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V.F. Sacco

Crime and Victimization of the Elderly



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PREFACE

The unprecedented and continuing growth of the North American elderly population means that increasing numbers of older citizens will come into contact with the criminal justice system in one capacity or another: as offenders, victims, complainants, witnesses and so on. In the presence of these changes, we are slowly learning about the crime problems of older persons. We are discovering that elderly offenders are different in many ways from younger ones; that patterns of victimization of the elderly are not identical to those of other adults; and that the level of fear of crime among the elderly is not only higher than it is among other age groups but that it is also disproportionate to the volume of actual victimization suffered by senior citizens. The force of social and demographic change and the fragmentary nature of much of our knowledge points to the need to study the problems of elderly offenders and elderly victims.

To this end, we offer in the chapters that follow a "state of the art" review of the available literature on crime and the elderly. Because criminology and social gerontology are both interdisciplinary areas of study, the relevant research literature is not the exclusive domain of any one behavioral science. Instead, it cuts across a wide array of disciplines including sociology, psychology, nursing, economics, psychiatry, social work and policy studies, among others. Our intention is not merely to organize and summarize this knowledge but also to subject it to critical assessment.

We are guided by the belief that social scientific knowledge about crime and the elderly is essential for the development of policies, programs and strategies aimed at preventing crimes by or against older persons. We also believe that understanding deviant behavior that occurs in later life, as well as the exploitation and abuse of the elderly can lead to a better understanding of many of those aspects of the lives and behavior of senior citizens that lie beyond the realities of crime and crime control.

Throughout our discussion we have tried to remain faithful to Nils Christie's definition of the role of the criminologist as a problem-raiser rather than problem solver. Our interest centers around asking the pertinent questions without necessarily providing the answers; defining the issues but not always offering their resolution.

We hope that this material will be of interest and of value to the student of criminology or gerontology and to the social service professional who works with older persons. We have tried to organize the book in a way that anticipates the needs of the user. For this reason, we include an introductory chapter that details the demographic and social dimensions of the elderly population of North America. The remaining chapters are divided into two major sections; the first deals with the elderly offender and the second concerns elderly victims of crime. Because of the relatively low degree of overlap, we have kept separate the bibliographic references associated with each section. This, we hope, will facilitate access to these materials.

We wish to express our sincere appreciation to the many people who assisted in the completion of this project. We are grateful to Karlene Faith of the School of Criminology, Simon Fraser University, who oversaw the preparation of the distance education course out of which this book emerged. We would also

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CONTENTS

PART I: CRIME AND THE ELDERLY

CHAPTER ONE: WHO ARE THE ELDERLY?	2
Introduction	2
The Aging of the North American Population	4
Gender and the Marital Status of the Elderly Population	5
The Plight of Older People in Western Society	7
CHAPTER TWO: AGE AS A CRIMINOLOGICAL VARIABLE ..	12
Introduction	12
Explanations of the Decline in Criminality with Advancing Age ..	13
How Much Crime Do the Elderly Commit?	18
What Offences Do the Elderly Commit?	27
Is the Elderly Criminal an Academic Invention?	30
CHAPTER THREE: OFFENCES THE ELDERLY COMMIT AND THEIR EXPLANATIONS	34
Explaining Elderly Crime	34
What Role do Mental Disorders Play in Geriatric Criminality? ..	38
Examining Specific Offence Patterns	39
Conclusion	67
CHAPTER FOUR: THE ELDERLY OFFENDER AND THE CRIMINAL JUSTICE SYSTEM	69
The Elderly Offender in the Hands of the Police	69
Prosecutorial Discretion and the Processing of Old Offenders ..	72
Diversion of the Elderly Offender	75
The Elderly Offender in Court	77
CHAPTER FIVE: THE ELDERLY OFFENDER IN PRISON	86
Incarceration and Older Criminals	86
Negative and Positive Effects of Imprisonment on Elderly Inmates	89
Problems of Elderly Offenders in a Prison Setting	92
CHAPTER SIX: RESPONDING TO ELDERLY CRIMINALITY: SENTENCING, PUNISHMENT, PREVENTION	105
A Tentative Typology of Geriatric Offenders	105
Sentencing the Elderly Offender	114
Punishment and the Elderly Offender	118
Preventing Elderly Crime	124
BIBLIOGRAPHY: PART I	129

PART II: VICTIMIZATION OF THE ELDERLY

CHAPTER SEVEN: AGE AS A VICTIMOLOGICAL VARIABLE ..	148
Introduction	148
Elderly Victimization: Cultural Images	149
Age and Victimology	152
The Victim as Decision-Maker	159
Data on Elderly Victimization	160
Summary	165
CHAPTER EIGHT: GENERAL PATTERNS OF ELDERLY VICTIMIZATION	167
Introduction	167

The Findings of Victim Surveys	168
Fraud and the Elderly	174
Explaining General Patterns of Elderly Victimization	177
Conclusion	183
CHAPTER NINE: THE COST OF ELDERLY VICTIMIZATION	185
Introduction	185
Estimating the Costs of Victimization	186
The Empirical Investigation of Victimization Costs	190
Coping with the Costs of Victimization	200
Summary	204
CHAPTER TEN: THE INDIRECT COST OF ELDERLY VICTIMIZATION	206
Introduction	206
What is Fear of Crime?	207
Fear of Crime Among the Elderly	212
The Correlates of Fear of Crime	214
Fear of Crime Among the Elderly: Some Theoretical Issues	224
Conclusion	225
CHAPTER ELEVEN: THE MISTREATMENT OF THE ELDERLY IN DOMESTIC SETTINGS	228
Introduction	228
The Problem of Elder Abuse and Neglect	229
Patterns of Elder Mistreatment	232
Explaining Elder Mistreatment	237
Summary	249
CHAPTER TWELVE: CRIMES AGAINST THE ELDERLY: POLICY AND PLANNING	251
Introduction	251
Crime and Victimization Policy	252
Elder Mistreatment: Policy and Problems	265
Politics and Policy: What Should be Done?	275
BIBLIOGRAPHY: PART II	280

PART I

CRIME AND THE ELDERLY

CHAPTER ONE

WHO ARE THE ELDERLY?

INTRODUCTION

At what age should a person, male or female, be considered old? When does "middle age" cease and "old age" begin? There is no satisfactory or universal answer to these questions. Aging is a process and there is no agreed cut-off age between these two phases of life. The selection of age 65 as the demarcation between middle and old age is, therefore, an arbitrary one. The choice of this age, as Butler and Lewis (1982:5) point out, has been made for social purposes, as a means for determining the point of retirement or the point of eligibility for various services available to older persons. In their book on Canada's older population, Stone and Fletcher (1980) address the question "Who is a senior citizen?". They write:

There is no simple and completely defensible answer to this question. Chronological age alone is a poor basis for classifying people according to their social, health, and economic needs and capabilities. An arbitrary line drawn at ages 65 or 55 is even less acceptable in principle. Yet we are forced to adopt such arbitrary lines as they are the ones used in almost all of the available statistics. In adopting these arbitrary boundary lines, we hasten to acknowledge that the older population is a "statistical grouping" of highly heterogeneous individuals and families. The needs, problems, and assets of these families vary greatly. Statistics for the whole group necessarily obscure such variations, while portraying an "average or group situation" that may have no concrete reality from the perspective of an individual family. (1980:1-2)

This view is echoed by Butler and Lewis (1982), who note that age 65 has limited relevance in describing other aspects of functioning such as general health, mental capacity, psychological or physical endurance, or creativity, and for our purposes we can add criminality. Moreover, the 65 and over age group lends itself to further categorization. Several gerontologists divide the over-65 into two subgroups: early old age comprising those aged 65 to 74 and advanced

old age including those who are 75 or older (ibid.). Others distinguish between the "old" (that is 65 to 74), the "very old" (that is 75 to 84) and the "old old" (that is 85 and over).

From a criminological viewpoint, that is, for examining crimes committed by or against the elderly, the designation of elderly status only from age 65 might not be quite appropriate. To differentiate between victims of crime who are under or over 65 years old may make some sense. However, age 65 is much too advanced for a consideration of criminality of old age. In almost every society for which statistics are available, arrest data consistently indicate a sharp drop in the proportion of arrestees in the 55 to 59 age category with a leveling off of the curve for the 60-64 and the 65 and over age groups (see Shichor & Kobrin, 1987). For studying criminality in old age, age 55 may, therefore, be a more appropriate cut-off point. A breakdown by age, for criminological purposes, may thus be:

Under 14 15-24 25-34 35-44 45-54 55 and over

The elderly (whether defined as those 65 and over or 55 and over) do not constitute a homogeneous group. The rates of crime committed by, and against, the elderly are likely to vary among the various sub-groups. Crime and victimization differentials are likely to be found not only among age sub-categories but also among health sub-categories (the healthy /the sick; the able/the disabled; those suffering from mental deficiency or mental disorder and those who are not; those who have an alcohol problem and those who have not; and so on). Variations are likely to exist among residence sub-categories (those placed in some sort of institutional care; those living on their own, alone; those living with spouses, mates, friends or relatives of the same generation; those living with younger family members; those living in high crime areas and those living in low crime areas; those living in age-segregated housing projects and those living in age-integrated housing projects and so on). Differences may also be found between different income groups (those who are financially independent and those who are financially dependent on others; those who are financially well-off and those who live on a low income, and so on).

Some gerontologists have criticized chronological age as the criterion for distinguishing between the elderly and other age groups. They point out that other ages, such as the "functional age" which relates to the ability to perform a job, may be more appropriate for such distinctions. Hahn (1976) offers a distinction between the strict chronological age and three others:

1. personal age: that is, how old a person seems to himself/herself;
2. interpersonal age: that is, how old the same person seems to others who know him/her;
3. consensual age: that is, the degree of agreement between the personal age and the interpersonal age.

If age is supposedly one of the criteria criminals take into account when choosing their victims, then it is not the chronological age but the interpersonal age that is of importance. Unless the chronological age of the prospective victim is known to the attacker (as in cases where the two are related) the assess-

ment of the victim's vulnerability will be made on the basis of how old he/she appears to the offender.

THE AGING OF THE NORTH AMERICAN POPULATION

In recent years a major shift in age structure of the population in North America has taken place. A decrease in the number of births coupled with increased longevity has led to a disproportionate increase in the size of the upper age groups in the general population.

In 1900, there were approximately three million persons 65 years and over in the USA, that is one person in every 25. By 1980, the number has swollen to 24 million, or one person in every 9. By the turn of the twenty-first century, there will be 30 to 33 million elderly citizens or one in every 8 persons. More broadly, in the USA today, there are six times as many 55 year olds, eight times as many 65 year olds, and ten times as many 75 year olds as in 1900. In contrast, the total population of the USA has barely tripled in this time, (see Butler and Lewis, 1982).

Both the absolute and relative numbers of the 65 and over age group are increasing rapidly. Butler and Lewis (1982:5) report that at the end of 1981 there were an estimated 25.6 million elderly persons 65 years and over in the USA. In mid-1979 most older people were under 75 (61.9%); over half were under 73; more than a third (35.2%) were under 79; and about 9% (2.3 million) were over 85 years of age.

In 1851, in Canada, 2.7% of the population was over 65; by 1901 the same age group constituted 5% of the total population. The percentage rose to 6.7 by 1951 and 9 in 1980 (Myles, 1981:35).

In 1971, there were 1.7 million Canadians aged 65 and over. But population projections (Statistics Canada, 1984; Romaniuc, 1974) indicate that we can expect the number of senior citizens in Canada to increase to 3.3 million by the end of the century, and to 8 million by the year 2031 when approximately 20% of the Canadian population will be aged 65 and over. Another report "One in Three: Pensions for Canadians to 2030" published by the Economic Council of Canada (1979) projects that by the year 2030 one out of every three Canadians over the age of 21 will be over 65 and, therefore, dependent on the working population between 21 and 64 to support them.

According to Statistics Canada (1984), the 65 and over age group is the fastest growing component of the population. It is predicted that if present trends continue, Canada will have unprecedented numbers of older people, particularly in what has been termed the "old-old" category (i.e., 85 years and over). In the year 2031, the more than 400,000 Canadians 85 years or older will represent a 300% increase from the 137,000 in this age category in 1971.¹

The marked change in the age structure of the North American population and the unprecedented growth in the numbers and percentage of the upper age groups can be traced to several factors:

1. Great improvements in life conditions: hygiene, nutrition, health care, physical fitness, and so on. The North American population is much more health conscious now than it used to be. Working conditions are con-

tinually improving and there is an enhanced awareness of health hazards associated with the work place or with certain types of occupations. More and more people are ceasing to smoke. Exercise has become a very popular pastime. People are constantly trying to improve their health and physical fitness through changes in their lifestyle and dietary habits.

2. Great progress in medicine resulting in vast advancements in the diagnosis, treatment and prevention of many diseases, in particular killer diseases such as strokes, heart attacks and other cardiovascular diseases, especially high blood pressure (the silent killer). In recent years, techniques for the detection and early treatment of certain types of cancer have vastly improved. The discovery of antibiotics and anti-viral substances has dramatically increased the recovery rate from various diseases that used to claim a large number of lives. The result of all this has been a significant increase in longevity and an enhanced life expectancy. The current life expectancy at birth in Canada is 69 years for males and 77 years for females. Moreover, among those 60 years old today, women can expect to live another 22 years to age 82, men another 17 years to age 77. At age 65 life expectancy is 18 years for women and 13.5 years for men; and at 80, about 8 and 6 years respectively (see Havens, 1982). In the United States, the average life expectancy in 1900 was 47 years and only 4% of the population was 65 years and older. In 1979, the average life expectancy at birth was nearly 73 years and over 10% of the population was 65 and older.
3. A marked decline in the birth rate in the last twenty-five years or so brought about by affluence, urbanization, better education, modern technology, and new methods of birth control as well as an apparent increase in abortions. While people are living longer, fewer babies are born. The net result is a general aging of the population, a phenomenon which has been called "the greying of America"; the upper age groups are swelling, the lower age groups are shrinking.
4. Migration; the early waves of migration to Canada brought to the country large numbers of adult single males. These immigrants reach the upper age groups faster than children born in the country, thus inflating the size of these groups in relation to others. They also contribute to a higher mean or median age for the total population. Bringing in parents or other aging relatives under the sponsored immigrant system also adds numbers to the older groups.

GENDER AND MARITAL STATUS OF THE ELDERLY POPULATION

In all western societies, elderly females out-number elderly males. Women, on average, live longer than men. Besides having lower death rates at all age levels, females are not afflicted so much as men by the two main killers in our later years, namely cancer and heart disease.

The demographic changes in Canada in recent years, together with the changing age structure of the Canadian population, have been responsible for a substantial and growing imbalance in numbers between females and males. Ac-

cording to Stone and Fletcher (1980), in the first half of this century males outnumbered females slightly in all of six selected age groups of the population 55 years and over, excepting that of 80 years and over. Since 1961, females have been predominant in the population aged 65 and over. They add that Canadian society has never experienced imbalances between older males and females of the order that are now being projected for the next two decades and beyond (1980:3).

Because of the discrepancy in life expectancy at birth and in longevity between the two sexes, there is usually a larger number of widowed females. This is accentuated by the fact that men tend to be older than their spouses.

A majority of elderly women 65 years and over are widowed, while the majority of elderly men are married. In Canada, almost 75% of all men aged 65 and over are married and only 15% are widowed. But among the women, approximately 40% are married and almost 59% are widowed (Havens, 1982). Canada's sex ratio at the present time is 77 males to 100 females aged 65 and over, which is higher than that of the USA and that of many of the developed nations. The higher sex ratio is the result of a large, predominantly male immigrant wave in the early decades of this century (ibid.,p.13).

The marital condition of the elderly population south of the border is not much different. For example, in 1975, 53% of older women were widowed compared to 39% who were married. On the other hand, nearly 79% of older men were married and only 13.6% were widowers. For every man over 65 who is unmarried, there are four older women who are unmarried.

The living arrangements and residential patterns of the elderly population reflect to a large extent the male/female differences in marital status. The percentage of elderly women living alone is much higher than the percentage among men and the gap tends to widen with advancing age.

In Canada, Stone and Fletcher (1980) found that the popular image of most older persons being abandoned to lives of destitution in institutions by negligent relatives is not supported by available data. They affirm that only a small fraction of the older population (about 8%) resides outside private households. The authors do predict, however, that by 2001, nearly 67% of females aged 65 and over will be living without a spouse.

Another trend noted by Stone and Fletcher (1980) is the growing metropolitanization of the elderly population. They point out that, like the total Canadian population, the aged have increasingly become metropolitanized and this trend is expected to continue:

In 1976, over one million of Canada's two million older people lived in Census Metropolitan Areas (CMAs). The projections indicate a rising proportion of Canada's older population living in CMAs, from about 53 percent in 1976 to about 58 percent by 2021. In 1976, the three largest CMAs (Toronto, Montreal and Vancouver) together contained 28.6 percent of the Canadian population age 65 and over... In all three CMAs, the senior citizen population is projected to grow by more than 75 percent from 1976 to 2001. (1980:22,26)

This trend has important criminological and victimological implications since the rates of crime and of criminal victimization are much higher in urban centres than they are in rural areas.

THE PLIGHT OF OLDER PEOPLE IN WESTERN SOCIETY

In rural, agricultural societies where the extended family is still the dominant pattern of social grouping, the elderly are better integrated than in western, industrialized societies where the dominant pattern is the nuclear family. Moreover, in less developed societies, old people do not suffer the same loss in status and power that retired people suffer in western societies. In agrarian societies, old people continue to perform useful, productive tasks unless hindered by sickness or disability. They also possess much needed knowledge and coveted secrets and enjoy the status and power that go with such knowledge. In societies with limited formal education, and few professionals, knowledge and expertise are acquired from experience; those with the most experiences are the most knowledgeable. The elderly are the living reservoirs of knowledge and the young have no choice but to seek their wisdom, help and advice. This means that elders have to be treated with dignity, respect and veneration.

The situation of the elderly in western societies is quite different. Those in their middle age dread growing old because of all the losses they have to endure in the autumn of their lives.

Dr. Eric Pheiffer (1971) described old age as a "season of loss", meaning that old age for most people means a series of age-related losses: income, status, the loss of one's spouse and companions, and the decline of one's physical and mental powers. For many elderly people these interrelated factors produce what may be viewed as a vicious cycle: crisis of old age may lead older people to isolate themselves, yet isolation often leads to increased loneliness and anxiety or depression. There is also the vicious circle of isolation and fear: fear leads to, and is aggravated by, isolation. When people are afraid they isolate themselves and when they are isolated their fear increases.

Physical Decline

Aging is a process leading to physical weakness and a decline in bodily strength. Even when the old person is not suffering from disease, is not afflicted by any handicap and is enjoying relatively good health, his or her physical strength is bound to decline with age. In addition, old age is usually accompanied by the weakening (or even the loss) of some of the senses, particularly hearing and eyesight. The criminological importance of this decline is that it increases vulnerability to victimization and makes the elderly easier targets than younger age groups. On the other hand, the decline in hearing and eyesight may render the elderly more suspicious thus instigating them to take certain measures to protect themselves and their property.

Mental Decline

According to Roth (1968), the organic psychoses of the aged are the commonest form of cerebral disease seen in the psychiatric hospital and clinic. Many elderly persons, in particular the very old, i.e., those over 75, suffer from severe and progressive cerebral damage, the end result of which is the syndrome of dementia. Dementia is a state of deficient and disorganized intellectual and personality functioning, the main features of which are impairment of memory and orientation, failure of grasp, failure of concentration and capacity for conceptual thought, loss of emotional control leading ultimately to blunting of affect, and disturbances of consciousness which may in the early stages be variable and thus associated with striking fluctuations of mental state (Roth, 1968:35).

The effects of cerebral damage are not confined to deficits in mental functioning. They include schizophrenia-like states, depression and other affective disorders, hallucinoses, neurotic syndromes and personality change (ibid. p.35).

Such mental decline and those symptoms brought about by old age can have forensic, medico-legal, and criminological implications and are quite important for understanding and dealing with criminal behavior in old age. (See Chapters Three, Four, Five and Six).

Financial Decline

Old age is generally accompanied by a decline in economic and financial strength resulting from:

- lower income: since pensions are invariably lower than salaries, retirement means a lower income for most people.
- fixed income: the majority of old people live on fixed income. The plight of those living on fixed income in an inflationary age is too well known to need much elaboration. Suffice it to point out that even where pensions are indexed to inflation, indexing is usually limited to the small portion of income that comes from the government, that is old age pension. The net result is a sharp decline in purchasing power.
- growing financial and economic dependency: many elderly people have to rely on younger family members or on the state for subsistence and survival.

Butler and Lewis (1982) note that poverty, like substandard housing, is typically associated with old age. People who were poor all their lives can expect to become poorer in old age. But they are joined by a multitude of people who become poor only after becoming old. They point out that in the USA, in 1978, about 14% (3.2 million) of older people were below the official poverty level (measured by an annual income of \$3,116 for a single person and \$3,917 for a couple). According to Butler and Lewis, a more realistic poverty line would put the percentage at 25%.

The same authors report that older persons receive half the income of younger persons. In 1978, in the USA, half of the families headed by an older

person had incomes of less than \$10,141, as compared with \$19,310 for families with heads under 65. The median income for an older person living alone or with non-relatives was \$4,303, compared with \$8,530 for those under 65.

In Canada, the National Council of Welfare (an advisory group to the federal health minister) reported in 1984 that one of every four people over the age of 65 is still living in poverty, though the poverty rate has fallen sharply in the last 15 years. In a report summarized by Canadian Press (The Sun, Vancouver, Feb. 9, 1984) the Council attributes the improvement to government-run programs such as the federal old-age security pension and guaranteed income supplement as well as the Canada and Quebec pension plans. As a result, the percentage of old people (65 years and over) living below the poverty line went down from 41.4% in 1969 to an estimated 11.7% in 1982. Among people over 65 living alone or with non-relatives, the decline was less dramatic, to an estimated 57.7% below the poverty line in 1982 from 69.1% in 1969.

Despite those overall trends, the report says that more than 600,000 of Canada's 2.5 million people over 65 are poor, and slightly more than two-thirds of them are women. The report also points out that the poorest of the elderly poor have little or no outside income other than from governments, and they qualify for the maximum federal guaranteed income supplement as well as the federal old-age pension paid to all persons 65 and older. A single person with income from only those sources received a total of \$6,147 in 1983 when the poverty line for single people ranged from \$7,052 in rural areas to \$9,538 in the largest cities. A couple with the old-age pension and maximum supplement got \$10,883 in 1983, and the poverty line for a family of two ranged from \$9,218 to \$12,583.

The report shows striking differences in the percentage of elderly people living below the poverty line in different parts of the country. In 1981, for example, the percentage of families headed by people over 65 who were living in poverty ranged from a low of 10.1% in B.C. to a high of 22.2% in Quebec. The provinces with the lowest rates - B.C., Alberta, and Ontario - were those with the most generous provincial supplements.

The criminological importance of the financial decline in old age cannot be overestimated. As will be seen later on, many elderly people are forced to live in the poorer districts of town with characteristically high rates of street crime. Their mobility is reduced and they have to use public transportation such as the bus or the metro where the chances of being victimized are high. The poor financial situation of the elderly also means that the consequences of criminal victimization, whether personal or property victimization, are usually more dramatic and traumatic.

It would be incorrect, however, to speak of old age only in terms of negation, decline, physiological, psychological and economical regression, involution, or diminishing values and abilities, or to look upon it as an essentially pathological stage of life (see Pollak, 1941). It would also be inaccurate to define old age, *per se*, as a stage of pathological changes. As Pollak (1941) points out, old age, like every other age, has a psychology of its own which, for this stage of development, is normal. What is essential is to distinguish between the normal characteristics of old age and those traits which are truly patho-

logical. Nor should one forget that alongside the somewhat undesirable psychological traits usually associated with old age (such as slowness, dissatisfaction, lack of humor, dependence, conceit, reminiscence, stubbornness, over-criticism, suspicion, depression, and so on) there is a large number of positive traits. These include experience, wisdom, ability to keep perspective, power of organization and conservation, serenity, unselfishness, tolerance and dignity (ibid.,p.215). Nevertheless, negative attitudes toward old age are quite prevalent in western societies.

Society's Negative Attitudes to the Elderly

In western society, where the emphasis is on work, activity and productivity, negative attitudes abound toward weak, inactive and unproductive groups (such as the old, the disabled, the handicapped, the mentally retarded, the unemployed, etc.). Not only are they made to feel inferior, burdensome and unwanted, but many of them are also dumped in institutions or special homes to keep them out of sight and out of mind.

These prevalent negative social attitudes generate specific feelings among senior citizens, feelings that have become associated with age. The following list is not meant to be exhaustive and it should be stressed that although these feelings are common in old age, many old people, because of their own make-up or environment, do not suffer from them or their consequences:

- feelings of helplessness and of lack of control over one's environment;
- feelings of being prisoner of one's own weakness, of being restricted and confined as a result of physical inability, incompetence, physiological ailments, or simply as a result of reduced mobility;
- feelings of resignation, sometimes bordering on despair;
- feelings of being rejected, unwanted, discarded and unloved;
- growing sense of futility, purposelessness, unproductiveness, combined with feelings of superfluity and failure, feeling of being burdensome or troublesome;
- growing sense of vulnerability and defenselessness accompanied by feelings of insecurity and fear, of distrust and mistrust, as well as mounting suspiciousness. These feelings may lead to withdrawal, isolation and consequently increasing loneliness and solitude.

For some elderly persons, the effects of the feelings listed above may be quite positive through submergence into intense religiosity, or charitable, benevolent activities aimed at helping others and alleviating the sufferings and misery of some unfortunate, handicapped or underprivileged groups. For others, these negative feelings may lead to situational stress, depression, neurosis, functional psychosis, alcoholism, dependence on drugs, criminality or suicide.