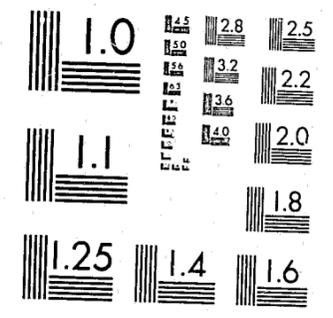


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The Service Needs of Older Offenders

Harris Chaiklin
University of Maryland
School of Social Work
525 W. Redwood Street
Baltimore, Maryland 21201

and

Larry Fultz
Maryland Correctional Institution
Jessup, Maryland 20794

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Abstract

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Prison rehabilitation programs are youth and labor market oriented. The needs of older offenders tend to be neglected. The major requirements of these offenders include clarification of social service needs and rights, family relationships, health problems, and emotional problems. The older offender includes the long term, the in and out, and the person who entered prison for the first time late in life. Their offenses range from violent crimes to non-violent sex offenses.

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ACQUISITIONS

Introduction

Prisons are perplexing. They reflect the contradictory nature of the American character. The most humanitarian nation in the world is also among the most punitive. We give longer sentences for more offenses than any nation in the world. Only Russia and South Africa have higher per capita prison rates than we do. Sometimes it appears we are doing our best to catch up. As a nation we are not certain about what we should try to do with prisoners.

Social work's relation to corrections is equally perplexing. The profession's interest in corrections has waxed and waned. We can't seem to make up our mind as to whether or not corrections is a legitimate area of social work activity. This is surprising in a profession committed to removing injustice and providing treatment and services for all Americans. While incarceration may be helpful to a person and to society, it is always punishing. Wilde said in the Ballad of Reading Jail:

All that we know who be in jail
Is that the wall is strong;
And that each day is like a year,
A year whose days are long.

If it is hard to be in prison it is harder still to be old and in prison; for one is doubly afflicted. This paper brings a social work perspective to the needs of older prisoners through an examination of the records of the 12 oldest offenders in the Maryland State Prison System. We leave to others to answer the question of why corrections is not higher on social work's priorities.

The Problem of the Older Offender

The literature on the aged offender does not develop a comprehensive picture of who they are as individuals, what their needs are, and how they could be helped while in prison or for a life after prison. A decade ago Krause and Schafer said the same thing, "Criminological gerontology is highly neglected, if not completely non-existent."¹ While those over 60 are less than five percent of the prison population their situation is compelling in terms of its human costs.

The Crimes of Older Offenders

People in prison who are aged are something of a curiosity. They do not fit the usual stereotype of the criminal. Crime is supposed to be a young man's activity with offenders "burning out" by the age of forty. That is true only in a relative sense. A recent Department of Justice Survey indicates that about ninety percent of state prison inmates are below the age of forty. Yet, of those above forty almost 47% had been sentenced to prison for the first time after reaching that age. In contrast to older prisoners who had prior records these first time offenders committed more crimes of violence and sex crimes than their age peers; they had almost 65% of the murder charges, almost 58% of the rapes and almost 75% of lewd acts with children.²

The relationship between age and crime is unclear.³ One school of thought sees this as a manifestation of a chronic brain syndrome associated with aging, another sees it as stemming from the frustrations of old age, and a third sees it as coming from a hypersensitivity that is associated with social isolation in old

age.⁴ A survey of MMPI profiles of older prisoners offers few clues. They are more neurotic and less psychopathic than the younger inmates. The one possible hint was that, "They appeared to have limited ability to cope with situational stress and appeared to have difficulty in personal adaptability and resourcefulness."⁵ If this was their situation prior to being in prison and was a life-long pattern it could help explain the high proportion of older offenders who have committed crimes of violence associated with impulse. If one cannot tolerate situational stress, like the proverbial rat they will lash out if cornered. In addition, all the surveys show high rates of alcoholism among older offenders. The unpredictability of the violence pattern and the lack of explanation for it form the backdrop of our analysis.

Prison Programming for the Older Offender

Two things characterize attempts to help the older offender. The first is that he does not fit into most of the programs available in the prison and the second is that there is little agreement about what kinds of specialized programming to try.

Prison rehabilitation programs are in short supply. There is little effort to engage older offenders in the limited educational, vocational, or treatment services that are available in prison. This only parallels the experience of the aged in our society. In state employment service registries they are about 2% of those on file and about 1% of those placed. Since it has been possible to receive Social Security at age 62 over half of

all new recipients have done so at this age. When Pownall conducted a national survey on the employment problems of released offenders he concluded:

The emphasis in most correctional training and placement programs often has been on youthful offenders. As an unfortunate consequence, older offenders experience proportionately greater hardship in finding jobs than older persons in the civilian labor force. There is an obvious need for special programs emphasizing job placement and community-based treatment to aid older offenders.⁶

It is difficult enough for the aged who must work; if they are in prison and get no help in preparation for release it is almost impossible. Weigand and Burger in one of the few examinations of institutional preparation and its relationship to parole conclude that:

What is needed is a change in overall perspective. The specific dynamics of the older offender need to be recognized and the institutional and probation/parole systems modified to fit this new emerging picture.⁷

Even the slightest improvement is going to take a lot of work.

What lies in back of this is the ever present need of prisons to keep their population under control. While prison officials talk about programming in terms of rehabilitation their first order of business is control. We have seen men in the last two weeks of a job training suddenly transferred for administrative reasons. Some men are never put in a program and some go through several.⁸

In this respect one of the few continuing discussions in the literature about the older prisoner concerns whether or not to integrate them into the regular population. One school of thought sees mixing older prisoners with younger ones as having a

calming effect on the institution.⁹ Another reaches exactly the opposite conclusion; that staying in the general population leads to their being victims.¹⁰ The conditions under which integration or segregation would work is a matter for the future. What is relevant here is that the discussion about what to do with the elderly prisoner takes place in the context of how to control the institution and not how to relate to the needs of this special group. With this in mind we shall now examine the offenders who are the subject of this paper.

The Elderly Dozen

Social Characteristics

The social characteristics of the 12 oldest offenders in the Maryland prison system in table 1 reflect both their plight and their danger. They are old, ages range from 68-88, male, black and poor. While they have come to prison at various times in their life most of them have long sentences. The range is 3 years to life. This is because the offenses they are confined for are connected with violence. The only exceptions in this group are one person convicted of a sex offense with a child and one person convicted of disturbing the peace. His is the three year sentence. This person is from a rural area and is a life-long bootlegger. The conviction was a way of removing him from the community.

The sex offender is 68 years old and has just begun a 10 year sentence for attempting to fondle a young girl. He had not served time before but had received probation for a similar offense 25 years ago. The only other charges against him were a

driving while intoxicated and an assault charge which was dropped by his wife. This man is an alcoholic and has several major medical problems.

The one female offender has served almost 50 years in jail. She has cut herself off from her family and has turned down parole. While in prison she has had several episodes of violence, at least two of them resulting in severe injury to others.

That violence is the predominant reason for incarceration agrees with the evidence cited in our literature survey. In terms of social characteristics there is no difference between those who committed offenses early in life and those who committed them later.

Health Only one of the 12 offenders can be said to be in reasonably good health. All of them have frequent complaints with minor ailments. It is one of the ways of passing time in the institution. All but one of them receives regular medication for something. A listing of their disorders is provided in table 2.

This is a group of people who are very sick. One of the senile prisoners is almost totally out of contact. He lives in the prison hospital ward where he is described as argumentative and disoriented. He is also going blind. He has been incarcerated since 1960 and was approved for parole three years ago. There is no place for him to go. He is probably receiving the optimal care that society is willing to provide for him.

The group requires frequent visits and hospitalizations at the nearby University Hospital. Since these people are all in less than minimum security it means they must always be guarded.

Table 1
Social Characteristics

<u>Age</u>	
Mean	73 years
<u>Race</u>	
Black ...	9
<u>Sex</u>	
Male ...	11 (one female)
<u>Religion</u>	
Protestant ..	9
<u>Marital Status</u>	
Widower	7
<u>Occupation</u>	
Unskilled	12
<u>Education</u>	
Mean	5 years
<u>Offense</u>	
Violent	10
Murder	8
<u>Current Sentence</u>	
Life	6
<u>Time Served</u>	
Mean	18 years
<u>When Sentenced</u>	
Last five years ..	5
<u>Confinement</u>	
Maximum Security	6

One man in this group made 26 visits to the hospital and also had two periods of hospitalization in the last year. It is rather ludicrous for a very sick man in his 70's who is already on a locked ward to have a guard on his door 24 hours a day.

Two of the 6 inmates in the penitentiary are permanently housed in the hospital; using about 15% of all available space. The others are not far away. Kats who was a prison physician says that, "As long as the prison system itself is not changed, hope to achieve even a minimum level and quality of care is slim."¹¹ So, these elderly people will be hauled in chains back and forth to the University Hospital. In the end they receive better care than their poor and aged counterparts in the community. Ironical is a word that barely describes this situation.

Emotional In the emotional area the information is less specific. Unlike physical conditions which must be diagnosed, treated, and recorded the nature of most emotional disturbance presents no such compelling necessity. As scarce as psychological and psychiatric resources are in the correctional system what little there is tends to go into assessment for parole hearings rather than into treatment for the general population.

There is some information. Eleven of the twelve have a history of alcohol abuse, some of it severe. Alcohol appears to play a great role in their offenses. Even though there are no IQ tests on all of this group 6 of them test below IQ 90 on a Wechsler. Three of them receive regular psychiatric treatment. Two of the offenders are diagnosed as paranoid schizophrenic and one as depressed.

Table 2

Diagnosed Health Problems

Heart Disease	5
Hypertension	3
Senility disorders ..	6
Respiratory	4
Diabetes	5
Ulcers	1
Arthritis ...	2
Cirrhosis	1
Epilepsy	1
Vision	4
Dental	1
Hearing	3

In our estimate a comprehensive psychological workup on this group would show that their mental health is as poor as their physical health. They survive in prison because it provides a supportive and structured life. It is doubtful if they could survive out of prison without help.

Social In the social area there is even less information. Eleven of the 12 are described in records as social isolates. Externally the visiting pattern is the best reflection of their social adjustment. While they all have been married or had long term common law relationships they also all are separated from these partners either through death or for other reasons. They do not get many visits. The modal category is about six a year with 6 of the group in this category. The average is only about 4 visits a year. The one person who has frequent visits raises the average. There were 5 people who had one visit a year or less.

There are two ways of looking at this visiting pattern. One is that there is clearly a low rate of contact. Two members do not even have visiting cards and 2 have had less than one visit a year. The isolation on the inside is matched by that on the outside.

The positive side of this is that only one person in the group has had no contact in a long time. Even with him we do not know what the potential is for stimulating contact. Prisons, like many institutions, tend to either overtly or covertly discourage family contact or to not pay attention to its importance. In a pre-release project conducted in this correctional system

we found that only one of 223 offenders served could be classified as a true isolate.¹² If someone wanted to do something about the social isolation this group has the potential for having more social stimulation from the outside. The real needs lie in the area of helping these friends and relatives with the costs of transportation, arranging times that don't conflict with work, and in the case of the elderly arranging for volunteers or other family members to help them with the visit.

An important internal aspect of social behavior concerns work. Six of the group have no prison assignments and one of them works part-time. Only one of them is totally unable to work. This not only deprives them of opportunities for socialization but also cuts them off from a major source of funds. This means they don't have access to even the most minimal necessities, such as shaving cream, or luxuries, such as a candy bar. Three of this group do not use the commissary at all and one only occasionally. Their only source of funds is from a miniscule prison welfare fund.

There is a long literature which documents that lack of social stimulation is as killing as physical mistreatment. The prison has no programming to counter the effects of this isolation. These people just sink into obscurity. Yet, it is just this isolation that makes them dangerous. The world shrinks in on them. They become suspicious of those who approach them and will attack those who handle or try to take their possessions. While they seldom violate formal prison rules they are a danger to themselves and those around them.

Financial The records only contain systematic financial information on institutional accounts and only scattered information on other assets or sources of income. Only one person is known to have an insurance policy. Five of the 6 who don't work either have no or minimal funds in their accounts. Three of the five occasionally receive money from the outside. In fact, 9 of the 12 have received at least some money from the outside in the recent past. This at least gives support to the idea that there are people outside the prison who are in contact with or aware of these people.

The two men who don't work, have no money, and receive no money from the outside also receive no visitors. Yet, they are two of the three in the group who are married. So, once again, there is probably someone out there, even for them.

There is another aspect of the financial situation which is worth presenting even though the records only contain information on the social security status of five of the offenders. P.L. 96-473 which was enacted on October 19, 1980 denies disability payments to persons who commit offenses or are in prison after that date. Title II of the Social Security Act covers recipients who have paid into the trust fund. Making distinctions as to when or where disability occurs should dispel the notion that Social Security is an insurance program. Since most of this group would qualify under Title XVI, the SSI provision, it should also dispel the notion that Social Security is a universal program designed to help all citizens. Past restrictive amendments, such as using records to trace absent fathers,

are transforming the Social Security program into a welfare program which contains the most miserable procedures for determining who the worthy poor are.

This may doom the destitute in prison to institutional care for the rest of their lives since limited capabilities and low payments from other welfare sources will combine to make it impossible to survive in the community. The Social Security Administration has had difficulty in administering this program. Some offenders have been cut off and some have not. This is especially true where relatives have been receiving the check. Since the prison treatment programming has no provision for dealing with service needs, such as social security, there is no way of knowing whether these men have received the money, which they are not entitled to anyway under the present law.

It is said that this amendment to the law was made when it was discovered that the "Son of Sam" murderer was receiving disability payments. The punitive reflex action which resulted in this amendment is killing more people than the "Son of Sam" ever did.

Legal The only legal information in the records relates to parole hearings. Most of these people have legal needs. The offender who is senile needs a guardian. Someone needs to review his situation and put his affairs in order, even if it is only to obtain a decent burial.

The five offenders who have served more than 20 years need help in dealing with legal matters connected with parole. Under Maryland law the governor has to sign the release even after parole is granted. This can take years. Two members of this group

have been offered parole and refused it "Because I have no place to go." It currently costs \$23,000 dollars to maintain a person in prison for a year. Given the medical needs of this group and the great expense in the guard and transportation services connected with meeting these needs it is probable that the older offenders far exceed the average cost. It is equally probably that a clarification of their rights and provision of casework help and services may enable some of them to live in the community.

Discussion

The clinical picture which has been developed of these offenders is that they have physical, emotional, and social hurts and needs which are painful to contemplate. While one can find a program in the prison to deal with each individual problem there is no program that looks at the relationship of these problems and develops a comprehensive plan that puts services together in a way that alleviates the stress that these inmates live with. Problems in the definition and scope of responsibilities for prison workers compound the difficulties that come from service fragmentation:

Of all the people at work in the prison, the professionals--specifically, the nonmedical professionals--are charged with the most far-reaching and socially urgent responsibilities. At the same time, of all the people at work in the prison, they are assigned roles and functions defined in the most ambiguous and uncertain terms.¹³

Just what the prison and its personnel are supposed to do and how they are supposed to do it is a matter that has been under discussion since the first person was made a slave rather than being

killed for his transgressions. We cannot resolve that matter. What we can say is, the impact of present values and ambiguities works an extra hardship on the aged offender.

What makes it hard to project the needs of these people is that even though they are often described as depressed and withdrawn the protection provided by the institution helps them look better than they are. By comparison to the back wards of a state mental hospital they are in a good situation. They continue to have a high potential for violence. The question remains as to what is the most humane way to relate to their needs.

We have identified four patterns:

1. Those who have a family who will take them in regardless of their condition.
2. Those so ill they require a protected placement.
3. Those who are ambulatory but have no place to go.
4. Those who refuse to leave.

Whether or not those people should be in prison is a matter determined by legal processes. The point we are developing is that the people in all four of these categories have need of the services social workers provide and other prison people tend not to provide. This is especially so when it concerns hooking people up to services outside the prison. Prisons generally do not see themselves as part of the network of community social services and they do not adopt a social service orientation in much of their programming.¹⁴ People who are poor have a lot of experience but not much success in negotiating the social service network.

DeTocqueville, that impeccable conservative who was also a humane observer of the human condition, said in 1844:

So! You want to despair of reforming one of your fellow beings, however criminal he may be? You want to place the burden of eternal anathema on his head. You want to make him believe that he is incapable of ever raising himself, that the society into which he is going to return also believes only this; that it rejects him without respite or pity, that it endlessly pushes him toward crime! In a way you want to lock him into a legal hell from which there is no exit once it has been entered; you bind him to an indescribable, implacable, and terrible fatality in which one wrong turn forbids a single step backwards!¹⁵

The average older offender is not a criminal in the sense that he is going to leave prison and commit larceny or robbery. He is impulse ridden and likely to use alcohol to release his impulse.⁵ Whether he is in prison or out of prison he is likely to be a danger to himself or to others. With adequate social service planning and treatment he may not have to spend all of his remaining days in a prison. The sex offender and the bootlegger in our sample can be provided treatment and services in the community when they are released. Those who refuse to leave prison can be worked with. The violent and alcoholic can be offered treatment and efforts made to find settings that will contain them. A casework approach to the treatment of older offenders offers the promise of helping them.

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