

Growing Old in Jewish America: A Study of Jewish Aged in Los Angeles*

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There is a problem in trying to devote more community resources to those Jewish elderly most in need. Many people over the age of 65 who need social services do not use them. Researchers have found that old people who have attended college report greater use of social services than do persons less educated. Ironically, it is often persons with less education who tend to have the greatest need. Among these are the very old, immigrants, poor, or sick.

A wise commentator on Jewish affairs has remarked, "The Jews are just like other people, except more so." This observation describes the changing composition of the Jewish community. The elderly represent a larger proportion of the Jewish population than do the elderly of other ethnic and religious groups. Nationwide, Jews over the age of 65 constitute 13.7% of the Jewish population. This number will increase to 14.5% in 1986 and to over 15% by 1991.¹

In order better to plan for this important group, a more substantial data base is needed. This article attempts to fill in some of the gaps in our understanding of the Jewish elderly. The study analyzes elderly demographics, advances the need to target services to those most at risk, and presents program recommendations. Special attention is given to the knowledge and utilization of Jewish social services under

agency and synagogue auspices. The information used in this article comes from the 1979 Los Angeles Jewish Population Study, a recent updating of the data, and new research on the aging population. The findings in this article should be of interest to planners and policy-makers. The conclusions of Los Angeles should be compared to findings which have emerged from other Jewish communal population studies. In this manner, the representativeness of these Los Angeles findings can be determined. Some authorities in Jewish social science have suggested that the demography of Los Angeles presages that of the entire U.S.²

Demographics

Definition of Elderly

The elderly are a diverse group. Since the enactment of the Federal Social Security Program in 1935, persons over the age of 65 have been classified as "aged" or "elderly." They are heterogeneous. Researchers tend to divide the aged into three categories:

Young-Old	—	age 65 to 69
Old	—	age 70 to 74
Very Old	—	age 75 and over

This is the classification system used in this article.

* *Acknowledgments:* this study was carried out with the lay and professional support of the Jewish Federation Council of Greater Los Angeles. Special thanks go to Executive Vice President, Ted Kanner, and Federation Vice-President, Marcie Greenberg, for their commitment to the production of action research. Bill Korn of UCLA provided invaluable computer assistance. Marum Rieger edited the article. Dr. Saul Andron, Benjamin Dwoskin, and Merv Lemmerman reviewed this final draft and were extremely helpful throughout the entire project.

Persons up to age 69 are in the more "productive" phase of aging. They are usually sufficiently healthy to be employed and to engage in voluntary, community, and recreational activities. After age 75, persons enter the more "protective" phase. Physical limitations impair their employment and community involvement. Widowhood becomes widespread. Many need protective health and social services.³

Size of the Elderly Population

The estimate of the total Jewish population in Los Angeles is 500,869. The number of Jewish residents in Los Angeles has continued to increase over the past decade despite the declining birthrate. Jews from elsewhere in the United States "emigrate" to Los Angeles. Notwithstanding the enormous housing costs, persons are attracted by the warm climate and employment opportunities. Immigrants from Russia, Israel, Iran, South Africa, and South America have also helped maintain what otherwise would be a declining Jewish population.

In Los Angeles there are approximately 58,217 non-institutionalized elderly Jews, or 11% of the local Jewish population. Projections about the future size of this group are based on overall population, fertility, death, and migration rates. The most important factor is the fertility rate, defined as the median number of children born to a woman during her childbearing years. To maintain the same population size, a "replacement" birthrate of 2.1 is essential. In recent years, the fertility rate has been dropping rapidly. If the fertility rate continues below 2.1, the elderly proportion will increase significantly. This, in fact, seems to be the nationwide trend.

Birthplaces

The Jewish population of Los Angeles

is somewhat unique in terms of generational status; that is, the proportion of foreign-born, children of foreign-born, and third- or higher-generation Jews. In 1967 some 26% of the Jews in Los Angeles, were foreign born. The number has diminished slightly so that today there are 22% foreign born. (Table 1 Appendix).

Although Los Angeles has a decreasing number of foreign-born and a growing share of third-generation Jews, it differs from many other communities. The recent major influx of Jews, particularly from Israel and Russia, gives the community more of an immigrant character than other large metropolitan Jewish communities have.

A full 56% of the elderly Jews in Los Angeles are foreign-born. The persistence of large numbers of foreign-born is due to the movement by middle-aged and older migrants from the east and midwest to Los Angeles, together with recent waves of migration from abroad.

Among places of birth of elderly Jews, the most heavily represented areas are Europe, Russia, New York and the midwest/south. With the exception of New York City, no one city accounts for more than 8% of the elderly. In fact, only 1% of the Jewish elderly were born in Los Angeles. The corresponding figure for the total local Jewish population is 17%.

Age Composition

Age is the most fundamental demographic variable. The Jewish population of Greater Los Angeles is slightly older than its general population. The median age of the Jewish population is 34, compared to 31.2 for the total local population. Jews have a far lower proportion of children under the age of 14 and a higher proportion of adults in the 45-54, 55-64, and over 65 age groups than does the general population.

The young-old (64-69) represent 4%

of the Jewish population, the old (70-74) 3% and the very old (75+) 4%. A primary feature of growing old is that one's life expectancy progressively declines. It is, therefore, of particular interest that the proportion of the very old is becoming greater each year. The very old seem to be the fastest growing group among the elderly.

The vast majority of older Jews are women. There are 66 women for every 34 men. The disparity reflects the effect of higher death rates for men than for women. There are longer life expectancies for women than for men.

Living Arrangements

There is a relationship between age, marital status, sex, and living arrangements. As persons advance in years, it becomes increasingly unlikely that both marriage partners will survive. Among elderly Jews, in our studies, 39% are married, 49% widowed, 9% divorced, and a mere 3% have never been married. The overwhelming majority of the widowed are women. Elderly widowers in the general population are seven times more likely to remarry than similarly aged widows.⁵

For American Jews born between 1880 and 1910, marriage was virtually universal. Most older Jews take seriously the vow, "till death do us part." In general, only the death of a spouse ends a marriage for an older Jew. Although marriage is still a popular institution among the elderly, it is not as stable or durable as in the past. In 1968, 1% of elderly Jews in Los Angeles were divorced. Today, 9% are divorced.

In previous decades, most elderly Jews lived in family settings. Three-generation households were commonplace among Jews. Today, the majority of elderly Jews in Los Angeles live alone. Many elderly find living alone a harrowing experience as in-

creasing numbers of them have been victimized and physically injured by criminals. As a result, they are often afraid to walk on the streets and tend to feel helpless in their aloneness.⁶

Although most elderly live on their own, there are important sex-related differences. Most elderly men live with their spouses; elderly women, on the other hand, tend to live alone. In previous generations, elderly women frequently lived with someone, usually a daughter. Today, only 14% of the widowed in Los Angeles live with their children.

Even though this study sought to identify Jews in all types of living arrangements, some Jews over the age of 65 may not have been included. It is particularly difficult to get in touch with persons staying in nursing homes, board and care (non-medical) facilities, and medical institutions. Since board and care and nursing home populations are overwhelmingly composed of the aged 75 plus group, they may be underestimated in this study. Other studies, for example, have found that 5% of the total elderly population reside in long-term care institutions.

Socio-Economic Status

Socio-economic status consists of education, employment, and income. We should note that people born in the early 1900's could not afford to attend a college or university. It was then a luxury, not a necessity for employment, nor the "thing to do." Nonetheless, the Jewish elderly are not an uneducated group. Although under half have earned a high school diploma, one in three elderly Jews has attended or graduated from college. This is a higher proportion than among the elderly general population but lower than younger-aged Jews (Table 2 and 3, Appendix). Further, even those elderly

who report limited formal education are not illiterate. For example, one recent study on older persons in the general population found that 90 percent of older people read newspapers.⁷ They are a literate population.

Since 1950, there has been a marked decline in the participation rate of Jews above 65 in the labor force. In 1950, about 25% of elderly Jews worked. Today, 17% of the elderly Jews in Los Angeles are employed.

Among Jews, age 65 is the occupational benchmark. As the elderly advance in years, poor health and frailty reduce their employability. Many old people who would like to work find jobs closed to them. Older employees are often passed over for promotion or asked to take an early retirement. Employers are sometimes reluctant to invest in older workers because of the increased cost of pensions and insurance. Since many older Jewish workers also lack job-finding skills and transportation, most prefer to retire rather than continue struggling in the labor force.⁸

Is old age among Jews synonymous with poverty? Income is particularly critical for aging persons. They are vulnerable. Income is reduced as a result of retirement or the death of a spouse. Many elderly live on fixed incomes eroded by inflation. Their medical costs grow each year. Although the Jewish community is relatively affluent, there are pockets of economic need in Los Angeles. While only 3% of Jews aged 40-64 have incomes under \$6,000, a substantial 25% of elderly Jewish households report incomes under \$6,000. Low-income elderly are unemployed or retired and tend to have a low level of education.

Although there are elderly Jews in poverty, it should be noted that in some studies the elderly under-report their income.⁹ Our research, for example, did not include such government benefits as

Medicare and Medi-Cal, housing subsidies, food stamps, and Veterans Administration aid. Some elderly also have assets such as home equity, savings, stocks, bonds, and life insurance. Others own their homes free and clear; they make no mortgage payments. Future analyses will have to include such government support and personal assets to arrive at a proper understanding of the economic status of the Jewish aged.¹⁰

Targeting of Services

This article has stressed demographics. We now turn to planning issues and implications for service delivery. Several recent studies on senior citizens around the country reveal important patterns. A significant portion of the elderly are fully independent and self-sufficient. They are generally well-housed—a full 70% live in their own homes. They do suffer disproportionately from chronic health problems, but serious physical disabilities typically do not occur until age 75. Perhaps one in five elderly in the general population are in poor health.¹¹

General research on aging indicates that approximately one-tenth of the elderly need the type of help often provided by social agencies—assistance in transportation, food shopping, personal care, counseling or socializing. Followup research in Greater Los Angeles and other communities will have to be done to determine the exact number of non-institutionalized elderly who require such services and either sheltered housing or nursing-home care.¹²

Given the resource limitations of the Jewish community, efforts should be focused on those elderly who are most "at-risk." Research studies cited in this report indicate that those at-risk tend to be poor, unable to maintain an independent life in their own homes, physi-

cally or psychologically impaired, or socially isolated. Some of the most critical problems of old age are low income, loneliness, and poor health. Those persons who are in need because of such problems should be the focus of the Jewish social service system. Widowed and non-married females are a high proportion of such multi-problem, frail elderly. They represent a large proportion of the at-risk elderly.

Jewish Social Services— Awareness and Utilization

There is a problem in trying to devote more community resources to those Jewish elderly most in need. *Many people over the age of 65 who need social services do not use them.*

Researchers have found that old people who have attended college report greater use of social services than do persons less educated. Ironically, it is often persons with less education who tend to have the greatest need. Among these are the very old, immigrants, poor, or sick. Since those most in need are often poorly educated, they have inadequate knowledge about human services. By "human services," we mean homemaker services, home-nursing services, counseling, vocational assistance or recreational programs under Jewish or non-sectarian auspices. Consequently, at risk elderly often report low rates of service utilization.

Mental health experts have discovered that it is often the better educated persons who seek counseling as a certain degree of sophistication is required to know that one needs a counselor. Evidence also confirms that individuals who know about a particular social service are two to three times more likely to use that service than persons who do not know about the service. The only exception to this rule are those who have chronic health problems. Those who are

sick enough realize they need help and, regardless of their knowledge level, are impelled to seek at least health-care services. Nevertheless, the general pattern emerges that college-educated and higher-income aged use more social services than the less-educated and lower-income aged.¹³

In order for people to recognize that they need social services, they naturally have to know about such services. In the population survey, respondents were asked the question: "Other than to friends or relatives, where do you think you might go:

1. for help with a money problem?
(Financial Problem)
2. if you needed help finding a job or deciding what job would be best for you? (Vocational Problem)
3. if you or anyone in your family had a personal, family, or marriage problem that worried you?
(Family Problem)

The responses indicate that the majority of Jews would not turn to the Jewish social welfare system for help with their problems (Tables 4 and 5, Appendix). For example, Jews with financial problems would most likely turn to a bank, credit union, or friends/relatives. Although the Federation funds an emergency financial assistance program, few elderly respondents indicated they are aware of and would turn to this service. Few elderly stated they would turn to a synagogue for financial assistance. The fact that such a low number of respondents indicated they would utilize Jewish social welfare services may be attributed to a combination of factors. For example, some may not know about the existence of such services; others may not be aware of the nature and advantages of these social service programs for themselves.

As we previously noted, older Jews are at a particular disadvantage in today's tight labor market. The elderly

tend to remain unemployed longer than younger workers. They are also likely to be forced out of their jobs to make way for younger employees. Consequently, those elderly who would like to work need a good deal of technical assistance.

If an elderly Jewish person needed help locating employment or determining the best position for himself or herself, the individual would tend not to go to a Jewish-sponsored agency; he or she would most likely seek help from an employment agency or locate employment through the newspaper classified ads. Although some elderly and younger workers in one region in the study would turn to a Jewish-sponsored agency, they are the exception rather than the rule.

Some elderly undergo considerable psychological stress due to the process of aging. Bereavement, widowhood, retirement, and economic insecurity make older persons susceptible to mental illness. The stresses of growing old sometimes produce a host of emotional problems, ranging from depression to suicidal tendencies.

The majority of older Jews with such family, personal, or marriage problems report not turning to Jewish social service agencies. Some would rely on themselves or go to a family/marriage counselor or to a private agency.

It is noteworthy that the most frequently cited source of counseling help for the elderly is the rabbinate, while among the younger Jewish population the two most sought after counselors are private practitioners and rabbis.¹⁴

Planning Implications

1. Targeting

Elderly persons are frequently characterized as frail, helpless, or immobile. This stereotype is a generalization which is, at best, only partially supported by the facts. Many older people neither

need nor desire assistance from government or private philanthropy. There is, however, a significant minority of elderly Jews who require help. They may be poor, physically handicapped, socially isolated, or know little about available private or public social service options. They may have one or a combination of these problems. These "at-risk" groups should be the focus of the Jewish social service system.

2. Programming

Social service providers are in an excellent position to determine the needs of those elderly Jews who are isolated and can no longer lead independent lives. Our review of the data substantiates the increasing needs of frail elderly over the age of 75. This group is growing in size. Jewish agencies seem particularly anxious to service these homebound elderly Jews so as to prevent their premature or unnecessary institutionalization. This is in keeping with the mandate of the Old Americans Act to:

Secure and maintain maximum independence and dignity in a home environment for older persons capable of self-care with appropriate services.¹⁵

Agency efforts, currently, underway, to promote sustained, independent living should be encouraged. Recent studies have confirmed that a variety of programs can provide effective long-term care for the elderly while they reside in their own homes, the homes of friends or relatives, or in a congregate housing setting. By "congregate housing," we mean age-segregated housing designed for persons over the age of 65 which provides, at the minimum, on-site meals. A study of 27 congregate housing sites around the country has shown that such facilities allow the elderly to continue their purposeful, active, independent

dent lives. Such housing also provides old people with opportunities for social interaction to counter the isolation they may feel living alone. Housing for elderly Jews can further their sense of personal security and morale.¹⁶ It has been demonstrated that such programs are less costly than institutionalization. Many older Jews currently residing in long-term care institutions could live in community dwellings if they had supportive services.¹⁷

3. *Outreach*

An astute Jewish family service executive recently remarked, "Our agency wants to serve more than those who are aggressive and scream the loudest." He was highlighting an imperfection in the Jewish social service system: some who receive services do not need them, and some in need do not receive services.

We previously referred to data gathered in Los Angeles that indicate most elderly Jews would not turn to Jewish Federation agencies if they had financial, vocational, or family problems. Persons may not be going to social service agencies because they are unaware of their existence or believe the agencies may not serve their needs. This is a significant finding since social welfare agencies tend to rely on the person in need to seek and get help. Research indicates that such a policy discriminates against those who are poorly educated or unable to identify their own problems. Those who do not know enough to seek service may not be getting the service they need.¹⁸

The Jewish community may be able to reverse the lack of knowledge about services among the aged. There needs to be *education* for those who are out of touch with service options. Communication and public information activities need to be intensified. Self-diagnosis is inadequate.

Those who are "at-risk" need to recognize how Jewish-sponsored services can be of assistance.

Jewish agencies do provide accessible places for the aged to call or visit to get accurate information about available services. Many persons are currently connected with this social welfare system. However, those elderly who are vague about what they need require counseling to assess their problems and to be directed to appropriate resources. Outreach to these persons is essential. Jewish agencies throughout the United States have pioneered in such outreach. Agency storefronts, walk-in centers, board and care outreach, and the sending of workers to parks and other gathering places are examples of innovative service delivery strategies. Jewish doctors and other contacts need to be encouraged to continue making referrals to the social welfare network. Since some needy Jews do not know what they need, the burden for diagnosis should not be placed exclusively on the elderly person himself or herself. Although the majority of Jewish aged in Los Angeles do not belong to synagogues or other Jewish organizations (Tables 6 and 7, Appendix), rabbis and synagogues may be helpful in developing an expanded referral and outreach network.

In conclusion, growing old is today a commonplace experience. This article has set forth the demographics of growing old in the second largest Jewish community in the United States. Our observations are also based on recent research on the aging process. The findings underscore the importance of more rigorously defining who is most at risk, promoting alternatives to institutionalization, and putting more communal resources in outreach. Such strategies are in keeping with the traditional Jewish reverence for the elderly.

References

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2. The sample for the 1979 survey was selected through the use of computerized random digit dialing. A total of 823 Jewish households were surveyed by telephone. Dr. Bruce Phillips designed and directed the 1979 study. All statistical tables referred to in this article are contained in the Appendix.
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13. See, for example, Floyd Fowler, "Knowledge, Need, and Use of Services Among the Aged," in *Health Care Services for the Aged*. Greenville: Osterbind, 1970, pp. 77-88.
14. Our study documents the increasing utilization of rabbis as family/marriage counselors. A review of synagogue programming for the older person is set forth in Sanford Seltzer, *So Teach Us to Number Our Days: A Manual on Aging for Synagogue Use*. New York: Union of American Hebrew Congregations, 1979.
15. California, p. 59.
16. Urban Systems Research and Engineering, *Evaluation of the Effectiveness of Congregate Housing for the Elderly*, Washington: U.S. Government Printing Office, 1976.
17. Alternatives to institutional care are reviewed in Allan Kaufman, "Social Policy and Long-Term Care of the Aged," *Social Work* (March, 1980), pp. 133-137 and Regina Kulys and Sheldon Tobin, "Older People and Their Responsible Others," *Social Work* (March, 1980), pp. 138-145.
18. Fowler, *op. cit.*

Appendix

Table 1. Birthplaces of Greater Los Angeles Jews

Birthplace	Percent
Foreign born	22
New York	22
Los Angeles	17
Other Northeast	13
Midwest and South	12
Chicago	8
West and Southwest	5
Other California	2

Note: All percentages in the tables are rounded off. Column and row totals may vary slightly from table to table due to statistical weighting.

Table 2. Level of Education of Elderly Jewish and Elderly General Population of Greater Los Angeles

Level of Education	Jewish Elderly	General Elderly
High School Graduate or less	65%	79%
Some College	16%	13%
Four Years College or More	18%	8%

Table 3. Level of Education of Elderly Jews Compared to Non-Elderly Jewish Adults of Greater Los Angeles

Level of Education	Age			Total Jewish Adults
	21-39	40-64	65 and Over	
High School Graduate or Less	16%	33%	66%	31%
Some College	31%	27%	16%	27%
College Graduate	32%	24%	14%	26%
Post Graduate	21%	16%	3%	16%
Number of Cases (784)				

Table 4. Top Five Sources of Help for Social Problems for Jews of All Ages

Financial	%	Vocational	%	Family	%
Bank	45	Employment Agency	23	Family Marriage Counselor	16
Don't Know	10	Newspaper	15	Rabbi	13
Credit Union	5	Don't Know	10	Don't Know	8
Friends/Relatives	5	College Placement	9	Psychologist	8
Doesn't Apply	5	Self Only	8	Psychiatrist	7
Number of Cases	(795)	Number of Cases	(788)	Number of Cases	(790)

Table 5. Top Five Sources of Help for Jews of Specific Age Groups by Social Problems

A. Financial Problems

Ages 21-39	%	Ages 40-64	%	Ages 65+	%
Bank	50	Bank	50	Bank	20
Credit Union	7	Don't Know	9	Don't Know	19
Don't Know	7	Self Only	5	Doesn't Apply	12
Friends/Relatives	5	Doesn't Apply	5	Friends/Relatives	8
Loan Company	4	Credit Union	5	Self Only	6
Number of Cases	(343)	Number of Cases	(331)	Number of Cases	(121)

B. Vocational Problems

Ages 21-39	%	Ages 40-64	%	Ages 65+	%
Employment Agency	23	Employment Agency	28	Doesn't Apply	20
Newspaper	16	Newspaper	13	Don't Know	15
College Placement	13	Don't Know	10	Employment Agency	10
Don't Know	8	Self Only	9	Newspaper	10
Self Only	7	Jewish Empl. Agency	7	Too Old	8
Number of Cases	(343)	Number of Cases	(330)	Number of Cases	(115)

C. Family Problems

Ages 21-39	%	Ages 40-64	%	Ages 65+	%
Family/Marriage Counselor	17	Family/Marriage Counselor	18	Rabbi	20
Psychologist	12	Rabbi	13	Nowhere/Don't Know	19
Rabbi	11	Psychiatrist	9	Self Only	8
Counselor	9	Nowhere/Don't Know	7	Family/Marriage Counselor	6
Psychiatrist	7	Counselor	7	Private Agency	6
Number of Cases	(340)	Number of Cases	(330)	Number of Cases	(120)

Table 6. Synagogue Membership of Elderly Jews Compared to Non-Elderly Jews

Status of Membership	Ages 21-39	Ages 40-64	Ages 65+	Total Jewish Adults
Belongs	22%	29%	27%	26%
Does Not Belong	78%	71%	73%	74%
Number of Cases (798)				

Table 7. Jewish Organization Membership of Elderly Jews Compared to Non-Elderly Jews

Number of Organizations Of Which A Member	Ages 21-39	Ages 40-64	Ages 65+	Total Jewish Adults
None	85%	66%	50%	72%
One	11%	24%	37%	20%
Two or More	4%	10%	7%	7%
Not Ascertained			6%	1%
Number of Cases (797)				

From this *Journal* Twenty-Five Years Ago

Dr. Sophia M. Robison points out that in 1952 Jewish children brought into the courts for juvenile offenses in New York City represented but 3% of the total as compared to 1930 when Jewish children accounted for almost 20% of all the cases brought to the attention of the court. However, she found that a comparison of the 1930 Jewish figures and the 1952 statistics shows a dramatic shift in the categories of offenses. In 1930 the leading offenses were peddling or begging without a license. In 1952 the Jewish child brought into court came because his behavior was more similar to that of the non-Jewish delinquent than was true 2 decades ago, exhibiting more violent and aggressive behavior. These children did not come from broken homes or large families, nor were they children born out of wedlock as were a high proportion of the general court population. Only of 4 the 100 Jewish children on whom more detailed data were gathered had Intelligence Quotients below 80; 20% of the total Jewish group had I.Q.'s over 110. Dr. Robison also states that the facts she studied contradict the hypothesis that neighborhood as such has much to do with the production of delinquents.

The total number of Jewish cases being so small and so different in respect to family and child characteristics from the total population, the inference appears warranted, according to Dr. Robinson, that the infrequent Jewish delinquent in this study resembles the non-Jewish delinquent only in his type of behavior and that these findings would seem to point up the need for a definitive analysis of the types of behavior and problems which bring Jewish children into the Juvenile Court. I would also agree with the suggestion that an investigation of the family and group solidarities and of cultural characteristics may be more rewarding than the current frontal attack on so ill-defined an entity as delinquency.

Miriam R. Ephraim
Fall, 1959