

AGGRESSIVE BEHAVIOURS OF THE ELDERLY: LEGAL AND PSYCHOLOGICAL ASPECTS

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Abstract. The article aims to pinpoint the relationship between age and manifestations of aggressive behaviour in elderly people. In the opening part, the authors highlight the legal aspects of aggression in senior groups. They stress the need for research to determine the relationship between acts of aggression and delinquency in this age group (which is attributable to the limited number of similar analyses and the steady growth of the population of seniors). The second part of the paper casts light on the psychological aspects of aggressive behaviour in the elderly. In this context, the authors discuss the results of research involving 948 respondents and employing a tool known as the Psychological Inventory of Aggression Syndrome (IPSA) designed by Zbigniew Gaś. The results demonstrate a growing risk of emergence of three symptoms of aggression syndrome in seniors (60+): 1) aggression control disorders, 2) self-hostility, 3) hostility towards the environment. The closing part of the article offers some conclusions regarding the criminal policy. The authors recommend preventive measures that are likely to curb the manifestations of aggression among the elderly.

Keywords: aggressive behaviour, crime, hostility towards the environment, aggression control disorders, prevention of aggressive behaviour

1. LEGAL ASPECTS OF AGGRESSIVE BEHAVIOUR OF ELDERLY PERSONS

The World Health Organization (WHO) distinguishes the following categories of age groups above 50 years old: youngest-old (50–60), young-old (61–75), old-old (76–90), oldest-old (91–100) and long-lived (over 100). For the purposes of statistics (both in Poland and in other countries), an elderly person is assumed to be over 60 years of age. The same assumption is adopted in this article [Zamor-ska and Makuch 2018, 32].

Today, there are approximately 600 million people in the world who are 60 and more. Demography experts say that this number is likely to double before 2025, and 60+ citizens will account for 30% of the total global population [Michelis 2017, 1]. The situation in Poland is not different. According to the population forecast prepared by the Central Statistical Office, by 2050 the number of Poles aged 65 or older will have increased, including due to growing life expectancy. The forecast assumes that an average lifespan of a male born in 2050 will be 81.1 years (nine years more than in 2013). On the other hand, the average expectancy of life of females will be 87.5 years (6.4 years longer than in 2013).¹

Along with the ageing of the society, the number of offences committed by senior citizens also increases. Consequently, there is growing number of elderly people in Polish pre-trial remand centres and full-time correctional institutions. For example, in the early 1990s, the percentage of seniors among all inmates was 0.2%; the figure rose to 0.9% in 2008, to 1% in 2011, and to 4.3% in 2016 [ibid.].

As regards the relationship between age and criminal behaviour, the literature on the subject provides abundant data on seniors from the victimological perspective, whereas there is a lack of in-depth analyses of the nature of offences committed by individuals from this age group [Reisig and Holtfreter 2014, 325; Wolfe 2015, 427; Hirtenlehner and Kunz 2016, 394–405]. At the same time, the criminal policy notices an increase in unlawful conduct of seniors, also attributed to the process of population ageing. The phenomenon is already referred to as “geriatric crime wave” or “silver tsunami” [Feldmeyer and Steffensmeier 2007, 297–98; Kunz 2014, 7; Hryniewicz–Lach 2018, 31].

A much-telling example is the result of a 2016 study conducted at the request of the Commissioner for Human Rights on criminal liability of seniors aged 75+. According to data from July 2016, 74 individuals aged 75+ remained in various detention facilities (correctional institutions and remand centres). The most numerous group among them were persons suspected/convicted of committing offences against life and health. The second largest group was perpetrators of offences against property, such as theft, burglary, robbery, and fraud. Another most numerous group included offenders against family and duty of care (mainly guilty of abuses under Article 207 of the Polish Penal Code²). The suspected/convicted of offences against: freedom, freedom, and decency (especially against minors), safety in traffic, public safety, and jurisdiction were the smallest group.

The unlawful conduct indicated above shows that offences of aggressive nature are particularly significant in the senior population. Some other relevant risk factors in this regard are [Krahe 2005, 80; Wikström and Treiber, 2007, 252; Wikström and Svensson 2010, 408; Holtfreter, Reisig, and O’Neal 2015, 364; Wolfe 2015, 448–49; Hryniewicz–Lach 2018, 35–38; Niewiadomska 2019a,

¹ See http://stat.gov.pl/download/gfx/portalinformacyjny/pl/defaultaktualnosci/5469/1/5/1/progn_oz_a_ludnosci_na_lata___2014_-_2050.pdf [accessed: 01.03.2021].

² Act of 6 June 1997 Penal Code, Journal of Laws of the Republic of Poland of 1997, No. 88, item 840.

180–81; Gottfredson 2021]: 1) reduced ability to conform to social norms, e.g. as a result of health deterioration, personality changes, decreased criticism; 2) reduced behavioural self-control leading, for example, to interpreting some everyday situations as opportunities to commit an offence; if there is an alternative, proper self-control would prevent the choice of an unlawful action as inconsistent with the morality of the individual; 3) reduced tolerance to the destructive effect of psychoactive substances (e.g. alcohol, especially in combination with medications); the pharmacological effects of consumption of psychoactive substances are interpreted differently: a) the disinhibition hypothesis says that psychoactive substances have a direct effect on the brain centres that control aggressive behaviour; therefore, the substance unlocks aggressive impulses because it weakens the person's ability to suppress and avoid aggressive response; b) the arousal hypothesis points to the stimulating properties of psychoactive substances are responsible for encouraging aggression; b) the attention hypothesis says that psychoactive substances have only an indirect effect on provoking aggressive behaviour by reducing the capacity of attention, which makes it difficult to interpret contextual signals (this explains the influence of alcohol on committing unintentional offences in road traffic); 4) the sense of social exclusion: it drives the person's need to get engaged to be able to redefine their place in society; 5) increased social control (e.g. as a result of placement in a stationary care facility), which facilitates the identification and detention of an offender; 6) unlawful conduct at a younger age: if offensive conduct continues in the old age, the preferred forms of aggressive behaviour often evolve, which is referred to in the literature as "weakness-related offending;" aggression in the form of physical violence in younger individuals is likely to develop in seniors into: a) verbal aggression (e.g. insults), b) acts that do not require considerable physical effort (e.g. burglary may be replaced by shoplifting or receiving), c) behaviour directed against vulnerable individuals (e.g. sexual abuse of children).

All in all, when discussing the risk factors behind offences committed by seniors, it should be emphasized that no unlawful conduct has been found so far that would clearly differentiate this group of offenders from those of younger age [Hryniewicz–Lach 2018, 34–36]. An example of this is the risk of committing traffic offences. Based on the Police records for 2015 and previous years, driving seniors and the group of young drivers, who had just obtained the driving licence, i.e. persons aged 18–24, were found to be responsible for traffic incidents to a comparable extent. In the elderly traffic offenders, road aggression was caused, but not only, by such factors as: a sense of considerable experience, a need to demonstrate one's abilities, greater stress due to, for example, undesirable changes observed in the body, poor concentration and/or decreased driving skills. Drivers who display aggressive behaviour also often misinterpret other drivers' intentions, especially in conflict situations. For example, they believe that the actions of other road users are intended to cause harm, which in consequence, releases

verbal and/or physical aggression (e.g. offensive gestures) [Zbyszyński and Świderski 2016, 72–73].

2. PSYCHOLOGICAL ASPECTS OF AGGRESSIVE BEHAVIOURS OF SENIORS

There is no uniform position in the literature on the subject as to how to understand aggression. Yet, several approaches to explaining aggression have surfaced to date [Fraczek 2002, 43–55; Siemieniecki, Wiśniewska–Nogaj, and Kwiatkowska 2020, 13–17]: 1) in the evolutionary and biological view, aggression is seen as one of the basic adaptation “mechanisms” of adaptation, i.e. reactions contrary to escape or submission; 2) in the socio-humanistic view, aggression is treated as a type of behaviour, attitude, orientation and/or belief manifesting themselves in specific circumstances and of an acceptable but undesirable nature; it is defined against the background of culture-determined moral, legal and/or social standards; 3) in the socio-normative view, assessment of aggression is hinged on the social and ideological context, the position of conflict participants and expected consequences, e.g. assessment in terms of: good/evil, right/wrong; 4) in psychology, there are three prevailing views on aggression: a) aggression is an internal emotional and motivational condition of an individual (e.g. taking the form of such mental states as irritation, anger, infuriation) and their more permanent motivations (e.g. a desire to harm, hatred, hostility); b) aggression as a special type of social interaction between individuals and/or small social groups (interpersonal aggression); b) aggression as a personality variable.

An example of a psychological definition of aggression is any form of behaviour intended to harm or cause injury to another living being that does not wish to be harmed. Adopting such a broad definition helps find common ground for various typologies of aggressive behaviour, including based on the type (verbal aggression, physical aggression) and the quality of response (action, inaction), directness (indirect aggression, direct aggression), visibility (open aggression, hidden aggression), excitation (unprovoked action, retaliatory action), goal orientation (hostile aggression, instrumental aggression), type of damage (physical, mental), persistence of consequences (temporary, lasting effects of aggression), involved social actors (aggressive individuals, aggressive groups) [Baron and Richardson 1994, 7; Krahe 2005, 17].

As regards the question of whether the elderly (including the 60+ group) display specific signs of aggressiveness typical of age, studies were conducted to establish relationships between age and the severity of aggression syndrome. The analysis of the studied problem contains: the attributes of the surveyed, a description of a tool employed to measure the signs of aggression, explanation of the statistical analysis in place, the obtained results and conclusions regarding the signs of aggression as risk factors stimulating criminal behaviour in seniors.

Characteristics of the surveyed. The study covered 948 respondents, 666 females (70.3%) and 282 males (29.7%). The most numerous group was composed of respondents aged 56–65 (N=264, 26%). The next largest age brackets were: 46–55 (N=185, 19.5%), 36–45 (N=145, 15.3%), 66–75 (N=135, 14.3%), 26–35 (N=103, 10.9%), 18–25 (N=76.8%), and over 70 (N=57.6%). One person refused to give their age. The analysis also made a difference between respondents up to 60 (N=556, 58.7%) and over 60 years of age (N=391, 41.3%).

The vast majority of study participants were married (N=582, 61.5%). The remainder of the surveyed were: single (N=152, 15.9%), widowed (N=96, 10.1%), divorced (N=61, 6.4%), in cohabitation (N=45, 4.8%), and in separation (N=11, 1.2%). One person refused to provide information about their marital status.

Among the respondents, 62.7% were individuals with higher education (N=594), 24.5% (N=232) with secondary education, 10.1% (N=96) completed a vocational school, 2.5% (N=24) completed primary education, and 0.2% (N=2) completed junior high school.

As regards of the place of residence, the respondents were as follows: rural areas and cities with a population of more than 100 thousand – 33.5% of the sample (N=318), cities with a population between 51 and 100 thousand – 11% (N=104), cities with a population between 21 and 50 thousand – 10.9% (N=103), small towns (6–20 thousand inhabitants) – 7.6% (N=72), and towns below 5 thousand inhabitants – 3.4% (N=32).

The vast majority of the surveyed owned their own apartment/house (N=732, 77.2%). The remainder of the surveyed group reported the following housing status: 10% (N=95) live with family members, 9.4% (N=89) rent an apartment or room, 1.3% (N=12) stay in a residential care home, 0.5% (N=5) live in an apartment made available for use, 0.9% (N=9) have a different housing status, 0.2% (N=2) declare homelessness. Four individuals refused to answer this question.

Among the respondents participating in the study, 68.5% (N=649) regard their financial situation as good, 17.2% (N=163) find it difficult to determine their current financial situation, 9% (N=85) regard their financial situation as very good, 5.1% (N=48) regard their financial situation as poor, 0.2% (N=2) as very poor. One person refused to answer this question.

Measurement of signs of aggression: description of the tool. The Psychological Inventory of Aggression Syndrome (IPSA) by Z. Gaś was employed to investigate the problem. The method measures the general level of aggression severity and 11 factors of aggression syndrome: 1) propensity for retaliation, 2) propensity for self-destruction, 3) aggression control disorders, 4) displaced aggression, 5) unconscious aggressive tendencies, 6) indirect aggression, 7) instrumental aggression, 8) self-hostility, 9) physical aggression towards the environment, 10) hostility towards the environment, 11) reactive aggression. Scale reliability was verified using the method of estimation of absolute stability. In all cases, the obtained correlation coefficients were statistically significant at the level of 0.001 or higher [Gaś 1987, 1003–1016].

Statistical analyses employed. Pearson's parametric correlation test was used to analyse the relationship between age and the results obtained through the Psychological Inventory of Aggression Syndrome (IPSA II) by Z. Gaś for the entire group of the respondents (N=948). In order to determine preferences for different forms of aggression (measured with the IPSA II tool) among people over 60, a two-series single-point correlation test was employed.

The results. Table 1 shows the relationships occurring between the respondents' age (N=947) and preferences for 11 forms of aggression. Table 2 shows the forms of aggression most often chosen by seniors (people over 60).

Table 1. Correlations between age and signs of aggressive behaviour (measured using the Psychological Inventory of Aggression Syndrome (IPSA II) by Z. Gaś) in the studied group (N=948)

	Age
Propensity for retaliation	-0.025
Propensity for self-destruction	-0.307**
Aggression control disorders	0.083*
Displaced aggression	-0.070*
Unconscious aggressive tendencies	-0.238**
Indirect aggression	-0.029
Instrumental aggression	-0.283**
Self-hostility	0.048
Physical aggression towards the environment	-0.109**
Hostility towards the environment	0.019

** . Significant correlation at the level of 0.01 (two-tailed).

* . Significant correlation at the level of 0.05 (two-tailed).

Based on the results shown in the table, four negative correlations can be identified at the level of statistical significance between age and the manifestations of aggression, which means that the frequency of the following such acts of aggression decreases with age: 1) propensity for self-destruction ($r=-0.238$, $p < 0.001$), e.g. self-infliction of physical pain, self-mutilation, suicide attempts; 2) instrumental aggression ($r=-0.283$, $p < 0.001$), e.g. recourse to aggressive behaviour in order to achieve specific goals; 3) physical aggression towards the environment

($r=-0.109$, $p < 0.001$), e.g. physical attacks against other people: hitting, poking, jerking, kicking; 4) displaced aggression ($r=-0.07$, $p < 0.05$), i.e. a tendency to transfer aggressive behaviour from people to objects (e.g. vandalism or slamming door).

However, there is one positive correlation at the level of statistical significance between age and the signs of aggression in the area of aggression control disorders ($r=0.083$, $p < 0.05$). The obtained results show that older people struggle with controlling the signs of their aggressiveness, impulsiveness, and/or outbursts of anger.

Table 2. Correlations between the senior group and signs of aggressive behaviour (measured using the Psychological Inventory of Aggression Syndrome (IPSA II) by Z. Gaś) in the studied group (N=391)

	Senior (60+)
Propensity for retaliation	0.062
Propensity for self-destruction	-0.253**
Aggression control disorders	0.168**
Displaced aggression	-0.001
Unconscious aggressive tendencies	-0.205**
Indirect aggression	0.062
Instrumental aggression	-0.286**
Self-hostility	0.127**
Physical aggression towards the environment	-0.041
Hostility towards the environment	0.105**

** . Significant correlation at the level of 0.01 (two-tailed).

Attempts to identify relationships between age and the signs of aggression among the subgroup of people aged 60+ led to the conclusion (based on the presence of statistically significant negative correlations) that, compared to people under 60, seniors show reduced frequency of the following acts of aggression: 1) propensity for self-destruction ($r_{pb}=-0.253$, $p < 0.001$), e.g. self-infliction of physical pain, self-mutilation, suicide attempts; 2) unconscious aggressive tendencies ($r_{pb}=-0.205$, $p < 0.001$), e.g. tendencies to manifest seemingly non-aggressive

behaviour; 3) instrumental aggression ($r_{pb}=-0.286, p < 0.001$), e.g. using aggressive behaviour way to achieve specific goals.

At the same time, there are three positive correlations at the level of statistical significance between the age of 60+ and the signs of aggression. This means that, compared to people under 60, seniors show greater frequency of the following acts of aggression: 1) aggression control disorders ($r_{pb}=0.168, p < 0.001$), e.g. problems with controlling the signs of their aggressiveness, impulsiveness, and/or outbursts of anger; 2) self-hostility ($r_{pb}=0.127, p < 0.001$), e.g. a negative attitude towards oneself, exaggerating own faults or deficiencies, self-abasement; 3) hostility towards the environment ($r_{pb}=0.105, p < 0.001$), e.g. a negative attitude towards others, hostility towards the environment, lack of trust and/or suspicion against others.

Conclusions concerning the drivers of risk of criminal behaviour in seniors. The first conclusion is that the following signs and symptoms of aggression are not regarded as the drivers of risk of criminal behaviour in seniors: propensity for self-destruction, instrumental aggression, unconscious aggressive tendencies, physical aggression towards the environment, displaced aggression. The above-mentioned signs of aggression raise the probability of unlawful conduct in younger age groups.

Another conclusion is that three types of aggression increase the likelihood of unlawful conduct in seniors aged 60+. The following are the drivers of risk of criminal behaviour in this group: 1) aggression control disorders; 2) self-hostility; 3) hostility towards the environment.

1) Aggression control disorder as a risk factor for seniors' criminal behaviour is confirmed by the results of our studies which demonstrate that the perpetrators of aggressive acts display high levels of impulsiveness, irritability, and hyperactivity. The consequence of occurrence of these features are such signs and symptoms as excessive psychomotor agitation, anxiety, lack of concentration, seeking emotional stimulation, excessive number of risky behaviours, expecting immediate gratification for action taken. High intensity of aggression control disorders also translates into challenges in functioning in social life, especially when the internal moral norms are violated. This can often lead to job loss, homelessness, psychoactive substance abuse, joining deviant communities, perpetrating unlawful acts, and re-offending involving theft, fraud, drunk driving, violent acts, and/or sexual offences. Data on the features of re-offenders violating traffic rules is an interesting example. Such features include, among others, low self-control, emotional dysregulation, increased need for intense excitement, pressure to drive a vehicle at excessive speed and high aggressiveness [Baron 2003, 403–25; Gordon 2005, 108–109; Zaleśkiewicz 2005, 110; Niewiadomska 2007, 285–85; Hirtenlehner and Kunz 2016, 394–405; Hołyst 2018, 191–92; Niewiadomska 2019b, 240–41].

2) Self-hostility as a risk factor behind offences committed by people aged 60+ is also discussed in the literature on the subject. It was found that crimes of

aggression committed by younger age groups are driven by a negative attitude towards oneself and low self-esteem. Self-attitude largely reflects the way other people perceive the individual. Regarding someone as an outsider leads them to believe that they really are what the community think they are: someone strange, inferior, loser. This kind of self-definition of a rejected person is the underlying cause of their low self-esteem and an increased anxiety not to act in accordance with the label assigned by others or, in contrast, to act in accordance with the community expectations and behave in accordance with the assigned label. High influence of the factor in question on generating unlawful behaviour is also seen in the results of a study of prison inmates' self-image and self-esteem. Both in single and multiple offenders, their self-image is narrowed down. It is primarily limited to the emotional sphere and attitude towards other people. At the same time, prisoners struggle with verbalizing self-knowledge in terms of possessed qualities and competence. The negative self-image of inmates occurs in parallel with such factors as fear of the future, despondency, adaptation difficulties, mental disintegration in stressful situations, and defensive attitudes towards problems. Compared to one-time convicts, re-offenders reveal significantly more self-determinations which show that they perceive themselves as resourceless, failed and/or as victims of external factors, primarily turbulent past (e.g. an unhappy childhood), and/or some past circumstances [Arygle 2001, 221; Sztompka 2003, 412–13; Studen and Wrzesińska-Czapla 2005, 175–79; Niewiadomska 2007, 316–17; Hołyst 2018, 191–92].

3) The third risk factor existing in seniors' offending, namely hostility towards the environment, is another major driver of criminal conduct in younger age groups. Based on the analysis, the perpetrators of offences stemming from aggression are often suspicious, distrustful, and/or hostile towards other people. The mechanism that fuels a negative attitude towards the community is usually a sense of injustice. The sense of being wronged first arouses hostility and then a desire for revenge. In emotional terms, it provides a stimulus for action; in rational terms, it shifts focus on specific goals; and in functional terms, it helps develop the sense of security, increase self-esteem, compensate for losses suffered, and experience social justice as the effect of retaliation. The sense of injustice is particularly overwhelming in isolated re-offenders: 1/3 of them feel completely innocent, and 2/3 of them are convinced that their punishment is a kind of completely unjustified affliction. The tendency to assess one's own actions as "less evil" and the punishment as disproportionately severe in relation to the committed crime makes the prisoner develop a conviction that they are a victim of the great apparatus of injustice in which a penalty is an act of other people's hostility towards the inmate [Poznaniak 2006, 292; Niewiadomska 2007, 252; Maciantowicz, Witowska, Zajenkowska, et al. 2017, 252–52; Hołyst 2018, 191–92].

3. CONCLUSIONS REGARDING THE CRIMINAL POLICY

With regard to reducing the risk factors behind seniors' criminal behaviour, including aggression control disorders, self-hostility, or hostility towards the environment, attention should be paid to preventive action. Prevention of aggressive behaviour should involve various initiatives aimed to prevent unfavourable phenomena arising in the life of the elderly, including those causing disturbances in their somatic, mental, and social functioning. A variety of preventive approaches lays emphasis, on the one hand, on the need to strengthen personal competences (including those helping to build social relations and achieve life goals), and on the other, on organising the person's living environment in such a way that it is conducive to their personal development and offers the smallest possible number of stress-generating stimuli [Sęk 1993, 475–76; Urban 2004, 225–26; Schuck 2005, 448–49; Niewiadomska 2007, 98; Niewiadomska and Małek 2010, 407]. The results of a research commissioned by the Commissioner for Human Rights prove that preventive measures implemented in the senior population should focus mainly on [Błędowski, Szatur–Jaworska, Szweda–Lewandowska, et al. 2016, 16]: 1) ensuring a sense of physical security (e.g. care, assistance in everyday activities, health support services, protection against violence and abuse), welfare security (ensuring an adequate level of consumption), and social security (e.g. ensuring social participation); 2) helping seniors remain active and independent as long as possible; 3) forging informal social ties to create support networks (to be supplemented with formal aid only when necessary); 4) helping seniors remain/reside in their current living environment as long as possible; 5) shaping the seniors' living environment in a friendly way.

Due to a close link between crime and other social problems, prevention of aggression in seniors should take place at the level of the local environment, and preventive measures should be implemented through programmes dovetailed with the recipient's needs. Programmes preventing the occurrence of risk factors generating social problems are a long-term investment in the local community which requires a thorough problem diagnosis, skilful implementers, high-quality preventive strategies, financial outlays corresponding to the effort, and evaluation of achieved results. However, the most important prerequisite for success of such preventive programmes is the right attitude towards their addressees [Sieroński and Świątkiewicz 2002, 15; Niewiadomska and Małek 2010, 408–409].

Any local action intended to diminish the signs of aggression in seniors requires careful application of axiological standards, as provided in United Nations Principles for Older Persons Adopted by General Assembly resolution 46/91 of 16 December 1991:³ 1) the principle of independence: older persons should (i) have access to adequate food, water, shelter, clothing and health care (through the provision of income, family and community support and self-help); (ii) have

³ UN General Assembly resolution 46/91, www.un.org/french/documents [accessed: 12.03.2021].

the opportunity to work (or to have access to other income-generating opportunities); (iii) be able to participate in determining when and at what pace withdrawal from the labour force takes place; (iv) have access to appropriate educational and training programmes; (v) be able to live in environments that are safe and adaptable to personal preferences and changing capacities; (vi) be able to reside at home for as long as possible; 2) the principle of participation: older persons should (i) remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being; (ii) share their knowledge and skills with younger generations; (iii) be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities; (iv) be able to form movements or associations of older persons; 3) the principle of care: older persons should (i) benefit from family and community care and protection in accordance with each society's system of cultural values; (ii) have access to health care (to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness); (iii) have access to social and legal services (to enhance their autonomy, protection and care); (iv) be able to utilize appropriate levels of institutional care (providing protection, rehabilitation and social and mental stimulation in a humane and secure environment); (v) be able to enjoy human rights and fundamental freedoms (when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives); 4) the principle of self-fulfilment: older persons should (i) be able to pursue opportunities for the full development of their potential; (ii) have access to the educational, cultural, spiritual, and recreational resources of society.

The principle of dignity: older persons should (i) be able to live in dignity and security and be free of exploitation and physical or mental abuse; (ii) be treated fairly regardless of age, gender, racial or ethnic background, disability, or other status, and be valued independently of their economic contribution.

REFERENCES

- Argyle, Michael. 2001. *Psychologia stosunków międzyludzkich*. Warsaw: Wydawnictwo Naukowe PWN.
- Baron, Stephen. 2003. "Self-Control, Social Consequences, and Criminal Behavior: Street Youth and the General Theory of Crime." *Journal of Research in Crime and Delinquency* 4:403–25.
- Baron, Robert, and Deborah Richardson. 1994. *Human aggression*. New York: Plenum Press.
- Błądowski, Piotr, Barbara Szatur-Jaworska, Zofia Szweda-Lewandowska, et al. 2016. "Model wsparcia społecznego osób starszych w środowisku zamieszkania." In *System wsparcia osób starszych w środowisku zamieszkania. Raport Rzecznika Praw Obywatelskich*, edited by Barbara Szatur-Jaworska, and Piotr Błądowski, 13–46. Warsaw: Biuro Rzecznika Praw Obywatelskich.
- Feldmeyer, Ben, and Darrell Steffensmeier. 2007. "Elder crime: Patterns and trends." *Research on Aging* 29:297–322.

- Fraczek, Adam. 2002. "Agresja interpersonalna: opis i analiza z perspektywy psychologii społecznej." In *Człowiek i agresja. Głosy o nienawiści i przemocy. Ujęcie interdyscyplinarne*, edited by Łada Jurasz-Dudzik, 43–55. Warsaw: Wydawnictwo Sic!
- Gaś, Zbigniew. 1987. "Zrewidowana wersja Inwentarza Psychologicznego Syndromu Agresji – IPSA II." *Przegląd Psychologiczny* 30 (4):1003–1015.
- Gordon, Maria. 2005. "Regulacyjna funkcja mechanizmów obronnych u sprawców czynów zabronionych." In *Osobowość przestępcy a proces resocjalizacji*, edited by Jan Świtka, Małgorzata Kuć, and Iwona Niewiadomska, 103–16. Lublin: Towarzystwo Naukowe KUL.
- Gottfredson, Michael. 2021. "The Essential Role of Cross-national Research in Assessing Theories of Crime: Illustrations from Modern Control Theory." *International Criminology* 1:28–37. <https://doi.org/10.1007/s43576-020-00003-w>
- Hirtenlehner, Helmut, and Franziska Kunz. 2016. "The interaction between self-control and morality in crime causation among older adults." *European Journal of Criminology* 13 (3):393–409.
- Holtfreter, Kristy, Michael Reisig, and Eryn O'Neal. 2015. "Prescription drug misuse in late adulthood: An empirical examination of competing explanations." *Journal of Drug Issues* 45:351–67.
- Hołyst, Brunon. 2018. *Psychologia kryminalistyczna. Diagnoza i praktyka*. Warsaw: Difin.
- Hryniewicz–Lach, Elżbieta. 2018. "Przestępczość osób starszych jako nowy problem polityki kryminalnej?" *Forum Prawnicze* 6:31–49.
- Krahe, Barbara. 2005. *Agresja*. Gdańsk: Gdańskie Wydawnictwo Psychologiczne.
- Kunz, Franziska. 2014. *Kriminalität älterer Menschen*. Berlin: Duncker & Humblot.
- Maciantowicz, Oliwia, Joanna Witowska, Anna Zajenkowska, et al. 2017. "Relacja narcyzmu wielkościowego i wrażliwego z typem popełnionego przestępstwa pośród osadzonych w polskich zakładach karnych." *Psychiatria* 14 (4):249–54.
- Michelis de, Joanna. 2017. *Wykonywanie tymczasowego aresztowania i kary pozbawienia wolności wobec osób w wieku senioralnym*. Warsaw: Biuro Rzecznika Praw Obywatelskich, 1–38. <https://www.rpo.gov.pl/sites/default/files> [accessed: 01.03.2021].
- Niewiadomska, Iwona. 2007. *Osobowościowe uwarunkowania skuteczności kary pozbawienia wolności*. Lublin: Wydawnictwo KUL.
- Niewiadomska, Iwona. 2019a. "Psychological–legal aspects of therapeutic treatment in the polish correctional system." *Teka Komisji Prawniczej PAN Oddział w Lublinie XII*, no. 1:177–89.
- Niewiadomska, Iwona. 2019b. "Personal background surveys of inmates: legal and psychological aspects." *Teka Komisji Prawniczej PAN Oddział w Lublinie XII*, no. 2:237–50.
- Niewiadomska, Iwona, and Aleksandra Małek. 2010. "Wyzwanie współczesności – skuteczna działalność profilaktyczna w społecznościach lokalnych." In *Wezwani do działania. Zasoby społeczne w profilaktyce zachowań destrukcyjnych*, edited by Iwona Niewiadomska, and Mirosław Kalinowski, 407–21. Lublin: Wydawnictwo KUL.
- Poznaniak, Wojciech. 2006. "Psychologia sądowa – wybrane zagadnienia." In *Psychologia kliniczna*, vol. 2, edited by Helena Sęk, 287–312. Warsaw: PWN.
- Reisig, Michael, and Kristy Holtfreter. 2014. "Shopping fraud victimization among the elderly." *Journal of Financial Crime* 20:324–37.
- Sęk, Helena. 1993. "Wybrane zagadnienia z psychoprofilaktyki." In *Spoleczna psychologia kliniczna*, edited by Helena Sęk, 472–503. Warsaw: PWN.
- Siemieniecki, Bronisław, Lidia Wiśniewska–Nogaj, and Wioletta Kwiatkowska. 2020. *Agresja – zjawisko, skutki, zapobieganie. Perspektywa pedagogiki kognitywistycznej, psychoprofilaktyki oraz edukacji moralnej*. Toruń: Wydawnictwo Naukowe Uniwersytetu Mikołaja Kopernika.
- Sierosławski, Janusz, and Grażyna Świątkiewicz. 2002. "Współczesny kontekst zagrożeń i jego rozpoznawanie na poziomie lokalnym." In *Profilaktyka w środowisku lokalnym*, edited by Grażyna Świątkiewicz, 11–18. Warsaw: KBPN
- Schuck, Amie. 2005. "American Crime Prevention: Trends and New Frontiers." *Canadian Journal of Criminology and Criminal Justice* 2:447–62.
- Studen, Stanisława, and Agnieszka Wrzesińska–Czapla. 2005. "Obraz siebie i obraz ofiary u sprawców zabójstw dokonanych ze szczególnym okrucieństwem." In *Wybrane zagadnienia z psy-*

- chologii klinicznej i osobowości. Problemy człowieka chorego*, edited by Stanisława Steuden, and Marian Ledwoch, 155–82. Lublin: Towarzystwo Naukowe KUL.
- Sztompka, Piotr. 2003. *Socjologia. Analiza społeczeństwa*. Cracow: Znak.
- Urban, Bronisław. 2004. "Teoretyczne wyznaczniki systemu profilaktyki społecznej w środowisku lokalnym." In *Profilaktyka społeczna a resocjalizacja młodzieży*, edited by Bronisław Urban, 214–27. Mysłowice: Wydawnictwo Górnośląskiej Wyższej Szkoły Pedagogicznej.
- Wikström, Per-Olof, and Kyle Treiber. 2007. "The role of self-control in crime causation. Beyond Gottfredson and Hirschi's General Theory of Crime." *European Journal of Criminology* 4:237–64.
- Wikström, Per-Olof, and Robert Svensson. 2010. "When does self-control matter? The interaction between morality and self-control in crime causation." *European Journal of Criminology* 7:395–410.
- Wolfe, Scott. 2015. "Low self-control, race, and offending in late life." *Psychology, Crime, and Law* 21:426–51.
- Zamorska, Katarzyna, and Marta Makuch. 2018. *Starzenie się społeczeństwa. Wymiar społeczny, gospodarczy i polityczny*. Cracow: Księgarnia Akademicka.
- Zbyszyński, Mariusz, and Andrzej Świdorski. 2016. "Agresywne zachowania osób starszych a bezpieczeństwo ruchu drogowego." *Transport Samochodowy* 2:67–79.
- Zaleśkiewicz, Tomasz. 2005. *Przyjemność czy konieczność? Psychologia spostrzegania i podejmowania ryzyka*. Gdańsk: Gdańskie Wydawnictwo Psychologiczne.