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# Does place matter? A multilevel analysis of victimization and satisfaction with personal safety of seniors in Canada

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ABSTRACT

Studies on the victimization and abuse of seniors in Canada have largely ignored the influence of place-based variations in social bonds and socioeconomic characteristics. Using the 2014 General Social Survey (GSS) data on Canadians' safety, we examine neighborhood, social capital, and socioeconomic characteristics as predictors of the incidence of victimization among seniors and their satisfaction with personal safety from crime. Generally, seniors with poor neighborhood ties and social capital were more likely to have experienced victimization and have a lower satisfaction with personal safety. Seniors who viewed people in their neighborhood as unhelpful were more likely to have experienced some form of victimization and more likely to have a lower satisfaction with personal safety. Highly educated and high-income seniors were also more likely to have experienced some form of victimization. Paradoxically, such seniors were less likely to have lower satisfaction with personal safety. The results also show that place, defined as population centers (urban and rural) may have a significant influence on variations in victimization and satisfaction with personal safety. A significant proportion of the variance in victimization (38%) and satisfaction with personal safety (23%) are largely the result of differences in place of residence (urban and rural). Our findings suggest that there is the need to improve neighborhood social capital, reduce neighborhood disorder and improve the socioeconomic status of community-dwelling seniors in order to minimize their susceptibility to victimization as well as to improve their sense of safety from crime.

## 1. Introduction

Canada's population, like most of the developed world, is increasingly aging (Podnieks, 2008; Rosenberg and Moore, 1997; Skinner et al., 2009). A recent survey indicates that 16.1% of the country's population is 65 years old and above (Statistics Canada, 2015). The country's growing aging population has often been described as "aging in place" (Bacsu et al., 2014, 2012; Wiles et al., 2012). The term "aging in place" connotes an individual's ability to live in his or her own home, community, and environment with a greater degree of independence, safety, and comfort regardless of age, income, or ability level (Szanton et al., 2011). The aging-population phenomenon in Canada and the developed world has generated a lot of research interest. These studies usually focus on issues of access to care and chronic conditions among the aging population (Griffith et al., 2010; Moore et al., 1999). Others have also explored and examined the barriers to and challenges of aging in place, and age-friendly communities (Alsnih and Hensher, 2003; Garon et al., 2014; Skinner et al., 2008). Researchers have paid little attention to crime, victimization, and the sense of safety of seniors in the places they age. To the best of our knowledge, there are currently no studies examining rural-urban difference in neighborhood social capital and its effect on incidence of victimization among seniors and their sense of personal safety from crime, especially within the context of health geography. Despite this neglect, some researchers indicate that there is a strong correlation between active aging in a safe and secure environment and good health or quality of life (Ceccato and Bamzar, 2016; Joshi et al., 2017).

In view of this gap in knowledge, we employed a multilevel mixed-effect analysis to examine rural-urban variations in neighborhood social capital and its effect on incidence of victimization among seniors living in Canada, as well as, seniors' satisfaction with personal safety from crime. In the study, we also examine the effect of individual-level factors, such as race, gender, education and personal income, on incidence of victimization and satisfaction with personal safety from crime. Incidence of victimization in this study is defined as incidence of theft, damage to property (due to theft), physical attack or threat of physical attack, sexual assault or harassment and other crimes reported by respondents of the 2014 Canadian General Social Survey (GSS).

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Evidence in the literature and existing studies suggest that, there are place-based (rural-urban) differences in neighborhood social capital and social participation, especially among seniors (Mohnen et al., 2011; Oh, 2003). Seniors living in rural locations are generally assumed to have stronger social ties in their communities and maintain closer social bonds with their friends and neighbors (Mohnen et al., 2011; Nummela et al., 2008). Rural residents are also supposed to have a greater sense of community through participation in civic activities, stronger social cohesion (helping neighbors, social cohesion in neighborhoods and sharing similar values), and higher levels of social networks (engagement in community activities and socializing with other people) (Hanlon et al., 2014; Ziersch et al., 2009) posit that the risk of isolation, lesser access to formalized services and higher levels of homogeneity in rural areas contribute to stronger social bonds among its residents. However, other studies report greater levels of social participation among older persons living in urban areas compared to those living in rural places (Vogelsang, 2016). For older persons social bonds are essential to reduce their vulnerability to crime and abuse as well as improve their physical and mental health status (Gilleard et al., 2007; Joshi et al., 2017; Vogelsang, 2016).

Vulnerability to crime or abuse is recognized as a product of the interplay between individual and social factors (Cossman and Rader, 2011; Franklin et al., 2008; Melchiorre et al., 2013). Individual vulnerability stems from personal predisposing factors such as gender, frailty due to aging, and wealth status (Cossman and Rader, 2011; Rader et al., 2012). On the other hand, social vulnerability originates from an individual's social environment (Cossman and Rader, 2011). The social environment is usually defined as the neighborhood and community where a person resides and the social capital or resources they possess in these environments (De Donder et al., 2012; Oswald et al., 2011). The neighborhood physical characteristics, perception of local surroundings and the social bonds within neighborhoods have a substantial impact on physical and mental wellbeing (Joshi et al., 2017; Upenieks et al., 2016). Studies suggest differences in neighborhood social capital in rural and urban areas have significant associations with health and wellbeing (Mohnen et al., 2011; Vogelsang, 2016).

Overall, the findings on the connection between place of residence and the health of seniors are inconclusive. Whereas some studies suggests the effect of neighborhood social capital on health is mainly among urban residents (Mohnen et al., 2011), others report such benefits are strongly associated with older persons living in rural (Vogelsang, 2016). It is important to note that the differences in the findings may be the result of differences in indicators used as measures of neighborhood social capital. Although existing studies have explored the effect of neighborhood characteristics and social capital on the risk of victimization and sense of safety from crime (Franklin et al., 2008; Sargeant et al., 2017), the research on rural-urban differences in neighborhood social capital and it effect on the subject among seniors in Canada is non-existent.

Neighborhood social capital, attributes and design have strong associations with crime and sense of safety (De Donder et al., 2012; Foster et al., 2010; Lindström et al., 2006). Evidence in the literature suggests that loneliness and social isolation among older persons contribute significantly to their risk of being victimized, as well as, their feeling of unsafety (Cross, 2016; Mysyuk et al., 2016). Aspects of the local environment that enable social networking, sharing of common public resource and encourage mobility help facilitate strong bonds and attachment with the neighborhood (Buffel et al., 2014; De Donder et al., 2012; Moore et al., 2011). Studies show that older persons are more dependent on their neighborhood environment than younger persons due to mobility challenges, age-related health problems and retirement (Bromell and Cagney, 2014; Upenieks et al., 2016). Thus, seniors living in socially cohesive neighborhoods and neighborhoods that promote stronger neighborhood bonds or attachment through social networks and social connections are less susceptible to victimization and have a better sense of safety from crime or abuse (DeLiema, 2017; Foster et al., 2010; Mysyuk et al., 2016). Feelings of unsafety, the risk of victimization or fear of victimization stem from expressed concerns about community and neighborhood problems (disorderly neighborhoods) and the decline in social capital especially among older persons (De Donder et al., 2012; Lindström et al., 2006).

Although victimization and fear of crime are not peculiar to seniors, research in the fields of criminology, gerontology, and sociology generally acknowledge that seniors are more susceptible to crime and abuse (Fielo, 1987; Lichtenberg et al., 2013). Reports indicate that there is an increasing incidence of abuse and victimization of seniors; however, it is unclear if this increase is a result of the growing proportion of seniors in the general population or if there is an actual upsurge in the number of cases (Frazão et al., 2014). The literature is inconsistent on the actual percentage or proportion of victimization experienced by seniors in Canada and the rest of the developed world. Some studies report a lower incidence of victimization among seniors (3.2%), whereas other studies indicate a much higher incidence (27%) (Burnes et al., 2016; Frazão et al., 2014; Johannesen and Logiudice, 2013). The discrepancies are largely attributed to different conceptual definitions of victimization, as well as the sampling and survey methods used in these studies (Frazão et al., 2014; Jackson and Hafemeister, 2011)

Crime and abuse have a major effect, both directly and indirectly, on the health and psychosocial well-being of seniors (Burnes et al., 2016; Melchiorre et al., 2013; Wang et al., 2015). An increasing number of studies have acknowledged a link between the incidence of victimization and/or the fear of crime on the quality of life of seniors (Bachman and Meloy, 2008; Burnett et al., 2014; De Donder et al., 2012; Dong and Simon, 2013). The incidence of crime or abuse contributes to the hospitalization of seniors or their confinement to nursing homes (Bachman and Meloy, 2008). A scan of the literature reveals a cyclic relationship between victimization and poor health. The literature on the abuse of seniors reveals that poor physical and mental health are risk factors for abused or victimized seniors (Frazão et al., 2014; Lindesay, 1997). Additionally, the literature acknowledges that the abuse and victimization of seniors often exacerbate their poor physical and mental health. Cossman et al. (2016), in their study on the effect of fear of crime on health observed that indicators of vulnerability, such as old age and a poor state of health, increase the feeling of unsafety and fear. Crime and abuse against seniors also limit seniors' active participation in social activities and cause their withdrawal from public life, leading to their social isolation and an increase in mental health problems (De Donder et al., 2012; Lindesay, 1997).

## 2. Methods & data

In this study, we used the 2014 General Social Survey (GSS) on Canadians' safety. The purpose of the survey was to explore and understand Canadians' perception of crime and the justice system (Statistics Canada, 2016). The GSS is a cross-sectional survey of all noninstitutionalized residents in the provinces aged 15 years or above (Statistics Canada, 2016). The GSS uses a stratified multistage random sampling technique to produce a nationally representative sample the Canadian population. The country's ten provinces are divided into two broad strata – census metropolitan areas (CMAs) and non- census metropolitan areas (non-CMA). The strata are classified as population center and categorized as follows: CMAs are defined as urban areas and non-CMAs are defined as rural areas. The survey included questions on household and demographic characteristics and geographic variables such as region and population center. In addition, each cycle of the GSS has a special theme. The 2014 GSS recorded incidents of crime, abuse, or bullying. The total sample size of the GSS was 33,127, representing a response rate of 52.9%. However, given the focus of this study, we excluded respondents below the age of 65 years from our statistical tests and analysis. Respondents with missing data (across all study variables) were also dropped from the analysis. A total sample of 5757

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