

DOING HARD TIME

Elderly Inmates in American Prisons

Several broad social and psychological trends have combined to produce the greying of the American prisons. The Bureau of Justice Statistics shows that, as of 1991, 53,373 or 7.5% of the males and females in state prisons were in the age category of 45-54; 22,060 or 3.1% of the males and females in state prisons were 55 or older; 9,274 or 13% of the males and females in federal prisons were aged 46-55; and 3,600 or 5% of the males and females in federal prisons were 56 or older. The American population of older inmates includes both first offenders convicted later in life, and those who have grown old in the system after being repeatedly incarcerated following a series of convictions, or receiving a long sentence at a very young age. This trend appears to be the result of: (1) the overall aging of our population; (2) a "get-tough" policy that has resulted in longer mandatory sentences; (3) a rising level of expectations among older people who are physically able and mentally determined to get what they believe they deserve, even to the extent of using force; and (4) since prison reform and court decisions upholding the rights of prisoners to decent living conditions, there may be less of a reason for an elderly inmate to seek freedom because of the survival skills and responsibilities he or she must practice on the outside that are not required in prison.

The forgotten minority

Even though this category of inmates - elderly inmates - is increasing (there is some debate among researchers about what age levels "elderly" should refer to), it is still often referred to as the "forgotten minority." Its size has not been large enough to warrant special attention, but it has been just noticeable enough to disturb those in the criminal justice system with its presence.

This group of inmates appear to be creating difficult problems for institutional officials who must hold them securely, yet provide for their daily care and protection. In addition, this group has created a number of dilemmas for those who research them; contradictions and unresolved notions of the elderly criminal have perplexed social scientists and spilled over into policy matters. The

essence of this perplexity is that an older person has either entered or now exists in a system predicated on the assumption that those it handles would be relatively young. Traditionally all of those connected with or working in the criminal justice system have concentrated on trying to understand, to control, correct or constrain the youthful and uninhibited individuals of our society. Now, researchers and practitioners must initiate a coordinated effort designed to understand and meet the needs of this special group of older offenders.

Patterns of offending

Available information strongly links elderly offenders, especially first offenders, with crimes of violence. Most of these crimes are spontaneous violent crimes of passion, such as the murder of wives, neighbours, or relatives.



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Conversely, those with repeated incarcerations report that they generally plan out their crimes and view themselves as criminals, in some cases committing such crimes as embezzlement, fraud larceny-theft, alcohol-related offences, and some sex offences; this information runs counter to the stereotypical image of the aged as frail, passive, and dependent.

Regardless of the inmate's age, he or she (males comprised 92% of all admissions to state prisons and 89% of all admissions to federal prisons in 1991) has been given a custodial sentence and must be dealt with accordingly. The prison is a domiciliary institution which

must confront one of the most serious questions - what to do with a greying population. Traditionally, correctional institutions have not recognized age as independent of issues of health. In the past, programmes, facilities, and treatment have not been based on age and have reflected a lack of recognition and responsiveness to institutionalized senior citizens.

A greying population

Health care of elderly inmates is a significant concern for the prison administration. They are having to deal with various situations such as overmedicating or medicating too early, depression, nutritional requirements, organic brain disorders, cancer and inoperable heart conditions. There has however been little growth in, or equipping for gerontological care.

Institutions need to make progress in this area. Social researchers, practitioners and policy makers need to examine whether older inmates are better adjusted than younger offenders; whether older inmates are more likely to be dependent, frightened and depressed than the general prison population, whether age-integration or age-segregation is more conducive to the mental health of older inmates; whether older inmates report more neurotic and less psychotic behaviour than the general prison population; and finally, whether older inmates manifest more institutional neurosis because of the prison environment than younger inmates.

Because the elderly inmates have been a small, and up until now, easily managed subgroup with a low visibility, they have been neglected by those in responsible positions who could most effectively have an impact on their overall status. Prison officials will need to re-orient their thinking as the management challenge becomes greater each year. Social researchers must ensure that they present valid and representative data, and reduce the present state of ignorance about the prison environment. The fact is, the aging of our prison population presents a special challenge and opportunity to those in criminal justice and corrections.

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