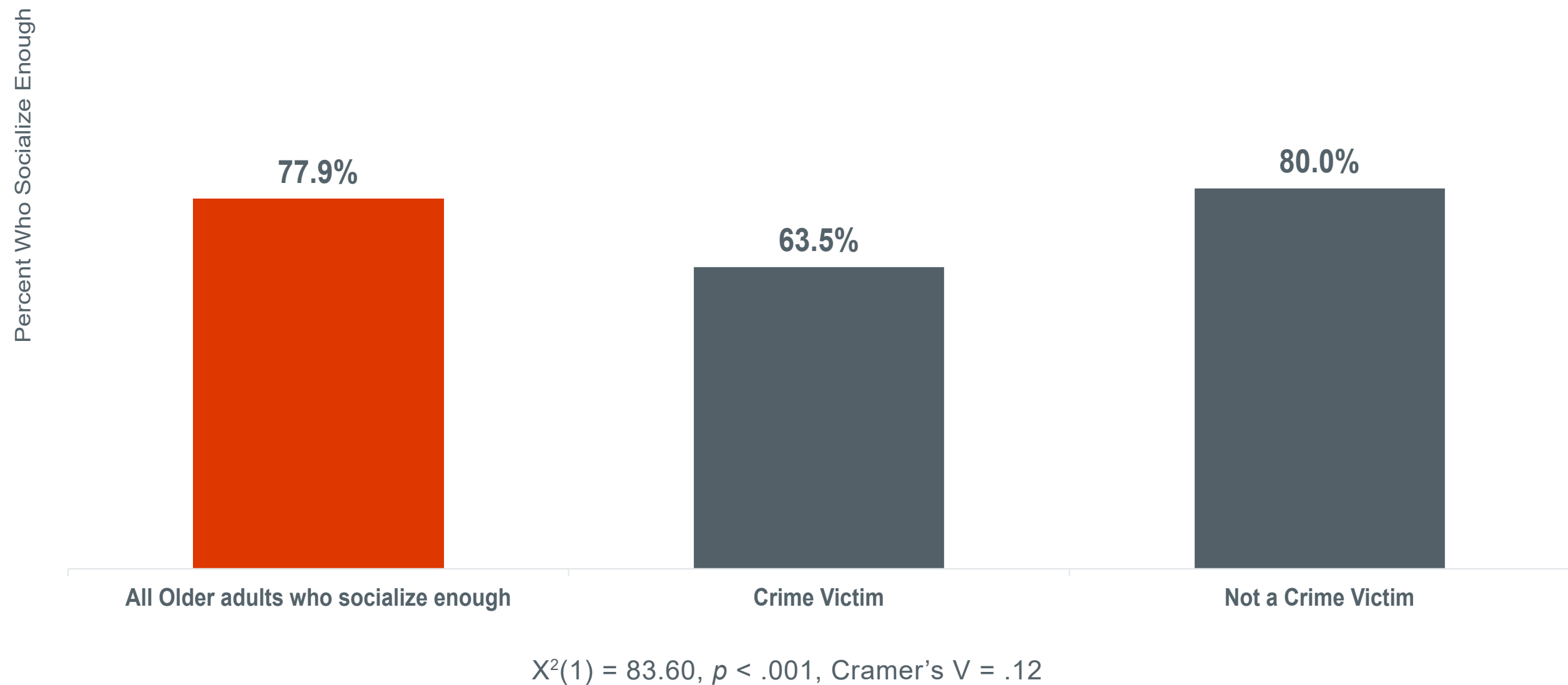
$X^2(1) = 65.22, p < .001, \text{Cramer's } V = .12$

And of the nearly 37% of older adults who reported at least one barrier to leaving home, those who reported being the victim of a crime since turning 60 years old were significantly more likely to identify fear of crime and lack of transportation as barriers to leaving their home compared to those who had not been victimized (all $ps < .001$).

Social Isolation.

Older adult crime victims were less likely to say that they speak with family members, friends, or other community members as often as they would like compared to those who were not victimized ($p < .001$). In fact, older adults who reported experiencing crime were significantly less likely than the percent of all older New Yorker indicating that they socialize with others as often as they would like ($ps < .05$).

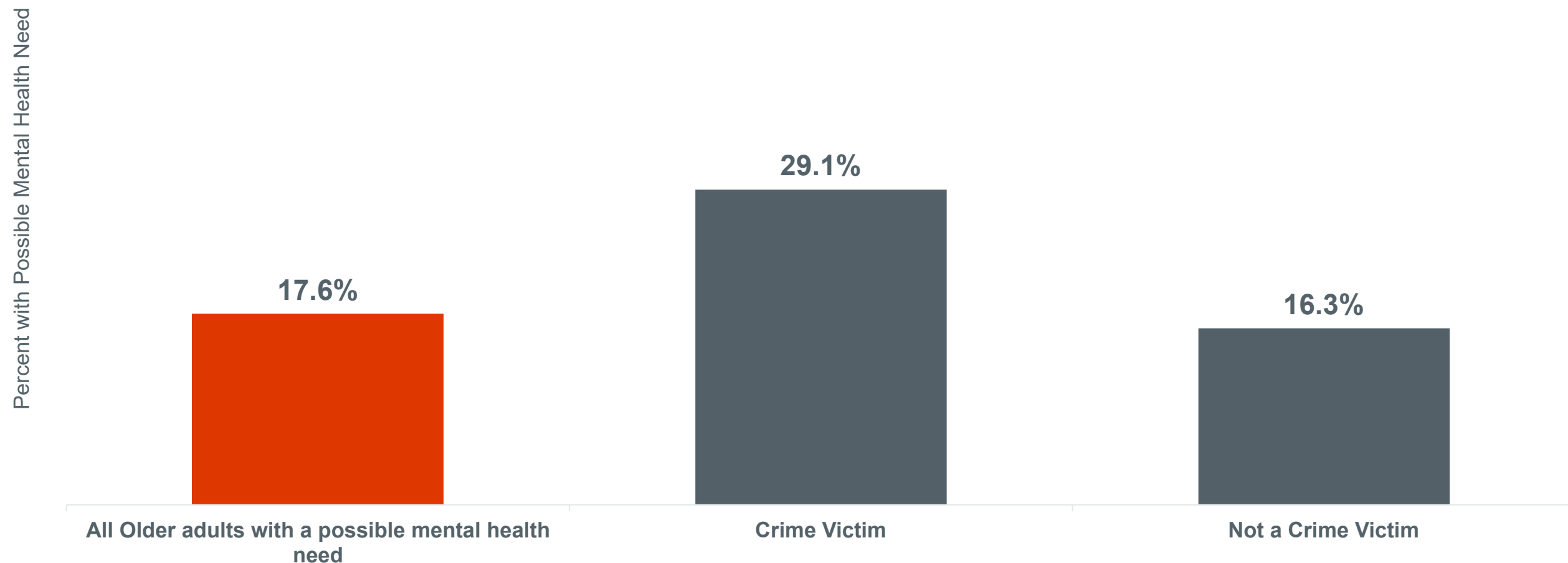
Figure 13: Older Adult Respondents Who Socialize Enough



Mental Health Need.

Respondents who identified themselves as crime victims were also significantly more likely than non-crime victims to indicate a possible mental health need such as depression and/or anxiety ($p < .001$). Once again, older adult crime victims were significantly more likely than the percentage of all older New Yorkers to indicate a possible mental health need ($p < .05$).

Figure 14. Older Adult Respondents with a Possible Mental Health Need.



$$X^2(1) = 44.51, p < .001, \text{Cramer's } V = .10$$

Together, these findings indicate that older adult crime victims have unique needs surrounding their mental health and their ability to age-in-place in their communities. The relationship between experiencing a crime and lack of socialization, poor mental health, and additional barriers to leaving one's home highlight the significant impact crime can have on older adults.

Elder Abuse:

Because older adults may be unaware that their experiences with a trusted family, friend, or community member constitute abuse,¹² the survey did not directly ask participants if they had experienced elder abuse. Instead, two questions were asked to determine if participants had experienced any situations resembling elder abuse¹³. These questions captured possible physical, psychological, and/or financial abuse, but did not specifically capture issues related to neglect. Participants who answered “yes” to either of these questions – just over 8% of older adult respondents – were categorized as victims of elder abuse. These findings are consistent with national and citywide rates of elder abuse¹⁴.

Demographic Differences.

The likelihood of indicating elder abuse did not vary meaningfully across any of the participants’ demographic categories, including age, borough, gender, employment status, or income level. This is consistent with prior evidence that abuse can happen to anyone¹⁵.

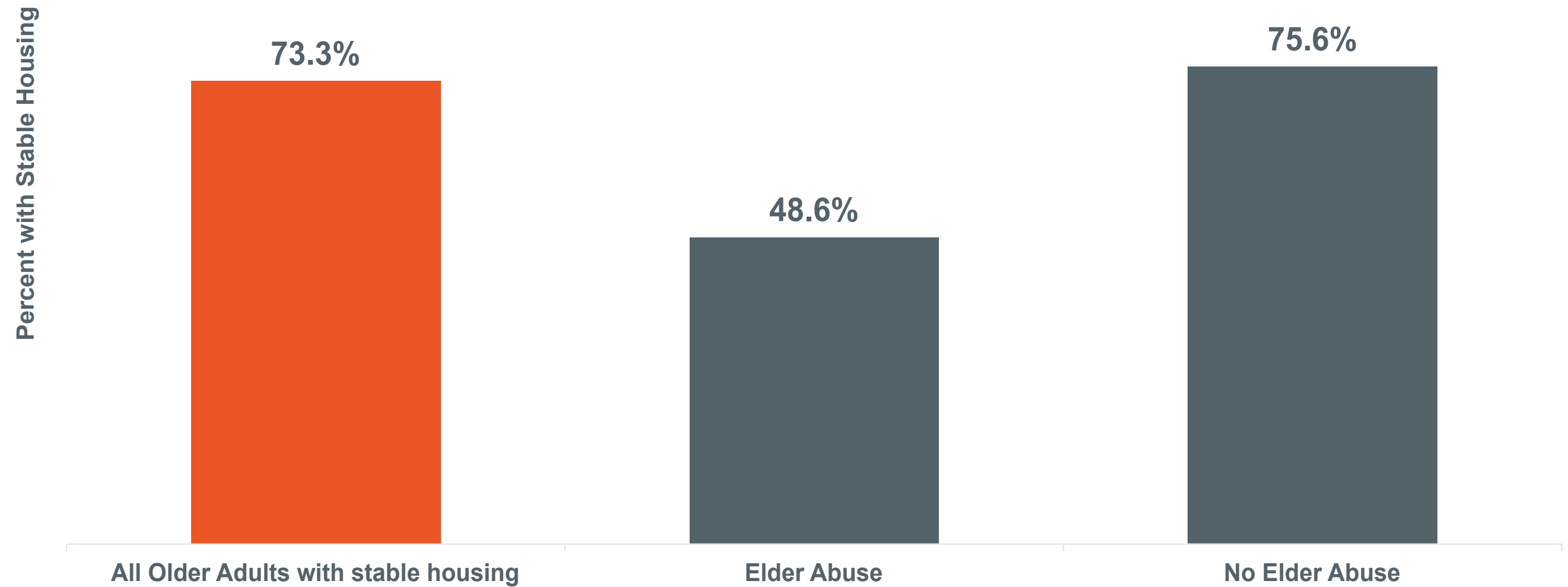
Needs Related to Aging-in-Place.

The SNA included several questions assessing older adults’ ability to fulfill their basic needs as well as several variables related to health and wellbeing. Four of these variables - housing access, physical or sensory impairment, adequate socialization, and mental health - were the most significant in predicting the likelihood of experiencing elder abuse.

Access to Housing.

Older adults who had experienced elder abuse were also significantly less likely to have stable, reliable housing than those who did not report experiencing elder abuse ($p < .001$).

Figure 15: Older Adult Respondents to Stable, Reliable Housing



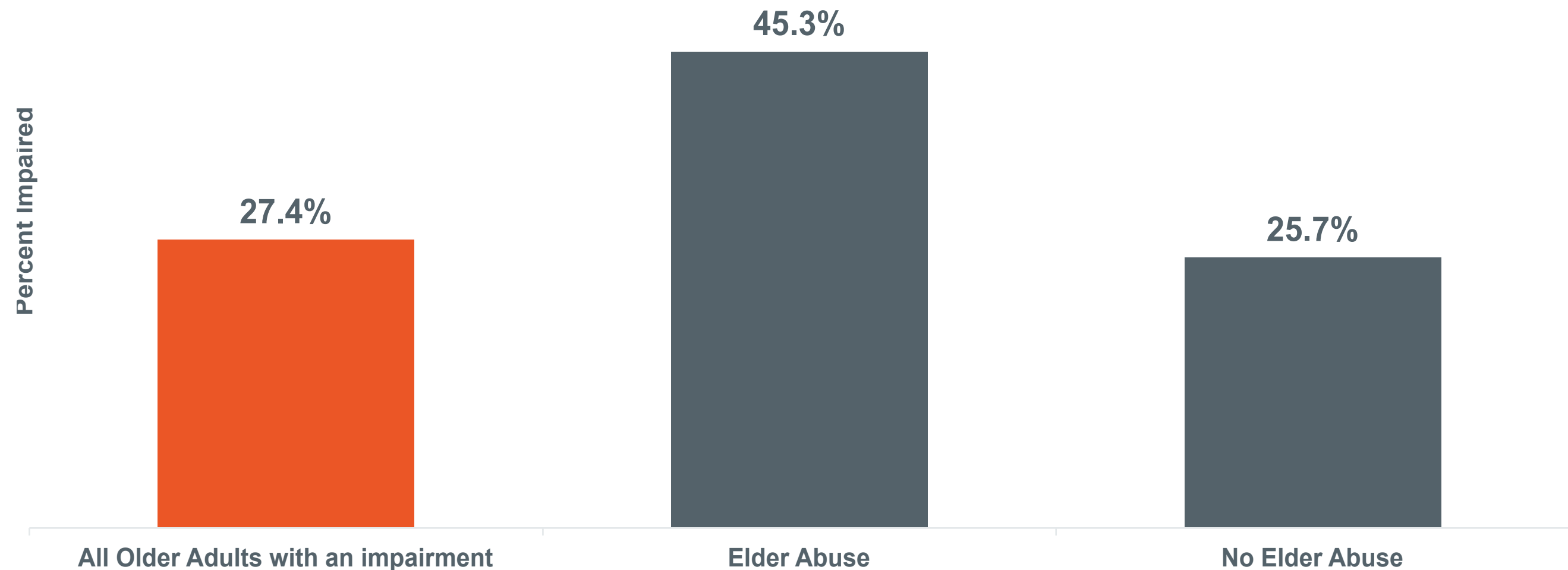
$X^2(1) = 179.02, p < .001, \text{Cramer's } V = .17$

Even though nearly half of elder abuse victims lacked stable and reliable housing, most still had housing of some sort. However, of those with stable housing, nearly 30% said that they are worried it will change in the future. This suggests that, in addition to the physical, emotional, and financial consequences of abuse, elder abuse often makes access to housing unreliable. This finding aligns with existing research suggesting that elder abuse typically occurs at home, so there should be a concerted effort to educate the public on elder abuse risk factors¹⁶.

Physical / Sensory Impairment.

An older adult was considered to have a physical or sensory impairment if they indicated that they had serious difficulty seeing or hearing or that a physical limitation made it difficult to leave their home. Elder abuse victims were significantly more likely to have such an impairment than older adults who had not experienced abuse ($p < .001$).

Figure 16: Older Adult Respondents with a Physical or Sensory Impairment



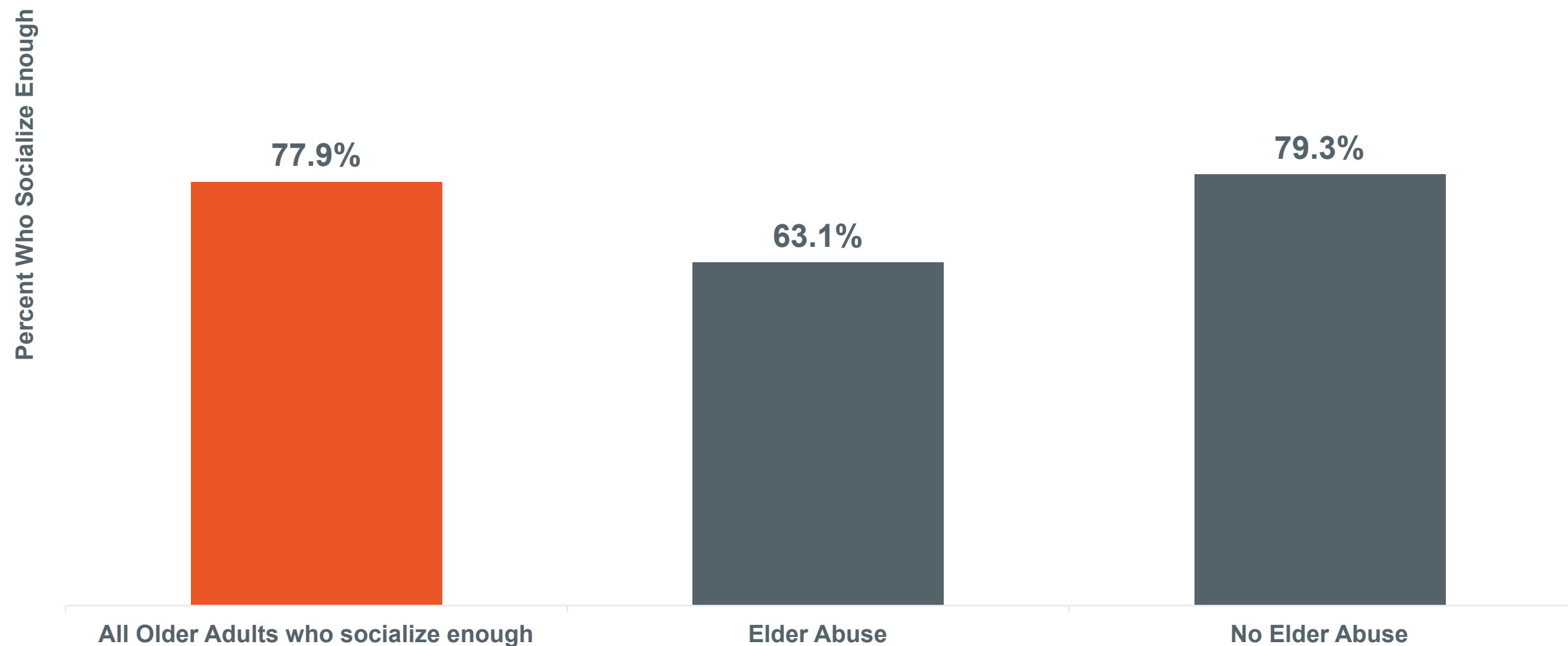
$X^2(1) = 70.16, p < .001, \text{Cramer's } V = .12$

This finding supports previous research that shows that older adults with physical disabilities are particularly vulnerable to elder abuse¹⁷.

Social Isolation.

Research has previously established a strong relationship between elder abuse and social isolation, as abusers often try to isolate their victim from social support.¹⁸ Supporting previous research, the SNA found that older adult abuse victims were less likely to say that they speak with family members, friends, or other community members as often as they would like than those who were not abused ($p < .001$).

Figure 17. Older Adult Respondents Who Socialize Enough



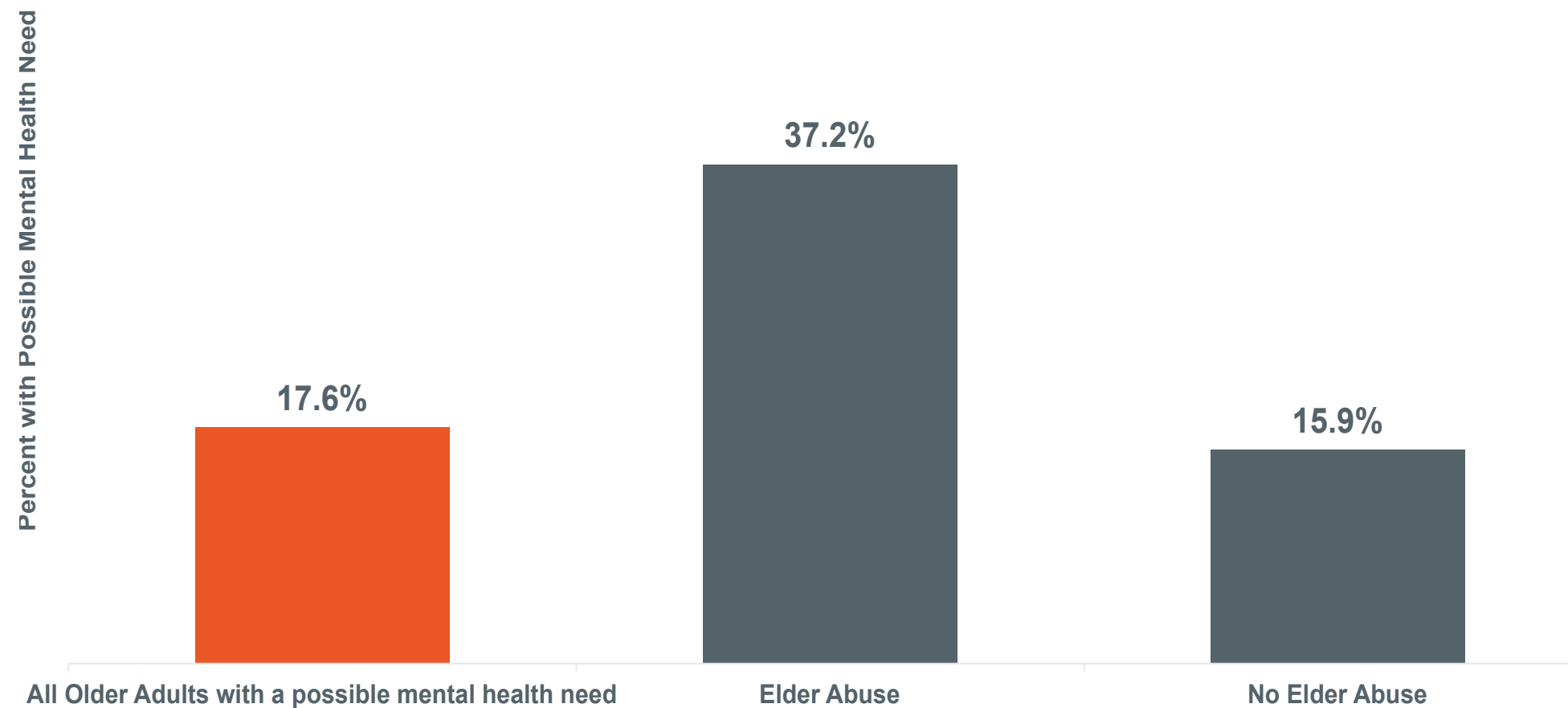
$X^2(1) = 75.33, p < .001, \text{Cramer's } V = .11$

Compared to the overall percent of older New Yorkers who reported they socialize as often as they would like, elder abuse victims were significantly less likely to report that they interact with family or friends as much as they want to ($ps < .05$).

Mental Health Need.

SNA respondents who indicated that they had experienced elder abuse were significantly more likely than non-abuse victims to indicate a possible mental health need such as depression and/or anxiety ($p < .001$), and more likely than the overall percent of older New Yorkers reporting mental health needs ($ps < .05$).

Figure 18: Older Adult Respondents with a Possible Mental Health Need



$X^2(1) = 99.71, p < .001, \text{Cramer's } V = .15$

Together, these findings indicate that elder abuse victims have unique needs surrounding their mental health and their ability to age-in-place. The relationship between experiencing abuse and lack of stable housing, a physical or sensory impairment, inadequate socialization, and poor mental health highlight the significant impact abuse can have on older adults.

Crime and Abuse: Reporting to the Police

Notably, 54.2% of the older adults who self-reported experiencing crime and/or abuse since turning 60 years old did not report the abuse or crime to the police. Just under half, 45.8% of individuals experiencing crime and/or abuse did report it to the police¹⁹. However, older adults who were the victims of crime were much more likely to report the crime to the police than older adults who were the victims of elder abuse.

Figure 19: Older Adult Crime or Abuse Victims Who Reported Crime or Abuse to the Police

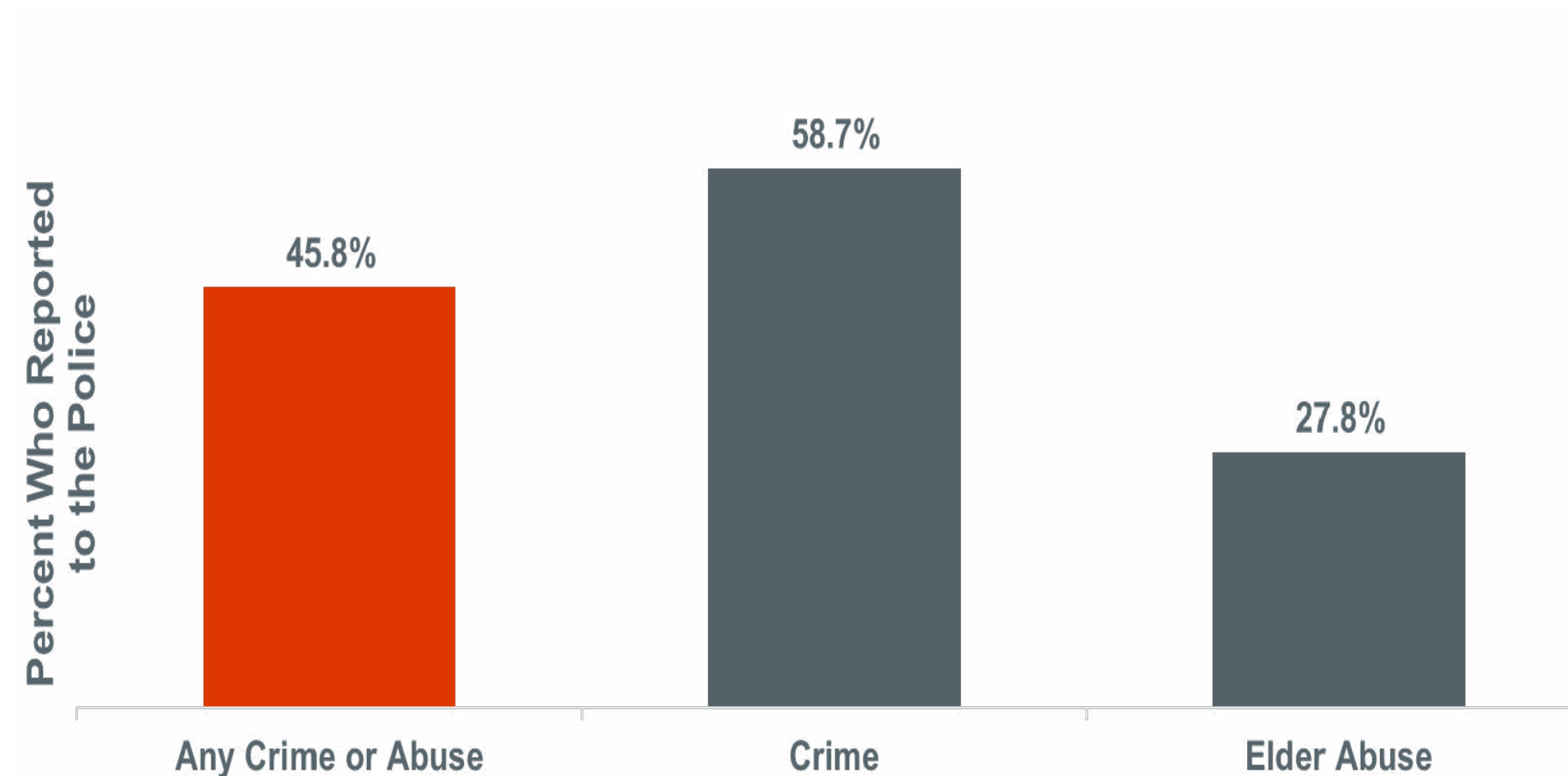
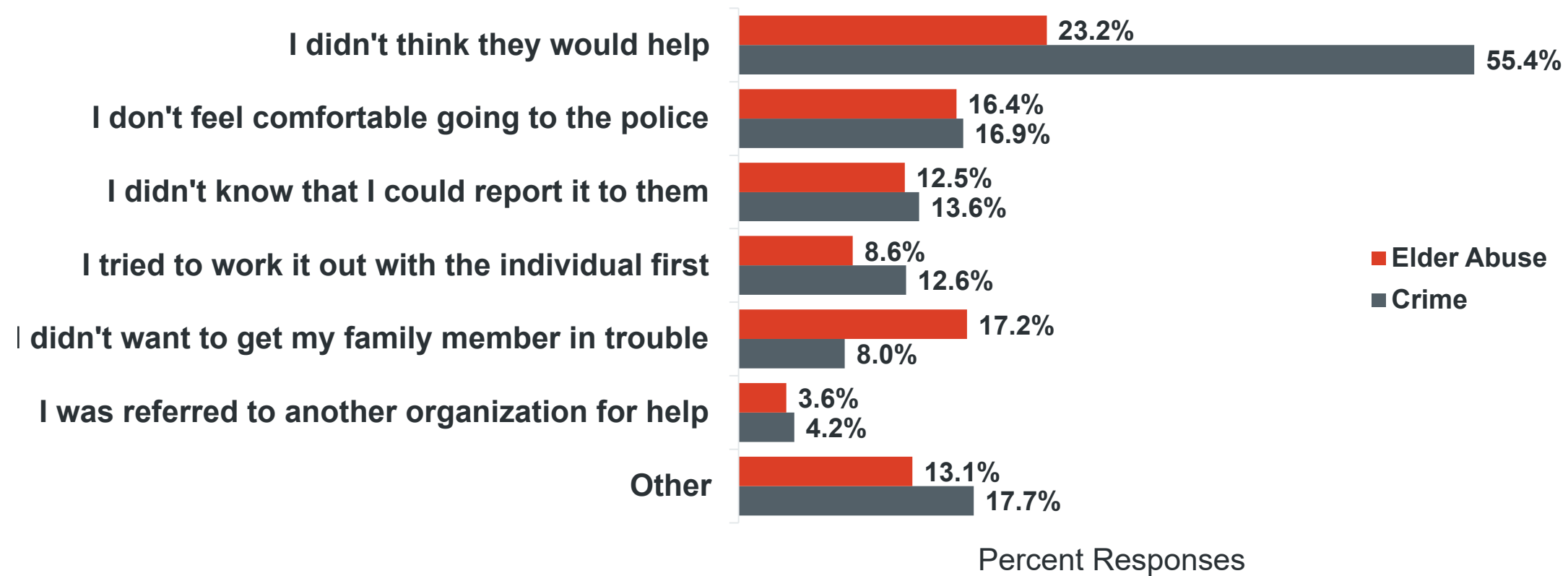


Figure 20: Reasons for Not Reporting Crime and/or Elder Abuse to the Police ²⁰

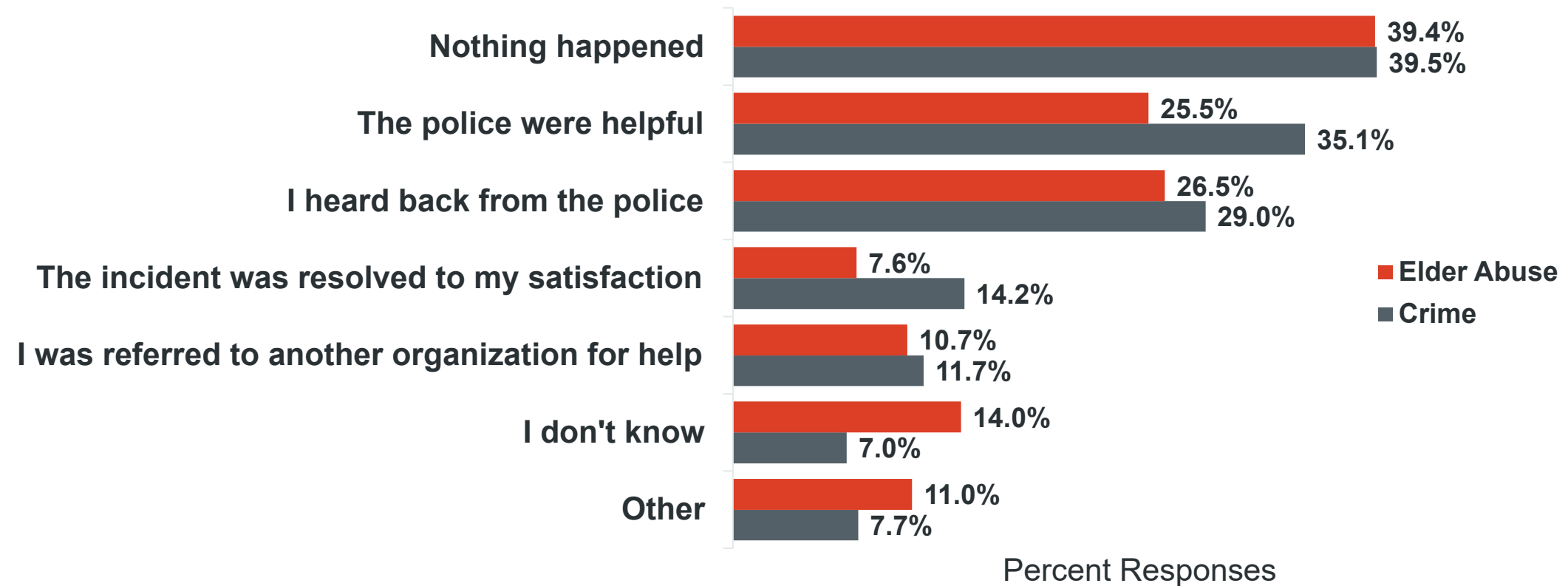


Note: Participants could select more than one response.

By far, the most common reason reported by both crime and abuse victims was a disbelief that the police would be able or willing to help them. Although this response was much more highly endorsed by crime victims, it is telling that the second most common reason for elder abuse victims was a fear of getting their family members in trouble – a reason that was not highly endorsed by crime victims. The fact that, by definition, elder abuse is committed by somebody close to the victim may explain why elder abuse victims were about half as likely to go to the police as crime victims, and why fear of getting a family member in trouble was one of the major reasons behind this disparity.

The common belief that the police would not help was perhaps supported by the experiences of almost 60% of crime victims and 28% of elder abuse victims who did choose to report their experience to the police. Figure 21 shows that the most common response to reporting both crime and abuse, respectively, to the police was that nothing happened. In fact, only 35% of crime victims and 25% of abuse victims said they felt the police were helpful, and even fewer reported that they felt the incident was resolved satisfactorily.

Figure 21. Older Adults' Experiences Reporting Crime or Abuse to the Police²¹



Note: Participants could select more than one response.

These numbers reflect evidence of under-reporting found in previous studies, which found that only 1 in 24 elder abuse victims reported the abuse to anybody in the formal elder abuse service system, and they suggest the numbers reflected in this survey may similarly under represent the true rates of crime and elder abuse in New York City.²²

Conclusions

The SNA identified age discrimination, elder crime, and elder abuse as serious issues faced by many older adults.

Factors in Ageism:

- More than 20% of older adults reported being impacted by discrimination because of their age. Approximately 1 in 8 older adults reported experiencing age discrimination in interpersonal relationships, and just under 12% experienced age discrimination in the workplace.
- “Younger” older adults (ages 60-64) were more likely to report experiencing age discrimination than “older” older adults (ages 85+).
- Older adults who experienced age discrimination were more likely to report trouble paying at least one regular bill, more likely to report at least one barrier to leaving home, and less likely to have stable housing than those who had not experienced age discrimination.
- Older adults who experienced age discrimination were less likely to socialize enough and more likely to report mental health concerns than those who had not experienced age discrimination.

Crime and Elder Abuse:

- Nearly 15% of older adult respondents reported being the victim of elder abuse and/or crime since turning 60 years old. Notably, over half of older adult crime and abuse victims did not report the abuse or crime to the police.
- Older adult crime victims were more likely to report one barrier to leaving their home than older adults who had not experienced a crime.
- Elder abuse victims were more likely to have a physical or sensory impairment, and less likely to have stable housing, than older adults who had not experienced abuse.
- Older adults who had experienced crime and/or abuse were less likely to report adequate socialization and more likely to report mental health concerns than their non-victimized peers.

As part of its core mission, NYC Aging actively works to combat ageism. This has been done through two intergenerational efforts that have been launched under the NYC Cabinet for Older New Yorkers²³, and have since been designated as ‘Programs of Merit’ by the national organization, Generations United. In 2025, the agency also launched the Ageism Stops With You media campaign, to educate the public about this form of discrimination so more residents are aware of its harmful effects.

As we saw in the data from the SNA, in addition to the ways ageism manifests in workplace and interpersonal discrimination, ageism also plays a role in creating and reinforcing barriers to reporting crime and abuse, including shame and fear of disbelief. An additional initiative under the Cabinet saw Older Adult Liaisons designated within each local NYPD precinct and police service area; they work to enhance public safety and better support older New Yorkers in identifying elder abuse and crime, reporting complaints, and navigating police systems²⁴. Finally, NYC Aging is further working to address the impact that crime and abuse can have on the wellbeing of older New Yorkers through the creation of specific evidence-based mental health programs for elder abuse and older adult crime victims²⁵.

In order to raise awareness, the Crime Prevention and Support Services (C-PASS) program²⁶ conducts scam awareness presentations at older adult centers/naturally occurring retirement communities (OAC/NORCs) focused on identifying common scams targeting older adults, red flags common to all scams, and how to report scams and get help. Outreach also takes place at community events to share safety resources and increase knowledge of services for crime victims.

However, while these current initiatives have made an impact on addressing ageism, elder abuse and elder crime, we must go further to continue to dismantle stereotypes and increase safety for older adults in New York City. Given the challenging and/or possibly unsafe housing situations experienced by elder crime/abuse victims, additional efforts could be made to help increase socialization of this population, including but not limited to referrals to older adult centers and friendly visiting. Additionally, following a consensus workshop with stakeholders reviewing relevant data on elder abuse and crime, the following themes of future direction emerged: strengthen coordination and reduce duplication across systems – especially related to housing and economic security; expand protections and legal supports for older adults and caregivers; and increase awareness, outreach, and anti-ageism efforts. In total, these findings indicate that age discrimination, elder abuse, and crime tangibly and negatively impact older adults’ quality of life.

Appendix

Table 1: Weighted Demographics of Older Adult Respondents Experiencing Safety, Crime and Abuse

Variable	Age Discrimination (n = 1,457)	Elder Crime Victims (n = 582)	Elder Abuse Victims (n = 543)
Age			
60 – 64 Years Old	35.8%	28.8%	24.7%
65 – 74 Years Old	45.2%	38.0%	46.9%
75 – 84 Years Old	15.4%	25.1%	21.2%
85 Years Old or Older	3.7%	8.1%	7.3%
Borough			
Bronx	15.1%	18.2%	15.7%
Brooklyn	32.2%	23.7%	32.0%
Manhattan	25.3%	27.4%	22.0%
Queens	21.6%	24.3%	25.9%
Staten Island	5.7%	6.4%	4.4%
Race/Ethnicity ²⁷			
Asian (alone)	13.3%	9.3%	30.0%
Black or African American (alone)	19.7%	17.0%	18.4%
White (alone)	39.9%	48.9%	14.9%
Hispanic/Latino (alone)	23.1%	19.0%	34.6%
Some Other Race (incl. multi-race)	4.1%	5.8%	2.1%

Variable	Age Discrimination (n = 1,457)	Elder Crime Victims (n = 582)	Elder Abuse Victims (n = 543)
Gender Identity/Sex²⁸			
Male	42.3%	52.7%	48.0%
Female	57.7%	47.3%	52.0%
Sexual Orientation			
Straight or Heterosexual	87.2%	83.5%	86.6%
Gay or Lesbian	9.2%	12.1%	8.1%
Bisexual	1.2%	1.3%	1.5%
Other	2.4%	3.1%	3.8%
Employment²⁹			
Employed (Full Time)	29.2%	18.6%	15.1%
Employed (Part Time)	7.6%	9.0%	5.6%
Unemployed (Seeking Work)	8.2%	4.5%	6.2%
Unable to Work & Receiving Disability Benefits	5.4%	7.4%	10.3%
Retired (By Choice)	35.5%	45.5%	46.2%
Retired (Not by Choice)	15.0%	17.6%	16.0%
Student	0.5%	0.0%	0.2%
Homemaker	1.0%	1.0%	2.5%
Annual Individual Income³⁰			
Less than \$15,000	27.4%	23.1%	45.3%
\$15,000 - \$29,999	18.3%	26.5%	23.5%
\$30,000 - \$59,999	23.8%	22.4%	17.9%
\$60,000 - \$99,999	19.9%	16.0%	10.1%
More than \$100,000	10.6%	12.0%	3.2%

Note: percentages do not always equal 100% due to rounding errors.

Endnotes

- 1 New York City Department for the Aging (July 2025). *State of Older New Yorkers*. <https://www.nyc.gov/assets/dfta/downloads/pdf/reports/the-state-of-older-new-yorkers-2025v4.pdf>
- 2 New York City Department for the Aging (July 2025). *State of Older New Yorkers*. <https://www.nyc.gov/site/dfta/news-reports/nyc-department-for-the-aging-service-needs-assessment.page>
- 3 Levy, B., et al. (2020). Ageism amplifies cost and prevalence of health conditions. *Gerontologist*, 60, 174-181. doi:10.1093/geront/gny131
- 4 The remaining responses came from caregivers who are under 60 years old and/or live outside of New York City but who care for an older adult living in New York City. All Service Needs Assessment results captured a diverse sample of older adults, representing a wide range of geographic and racial/ethnic communities. To ensure the data accurately accounted for New York City's diverse older adult population, all analyses except those involving caregivers were statistically weighted by age, race/ethnicity, and gender/sex to match NYC demographics based on the 2017-2021 ACS PUMS 5-Year Estimates.
- 5 New York City Department for the Aging (July 2025). *State of Older New Yorkers*. <https://www.nyc.gov/site/dfta/news-reports/nyc-department-for-the-aging-service-needs-assessment.page>
- 6 The SNA only captured the participants' borough of residence. It is possible that the discrimination participants reported occurred in another borough.
- 7 Odd ratios indicate how the predictor variable (in this case, trouble paying bills) changes the outcome (in this case, the different forms of age discrimination). An odds ratio of 2.54 indicates that older adults who reported trouble paying at least one bill were 2.54 times more likely to report experiencing workplace discrimination compared to those who had no trouble paying bills
- 8 Kang, Hyun, and Hansol Kim. "Ageism and Psychological Well-Being among Older Adults: A Systematic Review." *Gerontology & Geriatric Medicine*, U.S. National Library of Medicine, 11 Apr. 2022, [pmc.ncbi.nlm.nih.gov/articles/PMC9008869/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC9008869/).
- 9 Ebner, N. C., Pehlivanoglu, D., & Shoenfelt, A. (2023). Financial fraud and deception in aging. *Advances in Geriatric Medicine and Research*, 5, 1-19. <https://doi.org/10.20900/agmr20230007>;
- Morgan, R.E., & Tapp, S.N. (2024). *Examining financial fraud against older adults*. National Institute of Justice. <https://nij.ojp.gov/topics/articles/examining-financial-fraud-against-older-adults>
- 10 *Older Adults in New York City: Demographic and Service Trends*. (2025). <https://www.osc.ny.gov/files/press/pdf/report-22-2025.pdf>
- 11 Stenkamp, A., & Rempel, M. (2024). *New York City police reform and reinvention collaborative; Racial and neighborhood disparities in New York City criminal summons practices* https://datacollaborativeforjustice.org/wp-content/uploads/2024/02/Criminal_Summons_Disparities_Report.pdf

https://datacollaborativeforjustice.org/wp-content/uploads/2024/02/Criminal_Summons_Disparities_Report.pdf

- 12 Roberto, K. A. (2023). Older family members: Victims and perpetrators of elder abuse and violence. In P. Sturmey (Ed.), *Violence in families: Integrating research into practice* (pp. 131–151). Springer Nature Switzerland AG. https://doi.org/10.1007/978-3-031-31549-7_6
- 13 Question 31: Are you currently worried that someone you live with or spend a lot of time with may hurt you, mistreat you, or may steal money or property from you?" Question 32: Do you feel emotionally and/or physically unsafe at home?
- 14 A citywide elder abuse prevalence study found that 9.2% of older adults living in New York City self-reported abuse in the past year. The study also found that 15% of older residents had experienced some form of elder abuse since turning 60. See Lachs, M., & Berman, J. (2011). *Under the radar: New York state elder abuse prevalence study*. New York State Office of Children and Family Services. <https://ocfs.ny.gov/reports/aps/Under-the-Radar-2011May12.pdf>. See also, Center for Disease Control (2024, Nov 7). *About abuse of older persons*. <https://www.cdc.gov/elder-abuse/about/index.htm>
- 15 American Psychological Association. (July 8, 2024). *Elder abuse: How to spot warning signs, get help, and report mistreatment*. Retrieved from <https://www.apa.org/topics/aging-older-adults/elder-abuse>.
- 16 American Psychological Association. (July 8, 2024). *Elder abuse: How to spot warning signs, get help, and report mistreatment*. Retrieved from <https://www.apa.org/topics/aging-older-adults/elder-abuse>.
- 17 American Psychological Association. (July 8, 2024). *Elder abuse: How to spot warning signs, get help, and report mistreatment*. Retrieved from <https://www.apa.org/topics/aging-older-adults/elder-abuse>.
- 18 National Center on Elder Abuse. (Jan. 2024). *Social isolation, loneliness, and elder maltreatment*. Retrieved from <https://arc-az.org/wp-content/uploads/2024/06/elder-abuse-brief.pdf>
- 19 An additional 2.3% of older adults who self-reported experiencing crime or abuse since turning 60 years old indicated that they did not know if they had reported the crime or abuse to the police.
- 20 Some participants may have experienced both crime and abuse. The grey bars in Figure 20 reflect participants who indicated experiencing crime, regardless of whether they also experienced abuse. The red bars reflect participants who indicated experiencing abuse, regardless of whether they also experienced crime.
- 21 Some participants may have experienced both crime and abuse. The grey bars in Figure 21 reflect participants who indicated experiencing crime, regardless of whether they also experienced abuse. The red bars reflect participants who indicated experiencing abuse, regardless of whether they also experienced crime.
- 22 Lachs, Mark; Berman, Jacquelin. (2011). *Under the Radar: New York State Elder Abuse Prevalence Study, Self-Reported Relevance and Documented Case Surveys*. New York City Department for the Aging and Weill Cornell Medical Center, Lifespan of Greater Rochester, Inc., 141 pgs.

23 NYC Cabinet for Older New Yorkers. *Anti-Ageism movement: It starts with education!* Retrieved on May 27, 2025, from, <https://www.nyc.gov/site/cabinetforoldernewyorkers/initiatives/intergenerational.page>

24 <https://www.nyc.gov/site/cabinetforoldernewyorkers/initiatives/safety.page>

25 In FY2026, NYC Aging awarded a contract for the Building Options and Opportunities for Survivors of Trauma (BOOST) demonstration project. Additionally, NYC Aging previously engaged Weill Cornell in a similar program called PROTECT. (Sirey, J. A., Halkett, A., Chambers, S., Salamone, A., Bruce, M. L., Raue, P. J., & Berman, J. (2015). PROTECT: A Pilot Program to Integrate Mental Health Treatment Into Elder Abuse Services for Older Women. *Journal of elder abuse & neglect*, 27(4-5), 438–453. <https://doi.org/10.1080/08946566.2015.1088422>)

26 Prior to January 1, 2026, this program was referred to as the Elderly Crime Victims Resource Center (ECVRC)

27 Race/ethnicity categories are mutually exclusive

28 While we asked about gender identity in the SNA, the American Community Survey only asks about sex. For this reason, we had to weight to sex rather than gender identity

29 Employment options are not mutually exclusive. Participants could select more than 1 response.

30 Annual individual income is not a proxy for poverty, as the Federal Poverty Levels take household size into account.