THE EXPERIENCE OF OLDER INCARCERATED MEN

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A Thesis

Submitted to the Graduate College of Bowling Green State University in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE IN INTERDISCIPLINARY GERONTOLOGY

December 2015

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ABSTRACT

As the criminal justice system sets different sentencing guidelines for criminal offenses and the population of incarcerated individual’s increases, there is also a growing number of incarcerated older adults in the prison system. The available literature regarding their experiences helps to explain how they manage the aging process under non-normative circumstances compared to those who are not incarcerated. However, even with the existing literature, more investigation is needed to better understand how prison culture impacts the overall well-being of incarcerated older adults. With a focus on incarcerated older men, this systematic review of the literature seeks to find similarities between experiences within this population and make recommendations. These similarities are analyzed through the framework of the life course perspective.
This systematic review of the literature is dedicated to my mom and dad for continually supporting me in my educational career as well as the family members, friends, and staff who have helped me achieve my goals.
ACKNOWLEDGMENTS

I would like to thank Dr. Charles D. Stelle and Dr. Wendy K Watson for their direction and support throughout this project.
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INTRODUCTION

The prison system was not built to house individuals for extensive periods of time or to provide necessary means of care for an older population (Osborne Association, 2014). According to the most recent statistics from the U.S. Bureau of Justice Statistics, 1,561,500 adults are incarcerated in the U.S. federal and state prisons and almost 3,000 of those individuals are aged 50 and older (Carson, 2015). The United States is home to the highest prison population at a global level (Walmsley, 2009) and the number of inmates over the age of 54 since 1991 increased to at least over 8% in 2011, marking a 5% increase over time (Luallen & Kling, 2014). Men make up 93.3% of the prison population and 17.5% of these individuals are 41 years of age and older (Federal Bureau of Prisons, 2015).

This graying of the prison population not only poses threats to the individuals aging behind bars, which will subsequently be discussed, but it also increases the economic costs necessary to maintain appropriate levels of care. Research has estimated this cost to be 2 to 3 times higher for inmates 50 years and older compared to those under the age of 50 (Luallen & Kling, 2014; Chettiar, Bunting, & Schotter, 2012; Curtin, 2007; Fellner & Vinck, 2012; Reimer, 2008; Yates & Gillespie, 2000). For example, the average annual cost of a hospitalized inmate is $850,000 and with the older population increasing, the amount of money spent in this area will continue to grow with it, which will result in prison systems acting as specialized geriatric facilities as opposed to rehabilitation sites (Williams, 2012).

History of the Prison System

Initially, correctional facilities were designed to rehabilitate criminals. Once it was determined that said individual would function appropriately in society again, they were released (Rikard & Rosenberg, 2007). Criminal sentencing implemented in the mid-1970s and mid-1980s
changed the overall intention of prisons. The Rockefeller Drug Laws introduced mandatory sentencing for those involved with drug crimes and shortly after, the Federal Sentencing Reform Act was established to mandate sentences for all who take part in federal crimes (Osborne Association, 2014; Rikard & Rosenberg, 2007). Longer sentences led to individuals spending more of their lives behind bars and consequently, these individuals are spending their later years as inmates. These inmates are experiencing the aging process at earlier ages compared to their community dwelling counter parts, placing the prison system in a position not foreseen (Luallen & Kling, 2014; Rikard & Rosenberg, 2007).

**Health and Aging in Prison**

The health status of older inmates or those aging behind bars is greatly influenced by the environment. The prevalence of psychiatric disorders is one aspect of health that is increasing and unfortunately not receiving appropriate attention which is resulting in many individuals not experiencing necessary means of care (Kingston, Le Mesuier, Yorston, Wardle, & Heath, 2011). The psychiatric state of this population is challenged for various reasons, a large reason being because of the difficulty that comes with maintaining high levels of health promoting and health monitoring behaviors (Loeb, Steffensmeier, & Kassab, 2010). Other health conditions seen among not only this population, but those who are aging outside of this environment as well include chronic illnesses such as hypertension, cardiovascular disease, vision and hearing problems, and diabetes (Loeb, Steffensmeier, & Lawerence, 2008). When such ailments occur in a setting not designed to provide appropriate care for such needs, it places aging inmates at a disadvantage and in some instances increases the chance of developing other conditions including Hepatitis B and C (Steiner, 2003). Mental impairment or psychiatric morbidity is experienced by 40-60% of inmates and if not treated in an appropriate manner can greatly disrupt
the daily life of the inmate living with the illness as well as potentially place others at harm (Blaauw & van Marle, 2007).

The rigid routine lifestyle of prison may also become increasingly difficult to execute with ease with advanced age as well; this includes hearing guards when spoken to which can become a problem for individuals experiencing any type of hearing loss (Osborne Association, 2014).
THE LIFE COURSE PERSPECTIVE

Just as there are differences among the experiences one undergoes, the way in which such events impact a person can be looked at through a life course perspective. Through this lens, "chronological age, relationships, common life transitions, and social change shape people’s lives from birth to death" (Hutchison, 2011, p. 8).

This perspective includes basic concepts such as cohorts, transitions, trajectories, life events, and turning points. These concepts help determine the path one’s life may take. Individuals who experience the same events may have a different reaction, which then impacts their overall view of the situation at hand. Past experiences help mold the outlook one may have, which is what creates individualism, even among those who are affected by the same, or a similar, event.

The cohort to which one belongs can be determined by many factors. For example, individuals born within the years of 1946-1964 are considered baby boomers due to their birth year occurring during the post-war era. This large birth cohort results in those who fall under this category to share the identity of being a “baby boomer”. Cohorts tend to experience similar transitions at the same time (e.g., average age of marriage, graduating high school); however, not all transitions are considered normative or happen to all. An individual who is arrested and placed in an institutionalized facility may consider this to be a large influence on their life, which will affect the course of the rest of it. In this case, incarceration becomes a life event that continues to shape their life course. For individuals who experience numerous stressful life events, it is believed to place them on a path of cumulative disadvantage. As a result, negative life events may accumulate and increase the likelihood of disadvantage in later life in terms of health, financial resources, relationships, or other life course areas. Once a life event as such
occurs, this may shape what the rest of one’s life looks like and place them on the path of a certain trajectory, perhaps one that involves a future of prison, an experience that others in the same cohort will never have. Trajectories are not necessarily written in stone. They can be influenced by turning points, which would result in a difference in the expected trajectory. For the individual who was placed in prison, if early release is an option, this would then deter them from the once believed only trajectory, that of living their later years behind bars, to one of becoming a functioning member of society once again (Hutchison, 2011).

The trajectory of the life course is not necessarily the desired choice by the one who lives it, and certainly not always permanent, but the differences seen among the amount of stressful life events and how these events are dealt with, are all aspects of how to examine the life course of individuals sharing a shared characteristic such as incarceration (Hutchison, 2011).

**Experience of Incarcerated Older Men**

Aging is a normative process of every individual’s life. Decreases in physical ability, cardiovascular and pulmonary function, muscle strength and power, as well as balance posture and locomotion, motor coordination and control, and cognitive ability are experienced to varying degrees by all (Spirduso, Francis, & MacRae, 2005). Functional decline is prevalent among an estimated 10-16% of older prisoners and is expected to continue to rise as the older population behind bars continues to increase (Williams, et al., 2006). How and when these limitations occur is influenced by and is reflective of the environment in which it transpires.

It has been suggested that those undergoing age-related changes in an atypical environment such as prison may find themselves facing more problems at an earlier chronological age than expected due to lack of proper resources and stressors from the surrounding environment (Rikard & Rosenberg, 2007). The combination of age-related declines
makes the physical age of older inmates, on average, 10 to 11.5 years older than they would be had they aged outside of prison, which explains why 50 is the common age used to define someone as “old” behind bars (Rikard & Rosenberg, 2007).

Research has shown that other issues for the aging prison population come from the structure of the facility itself. Walking from one designated area to the next takes longer for an individual experiencing shuffling gait brought on by dementia or vertigo (Osborne Association, 2014). Along with internal changes generating problems for this older population is the prison culture itself, which is often one of hyper-masculinity. The prison culture inherently produced by its resident’s places emphasis on masculinity, and maintaining a representative masculine lifestyle may be jeopardized by the aging process (Karp, 2010; Kerbs & Jolley, 2007).

Kerbs and Jolley (2007) investigated varying forms of victimization experienced by older male inmates. A cross-sectional study was conducted among 65 male inmates who were all 50 years of age and older to gain qualitative data through structured interviews. Findings from this study included victimization being expressed in the forms of psychological, property, physical, and sexual inmate-on-inmate violence. Psychological victimization was conveyed through the act of being cut off in line or being insulted by a fellow, typically younger, inmate. Property victimization was often done through money or items of value being taken from their cells when they were away as well as being conned out of their money in ways including various forms of gambling. Victimization in a physical form did not typically involve weapons, but pushing was common to assert dominance over an older individual. Lastly, sexual victimization occurred when an older inmate was touched in an unwanted way, including rape, typically by a younger inmate. This study did find that the occurrence of sexual victimization is prevalent but far less common than the other forms victimization within prison (Kerbs & Jolley, 2007).
While threats from external forces may be part of the experience of incarceration, there are also threats and losses that occur in other areas of incarcerated men’s lives. When an individual is placed in the prison system, at any age, autonomy becomes challenged. When entering a new environment, or living in an environment for years that is vastly different from the outside world, socialization becomes jeopardized. Familial connection is limited and supportive relationships behind bars are not as easily created or maintained as in the outside world (Fry, 2003). Extensive research exists supporting the significance of socialization in the forms of meaningful friendships that offer feelings of connectedness and support and the positive effects it has on physical and mental health, such as anxieties (Aday, 2006; Fry, 2003; Litwin, 2001; Berkman, Glass, Brissette, & Seeman, 2000; Krause, 1997). Feeling connected to others in an atypical environment can prove trying and even more so when there is a loss of privacy, personal possessions, the freedom to come and go as one pleases, and above all else, individualism (LaMere, Smyer, & Gragert, 1996).

**Conclusions**

The increase in the rates of incarceration has resulted in a growing population of individuals aging in the prison system, as well as a growing population of older individuals being incarcerated. This growth has led to a large number of older individuals who experience the aging process under non-normative circumstances. Further investigation needs to occur to better understand the impact prison culture has on the overall well-being of the older incarcerated population.

Providing necessary means of health care and security, as well as protection and comfort for an older population in an environment not built to house those of an advanced age becomes increasingly important as increases in the chance of debilitating situations arise. The typical
structure of a prison and expected activities of daily living become difficult to execute as
efficiently with increasing age (Rikard & Rosenberg, 2007) thus making the experience for
incarcerated old adults different as opposed to younger prisoners.

The following systematic literature review examines literature addressing the experiences
of older men in prison and further explores challenges faced by incarcerated older men due to
their age and the impact this has on these individuals. A life course perspective is used to discuss
the literature and the research on older men’s experiences with a goal of understanding how
incarceration is managed and how men adapt to prison. In addition, since little has been done to
understand the experience of older men and to possibly manage risk associated with living in a
non-normative environment, this systematic review will also offer recommendations for aging
both safely and optimally within the institutionalized environment of a prison.
RESEARCH QUESTION

There exists a limited amount of research on older incarcerated men and similarities and heterogeneity of their experience. This systematic review of the literature investigates the experiences and challenges faced within this population and within a life course conceptual framework. The analysis focuses on the recurring themes in the available literature pertaining to both the strengths and challenges faced by older men spending their later years behind bars.
METHODS

The methodology includes information regarding the search strategy, the screening process and the inclusion and exclusion criteria used for this systematic literature review.

Search Strategy

This systematic literature review was conducted to answer the research question using empirical articles reporting on the experiences of aging or being old in a prison environment. Literature was identified using the search terms aging AND prison* within the abstracts. By including the asterisk on the word prison, it allowed for an expanded search. Instead of only locating articles with the word prison in the abstract, those with the word prisons, prisoner, or prisoners were also found. Databases utilized to complete this systematic review of the literature included: Academic Search Complete, Academic Search Complete Premier, CINAHL Plus with Full Text, Criminal Justice Abstracts with Full Text, Gender Studies Database, MEDLINE, MEDLINE with Full Text, PsycINFO, SocINDEX with Full Text, and Social Work Abstracts. Results were narrowed to publication in academic journals beginning in the year 1995 and ending in May of 2015.

Screening

The screening process consisted of identifying articles that appeared to address the research question through reading the title and abstract and then using criteria to determine inclusion or exclusion of individual empirical articles.

Inclusion criteria for original articles included: a) information gathered from the male prisoner’s perspective (e.g., excludes articles focusing on information gathered from prison staff); b) the mean age of participants at least 50 years or older; c) a focus on either challenges or coping mechanisms experienced due to living later years behind bars.
Six hundred and twenty-four articles were identified using the search terms. By excluding duplicates or literature that was not identified as an academic journal, 160 articles remained for preliminary screening. Out of these 160 articles, 20 studies were identified for further review. The second review of the articles resulted in excluding articles that focused on policy issues or occurred in non-westernized countries. If after further investigation the population sample consisted of 50% women or did not offer information to answer the research question, the article was also excluded. This search resulted in a total of 7 articles. The flow of the screening process can be found in Figure 1.
Figure 1: Flow of Screening Process

Search Terms:
aging AND prison*

624 articles found using the search terms
205 articles excluded due to not being academic journals

419 articles reviewed based on abstracts
259 duplicate articles

160 articles reviewed based on abstracts
140 non-relevant articles excluded

20 articles reviewed to determine if they meet inclusion criteria
13 articles excluded because they did not meet inclusion criteria

7 articles analyzed for systematic literature review
RESULTS

The results for the systematic literature search can be found in Table 1. The table includes the name of the author(s), the purpose of the study, sample demographics, the method used to obtain information, and key findings.

Articles were examined to explore the issue of older men’s experiences and challenges behind bars through a life course approach to further understand how these factors shape their overall experience.
<table>
<thead>
<tr>
<th>Author</th>
<th>Purpose</th>
<th>Sample</th>
<th>Methods</th>
<th>Key Findings</th>
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</table>
| Aday, 2006            | To investigate key variables associated with death anxiety among a group of aging male prisoners | - Convenience sample of 102 male inmates  
- Age range of 50-84  
- Average age of 59 | Face-to-face semi-structured interviews collecting qualitative and quantitative data | - Prisoners typically tend to be physiologically older than their chronological age  
- Link between fear of death and number of health related measures  
- Less social support resulted in higher fear of death  
- Feeling lonely and unloved resulted in higher death anxiety  
- Social support sought out in prison has high value  
- Negative stigma associated with dying in prison |
| Loeb, Steffenmeier, & Kassab, 2010 | To examine relationships between self-efficacy for health management, health-promoting and health-monitoring behaviors and self-rated health in older male prisoners and: Examine variations in self-rated health and self-efficacy for health management by inmate characteristics of older men in prison | - Convenience sample of 131 male inmates  
- Age range of 50-74  
- Average age of 56 | Questionnaires sent via mail  
- Inmates determined to have a 7th grade reading level and higher completed survey alone  
- Inmates not determined to have a 7th grade reading level had questions read to them | - Strong self-efficacy behaviors are significantly associated with health-promoting behaviors, self-rated and self-rated health  
- Self-rated health is positively related to health-promoting behaviors  
- Strong tendency for education to be positively related to self-rated health  
- Years of incarceration is not significantly related to self-rated health or self-efficacy |
<table>
<thead>
<tr>
<th>Study Authors</th>
<th>Research Question</th>
<th>Methods</th>
<th>Findings</th>
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<td>Maschi, Morgen, Zgoba,</td>
<td>To examine if age has a significant and differential influence on cumulative “objective” traumatic and stressful life events and recent subjective impressions about these events and if cumulative “objective” traumatic and stressful life events and current “subjective” impressions of these events will significantly influence current post-traumatic stress symptom levels</td>
<td>Convenience sample of 244 English speaking male inmates - Age range of 55 and older - Average age of 60.83</td>
<td>Cross-sectional, anonymous survey - Age significantly influenced both cumulative objective trauma and stressful life events and recent subjective impressions - Past year subjective impressions subjectively influenced the total degree of current post-traumatic stress symptoms - Cumulative objective trauma and stressful life events did not significantly influence degree of current post-traumatic stress symptoms</td>
</tr>
<tr>
<td>Courtney, &amp; Ristow, 2011</td>
<td></td>
<td>Cross-sectional, anonymous survey - Age significantly influenced both cumulative objective trauma and stressful life events and recent subjective impressions</td>
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<td>Kingston, Le Mesurier,</td>
<td>To determine the prevalence of psychiatric disorders including dementia, in prisoners aged 50 years and over and to see whether detection and treatment rates have improved over the past decade</td>
<td>Convenience sample of 121 males in prison - Age range of 50 and older</td>
<td>Face-to-face semi-structured interviews were held collecting qualitative and quantitative data - Most common diagnosis was depressive disorder (83%) - 80% of inmates correctly diagnosed themselves - Diagnosis has improved but treatment could use improvement</td>
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<tr>
<td>Yorston, Wardle, &amp; Heath, 2011</td>
<td></td>
<td>Cross-sectional, anonymous survey - Age significantly influenced both cumulative objective trauma and stressful life events and recent subjective impressions</td>
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<tr>
<td>Courtney &amp; Maschi, 2012</td>
<td>To address older inmates’ initial current subjective interpretations of life-course experiences regarding traumatic and stressful life events</td>
<td>Convenience sample of 667 inmates (607 male and 24 female) in prison - Average age of 56.47</td>
<td>Surveys were mailed to prisoners and once completed, mailed back to researchers via envelopes provided - Majority experienced more than one traumatic life event, often beginning during childhood - Initial interpretations were horror - Direct victimization had strongest lingering subjective affect</td>
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<tr>
<td>Study</td>
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<td>Sample Characteristics</td>
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<td>Maschi, Viola, &amp; Morgen, 2013</td>
<td>To examine the role of coping resources on relationships between trauma and stressful life experiences, post-traumatic stress symptoms and mental well-being</td>
<td>Convenience sample of 577 inmates - Age range of 50 and older - Average age of 61</td>
<td>Cross-sectional, anonymous self-reported data gathered via surveys mailed to the prisoners</td>
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<tr>
<td>Hantdke &amp; Wangmo, 2014</td>
<td>To investigate elderly prisoners’ attitudes toward death and dying</td>
<td>Convenience sample of 35 inmates (30 male and 5 female) - Age range of 51-71 years old</td>
<td>Face-to-face semi-structured interviews were conducted in either French or German and collected qualitative and quantitative data</td>
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ANALYSIS

The results of this systematic literature review will be discussed and analyzed via common themes found within the seven selected articles by addressing the research question: what are the overall experiences and challenges faced within this population? The analysis focuses on the recurring themes in the available literature pertaining to both the strengths and challenges faced by older men spending their later years behind bars.

Shared prison life experiences for the older population were examined among the seven selected articles including death in prison, self-efficacy, mental health concerns, and traumatic life experiences.

Death in Prison

For many individuals spending their later years in confinement, dealing with and confronting death becomes inevitable in various forms; losing a friend or the realization that one’s own death will likely take place in this environment (Handtke & Wangmo, 2014; Aday, 2006). The experience of losing kin or becoming concerned with the place of one’s own death often results in anxiety stemming from multiple places: physical health, ego-integrity (how one looks back at their life as fulfilling), and level of social support (Aday, 2006). Older prisoners who are in poor physical health, poor mental health, or have less social support (rated either subjectively and/or objectively) reported having significantly high levels of anxiety, specifically about death (Handtke & Wangmo, 2014). The anxiety generated by death in the prison system can result in the fear of death behind bars (Handtke & Wangmo, 2014; Aday, 2006).

When examining death behind bars, the role of socialization, in the form of interaction with others resulting in social support that aids in avoiding loneness and isolation, is key. As previous literature has suggested, socialization in any community is paramount to the mental
health of individuals. For those seeking socialization and support while incarcerated, the less social support available, the higher the fear of death (Aday, 2006). It has been theorized that the isolation behind bars places higher value on friendship, and in some instances, these relationships become crucial to survival and more relevant in one’s life than familial relations. If support is limited from the outside, it is found in fellow prisoners, and this influences the overall quality of life and limits the fear of death experienced (Aday, 2006).

The length of sentence can be influential on views of death and dying behind bars, however, there is not consistent literature supporting the direction of influence. As Handtke and Wangmo (2014) found, the length of sentence played a crucial role in prisoner’s view of death behind bars. It was found that when a known release date was available, views on this topic were more positive. Aday (2006), on the other hand, found that length of sentence did not have influence on views of death behind bars, and results from this study found that inmates have a high level of fear regarding living out their last hours separated from family outside of prison.

To counteract the fear of death behind bars, inmates do what they can to avoid thinking about the act to protect themselves from morbid thoughts (Handtke & Wangmo, 2014). This act often decreases the level of anxiety associated with the topic at hand. Remaining aware of one’s own thoughts and developing coping mechanisms to remain in control results in less death anxiety and influences factors that could increase this feeling. Inmates who express positivity in their own health tend to be less anxious about death, and the same results are shown for mental health status as well (Aday, 2006).

Aday (2006) and Handtke and Wangmo (2014) found that inmates would typically choose to die outside of prison because of the stigma associated with dying in an atypical environment may be considered the ultimate defeat and punishment. Anxieties associated with
this are largely due to the impact it has on family (Aday, 2006). “Individuals with such irreversible conditions are devalued by society, considered highly un-useful and marginal” (Aday, 2006, p. 209). Such a statement places minute value on the lives of the individuals behind bars. Inmates would rather be surrounded by loved ones at their time of death and not feel as if they are living up to the non-existent value that society places on them.

**Self-Efficacy**

Self-efficacy, or the feeling one has about their ability to exert control over the life one has, tends to strongly influence the amount of health-promoting behaviors, health-monitoring behaviors, and the accuracy and positivity of self-rated health (Loeb, et al., 2010). Research has found a positive correlation among self-efficacy and health; this meaning when an individual exerts a strong self-efficacy, health status as well as one’s own view of their health is more positively rated as opposed to an individual with a low sense of self-efficacy. The amount of self-efficacy one has differs from individual to individual, however, research supports that even with varying degrees, individuals who express this quality are able to engage in more health-promoting and health-monitoring behaviors when compared to those who do not (Loeb, et al., 2010).

Differences among inmates who possess high levels of self-efficacy and those who do not may be a result of differences in their life course. The life before prison for one inmate may have looked vastly different from another’s. Loeb and colleagues (2010) discovered strong tendencies for those with higher levels of education (e.g., GED or high school diploma) or full time employment prior to incarceration to have higher amounts of self-efficacy, positively influencing the other variables. Maintaining a high level of self-efficacy may be difficult behind bars due to the loss of autonomy but the varying degrees of this fits into the framework of the life course
theory and may offer insight into how this population develops coping mechanisms and a sense of resilience. Even among cohorts of a similar age and life circumstances, individualism is shown.

**Mental Health Concerns**

Research has suggested that the experience of psychiatric disorders is largely increasing within the prison population (Kingston, et al., 2011). Unfortunately, the amount of individuals who are provided with necessary psychiatric assistance may not be representative of the active number of those in need. Kingston and colleagues (2011) found that older inmates being treated for psychiatric problems account for more than half of this inmate population. At the peak of these psychiatric problems is depression, followed by anxiety, schizophrenia, obsessive compulsive disorder (OCD), dementia, and mania (Kingston, et al., 2011). Discrepancies between self-reports and diagnoses recorded on medical records tend to be high where individuals believe they are experiencing problems that when measured for are not justified (Kingston, et al., 2011). Tests administered to determine the needs of inmates may not always be appropriate. According to Kingston and colleagues (2011), only 18% of the population that was determined by their measurements as depressed was receiving antidepressants. This lack of knowledge on the understanding of mental health among older prisoners results in an underdiagnosed and undertreated population.

As an older population in a devalued environment, receiving appropriate means of care prove to be difficult time and time again. When individuals are challenged by their own mental health status and cannot receive necessary assistance, the lack of knowledge falls on the shoulders of policy-makers and determining how to better diagnose and treat problems that may not be as evident as hoped for (Kingston, et al., 2011).
Trauma

Traumatic and stressful life events occur at different times in individual’s lives and shape the course of one’s life trajectory (Maschi, Viola, & Morgen, 2013; Maschi, Morgen, Zgoba, Courtney, & Ristow, 2011). Trauma has negative implications in different forms including mental well-being as well as heightening the risk of adverse consequences (Maschi, et al., 2013; Maschi, et al., 2011). Research suggests that the majority of older inmates have experienced more than one traumatic life event prior to being incarcerated, and a significant amount of these events occurred during childhood (Maschi, et al., 2013; Courtney & Maschi, 2012). Common childhood traumatic events include being physically attacked, sexual victimization, or being neglected. As many as almost 80% of older inmates have histories of one or more traumatic stressful life events prior to incarceration (Maschi, et al., 2011; Hugebrook, Zgoba, Maschi, Morgen, & Brown, 2010).

When measuring traumatic life events, subjective measures result in more significant impressions as opposed to objective measures, determining whether or not an event actually occurred (Maschi, et al., 2011). This means that the immeasurable raw emotion connected to an event is more substantial than concluding whether or not it happened. Coping measures taken to deal with traumatic life events while in prison may be dependent on the amount of resources available as well as when events occurred, in regards to age an how long age.

Age. The younger an individual is when a traumatic life event occurs, the more likely they are to experience additional traumatic events (Maschi, et al., 2013; Maschi, et al., 2011). The age at which a traumatic life event occurs is significantly related to inmates’ subjective impressions of trauma and post-traumatic stress symptoms (Maschi, et al., 2011). Inmates who are on the younger end of being old in prison (e.g., a 55 year old inmate compared to an 85 year
Older men’s experiences in prison tend to express higher levels of post-traumatic stress symptoms. Objective measures of traumatic life experiences do not typically result in post-traumatic stress symptoms, however, subjective impressions of the traumatic event can result in emotions similar to those felt at the time of the event. This is seen among most older prisoners. However, individuals who are older in the old group do not express as much emotion in regards to the feelings associated with the event (Maschi, et al., 2011), suggesting that increasing distance from the traumatic event could have a dampening effect on the impact of the trauma for some older men.

**Coping.** Although inmates are part of a devalued population, they tend to have high adaptive coping scores when measured (Maschi, et al., 2013). This may be due to coping processes and adaptation learned by experiencing continued disadvantage over time. Experiencing abuse, the death of family and friends, and stress of incarceration may result in the development of resilience. However, this is seen to occur when individuals maintain high levels of internal and external coping resources in all aspects (cognitive, emotional, physical, spiritual, and social) resulting in increased overall mental well-being, which decreases the impact of previous stressful situations. Although trauma is experienced throughout the life course, coping resources seem to build on their own and can thrive even in atypical environments.
DISCUSSION

This systematic review of the literature offers insight into the experiences and challenges faced by the older male prison population from their perspective. The articles selected revealed that challenges arise from various aspects of life. Some challenges form behind bars while others began in life before prison and remained upon entry, and yet others are exacerbated by the environment.

The analysis revealed that while individuals reside behind bars, the challenges experienced by a large majority influences the lives of this population in various ways. Although many individuals within the examined population experience similar, if not the same problems, there is considerable heterogeneity in how these problems affect each person at an individual level.

An overarching theme from the literature reviewed was men’s experience of problems and limitations that were expressed largely due to mental health. This could be seen in the literature on the importance of adaptation and coping, the experience of previous trauma, low recognition of mental health conditions such as depression, lack of effective treatment, expressed difficulties adapting to the environment, and anxiety around the declining health and death within prison. The life course perspective offers some insight into the reason to this. As the research focused on males 50 and older in prison, these individuals made personal choices that led them to their current trajectory of being old behind bars. Although the majority of this population belongs to the baby boom cohort, their future interactions will look vastly different than their community dwelling counterparts that fall within this same category. The analysis of this systematic review of the literature exposed the impact of transitioning into an
institutionalized culture of control, and while similarities exist, there appears to be considerable heterogeneity in how individuals adapt to being “older prisoners”.

For these individuals who are spending their later years behind bars, the fear of living the rest of their life and experiencing death behind bars becomes increasingly relevant. Whether it is a fear of the act of dying or the anxiety that often comes when thinking about dying in the confinement of an institutionalized setting, this fear is something that is common among this population (Aday, 2006; Handtke & Wangmo, 2014).

Death happens in every environment and since traumatic events are largely experienced by this population both prior and during incarceration, for some, this results in a fear of continued traumatic events (Loeb, et al., 2010). The fear that sometimes results in anxiety about death behind bars places these individuals at a disadvantage of either previous or new mental health conditions including anxiety disorders and major depression. In addition, schizophrenia is experienced by a high percentage of this population (Blaauw & van Marle, 2007), and if not addressed appropriately, will continue to increase. When a disorder such as anxiety is left untreated or undertreated, coping effectively may not occur and this will continue to negatively affect well-being (Kingston, et al., 2011). Some inmates are able to avoid the topic of death by effectively coping and managing their own thoughts whereas others even view death as an escape from their current life situation (Handtke & Wangmo, 2014). These differences in thought are representative of the life course perspective. The fear of death impacts each individual differently and depending on how traumatic events have been coped with in the past will influence current thoughts on the situation.

One way of exercising adaptation and coping is through the continued development of self-efficacy over life when incarcerated. For those who exert a strong sense of self-efficacy, a
fear of death may not be as prevalent in their lives and they may be more resilient to letting this reality greatly negatively affect their life. High levels of self-efficacy result in better health overall (Loeb, et al., 2010). When individuals feel confident in their state of well-being, they tend to employ more positive outlooks on life and remain more aware of themselves. By acting in such ways, this can reduce both mental and personal challenges that may otherwise be faced in the given environment.

The act of socialization, which is feeling connected to those around you and having a strong support network, is necessary while incarcerated (Handtke & Wangmo, 2014; Maschi, et al., 2013; Aday, 2006). The increased age of this population creates disadvantages which results in the high value placed on social support, increasing self-efficacy and mental abilities in many arenas (Handtke & Wangmo, 2014; Maschi, et al., 2013; Aday, 2006).

This population is representative of the life course concept of cumulative disadvantage. Trauma, in varying forms, is experienced by the majority of this population, and most often occurs much earlier than at the age of incarceration (Maschi, et al., 2013; Courtney & Maschi, 2012). What was also discovered was that many of these individuals endured more than one traumatic experience during their life course (Maschi, et al., 2011; Hugebrook, et al., 2010). Living a life of disadvantage and then being placed in prison is a transition, however, it is shown that this population may have developed various coping skills due to the cumulative disadvantage already faced (Maschi, et al., 2013). Not every individual behind bars is able to identify with a strong sense of resilience, just as not all individuals are able to exert the same amount of self-efficacy.

The analyzed articles have made it evident that the prison system is not the ideal place for aging. While the number of articles is small, the information and insight within them provided
awareness to the various challenges behind bars. The two search terms aging AND prison* resulted in a small quantity of literature to potentially analyze. The choice of terms acts as a limitation to the existing systematic review. For example, had the search terms include aging OR older AND prison* OR inmate, the number of academic journals, excluding duplicates, would have increased from 160 to 668 and the total number of articles that fit the inclusion criteria would have increased from 7 to 45. The 38 additional articles would have addressed topics mentioned in the introduction that were not further addressed in the discussion (e.g., victimization). While this serves as a limitation, the literature reviewed provides insight into the experience of older men in prison.

From the seven selected articles in this systematic review of the literature, it is clear that there are additional stressors presented in prison that place this population at a disadvantage. The articles discovered using the selected search terms did not locate any articles regarding the victimization that this population faces or address specific possible policy changes that would benefit the older population behind bars or the prisons themselves, however, these are still parts of the prison experience. As the prison population continues to age, facilities will need to provide appropriate levels of security, health care, and housing for an institution not designed for an older population.

**Recommendations**

Results from this systematic literature review suggest there are various ways in which life can be improved for those living their later year behind bars. These recommendations include health promotion programs that focus on increasing socialization, programs to promote self-efficacy, and enhancing inmates and staff knowledge of the aging process. Previous research, as well as information gathered during this analysis, suggests that socialization is key to well-being
and overall functionality behind bars (Handtke & Wangmo, 2014; Maschi, et al., 2013; Aday, 2006; Fry, 2003). When typical forms of social support are lost when incarceration occurs, seeking connections with others within the prison begins. To assist in this process, it would be recommended to implement a program targeting specifically the older population that offers various forms of socialization. By only including those who are 50 and older would decrease the chance of victimization due to age, as mentioned in the introduction, and also generate a normative environment where those who are of similar ages can interact safely as they could in an outside community.

To address the needs of socialization, mental well-being, physical health, and spiritual health, The Northern Nevada Correction Center implemented a program called True Grit. True Grit is designed as a structured living program for inmates 50 and older that offers a variety of activities allowing inmates of all capabilities to participate. Those who choose to participate can spend time with therapy dogs, join musical groups, write for the institutions published journal, and make arts and crafts. Monitored nature walks are held as well as sport events, such as basketball and softball. For those who wish to play a sport but are in a wheelchair, this option is also offered for this specific group in the winter and summer months as well (Harrison, 2006). Initially, funding for this program came from an on-site psychologist, but when outside communities learned of its effectiveness, services organizations, charities and individuals began donating money and materials. As of now, it is publically funded, which places less strain on the facility itself (Harrison, 2006).

Programs like True Grit aim to address common challenges faced by the older prison population. The socialization offered results in positive outcomes, largely for its participants, which also increases feelings of self-efficacy. The facility itself benefits from programs like True
Grit as well. Since its implementation in 2006, there has been a decrease in infirmary visits and the amount of psychotropic medications, and an increase in feelings of well-being due to the lessened fear of dying alone in prison (Harrison, 2006). With fewer infirmary visits, the amount of money spent on this population decreases which relieves some stress placed on the institution by its older inmates.

In response to the lack of self-efficacy behind bars, implementation of health education programs have also been found to be beneficial. The Area Agency on Aging works with the Hocking Hills Correctional Facility in Ohio to further educate inmates on issues of aging, health, and health management. The program includes a class that is held at the facility twice a week for two and a half hours over six weeks and taught by an Area Agency on Aging employee. The goal is to provide inmates with knowledge on how to appropriately maintain and manage their chronic diseases such as hypertension, chronic obstructive pulmonary disease (COPD), and diabetes, among others, while building self-efficacy and confidence. Knowledge is gained about what diseases are, the area of the body which is being affected, and how and what can be done to self-manage expected or already experienced changes (Area Agency on Aging District 8, 2012). Since its implementation in 2012, the facility has seen favorable outcomes including higher levels of self-efficacy expressed and fewer visits to the infirmary (Area Agency on Aging District 8, 2012).

The correctional program specialist, Sue Wheeler, has commented on the positive effects this program has had on the inmates. “It is not uncommon for the students to say they went to the prison library to look up more information and come back with that research and questions. This is what we want to see happening – them taking control and becoming problem solvers and learning how to manage conditions like diet and exercise within the confinements of the facility”
The effectiveness of the program is apparent and the increase in the necessary self-health management is crucial.

Other options include utilizing and educating younger inmates of the realities of aging in prison by tending to the needs of the older population. A health promotion program geared toward this goal is the Gold Coat Program, which was implemented in the California’s Men Colony and has been proven effective over the years.

The Gold Coat Program offers increased knowledge about issues of cognitive impairment and Alzheimer’s disease while providing care and protection for those in need. Inmates who are eager to learn and help are trained by the Alzheimer’s Association to recognize symptoms of the disease and also provide care for the needs expressed by those with the diagnosis. To fit this role, younger inmates are assessed and if qualified, perform their duties while receiving a stipend of $50 a month (Belluck, 2012). Many participants in this program feel a sense of pride in helping older individuals, even while performing duties such as helping bathe and toilet them (Belluck, 2012).

Gold Coats is a program that promotes education while changing outlooks on life for those assisting individuals in need and can also result in prison employees to look differently at the inmates. Rather than view inmates as degenerates that cannot function appropriately in society, Gold Coasts reveals a sympathetic, knowledgeable side otherwise not seen (Belluck, 2012). With new knowledge gained, individuals who become Gold Goats may change the course of their life trajectory. If one believes the rest of their life was to be spent in jail, by participating in a program designed as this could result in the option of early release and set them on a different path (Belluck, 2012; Hutchison, 2011).
To better provide comfort for this growing population is a difficult task, and time and money may not be in favor of the problems brought to the forefront by this systematic review of the literature. To build facilities designed specifically for the older prison population would perhaps be a beneficial option; however, it may not be feasible. The money necessary to do this would have to come from somewhere and this population is already highly devalued by society (Aday, 2006), and outside communities may not want to provide funding to house what is seen as dangerous individuals. Raising awareness to the challenges that this population faces is crucial to gain support. Those who do not experience the prison life may not have a strong understanding of what this culture is really like. If support is difficult to gain by outside sources, then implementing programs that have been proven effective in the past as soon as possible is the best option to help this population.
CONCLUSION

The life course perspective offers a better understanding of the challenges and experiences faced by the older prison population. This perspective is based off of concepts that suggest why this population can express similarities while still accounting for individual differences.

The original meaning behind the creation of the prison system has been lost. By unintentionally creating a growing population behind bars, prisons are now facing consequences of becoming a home for older individuals. The number of aging inmates will continue to grow and with that, the various health challenges and limitations will continue to increase as well. The life course perspective tells us that not all individuals will experience every problem conveyed through this analysis, however, the importance of recognizing that each problem is faced by some sheds light on why intervention needs to occur in order to manage this issue. The challenges these older inmates face are also challenges for the facilities themselves. By addressing the needs of the prisoners through the implementation of health promotion programs such as the ones recommended will decrease the stress placed on the inmates due to their environment as well as generate a safer environment for the older men experiencing the aging process behind bars.
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