

Chapter 1

Ageing in Context

Introduction

Like many other western nations, Australia is experiencing a 'greying' of its population. In 2002, *The National Strategy for an Ageing Australia*, predicted 'an unprecedented ageing of the Australian population in the first half of the twenty-first century, largely due to the sustained decline in the birth rate following the post second World War baby boom, the immigration of working age people and increased longevity' (DOHA 2002 : 5). In 2006 a significant cohort of 'baby boomers' born between 1951 and 1956 will enter their 50's and 'although not necessarily old in chronological terms, will nevertheless experience the physical and cognitive problems associated with the ageing process' (Aday 2003).

At present one in eight Australians are over the age of 65 and by 2051 this figure is predicted to have risen to one in four (ACTCS 2005). The fastest growing sector of the population is the 85+ age group, where numbers are expected to increase 59 percent over the next ten years (Jackson 2004). In 2005, the largest increase in the number of people aged 85 years and over occurred in the Northern Territory (ABS 3201.0 : 2005). As at 30 June 2005 South Australia had the oldest population of all the states and territories with a median age of 38.8 years, followed by Tasmania with a median age of 38.7 years (ABS 3201.0, 2005). 'Effectively, this means that states like Tasmania and South Australia will be dealing with profound older-related issues well ahead of their structurally younger counterparts' (Jackson 2005: 5).

It has been suggested that ‘until recently the criminological imagination regarded age as less important than race, class and gender, and where age was discussed, the focus was on the question of youth’ (Powell & Wahidin in Wahidin & Cain 2006 : 20). In the twenty first century, the question of ageing is a critical issue for Governments and policymakers, as they respond to the ‘greying’ of the population. Nevertheless, the issues of race, class and gender continue to be important, as men and women experience ageing within the constraints of their socio-economic circumstances and at a pace often influenced by their health and mobility.

This chapter explores the process of ageing in relation to Aboriginality, ethnicity, gender and social class, linking into a discussion on ageing and deviance, age as a classificatory tool for defining the older offender, and the notion of ‘accelerated’ ageing in prisoners. It introduces the idea of ‘ageing in place’ in the prison environment, calling into play the question of human rights. The chapter concludes with a discussion on ‘positive ageing’ concepts.

Prison Ageing : A Demographic Profile

Ageing and Aboriginality

According to Marston (2002 : 1), ‘population ageing is pervasive and enduring and we will not return to the young populations that our ancestors knew’. One exception to this ageing trend is Aboriginal and Torres Strait Islander peoples, who are a relatively young population with a median age of 21 years, compared to 36 years for the non-indigenous population (Marston 2002). The relative youth of the indigenous population is offset by their reduced life-expectancy which in 2005 stands at approximately 20 years less than other Australians. This means Aboriginal prisoners over the age of 45 have much less time in which to re-shape their lives and those in their 50’s really do face the prospect of dying in prison.

The reduced life expectancy of Indigenous people is due in part to socio-economic disadvantages and in part to health disparities. Issues contributing to the poor health status of Aboriginal people include social influences such as dispossession, dislocation and discrimination; disadvantages in education, housing, income and employment; and physical environmental factors' (Australian Indigenous Health InfoNet 2006). In 2004, '40 percent of the total Australian population was in the lowest or second lowest income quintiles, but for Indigenous people this figure was 72 percent' (O'Toole & Eyland 2005 : 113). Underlying 'these social, economic and environmental disadvantages are specific health risk factors (such as smoking, obesity, physical inactivity and high blood pressure), [which] often contribute to lack of access to good quality health care' (AIHI 2006).

A common misconception is the notion that the impact of social disadvantage can somehow be compensated for by 'extended family' or that all Indigenous people are members of forgiving and inclusive communities. On the contrary a study of female inmates by Goulding (2004) reveals that post-release some Indigenous people may suffer payback or traditional forms of punishment, including exile from their community. Given the over-representation of Indigenous men and women in prison, and considering their mortality and morbidity, it would be expected to find them under-represented in the higher age categories.

Ageing and Ethnicity

Whilst discussing Aboriginality, it is also important to recognise that grouping people into indigenous/non-indigenous 'hides many distinctions which would otherwise be apparent among different minority groups' (Cox 2006 : 177). In its *National Strategy for an Ageing Australia*, the Government predicted '... an increase in the proportion of older people who are from culturally and linguistically diverse backgrounds' (DOHA 2002 : 30). Ethnicity and culture carry unique concepts about ageing, as well

as differences in the way in which older people are regarded in particular communities.

Time does not permit exploration of these issues here, however ethnicity and culture are known to be intrinsic to identity and critical to an individual's self-concept and the way in which ageing is experienced. Such diversity needs to be borne in mind when thinking about ageing prisoners. The ageing experience is also differentiated by gender stereotypes, that in turn link to notions of femininity, masculinity and identity.

Ageing and Gender

Powell and Wahidin (2006) argue that 'male chronology and identity is constructed around employment and the public sphere', whereas a 'woman's age status is defined in terms of events in the reproductive cycle' (cited in Wahidin & Cain 2006: 27), going through menopause, for instance. It has also been suggested that '... for women, the penal inscriptors of time change the rhythms of the body, most evidently seen in the cessation of menstruation and in growing susceptibility to age-related illnesses' (Biggs 1997 cited in Wahidin 2002 : 183). On the plus side, women have an edge in the longevity stakes, although there is ample evidence to suggest that despite advances in economic independence, women are still more likely to face old age alone and in poverty. Because of the trend towards later motherhood, some may also find themselves simultaneously caring for adolescent children and aging parents. Imprisonment may also mean institutionalization for prisoners' dependants, if they are unable to find someone to care for their children or elderly family members, whilst they are in prison.

Older men's experiences of ageing are linked to notions of 'masculinity' such as sexual prowess, physical strength, career and financial success. For some men, redundancy is now occurring much earlier in life, sometimes in their early fifties. For many older men, their sense of 'masculinity' is still closely linked to the provider/protector role and such role and status losses are heightened in a society that places financial success ahead of personal fulfillment. At a time in their lives when physical strength may be declining, older inmates also find themselves having to come to terms with a prisoner 'culture' that values 'overt' masculinity.

Ageing and Social Class

The physical signs of ageing often serve to lump older people into an homogeneous basket, when in fact 'they come from different class backgrounds, have spent much of their lives in different occupations, and have had quite disparate life experiences' (Cox 2006 : 166). Social class dictates life choices and opportunities - where we live, what our disposable income is, what we can afford in terms of health-care, social activities, and other services. Individuals experience the 'ageing journey' within the parameters of personal financial resources; particular physical and social environments; in varying paid or voluntary occupations; and with or without strong social support networks. Cox (2006) suggests 'we should keep these sorts of distinctions in mind when talking about the problems of older people', pointing out that 'having a winter home in Florida and a summer cottage on the lake in Canada is quite different from living year round in a small slum district apartment in the heart of Detroit' (p. 29).

It is well documented that 'socioeconomic disadvantage is associated with poorer health, including higher rates of premature death and increased likelihood of engaging in high risk activities which contribute to ill health' (cited in DOHA 2002 : 38). Kalisch (1975) points out that 'if older people have a reasonably stable recent history, an anticipated standard of living, and no strong fears of being left alone, their

self-esteem rises with age' (cited in Cox 2006 : 139). A 2003 *Victorian Inmate Health Survey*, noted that 'the prisoner population resembled the socially and economically disadvantaged stratum of society... caught in vicious circles of deprivation, substance abuse, social and psychological dislocation and alienation from the values of the wider society' (Deloitte Consulting 2003 : 109).

If, as the literature suggests, the majority of prisoners are severely economically and socially disadvantaged, then lack of earnings during incarceration, a return to impoverished communities, poorer employment opportunities and social exclusion on release means their experience of ageing post-release is likely to be considerably bleaker than for the average older person. Clearly, social class, Aboriginality and ethnicity represent sites of social inequality and division, but what unites and defines the older prisoner is the dual label of 'old' and 'deviant'.

Ageing and Deviance

In relation to crime, older people have historically been thought of as victims rather than perpetrators and we have taken comfort in the knowledge that criminal offending diminishes with age. More recently, the profile of the late-life "paedophile" has served to connect ageing and deviance in the public imagination. Why older people commit crimes is not so clear, but nonetheless important in exploring the link between the social environment and crime. Aday (2003 : 59) suggests that for some, 'the journey to old age fails to meet expectations' and that losses such as redundancy, retirement or caring for a sick loved one, result in changing roles and a perceived loss of status in society. As a result pressure is exerted on long-term relationships, sometimes triggering familial violence such as homicide or in rare cases the 'mercy' killing of a loved one (Aday 2003).

In countries like Japan, the crimes of older people have been linked to socio-economic disadvantage and changes in Japanese society. Recently the *Mainichi Daily News* 6/2/2006) reported that ‘an 83 year old Japanese man was arrested on suspicion of attempting to stab his 82 year old wife at a hospital, because he was exhausted by taking care of her’ and planned to subsequently commit suicide. At the less serious end of the spectrum, older Japanese are committing crimes such as ‘theft (mostly shoplifting and picking pockets). Such crimes were attributed to ‘thinning family ties, lack of income and growing medical expenses’ (*Mainichi Daily News* 6/2/2006). These findings suggest that similar to adolescents, older people commit crimes as a result of economic and social constraints. If these trends continue, for some, prison may come to be viewed by some as providing a ‘respite’ from the harsh realities of economic and social exclusion.

Theorists such as Brody and Agnew (1997) believe ‘strain theory may provide an insight into the crimes of older people, where strain occurs as a result of the failure to achieve valued monetary success, is exacerbated by the loss of positive influences like friends and romantic partners and ... negative stimuli like excessive demands and verbal, sexual and physical abuse’, causing older people to ‘reach breaking point and react in socially inappropriate ways’ (cited in Aday 2003 : 65). Others suggest ‘adult drug use and/or dependencies, troubled marriages or divorce, and ...adult transitions, may be factors to consider when examining adult criminal onset (Gomez-Smith 2004 : 26). In some cases, drug, theft and fraud-related offences might be perpetrated to support a habit or fund a lifestyle that is no longer attainable. An alternative view points to a “criminal menopause” in the latter stages of life, when older habitual criminals lose interest in crime (Warren 2002). It could also be argued that any increase in the crimes of older offenders might be due to more aggressive policing in areas such as welfare fraud, child pornography, child sexual assault, and drug-related offences.

Defining the older offender

Growing Old

Any exploration of ageing requires some understanding of what it means to grow old in this society, and at this time in history. The process of ageing has been portrayed as a constant succession of transitions and adaptations, 'a time when one fulfils most of one's ambitions, assures the continuity of life, or fails badly in one's individual and social aspirations' (Aday 2003 : 59). Another perspective suggests it is a time when 'our interests, needs and physical capabilities change'(Howse 2003). Others maintain that ageing involves physical, psychological and social changes that differ widely from person to person' (Cox 2006) or that 'ageing can span 50 years, with very different groups within this age range' (Phillips in Wahidin & Cain 2006 : 60).

Physical ageing is evident in the graying of the hair, wrinkling of the skin, and a slowing down of the gait. Over time vision, hearing, smell, taste and touch may diminish. For some, sounds become less clear, reading small print is more difficult, food is less appetizing, extremes of heat and cold are felt more keenly, all of which significantly impact on 'how we experience and negotiate our physical environment as well as how we communicate with the social environment' (Aday 2003 : 22). For others, dementia, Alzheimers, or the early onset of chronic and debilitating diseases such as arthritis, stroke, or emphysema, significantly impact on mobility and in some cases, the capacity for self-care. 'Those diseases common among elderly men in prison include diabetes and hepatitis C, with diabetes being especially problematic because non-medical prisons rarely cater to those with special dietary needs' (Geyer 2005 : 1). However, many older people, including some prisoners, will experience few or no chronic illnesses, and apart from the outward signs of ageing, will continue much as they always have into late old age.

A more subjective but equally important view of ageing is proposed by Featherstone and Hepworth (1993), who see the ageing process as ‘...a mask/disguise concealing the essentially youthful self beneath, raising the possibility that a tension exists between the external appearance of the body, functional capacities, and the internal ... sense of experience of personal identity which is likely to become prominent as we age’ (Wahidin & Cain 2006 : 29). Ageing then is an inner journey often at variance with the outward appearance, or even a particular chronological point in time.

Chronological Age

Chronological age is the preferred delineator of the ‘older’ prisoner in the literature, although there is no consensus on a cut-off point. Inmates are variously described as ‘aged’, ‘old’, ‘elderly’, ‘young-old’, ‘medium-old’, ‘old-old’, ‘unyoung’ or ‘geriatric’ and categorized within a chronological spectrum of 50 to 65 years and above (Aday 1984; Uzoaba 1998; Grant 1999; Wahidin 2002; Frazer 2003). The chronological cut-off for most studies is based on determinants such as national retirement age, onset of chronic disease, first physical signs of ageing, or concerns about preventative health-care. Others argue that the common chronological point for the definition of ‘older’ inmate needs to be an age young enough to allow for early health care intervention and preventive programmes (Uzoaba 1998). A study of prisoners in England and Wales (HMIP 2004) described women over 45 years of age as ‘...part of a group who were older than the great majority of women in prison and [who] will face increasing difficulty as they age in prison’ (p. vvi).

California's older prisoners are 'defined as "geriatric" at age 55, because they develop disability and comorbid conditions earlier than persons in the general US population' (cited in Williams et al 2006 : 702). The Florida Department of Corrections suggests an appropriate age for 'older inmates' is 59 and above, because these inmates are 'experiencing more health problems and functional limitations than younger inmates' (CMA 2001 : 9) and in Tasmania, anyone aged more than 55 is considered an aged inmate. (Konkes 2005). Correctional Services Canada define the older offender as 50 years or age or above, taking into account accelerated ageing, non-conformist lifestyles before prison and '... the fact that offenders could remain under the jurisdiction of Correctional services for a very long time' (CSC 1994). In deciding on a chronological age at which to split the Victorian prisoner population for research purposes, Deloitte Consulting (2003 : 122), decided on 'young' (40) and 'old' (41), deeming '... other age cut-offs inappropriate because as they moved up, the number of prisoners in the "old" category rapidly diminished' (Deloitte Consulting 2003 : 122). Similarly, Howse (2003) noted that 'raising the chronological cut-off virtually eliminated women.' This study found that lowering the chronological cut-off to 45 years, still eliminated the majority of women.

Some researchers have suggested that 'the appropriate age range criteria for research often appears to be determined more by service issues than any specific age-related behavioural changes' (Tomar, Tresaden and Shah 2004 : 55) and Turley (2003) believes we should be 'concerned not just with chronologically older but also with the physiologically older prisoners in the system' (cited in Williams 2006, Part 3 : 1). Others see a 'need to think of ageing issues, rather than a set age' (Wahidin & Cain 2006 : 20), or that 'the major issue for researchers is not so much a matter of identifying and verifying the exact chronological cut-off point, as it is a matter of achieving a consensus in the field for comparative research and planning purposes' (Flynn 1992 cited in Aday 2003 : 17).

In the end it may just come down to the fact that ‘ perhaps it is around this age (45-50) that prisoners start to think of themselves as “old”, as belonging to a class apart because of their age and perhaps this is how they are regarded by younger prisoners’ (Howse 2003 : 2). Regardless of these varying opinions, one factor that consistently underpins this preoccupation with chronological age is the ‘accelerated’ ageing of prisoners and the perceived link to their former lifestyles.

‘Accelerated’ ageing

Time and again the literature stresses a disparity between the chronological age of prisoners and their counterparts in the community, with estimates varying from eight years to as much as fifteen years. Kuhlmann and Ruddell (2005 : 50) contend that ‘as a general rule prisoners are ‘likely to have aged less gracefully than their counterparts in the community’. Similarly, Baumgartner (1996 cited in Grant 199 : 1), maintains that although inmates may be [a particular chronological age], biologically their bodies are often much older’. Turley (2003) argues that ‘a 45 year old prisoner will often show the physical deterioration and require the level of care of a person in his early to mid-fifties’ (cited in Williams 2006, Part 3 : 1).

Researchers consistently attribute this difference to the former non-conformist lifestyles of inmates, in which many had poor diets, stressful lives, commonly suffered economic disadvantage and used drugs and alcohol to excess (Grant 1999). The Texas Criminal Justice Policy Council (1999) noted that ‘the tendency to engage in high-risk behaviours such as alcohol and drug abuse, coupled with their lack of preventive health care, led to the “early ageing” of inmates, a phenomenon they describe as ‘secondary ageing’, and one that ‘induced changes that are *not inevitable* [that is, they are preventable]’ (Cavanaugh & Blanchard-Fields 2002; cited in Williams Part 4 :3).

Clearly a disparity also exists between the *health* of prisoners and those in the general community. A 2003 health survey of approximately 500 inmates in Victorian prisons, characterized the prisoner population as ‘...“at risk” and an extraordinarily needy, unhealthy and life-damaged cohort who were exposed to or susceptible to those diseases and lifestyle factors that contribute most significantly to the burden of disease ‘ (Deloitte Consulting 2003 : 2). The researchers cautioned that ‘this notion of “at risk” should not be trivialized because it [referred] to the potential loss of years of life and amenity, primarily due to intravenous drug taking, alcoholism and problem gambling, as well as associated behaviours to fund or hide the habit’ (Deloitte Consulting 2003 : 129). Setting aside chronological age, one factor that many older inmates do have in common, is the fact that they are ‘ageing in place’ in the prison environment.

‘Ageing in place’

Phillips (2006) has observed that ‘we currently know little about the experience of ageing to late old age in prison, the meaning of prison as “home” or the uncertainties of how one’s day will be spent’ (cited in Wahidin & Cain 2006 : 62). It can be argued that a proportion of prisoners will “age in place”, ‘that is remain in their current living environment despite increasing frailty’ (Aday 2003). In these circumstances, the losses of ageing and the pains of imprisonment are experienced simultaneously ‘in an environment where [every] movement is under surveillance’ (cited in Wahidin & Cain 2006 : 30). Time passes slowly; boredom is paramount, family and friends are inaccessible; significant social roles are lost, a sense of belonging or worthwhile purpose is absent, personal security may be a daily concern; and the desire and capacity to make choices and decisions about everyday life are no longer valued. The result is low self-worth and an overall negative experience of ageing, which potentially impacts on mental and physical wellbeing.

Any discussion about ‘ageing in place’, particularly in an institutional environment, necessarily raises the issues of human rights. The idea of human dignity is problematic where the issue of human rights often runs contrary to the priority of security. The concept of self-worth also poses a dilemma in a society that views prisoners generally as ‘undeserving’, or deserving of continuing retribution. Some of the broader challenges associated with implementing a human rights framework in the correctional environment have been identified as ‘balancing security, privacy and rehabilitation; developing and maintaining a healthy prison community and equivalence in health-care provision; responding to diversity; religion/spirituality in the prison environment, and the building of a human rights culture in staff’ (ACTCS 2004 : 5). Others have argued that ‘unless gross violations of human rights are discovered, the problem of older inmates will continue to be one of bed management and cost containment’ (Lemieux, Dyeson & Catiglione 2004 : 453)

‘Positive Ageing’ concepts

Our concept of ageing depends very much on what frames our point of view. According to Grant (1999 : 3), ‘growing old is not only accompanied by the inevitability of physical decline over time, but is also influenced by gender, [longevity of parents], environment, diet, lifestyle and susceptibility to disease’. On the other hand, Wahidin & Cain (2006 : 20) suggest ‘ageing is not to be considered the mere product of biological-psychological function, but rather a consequence of socio-cultural factors and subsequent life-chances’.

From a medical perspective ageing is ‘a process of deterioration, disease and progressive decline’, whereas ‘from a human development perspective, ageing represents a period of further growth, development and new experiences’ (Cox 2006 : vii). It is this human development model, or the idea of *activity theory*, and the concept of remaining active into old age, that most closely approximates the socially constructed definitions that inform many of today’s ageing slogans such as ‘positive

ageing’, ‘ageing well’, ageing productively’, ‘ageing successfully’, ‘active ageing’ and ‘quality ageing’, to name a few.

“Ageing positively” is closely linked to “healthy ageing” and in this context, a concept that is sometimes overlooked, particularly in institutional environments like prisons, is the idea that ‘subjective health is as important to ageing as objective physical health’ (Vaillant 2002 : 187). Such positive expectations and concepts of ageing also mean that ‘retirement is no longer seen as a preparation for decline’ (National Service Framework for older people UK 2001).

According to Olsbert & Winters (2005)‘for many ‘baby boomers’, images of immobility and old age are something which is not yet part of their cultural vocabulary. This group has vastly different ideas from their parents about how they will experience ageing, including wider choices in relation to personal autonomy, housing, living environments, leisure pursuits, continuing education, and self-development. With major assets such as superannuation and the family home funding ‘lifestyle’ into old age, it is unclear how those who do not have this level of privilege will cope.

‘Positive ageing’ is not only dependent on income for a desired quality of life, but also on continuity of accommodation, accessible and affordable health-care, robust social support networks, and more subtle capacities, such as the wherewithal to source help when needed and adeptness at finding solutions to problems, factors which appear to be largely absent in the lives of most prisoners. ‘An aging Australia is also likely to be accompanied by predictions of poverty and isolation in old age, possibly in a setting of intergenerational hostility’, creating ‘ ... the prospect of increasing numbers of [older] people being incarcerated, if only as they seek to be cared for’ (ACTCS 2004).

Conclusion

It is evident that ‘growing older is not just a matter of decay [but rather] a complex process that carries very different meanings for different people’ (Valliant 2002 : 39). Ageing is a physical, social and subjective journey, that may be enhanced or diminished by gender, race, class, and ethnicity as well as the social circumstances and events of an individual’s life. There is a need to better understand ‘the process of ageing across the lifespan, the barriers to, and opportunities for, “healthy ageing” and the actions we should be taking to support health throughout life’ (DOHA 2002 : 25). A ‘ life-course approach to preventing chronic disease advocates the benefits to be gained from intervention in an earlier age group’ (DOHA 2002 : 42) and in the case of ageing prisoners this might occur at 45 years, or even as young as 40. These are good principles to keep in mind when thinking about ageing prisoners.

Like their counterparts in the community, older prisoners are a diverse group whose experiences of ageing cannot be pigeon-holed. The reasons why older people commit crimes seem more a matter of speculation than fact and the notion that crime diminishes with age is being eroded by the experiences of elder crime waves in countries like Japan and Germany and the prevalence of late-life child molesters. Further research is necessary to explore those factors that contribute to the crimes of older people including the links between ageing, disease and crime and the impact of economic and social exclusion. For a minority, prison may represent solace from the harsh realities of life, but for most it will be an alienating and disturbing experience with long-term economic, psychological and social repercussions.

Agreeing a common definition of the ageing offender in Australia ought to take account of the link between socio-economic disadvantage and poor health, the accelerated ageing of prisoners; the shortened life expectancy of indigenous people; gender differences and ageing demographics. Whilst demographic predictions hinge on declining death and birth rates, ‘even the most conservative of demographers

predicts anything other than an even larger percentage of the population being in the older age group' (Cox 2006 : 338), including numbers of older people from ethnic minority groups.

Concurrent with these predictions are changing concepts about the way people will experience ageing in the twenty first century. Governments and 'seniors' groups are keen to dispel previous notions about ageing as a process of decline or a 'waiting room' for death, instead promoting personal growth and continuing participation in the community. Determining what constitutes 'quality of life' for ageing prisoners, understanding more about the ageing process; and implementing a human rights framework in the correctional setting are issues worth exploring. Displacing ageist stereotypes and translating 'positive ageing' concepts into prison programmes and policies will be an important consideration for prison administrators.

Chapter 2

The Greying of Australia's Prisons

Introduction

It has been suggested that 'understanding the factors that influence the growth of prison populations is a first step towards developing sound public policy' (Carcach & Grant 1999 : 2). This chapter outlines historical trends and influences surrounding older prisoners in Australia and the factors contributing to the growth of prison populations. The 'State of Play' traces national and state-wide trends between 2001 and 2005 in the total number of prisoners over the age of 45 and provides a comparative analysis by age-band, gender and indigenous status. This is followed by an analysis of the prison population over the age of 45, by state and imprisonment rate. The chapter closes with a comparative analysis of offence trends for defendants under 45/over 45, adjudicated in the Higher and Magistrates Courts in 2005.

Trends and influences

In the decade 1987 to 1997 Grant (1999) found that Australian inmates over 50 years of age had increased from 4.1 percent to 7.4 percent of the total prison population. During the same period the number of inmates over 65 years of age trebled from 50 to 138 and in the five years from 1993 to 1997, the proportion of inmates aged 65 and over increased by 2.2 per cent. This led Grant to conclude that it was this section of the prison population that were driving the overall increase in older inmates. Overall increases were attributed to inmates entering prison relatively late in life or serving longer sentences and consequently growing old in prison.

In 2003, the Australian Bureau of Statistics (ABS) summarised some of the factors that have influenced the size of Australia's prison population over a decade. These included legislative changes affecting the length of time prisoners spend in prison (by creating new offences or increasing the penalties for existing offences); abolition of a sentence-reducing mechanism such as remission; significant court delays leading to an increase in unsentenced prisoners in some jurisdictions, and an increase in recorded crime (ABS 2004 : 1384.6). Others point to a line of research suggesting that 'prison admissions and populations grow when large cohorts reach the age of high risk of offending' (Blumstein et al. 1980 cited in Carcach & Grant 1999 : 6)

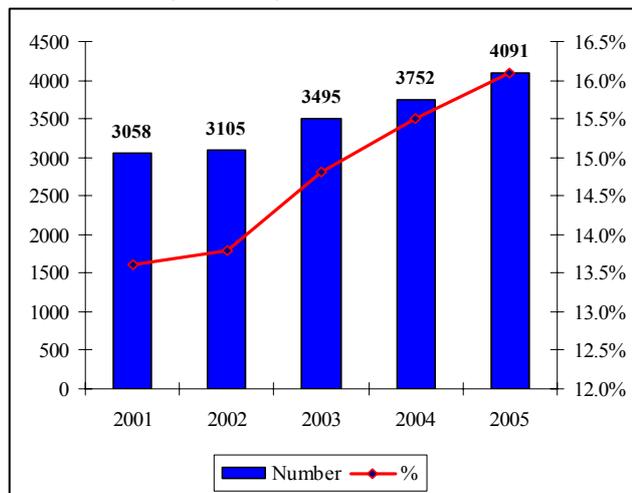
In the United States the growth in older offenders 'appears to be more directly related to three strikes and truth-in-sentencing laws' (Aday 2003 : 10). In Canada, the increase has been attributed to '... a surge in convictions for historical sex crimes like rape, paedophilia and incest, as well as changes in practices by the courts, changes in penal policy, where courts have chosen to select alternatives for younger offenders (causing a decrease in this population), while imposing harsher sentences on older inmates, thus increasing their population' (Jones Connelly & Wagner 2001 : 3). In the United Kingdom, Frazer (2003), attributes the growth to '... a combination of tougher sentencing for serious offenders, the accumulation of ageing male prisoners and older sentenced men serving longer sentences for sexual offences, and growing numbers of female offenders of all ages imprisoned for drug offences' (p. 2).

The State of Play

Prisoners in Australia : 2001-2005

As at 30 June 2005 prisoners aged 45 and over accounted for 4,091 of the 25,353 offenders in custody throughout Australia. Between 2001 and 2005 the total number of inmates aged 45 and over grew from 3,058 or 13.8 percent of the total prison population to 4,091 or 16.1 percent of the total prison population.

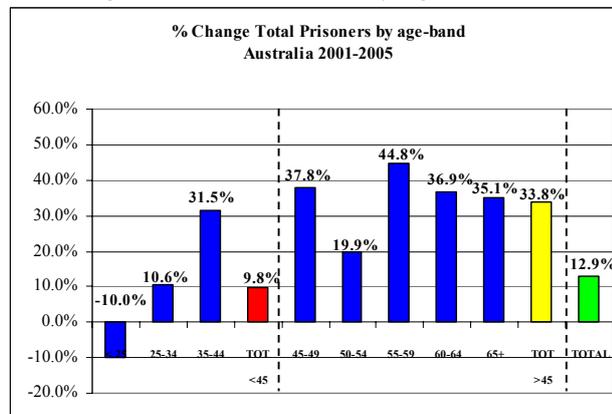
Figure 2.1 : Total inmates 45+ (No & %) : Australia 2001-2005



Source : ABS 4517.0, *Prisoners in Australia*, Table 1, 2001-2005

These increases take on more significance when viewed alongside the under 45 cohort and the prison population as a whole. In percentage terms the over 45 cohort increased 33.8 percent between 2001 and 2005, more than three times the rate of the under 45 cohort. In the same period the total prison population increased 12.9 percent.

Figure 2.2 : Percent Change in Total Prisoners by age : Australia 2001-2005

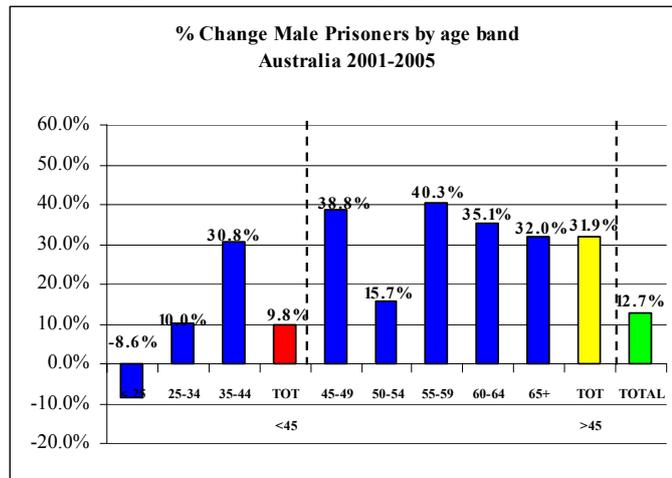


Source : ABS 4517.0, *Prisoners in Australia*, Table 1, 2001-2005

Older Men

As at 30 June 2005, there were 23,619 men in Australian prisons, constituting 93.1 per cent of the total prison population. Between 2001 and 2005, the number of men aged 45 and over rose from 2,900 (13.8% of all men in prison), to 3,824 (16.2% of all men in prison), representing an increase of 31.9 percent.

Figure 2.2 : Percent Change Male Prisoners by age 2001-2005

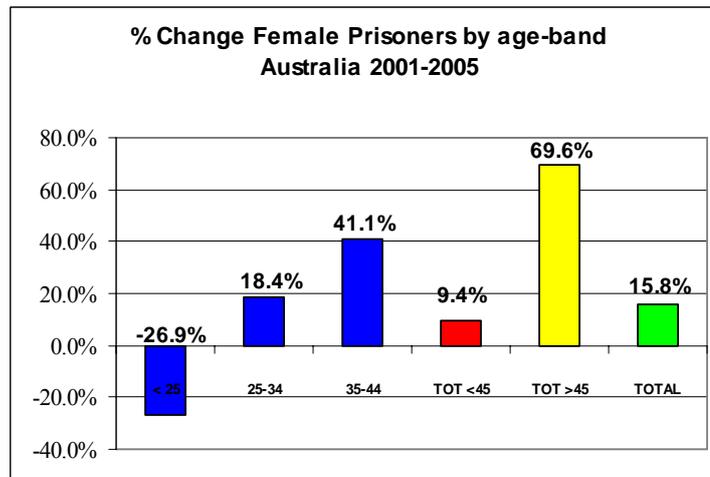


Source : ABS 4517.0, *Prisoners in Australia*, Table 1, 2001-2005

Older women

As at 30 June 2005 there were 1,734 women in Australian prisons, constituting 6.8 percent of the total prison population. Between 2001 and 2005 the number of women aged 45 years and over rose from 158 (10.5% of all women in prison), to 268 (15.5% of all women in prison), representing an extraordinary 69.6 percent increase.

Figure 2.4 : Percent change Female Prisoners by age-band Australia 2001-2005



Source : ABS 4517.0, *Prisoners in Australia*, Table 1, 2001-2005

Indigenous Prisoners

As at June 2005, there were 5,656 Indigenous prisoners in Australia, or 22.3 percent of the total prison population. This was the highest end of June proportion since 1995 (ABS 4517.0 2005 : 5). In 2005, 392 indigenous prisoners were over the age of 45, comprising 359 men and 33 women. Although raw numbers are small, it should be noted that the percentage increase for indigenous women over 45, exceeded that of males and the Indigenous population as a whole.

Table 2.1 : Indigenous Prisoners by gender Australia 2001-2005

Indigenous Prisoners	2001		2002		2003		2004		2005		Change 2001-2005
	No	%									
Females < 45	353	95.4	349	95.1	366	93.8	394	92.9	455	93.2	+28.9
Females > 45	17	4.6	18	4.9	24	6.2	24	5.7	33	6.8	+94.1
Total Females	370	100.0	367	100.0	390	100.0	424	100.0	488	100.0	+31.9
Males < 45	3851	94.5	390	94.6	4163	94.0	4233	91.6	4809	93.1	+25.0
Males > 45	224	5.5	224	5.4	265	6.0	238	5.1	359	6.9	+60.3
Unknown							153	3.3			
Total Males	4075	100.0	4127	100.0	4428	100.0	4624	100.0	5168	100.0	+26.8
Total All	4445	100.0	4494	100.0	4818	100.0	5048	100.0	5656	100.0	+27.2

Source :ABS 4517.0, *Prisoners in Australia*, Table 1, 2001-2005

In 2004, the Human Rights and Equal Opportunity Commission, identified Indigenous women as the fastest growing prison population in Australia, citing an increase from '111 women in 1993 to 390 women in 2003, representing a growth rate of 251 percent' (HREOC SJR 2004).

Distribution of the over 45 cohort

States differ in terms of the distribution and growth rate of the portion of their prison population that is over the age of 45. In both 2001 and 2005, New South Wales had the largest number of prisoners aged 45 years and over at 1,214 and 1,568 persons respectively. Victoria and Tasmania had the highest proportion of inmates over the age of 45 in both years. Tasmania and South Australia recorded the greatest percentage change in their 45+ population between 2001 and 2005, which may be consistent with the fact that these states are ageing at a faster rate than the rest of Australia.

Table 2.2 : State comparison 2001 & 2005 Prisoners over the age of 45

State	2001			2005			% Change 01-05
	No of Prisoners >45	Total Prisoners State	% of Total	No of Prisoners >45	Total Prisoners State	% of Total	
NSW	1214	8846	13.7	1568	9819	16.0	+29.2
VIC	560	3391	16.5	720	3692	19.5	+28.6
QLD	624	4517	13.8	921	5354	17.2	+47.6
SA	144	1389	10.4	225	1473	15.3	+56.3
WA	383	3170	12.1	454	3482	13.0	+18.5
TAS	53	346	15.3	101	551	18.3	+90.6
NT	78	717	10.9	93	820	11.3	+19.2
ACT	2	82	2.43	9	162	5.5	n/a
Total	3058	22458	13.6	4091	25353	16.1	33.8

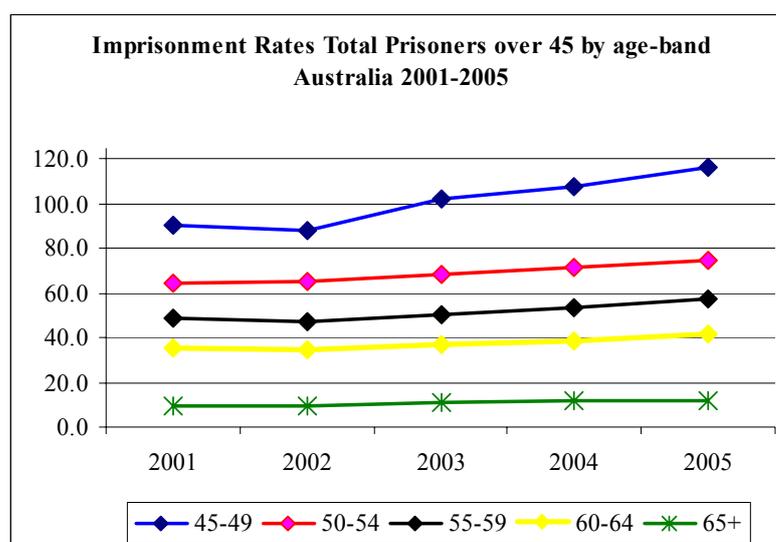
The following table shows the over 45 cohort by five-year age bracket. In terms of raw numbers the largest increase (464 persons) occurred in the 45-49 age bracket, however it is the 55-59 age group who recorded the greatest proportional increase. When taken together, the 60-64 and 65+ groups moved from 513 persons in 2001 to 698 in 2005, a change of 36 percent.

Table 2.3 : Distribution of Total Prisoners over 45 by age-bracket 2001-2005

Distribution of Total Prisoners aged 45 + by age-bracket											
	2001		2002		2003		2004		2005		2001-2005
	No	%	% Change								
45-49	1226	40.1	1221	39.3	1428	40.9	1532	40.8	1690	41.3	+ 37.8
50-54	830	27.1	845	27.2	895	25.6	938	25.0	995	24.3	+ 19.9
55-59	489	16.0	509	16.4	578	16.5	633	16.9	708	17.3	+ 44.8
60-64	282	9.2	292	9.4	320	9.2	344	9.2	386	9.4	+ 36.9
65+	231	7.6	238	7.7	274	7.8	305	8.1	312	7.6	+ 35.1
Total	3058	100.0	3105	100.0	3495	100.0	3752	100.0	4091	100.0	+ 33.8

The rate of imprisonment (per 100,000 population), shows an upward trend across all age-bands, with the 45-49 age group showing a steep rise between 2002 and 2005.

Figure 2.4 : Imprisonment rate total prisoners 45+ Australia 2001-2005



Crime Trends in the over 45 cohort

In 2001/02 , 1,880 defendants over 45 years of age were adjudicated in the higher courts, representing 12.37% of all those adjudicated (n=15,220). By 2004/5 this figure had risen to 2,251 defendants or 15.6 percent of all those adjudicated (n=14,428). The following table illustrates the distribution of offences for all defendants adjudicated in the Higher Courts in 2004/2005.

Table 2.5 : Total defendants adjudicated in the Higher Court 2004/2005

Total defendants adjudicated 2004/2005	Defendants Under 45		Defendants Over 45		All Defendants (a)	
	No	%	No	%	No	%
Homicide	367	3.0	72	3.2	441	3.1
Acts Intended to Cause Injury	2778	22.9	260	11.6	3043	21.1
Sexual assault & related offences	1182	9.7	632	28.1	1816	12.6
Dangerous/negligent acts	399	3.3	47	2.1	446	3.1
Abduction/related offences	105	0.9	10	0.4	117	0.8
Robbery/extortion	1449	11.9	68	3.0	1525	10.6
Unlawful entry with intent	1559	12.9	63	2.8	1622	11.2
Theft/related offences	554	4.6	83	3.7	638	4.4
Deception/related offences	716	5.9	300	13.3	1018	7.1
Illicit Drug Offences	1845	15.2	476	21.1	2322	16.1
Weapons/Explosives	103	0.8	22	1.0	125	0.9
Property Damage	299	2.5	47	2.1	348	2.4
Public Order offences	198	1.6	52	2.3	251	1.7
Road traffic/motor vehicle	3	0.0	0	0.0	3	0.0
Offences against Justice etc	252	2.1	49	2.2	303	2.1
Miscellaneous	264	2.2	54	2.4	335	2.3
Total (b)	12129	100.0	2251	100.0	14428	100.0

Source: ABS 4513.0, 2004/2005

Total (a) includes organisations and persons with uncertain age

Total (b) includes defendants for whom defence data are missing or a principal offence could not be determined

Defendants over the age of 45 were overwhelmingly adjudicated for sexual assault (28%), illicit drug offences (21.1%), deception/related offences (13.3%) and acts intended to cause injury (11.6%). Older men were much more likely to be adjudicated for sexual assault and related offences [14% of male and 2% of female adjudicated defendants] and women for deception and related offences [18% vs 6%] (ABS 4513.0 2004-5 : 7).

In 2005, 58% of those adjudicated for sexual assault in the Magistrate's Court were over the age of 35 (ABS 4513.0, 2004-5 :9). It is interesting to note that a greater proportion of those over 45 were adjudicated for drug offences than the younger group, (21.1% vs 15.2%). Adjudications for homicide were similar at 3.0 percent and 3.2 percent respectively. Six offences made up approximately 82 percent of all adjudications in the Magistrates Court, with adjudicated defendants over 45 exceeding those under 45, for road traffic and motor vehicle offences.

Table 2.6 : Total defendants adjudicated in the Magistrates Court 2004/2005

Total defendants adjudicated 2004/2005 Magistrates Court	Defendants Under 45		Defendants Over 45		All Defendants (a)	
	No	%	No	%	No	%
Road traffic offences	172,004	43.0	35,965	53.4	244,676	45.5
Public Order Offences	39,913	10.0	4,382	6.5	45,349	9.2
Dangerous or negligent acts	31,790	7.9	5,198	7.7	37,192	7.5
Theft & related offences	30,891	7.7	4,117	6.1	35,134	7.1
Acts Intended to Cause Injury	29,543	7.4	4,096	6.1	33,709	6.8
Illicit Drug Offences	24,498	6.1	2,789	4.1	27,311	5.5
Total (b)	399,519	82.1	67,401	83.8	493,297	81.6

Source: ABS 4513.0, 2004-2005 : 22

Total (a) includes organisations and persons with uncertain age

Total (b) Includes defendants for whom defence data are missing or a principal offence could not be determined

Conclusion

It is evident from the data presented, that offenders aged 45 years and over continue to grow in number and as a proportion of the total prison population in Australia. Significantly, their growth is disproportionate to the under 45 cohort and to the prison population as a whole. Despite fluctuations during the 2001-2005 period, all states recorded a greater number of prisoners over the age of 45 in 2005, than they did in 2001. Nationally, it appears to be the 55-59 age group (+44.8%) that are driving the growth, followed by the 45-49 age group (+ 37.8%) and the 60+ age group (+36%). What this research also revealed, but is not shown here, is the significant growth rate in the 40-44 cohort over the period 2001 to 2005 (34.6 percent). Older offenders are predominantly adjudicated in the Higher Courts for sexual assault, illicit drug offences, deception and related offences, and acts intended to cause injury and in the Lower Courts for road traffic offences.

The growth in the number of older inmates in Australian prisons mirrors similar trends in the United Kingdom between 1995 and mid 2001, when the total number of sentenced prisoners over the age of 50 years, rose from approximately 2,044 persons in mid 1995 to 4,057 persons in mid 2001 (Frazer 2003 : 34, 36). According to Howse (2003), policy makers have been slow to respond to these trends, despite warnings from the Chief Inspector of Prisons, urging the Government to develop a national strategy for older prisoners.

Chapter 3

Prisoner Profiles

Introduction

The first part of this chapter draws on national and international literature to explore the categories, crimes, sentencing and recidivism rates of older offenders. The second part of the chapter focuses solely on *sentenced male* prisoners, using 2006 snapshots provided by Prison services in Victoria, South Australia and Tasmania. In contrast to Chapter 1 (which compared *adjudicated* defendants in the under 45/over 45 cohort), these snapshots compare the in-prison population by offence. An international comparison is provided by the New Zealand data. Since the snapshot periods vary between 30 June, 24 July and 8 August 2006, the terminology ‘mid 2006’ has been used for consistency. A comparative analysis of available socio-demographic data from Tasmania and South Australia is presented in the final section.

Categories of Older Prisoners

Three to five categories of older prisoners are consistently identified in the literature (CSC 1999; Grant 1999; CMA 2001; Jones Connelly & Wagner 2001; Aday 2003; Wahidin and Cain 2006) `

1. Inmates serving life sentences who have grown old in prison
2. Repeat offenders who revolve in and out of prison in mid to late life
3. First-time inmates currently serving a prison term
4. Inmates with previous convictions who have never served a prison term
5. Inmates serving long sentences

Uzoaba (1998) describes the first group as compliant prisoners, less likely to re-offend, unlikely to see themselves as criminals, and more likely to accept being in prison; the second group as generally low-risk, accepting imprisonment as part of their lifestyle and who adjust well provided they maintain their health; and the third group as serving their first sentence late in life, having been law-abiding for most of their lives, and likely to manifest difficulties in adjusting to the constraints and pressures of prison' (Uzoaba 1998; see also CMA 2001; Aday 2003). The fourth group have a know offence history, but have not been incarcerated previously and will likely experience prison similarly to first-timers. The fifth group are serving long sentences and are more likely to be institutionalized and to look upon prison as 'home'.

Additional categories for consideration include :

- Inmates serving short sentences
- Inmates on remand
- Sexual offenders as a unique cohort
- Older inmates serving indefinite or indeterminate sentences, where uncertainty surrounds release because of assessed 'risk' or 'dangerousness'

Various researchers have commented on the high proportion of first-time prisoners amongst older offenders. Grant (1999) found 66.5 percent of older offenders were imprisoned for the first time, Aday (2003) estimated more than 50 percent, and Correctional Services Canada found 59 percent of those between 50-59 years of age and 72 percent of those over 60 years of age were serving their first prison term (CSC 1994). A 2006 prison snapshot from Tasmania reveals that 57.9 percent of men over 45 were in prison for the first time. First-time older offenders have also been identified as more likely to have committed a violent crime such as murder or sexual assault.

Crimes of older prisoners

History suggests that the types of crimes older offenders commit have changed little over time. In an Australian study Grant (1999) characterized the older offender as ‘predominantly male (95%), non-indigenous, in prison for the first time (67%), convicted of a violent crime (63%) and held in a minimum security facility’. At the time of Grant’s study, older inmates were more likely than younger inmates to be imprisoned for violent or sexual offences, as illustrated in the following table.

Table 3.1 : Offence breakdown by age Total Inmates Australia 1997

Offence	Under 50	Over 50
Sex Offences	10.0	39.0
Homicide	9.2	15.6
Drug Offences	9.6	14.8

Source : Grant (1999)

In a UK, study Howse (2003) observed that ‘increasing age marked big changes in the pattern of offences, with the proportion of male sexual offenders in the prison population increasing with age...’ (p.11). The following table demonstrates this trend across 3 states in Tasmania, and in New Zealand.

Table 3.2 Sentenced male prisoners age 45 and over convicted of sexual offences mid 2006

Age Group	Tasmania			South Australia			Victoria			New Zealand		
	No	Total Males	%	No	Total Males	%	No	Total Males	%	No	Total Males	%
45-49	8	32	25.0	17	79	21.5	54	227	23.8	154	431	35.7
50-54	11	30	36.7	16	44	36.4	48	131	36.6	96	249	38.5
55-59	7	18	39.0	15	29	51.7	46	107	50.0	95	166	57.2
60-64	5	11	45.4	3	15	29.9	31	58	53.4	70	95	73.7
65+	13	16	81.2	11	17	64.7	47	72	65.2	82	105	78.1
Total	44	107	41.1	62	184	33.7	226	595	38.0	497	1046	47.5

Source: Prison/Corrective Services – Tasmania, South Australia, Victoria and New Zealand

Although useful for data comparison purposes, the categorization of prisoners into over-arching offence types [such as “sexual assault and related offences” and “homicide”], takes no account of ‘the motives, justifications and behaviours that are incorporated under those labels [which] are themselves of broad scope’ (Flanagan 1982 cited in Aday 2003 : 117). Differentiating on this basis [for example intra-familia/extra-familial child sexual assault; homicides that involve crimes of passion or are a result of domestic violence], might provide a better understanding of which particular groups are represented in the ranks of older prisoners, as well as informing future policies and programmes.

Sentencing of older prisoners

In a study of Australian prisoners over the age of 50, Grant (1999 : 3) observed that ‘violent offences were more likely to attract longer sentences, and that unlike other offences, age was unlikely to be a mitigating factor’. Aday (2003), on the other hand, suggests that the idea of age as a mitigating factor raises the question as to whether ‘... a five year prison term to a 25 year old is the same as a five year sentence for a 70 year old [as well as] the issue of what constitutes “fair punishment” (p. 205) Another point of view was put forward by Tasmanian Law Society President, Daniel Zeeman, in an interview with the *Hobart Mercury*, that ‘although old age and health were considered when a judge was sentencing, there was no reason older people should not spend time in prison’ [because] ‘the balancing argument is these people have for many years had their freedom while others have suffered for their crimes’ (Konkes 2005).

Some US studies suggest that prisoners are now serving more of their sentences than they did in the past (as high as 85%), before they are eligible for parole. For instance, in 1999 ‘the Georgia Department of Corrections found that mandatory sentencing reduced the potentially parolable inmate population from 96 percent of all inmates in 1996 to 68 percent within two years’(Aday 2003 : 11). In Tasmania in 2006, a total of 18 men were serving indefinite sentences, ten of whom were over the age of 45.

Recidivism of older offenders

A conflicting picture emerges in relation to the recidivism of older offenders. According to Aday (2003), ‘age is considered by the US Parole Commission to be the one accurate predictor of recidivism, and it has been argued that elderly inmates represent a lower risk of reoffending than other prisoners do’ (Aday 2003 : 212). An opposite view attests that ‘... this decline has more to do with negligent and discriminatory parole and probation practices than with actual changes in offenders’ behaviour’ (Lemieux et al 2004 : 454). Correctional Services Canada observe that ‘assessing the risk of re-offending is likely to be quite different for older offenders, given physical limitations’ [although they acknowledge that] ‘on the other hand, data on major admitting offences suggested older offenders were still capable of homicide and other crimes that did not require excessive physical force’ (CSC 1994).

One program that claims a 100 percent success rate in terms of recidivism, is the POPS (Project for Older Prisoners) in the United States. Law students voluntarily review the cases of older inmates aged at least 55, to determine whether they are safe to release. ‘Candidates must have already served the average time for their offence, have been evaluated as unlikely to commit future crimes in the future, and their early release must be agreed to by the victim, or the victim’s family’ (Trovillion & Sanson 1999 : 26).

Prison Snapshots 2006

The following table compares the distribution of *male sentenced* prisoners over the age of 45 in Tasmania, South Australia, Victoria and New Zealand. Overall, men aged 45 and over constitute between 18 percent (New Zealand) and 28 percent (Tasmania), of the total male prison population, in each region. Trends are similar across the regions, with the exception of Tasmania where men aged 50-54 represent a much greater proportion of the population and South Australia, where men aged 45-49 constitute a greater proportion of the population.

Table 3.3 : Sentenced male prisoners by age, by state - mid 2006

Age-band	TAS		SA		VIC		NZ	
	No	%	No	%	No	%	No	%
Total Males Under 45	275	72.0	676	78.6	2379	80.0	4629	81.6
45-49	32	8.4	79	9.2	227	7.6	431	7.6
50-54	30	7.8	44	5.1	131	4.4	249	4.4
55-59	18	4.7	29	3.4	107	3.4	166	2.9
60-64	11	2.9	15	1.7	58	1.9	95	1.7
65+	16	4.2	17	2.0	72	2.4	105	1.8
Total Males ≥ 45	107	28.1	184	21.4	595	20.0	1046	18.4
Total Males	382	100.0	860	100.0	2974	100.0	5675	100.0

* New Zealand figures exclude 17-19 year olds

In all jurisdictions, the table below illustrates that more than 50 percent of men over the age of 45 are in prison for sexual assault and homicide. In Tasmania the figure is 56.1 percent for men over 45, compared to 23 percent for those under 45. The homicide rate is equivalent for both the under 45/over 45 cohorts, except South Australia where double the percentage of men over 45 are inside for homicide.

In Victoria 14% of men over 45 are in prison for homicide (comparable figures were not available for those under 45). In New Zealand, the figure for homicide is only marginally higher between the two age groups.

Table 3.4 : Sentenced male prisoners by offence - mid 2006

Offence	TAS		SA		VIC *	NZ	
	% < 45	% ≥ 45	% < 45	% ≥ 45	% ≥ 45	% < 45	% ≥ 45
Sexual assault	8.0	41.1	10.2	33.7	38.0	15.8	47.5
Homicide	15.0	15.0	12.6	25.5	14.1	7.8	8.7
Acts Intended to Cause Injury	20.7	9.3	8.4	4.3	4.0	18.2	5.7
Deception	2.9	7.5	4.9	6.5	5.0	1.6	3.5
Illicit Drugs	4.4	5.6	5.6	6.5	14.6	11.1	10.8
Traffic	7.6	4.7	3.6	1.6	3.0	8.1	11.0
Theft	5.1	3.7	3.6	1.1	4.5	4.4	1.1
Dangerous & Negligent acts	2.5	3.7	2.1	1.1	0.0	0.3	0.3
Unlawful entry with intent	15.6	2.8	20.1	5.4	3.0	17.7	3.8
Robbery/extortion	9.1	1.9	12.0	7.1	3.2	10.4	1.7
Offences Against Justice	4.7	1.9	12.9	4.9	5.2	1.5	1.2
Public Order	0.7	0.9	1.6	0.5	0.3	0.1	0.1
Weapons/Explosives	1.8	0.0	0.7	0.0	0.5	0.0	0.4
Property Damage	1.5	0.0	0.9	1.1	0.7	1.7	0.9
Abduction	0.0	0.0	0.0	0.0	0.0	0.0	0.9
Miscellaneous	0.4	1.9	0.9	0.5	3.0	1.4	2.3
Total	100.0						

* Figures for Victorian under 45 were not available

Characteristics of older offenders

A Canadian study found that older (50+) offenders represented a small proportion of the in-custody offender population, were more likely to have completed at least grade 12, to be married or living in a defacto relationship, to be in custody for impaired driving and traffic-related offences or sex offences, to be a first-time offender; more likely to be taking prescription medication and to report a current injury or illness, and/or a disability (Brown & Brozowski 2003 : 35-35).

Conversely, a US study argues that older inmates tend[ed] to be white men who were employed prior to incarceration, but who never graduated from high school (Lemieux et al (2004 : 44). In a comparative study of offenders in Canada, Uzoaba (1998) found that ‘...although there were no significant differences among the age groups in academic and work ability, older offenders were more likely to have witnessed spousal abuse during childhood, experienced poor sibling relations, and were more likely to be sexually dissatisfied in their marital relations; (p. 2).

The following table provides a snapshot of the marital status of sentenced men in Tasmania in mid 2006.

Table 3.5 : Sentenced male prisoners Tasmania by marital status

Marital Status	VIC	SA	TAS			
			Under 45		Over 45	
			No	%	No	%
Never Married	N/A	N/A	184	66.9	32	29.9
Married	N/A	N/A	15	5.4	26	24.3
De Facto	N/A	N/A	54	19.6	12	11.2
Divorced	N/A	N/A	10	3.6	15	14.0
Separated	N/A	N/A	9	3.3	18	16.8
Widowed	N/A	N/A	1	0.3	3	3.0
Unknown	N/A	N/A	2	0.7	1	0.9
Total	N/A	N/A	275	100.0	107	100.0

In Tasmania, 35.5 percent of male prisoners over the age of 45 were either married or living in a de facto relationship, compared to 25.0% of those under 45; 30.8 percent were divorced or separated and 29.9% had never married compared to 6.9% and 66.9% respectively of those under 45.

For South Australian inmates (for whom education status was available), 25.5 percent of men over the age of 45 had achieved Year 12 education or above, compared with 12.6 percent of those under 45. In Tasmania the figures were 20.6 percent and 8.4 percent respectively. This supports the view that older prisoners are, on average, likely to be better educated than their younger cohorts.

Table 3.6: Education Status Sentenced prisoners Tasmania & South Australia mid 2006

Years of Education	TAS				SA			
	Under 45		Over 45		Under 45		Over 45	
	No	%	No	%	No	%	No	%
No schooling	1	0.4	2	1.9	2	0.3	2	1.1
Years 1-6	5	1.8	2	1.9	11	1.6	5	2.7
Year 7	13	4.7	7	6.5	14	2.1	8	4.3
Year 8	33	12.0	14	13.1	60	8.9	12	6.5
Year 9	72	26.2	31	29.0	120	17.8	11	6.0
Year 10	122	44.4	25	23.4	182	26.9	30	16.3
Year 11	4	1.5	3	2.8	111	16.4	28	15.2
Year 12	3	1.1	6	5.6	61	9.0	28	15.2
Trade	3	1.1	2	1.9	10	1.5	5	2.7
Tertiary	17	6.2	14	13.1	14	2.1	14	7.6
Total (a)	273	100.0	106	100.0	585	100.0	143	100.0
Unknown	2		1		91		41	
Total	275	100.0	107	100.0	676	100.0	184	100.0

(a) Total excludes unknown

The employment status of men at reception in Tasmania and South Australia, reveals that in both states men over 45 were more likely to be employed prior to prison than their younger counterparts.

Table 3.7 : Employment status Male Inmates Tasmania and South Australia mid 2006

Employment status	TAS				SA			
	Under 45		Over 45		Under 45		Over 45	
	No	%	No	%	No	%	No	%
Employed	74	26.9	36	34.0	134	22.8	50	35.5
Unemployed	175	63.6	39	36.8	399	67.9	59	41.8
Pensioner	19	6.9	29	27.4	44	7.5	30	21.3
Student	3	1.1	0	0.0	8	1.4	0	0.0
Other	4	1.5	2	1.9	3	0.5	2	1.4
Total (a)	275	100.0	106	100.0	588	100.0	141	100.0
Unknown	0		1		88		43	
Total	275	100.0	107	100.0	676	100.0	184	100.0

Conclusion

This chapter reveals that male prisoners over the age of 45 are much more likely to be incarcerated for sexual assault and homicide than any other crime. ‘Given the serious nature of these crimes, and the accumulation of male sex offenders in our prisons, a better understanding of criminal activity in later life [may] lead to a better understanding of whether the nature of elderly crime is related to underlying structural problems within society or specific problems associated with the ageing process’ (Aday 2003 : 30).

Although socio-demographic data in this study is limited, it does support the view that the profile of the older prisoner may vary from that of the younger prisoner, not only in the type of crime committed, but also in previous experience of incarceration, marital status, level of education and employment history. Statistics suggest that an increasing number of older offenders [in particular child molesters] are first-timers, come from socially privileged backgrounds and do not fit the stereotype of underprivileged, undereducated, poorly skilled or unemployed.

A more accurate profile of the older offender might be gained by differentiating between offenders in overarching offence categories, such as ‘homicide and related offences’, or ‘sexual assault and related offences’ according to different motives, justifications and behaviours on the part of individuals. It might be useful, for instance, to distinguish between intra-familial and extra-familial child molesters, or between homicide of a stranger and crimes of passion, manslaughter, or domestic violence. These distinctions will have implications for determinations of post-release risk, as well as informing policies and programmes.

The concept of age as a mitigating factor in sentencing and alternative ways of managing older offenders in the community, where appropriate, rather than in the prison system, also represent areas for further consideration.

Chapter 4

Prisoner experiences

Introduction

Older inmates have been identified as a unique group. ‘with different needs to the younger cohort including ‘more preventive care, orderly conditions, safety, and emotional feedback and support from families [whereas] younger inmates desire more freedom, social activity, and mental stimulation’ (Walsh 1992 cited in Jones, Connelly & Wagner 2001 : 1). On the other hand, older inmates have been characterized as sharing experiences with their younger counterparts, such as ‘a life in flux (mentally, physically and biologically in transition); feelings of insecurity, inadequacy, lower tolerance of life, worries about the future and immediate survival, lack of work, and time which is unstructured’ (Wolk 1963; Feinberg 1984; cited in Phillips in Wahidin & Cain 2006 : 59). This chapter draws on national and international literature to explore the experiences of older inmates in the context of the ‘pains of imprisonment’ and the losses of ageing.

Adjusting to Prison

Adjusting to prison involves not only coping with the physical environment but also adapting psychologically to noise, overcrowding, rules, regulations, loneliness, lack of privacy, indignity, boredom and the possibility of victimization. Loss of identity, no sense of purpose and being reduced to a child-like state are common fears. Fears about coping are more likely to be an issue for first-time offenders for whom prison often comes as a bewildering experience, arousing emotions synonymous with grief, such as ‘... loss, disbelief and despair’ (Cox 2006 : 301). The repeat offender on the

other hand, 'knows the ropes', what the rules are, how to deflect animosity from other prisoners, can manipulate the system, and is likely to have friends and confidantes on the inside.

The literature suggests that older prisoners are likely to deal with imprisonment in a number of ways including shock and disbelief; active resistance, passive acceptance, or total disengagement. Coping strategies have been found to include 'harking back to their time before prison and to recollections of who they really were ... loyal husbands, kind fathers, keen gardeners, D.I.Y. enthusiasts, hard workers and good providers' or alternatively 'drawing [strength] from past depriving or brutalizing experiences such as those endured during military service, or institutional care during childhood' (Crawley 2005 : 4).

Time is served in the context of time served, where those who have previous experience of prison have an advantage. The type of crime for which an individual is imprisoned also influences their security classification and level of segregation, as well as how they are treated by peers and staff, with sexual offenders attracting the greatest recrimination (Crawley 2006). Short-term inmates may experience prison as a painful disruption to their lives, particularly if it is accompanied by loss of employment, a damaged reputation, fractured relationships and ongoing recrimination in the community. Those remanded and released without conviction may suffer similar disruptions to their lives, depending on the charges and the length of their confinement.

For long-term inmates, the duration of their incarceration increases the difficulties they will face in re-establishing themselves in the community. Those serving indefinite or indeterminate sentences, face ongoing anxiety and uncertainty surrounding their release date, which increasingly rests with risk assessment, 'expert' opinion, the deliberations of a parole board and in some cases the sanction or otherwise of the victim or the victim's family. Old-timers who have aged in prison

may serve out their sentences in passivity and compliance, because not attracting attention to oneself just might be the best way to survive. A few may become cantankerous, never quite coming to terms with their plight, although the literature paints a picture of ‘lifers’ and long-termers as generally ‘old and quiet’ (HMIP 2004), as having ‘lost touch with the outside world, lost touch with family and friends, doubt their ability to make independent decisions, and [who] in many respects view the prison as “home” (Crawley 2005 : 4). Sadly, for some, the prison experience is a journey that will end in death.

The physical environment

Declining health and reduced mobility exacerbate the physical discomforts of prison as well as making it more difficult to get around and actively participate in prison life. Older prisoners in particular are sensitive to temperature fluctuations, and the ability to turn heating up or down and access to sufficient warm clothing and blankets can make a big difference to their level of comfort. A thematic study of older prisoners in England and Wales (HMIP 2004) found that ‘in some prisons inmates were not permitted to wear hats or gloves and had taken to cutting off part of their jumper sleeves and wearing it round their heads’ and for others keeping warm at night was an issue.

Mattresses give no comfort to old bones. Bed and cell warmth can be a problem, duvets would be advisable (Prisoner cited in HMIP 2004 : 7)

Additional concerns about the physical environment included the need for more seating throughout the prison, chairs with arms that were easier to get out of, grab rails in showers and toilets and raised toilet seats. Older prisoners also desired respite from the noise and clatter of the institution, and from irritations such as ‘younger inmates playing their music loud when older inmates were trying to get to sleep’ (HMIP 2004)

Segregated Units

Some studies advocate segregated units as a solution to the problem of intergenerational conflict, as a means of reducing vulnerability to victimization, providing a quieter setting, and as 'more conducive to developing social relationships' (Aday 2003 : 167). Although segregation was valued by some older inmates, others expressed '...a reluctance to transfer to geriatric units because they were perceived as "dead mens shoes" and the only way out was by dying' (Frazer 2003 : 15). A comparative study of older facility and mainstream inmates in Texas, found that 61 percent of those housed in the "geriatric facility" believed older inmates would have difficulty making it in the general population and 65 percent of those in the mainstream said if their health declined they would be more comfortable in a sheltered environment (Marquart Merianos & Doucet 2000).

Prisons see a value in integrating older offenders into the mainstream because of their perceived calming or stabilizing effect on the younger population and as role models for younger prisoners (Brown & Brozowski 2003; Lemieux Dyeson & Catiglione 2004). Some go further, saying that older prisoners exhibit '... fewer problems with correctional staff, demonstrate more respect, commit fewer role infractions and in general get along better with other inmates' (Hemmens & Marquart 2000 cited in Aday 2003 : 147). Morton (1992) questions this calming effect, 'in light of increasing numbers of first-time offenders in the older age group and the fact that when officials talk about the stabilizing influence of older inmates, they are usually referring to inmates between the ages of 35-50' (cited in Trovillion & Sansom 1999 : 20). Further, Fattah and Saco (1989) maintain that 'although segregation is often justified, it could easily have the effect of age discrimination', depriving older inmates of services, work, and enrichment opportunities, serving to heighten their sense of inadequacy and institutional dependency (cited in Aday 2003 : 147).

Privacy, dignity and self-respect

Concerns about privacy, dignity and self-respect are magnified in overcrowded conditions where inmates live in close proximity to one another. Ageing bodies can be a source of ridicule, so that loss of privacy and dignity is experienced more acutely than it might be in youth. A thematic study of older inmates in England and Wales (HMIP 2004) found that ‘privacy was particularly important for older prisoners, many of whom were becoming increasingly self-conscious about their ageing bodies’

I suffer from diabetes and the physical signs of it are on my legs. I have not had a shower in eight weeks because younger prisoners make comments about my legs and tell me that they don't want to see me in the showers.
(Prisoner, cited in HMIP 2004 : 6)

An alternative view implies that ‘unfavourable labels, an abundance of time to fill and few opportunities to fill it, result in a preoccupation with physical ageing and health problems’ (Aday 2003 : 127)

Anxieties, Worries and Fears

Older inmates lives have been said to be ‘... compounded by excessive mental worry’ (Bachand 1984 cited in Aday 2003 : 103), often exacerbated by the overcrowded, noisy and stressful environment of prison. The prison environment has been characterized as ‘[contributing] to physical and psychological reactions such as anxiety, nervousness and hypertension, particularly in older inmates’ (Kuhlmann & Ruddell 2005 : 52). For some, prison may arouse ‘... feelings of anger or resentment because of the perceived injustice of their sentence, inhumane treatment, or the sudden loss of control over their own lives. ‘Guilt and remorse are also common experiences, particularly for older offenders who have committed a sex crime, say against a grandchild’ (Gaseau 2002 : 1).

Evans (2004 : 2), found that

inmates were concerned about a range of issues including finances (benefits and pensions), health issues (for themselves or older family members), the need for somewhere to sit in the exercise yard, access to education and offending behaviour courses, and activity groups for those who fell into the “retired” age, particularly those not working or attending education/training’.

Other researchers argue that aside from the normal stressors of prison, older inmates ‘...experience additional stress due to the normal ageing process, their increased likelihood of victimization and an inability of some jails to accommodate their special needs’ (cited in Kuhlmann and Ruddell 2005 : 52). Santos (1975), points out that ‘one of the major [and most significant] consequences of long-term imprisonment [is] a loss of the prisoner’s sense of their own efficacy’ (cited in Aday 2003 : 122).

Friendships, relationships and loneliness

Crawley (2005 : 3) observed that ‘life [for older prisoners] may be more bearable and easier to cope with if there is nobody to care about beyond the walls, particularly those with ageing spouses who have been together for a very long time’. In an Australian study, Grant (1999 : 3), discovered that many older inmates had not developed friendships and were quite socially isolated. Similarly, Lemieux et al (2004) found older prisoners were experiencing difficulties with loneliness and with missing their families. However, Gallagher (1990) argues that ‘inmates ranging in age from 45 to 87 had significantly more friends in prison than younger inmates and were more likely to have a confidante inside the prison’(cited in Aday 2003 : 135). Above all, it may be that ‘what prisoners fear most is that relationships with family and friends will be irrevocably lost’ (Johnson & Toch 1982 cited in Aday 2003 : 124).

It has also been argued that older prisoners have more in common with custodial staff than they do with other prisoners and that ‘increasing age contributes to more satisfactory relationships with prison staff’ (Hemmens & Marquart 2000 cited in Aday 2003 : 136). This suggests older prisoners may desire more ‘personal’ or flexible relationships with staff which go beyond the traditional operational model, which may pose a dilemma for some custodial officers.

Historically custodial officers are on one side of the house and have said “I supervise and monitor” but my language is mentoring and interacting with them too. That makes a big difference (DeJonge, cited in Gaseau 2002)

Victimisation

Victimisation was a common fear among older prisoners. Reduced mobility and increased frailty made older prisoners feel more vulnerable and increased their risk of victimization. Several researchers found older inmates were both fearful of and at high risk for victimization (Grant 1999; Lemieux et al 2004; Kuhlmann & Ruddell 2005). Others stated plainly that ‘older inmates are often so scared of mingling that they don’t go outside’ (Geyer 2005 : 2). Worrying about personal safety on a daily basis contributes to heightened anxiety levels.

The literature suggests that some inmates go to considerable lengths to reduce their chances of being victimized. A random survey of 300 inmates at a maximum-security prison in Tennessee revealed that ‘fearful, older and socially isolated inmates favoured passive techniques to reduce their chances of being victimized, were more likely to keep to themselves, spend more time in their cells, keep away from certain areas of the prison and avoid activities’ (McCorkle 1992 cited in CSC 1991). This supports Morton & Anderson (1982) supposition that ‘whilst elderly inmates may appear to be better adjusted and less disruptive than younger inmates, many have psychological and emotional difficulties which are suggestive of institutional adjustment problems’ (cited in Grant 1999 : 4).

Death of the ‘self’

Death of the ‘self’ is an all too common experience for prisoners who live within ‘a system that robs an individual of identity and removes their ability to distinguish themselves’ (Santos 1975 cited in Aday 2003 : 122). A female lifer in the United States powerfully articulates this fear

There’s something about the place that takes all the maturity away from you – you retreat into a childhood state. It is easy to lose sight of your real self ... it is terrifying (Genders & Player 1990 : 54, cited in Aday 2003 : 18)

For older inmates who have experienced thirty or forty years of autonomy in the community, being told what to do, when to do it and how to do it, must be particularly difficult as well as damaging to self-esteem. According to Cox (2006 : 139), the ‘lack of a consistent and positive view of self’ (Cox 2006: 139), has been correlated with difficulty in coping with the changes that accompany ageing.

Ageing in prison

Prison is a harsh environment at the best of times, but for those who are ageing it can be particularly bleak. Chronic disease, reduced mobility, sensory losses, or dementia are all prospects for the ageing prisoner, particularly those serving long sentences, who are forced to ‘age in place’. Depending on the severity, any one of these conditions may mean spending more time in a cell, less time with others and getting little or no exercise, reducing whatever quality of life an individual may have managed to construct in the prison environment.

Mobility

Mobility can be affected by the early onset of chronic diseases such as stroke, emphysema or arthritis. Studies suggest 'older prisoners report chronic health at much higher levels than their peers in the community' (Kuhlmann and Ruddell 2005; CMA 2001). This severely impacts on their ability to carry out normal day to day activities such as dressing and showering, walking distances, negotiating stairs or getting to and from meals. A UK study found that 'a small number of older prisoners struggle to do even the simplest of tasks' (HMIP 2004 : v). In prisons where no formal processes are in place to assist inmates with mobility problems and/or those who struggle with day to day self-care, older prisoners may be forced to rely on the empathy of peers and/or custodial officers, or be placed in a situation where they have to pay for these services with food, money or favours.

Sensory losses

Loss of hearing makes it more difficult to understand and to be understood, especially in the noisy environment of a prison, which may lead to irritability and misunderstandings or altercations with staff and/or other prisoners. In extreme cases, the person may completely withdraw. Deteriorating sight makes small pleasures such as watching television or reading difficult, and even impossible, if it goes untreated. In the general community such inconveniences of ageing might easily be resolved with prescription glasses or a hearing aid, however in the prison setting, access to specialist medical care is far more problematic.

Dementia

Although not a natural progression of ageing, ‘the likelihood of experiencing dementia does increase with advancing age and in the latter stages leads to impaired behaviour and personality’ (Aday 2003 : 24). For the prisoner’s family in particular, this is a slow, cruel, separation, as their loved one ‘...becomes increasingly dependent, yet unaware of those close to them’ (Davis and Higginson 2004 : 13). For custodial officers, caring for prisoners with dementia is a demand that goes beyond their job description, and demands specialised training, perhaps for selected officers who have a preference to work in the area.

At the Ahtanum View Correctional Complex in Washington which manages older prisoners and those who are medically challenged, officers have developed empathetic and innovative solutions to working with inmates with Alzheimers.

When you deal with Alzheimer’s you have to deal with folks who have a difficult time making decisions such as putting on socks. Do they use the brown, the blue or the black. We just give them one colour. Staff will discuss together how to handle dementia. We have one individual in a living unit, for example, where the door has a chain across it. If a person is in a demented state, he won’t go across the chain (Dejonge cited in Gaseau 2002: 2)

It is could be argued that dementia sufferers ought to be under the care of health professionals, rather than custodial officers, and that consideration should be given to separating prison-related and health-related functions.

Depression

In addition to the normal malaise that characterises imprisonment, all the conditions above impact on 'quality of life' and could potentially trigger depression. 'Depression has also been correlated with stroke, hearing loss and pain' (cited in Aday 2003 : 23). A study of older prisoners in England and Wales found that 'in some cases, older inmates suffering from physical or intellectual degeneration, or mental health problems had 'wholly disengaged from staff and other prisoners' (HMIP 2004 : v). In Australia, a *Victorian Inmate Health Study* (2003) noted that 'the fact that 25 percent of prisoners were on psychiatric medication [principally anti-depressants and mood stabilizers] indicates a level of perturbation that lies far beyond the norm' (Deloitte Consulting 2003 : 104).

Paranoia

Although paranoia only arose once in the literature, it is an important observation, in view of the foregoing findings on the impact of psychiatric medication and the suggestion that 'paranoia may be induced by alcoholism or medications such as antidepressants' (Blazer 1995, cited in Aday 2003 : 24). Older prisoners in particular have been identified as '...having high rates of alcohol abuse or as being significantly more likely to report problems with alcohol abuse...' (Brown & Brozowski 2003 : 32; Lemieux et al 2004). In fact Uzoaba (1998) characterized older inmates as 'significantly more likely to have started drinking at an early age, to drink on a regular basis, to have combined the use of alcohol and drugs, to drink in excess in social situations, and to view alcohol as a means for relieving stress' (Uzoaba 1998: 17)

Health-care

The above issues support the view that health-care is a critical issue for older inmates and prison administrators alike. Health-care for older inmates is commonly cited as costing on average, three times more than that of younger offenders. A study commissioned by the Georgia Department of Corrections (1998), found that ‘although inmates 50 and older only comprised 6% of the overall population they consumed over 12% of the total inmate medical expenditure’ (cited in Jones Connelly & Wagner 2001 : 4). Similarly, Lemieux et al (2004 : 451) contend that ‘the incarceration of older inmates has also been deemed problematic for social justice and humanitarian reasons, because of practical or logistical issues, and most recently, because of the costs associated with caring for inmates with numerous health-related conditions’.

In 1976, the US Supreme Court in *Estelle v Gamble*, decided that having custody of a prisoner’s body and controlling his or her access to treatment imposes a duty to provide needed care (Cushing 1986) and that ‘ any deliberate indifference to serious medical needs of prisoners may be judged as cruel and unusual punishment’ (cited in Aday 2003 : 88). In the Australian context, the question has been raised as to the importance of considering ... whether the Human Rights Act (2004) enables or prohibits the provision of access to health care on the basis of need and in the context of whether that need is *assessed* need or *stated* need’ (ACTCS 2004 : 9).

According to Dawes (2002 : 198), ‘in Australia there is no absolute right for prisoners to obtain a publicly funded standard of health care ... although there is a strong common law tradition that reinforces a duty of care’. A *Victorian Inmate Health Study* (2003) questioned ‘ ... whether the goal of providing prison health-care that is the equivalent of the community standard [could] possibly be appropriate’ (Deloitte Consulting 2003 : 4), given the high risk nature of the prison population. Conversely, health professionals working with inmates in Texas prisons considered that ‘medical

care provided in prison was a vast improvement over what was provided on the outside [and that] the men's own neglect, poverty and lack of education worked to their detriment in terms of health status on entry to prison' (Marquart, Merianos and Doucet 2000 : 92).

In the United Kingdom, the 'healthy prison community' model, which forms the basis for inspections by the Inspector-General of Prisons (ACTCS 2004 :5), succinctly captures the concerns of older inmates.

- the weakest prisoner feels safe
- all prisoners are treated with respect to their individuality
- all prisoners are busily occupied and given the opportunity to improve themselves
- all prisoners can strengthen links with their families and prepare for release

Living in Prison

Aday (2003 : 5) maintains that 'work, friendships and religious activities are all essential to socially constructing a positive prison life', as are physical exercise, hobbies, and opportunities for self-development. For older inmates, work opportunities are fewer, relationships are complicated by ageing spouses and elderly parents, and religious faith either provides solace, or is irreconcilable with the circumstances in which they find themselves. Physical exercise may be limited by health, reduced mobility, or environments in which older inmates feel they have to compete with younger inmates for space and use of facilities such as gyms. In-cell hobbies are discouraged and opportunities for self-development may be reduced as a result of ageism or segregation.

Work, Income and ‘Retirement’

Work allocation in prison has been described as ‘... more a matter of security, prisoner preference and availability of spaces than age’ (HMIP 2004 : 15). Older prisoners appear to have less chance of being employed in the prison environment than their younger counterparts, although there is some evidence to suggest that their employment rates are higher on entry to prison. In a comparative study of mainstream and segregated prisoners, Marquart et al (2000) found that ‘older inmates transferred to special-needs units frequently complained about having to give up income-earning jobs [and that] work functioned to connect the men to the same routine as other younger inmates, requiring them to walk alongside men of varying ages to work, the dining room, yard, library, chapel etc ’ (p. 89).

In the case of old-timers Aday (2003 : 130) suggests that ‘prison labour [may] actually take the place of a work career’. Having a job in prison may be an offenders sole source of income, particularly if no financial assistance is being provided by family or friends. This adds a new dimension to financial planning for “retirement” and demands innovative solutions. Older prisoners returning to the community *do* need to think about how they will manage their retirement years as part of their reintegration planning. One way of generating in-prison income for those older inmates who are able and willing would be to formalise and remunerate roles such as non-medical aides, tutors and the like. Another alternative might be to create a ‘prison shopfront’ in the community selling crafts, toys, furniture etc manufactured in prison industries. In some UK prisons late-life inmates were running postage stamp shops, preparing breakfast packs, packing combs, or making rag mats (HMIP 2004).

The age of “retirement” was a concern for some older prisoners, more related to a fear of social isolation than a desire to be exempt from prison work.

Being retired should not mean being locked in a box while other people are allowed to move about (Prisoner, cited in HMIP 2004 : 17)

Ideas about retirement age vary across countries and cultures and in Australia the ‘official’ retirement age is progressively disappearing, as the Government encourages more older Australians to continue to work beyond sixty. Concepts of ‘retirement’ need to be explored further in the prison environment, but at the very least prisoners who want to work beyond retirement should be able to do so.

Activities and Interests

Activities and interests provide purpose and momentum in life and contribute to a more positive self-concept. In an Australian study, ‘correctional staff indicated that one of the most common difficulties [was] finding ways to keep older inmates busy and active’ (Grant 1999 : 5). An opposite argument is that ‘if given the choice, many older inmates would be satisfied to remain in a passive state or vegetate rather than become involved in recreational, social and educational activities’ (Kratcoski 2000 in Aday 2003 : 155). However, passivity and a vegetative state may also constitute typical responses to a punitive and non-stimulating environment, or may be symptomatic of depression. In Australia, for instance, the *Victorian Inmate Health Study* (2003) found that ‘the lives of inmates were often marked by boredom, low motivation, limited physical exercise, poor diets, and limited participation in work or programme’ (Deloitte Consulting 2003 : 112).

In the past, ageist stereotypes have labelled older people as being too old to change or lacking the energy or capacity to learn. In the twenty-first century these stereotypes are overshadowed by more 'positive ageing' concepts such as continuous learning throughout the lifecycle. Prisons continually emphasise the poor numeracy and literacy skills of many inmates, yet a thematic review of older prisoners in England and Wales found evidence of a genuine desire amongst older prisoners for self-improvement.

Many men are desperate to learn how to read and write and nothing is provided. Hobbies in cells are equally restricted, which causes much frustration amongst us lifers (Prisoner, cited in HMIP 2004 : 16)

It has been suggested that rather than vocational training, older prisoners may benefit from programmes that address the needs of retirement and the effects of ageing (CSC 1994), or 'wellness programmes which aim to keep the individual alert and active' (Trovillion & Sansom 1999 : 24). Some prisons had arrangements with aged care groups in the community who came in and ran in-prison clubs for over 50's, that included activities such as going to the library, watching a video and refreshments (HMIP 2004).

Wahidin (2000), in her study of female prisoners found that women over 50 felt 'aggrieved at the lack of fulfilling employment and educational provisions which would prepare them to be self-sufficient once released and many felt this was a further punishment' (cited in Frazer 2003 : 17). The *National Strategy for an Ageing Australia* (2002) emphasizes the importance of continuous learning throughout life, in both formal and informal learning environments, and sees it as an increasingly important factor in economic and social wellbeing (DOHA 2002) for all older Australians. These same principles ought to extend to programmes for older prisoners.

Physical Exercise

Lack of physical exercise has been correlated with the negative effects of ageing,. The *National Strategy for an Ageing Australia* suggests that ‘... perhaps as much as half of the functional decline associated with ageing is the result of disease and can be reversed by exercise aimed at increasing the fitness of older people’ (DOHA 2002 : 43). When inmates of all ages in an Australian study were asked why they did not participate in any exercise ‘20 percent of prisoners gave a reason as either injury or lack of inclination’, with the researchers concluding that ‘this appeared to indicate that a significant portion of prisoners would like to do more exercise if motivated or able to do so’ (Deloitte Consulting 2003 : 76).

For older prisoners in the UK, barriers to going outside or exercising included steps and uneven surfaces, monopolization of seating by younger prisoners, inability to return to cells or use the bathroom until the end of the exercise period (particularly distressing for those with incontinence issues), lack of warm clothing, and gyms that were too noisy, busy and competitive. (HMIP 2004; Evans 2004). A study of older inmates in a segregated facility in Texas, found that despite the desire to go outside, few inmates availed themselves of the yard, because of strip searching on entry and exit’ (Marquart, Merianos and Doucet 2000).

Religious Faith and Spirituality

Aday (2003 : 131) contends that ‘religious faith can potentially reduce emotional stress, make prison life more tolerable, provide the internal stability necessary for an individual to successfully adjust to prison or to make the transition back to society’. There is evidence to suggest that for some religious faith has been an integral part of their lives, despite their offending. We know, for instance, that some child molesters, may have affiliations with or have been employees of churches or religious organizations. For others, religious faith may be irreconcilable with the circumstances in which they find themselves

For those struggling with terminal illness and the probability of dying in prison, religious faith may ease the pathway to death.

Dying in Prison

Physical Death

According to Vaillant (2002 : 272) ‘ageing compels us to contemplate death’ The concern inmates have with the subject of dying in prison is illustrated in the following account

At Wymott a CAMEO (come along and met each other) group met every two weeks on I wing. There were different speakers depending upon what prisoners wanted to hear. Since many older prisoners were concerned about dying in prison and wanted to know what would happen in that event, the first speaker was an undertaker. (HMIP 2004 : 19)

Dawes (2002) reminds us, ‘older inmates are much more likely than their younger counterparts to have to confront their own death, the death of a life-long partner, elderly parent, a close friend peer and this may mean ‘dying in pain, dying alone, or dying without dignity’(p. 192). Dying in prison also leaves a legacy for families, as poignantly articulated by a 65 year old serving life in a Tennessee prison.

Dying in prison would have a negative impact on my children ... I would rather die a free man

The experience of dying in prison can be eased by specialist staff and palliative care. In the United Kingdom, for instance, ‘prison healthcare centres are required to have palliative care policies in place’(HMIP 2004) that provide an holistic approach to care, focusing on physical, psychological, spiritual and social needs. Often numerous decisions need to be made about pain relief, comfort, and sustenance, in response to a person’s changing condition (Davis and Higginson 2004). Having the reassurance and comfort of loved ones or special friends at this time is important, however accommodating these needs in a prison environment represents a significant challenge. Dawes (2002 : 192) explains that ‘in the United States, prison hospices are common, with many providing extended visiting hours for the families of dying prisoners, including prisoners surrogate families in cases where long-serving prisoners have lost contact with their natural families’.

As family and friends around them age and die, the older prisoners are confronted with the reality that social networks are shrinking.

I have lost a brother and sister since I’ve been here. I have another brother dying of cancer now. I’ve just about lost everybody’ (Prisoner cited in Aday 2003 : 128)

Loss and grief can be exacerbated if permission to attend a funeral is denied, particularly in the case of a spouse, close relative, or friend. Cox (2006) rightly asserts that ‘one’s own grief is best resolved in a supportive environment in which the assistance of others is readily available, [with] family, friends and religious convictions often [helping] an individual adjust to the loss of a loved one’ (p. 301). Similarly, inmates may need space to go through the grieving process following the death of a peer, particularly where there has been a long-lasting friendship (Dawes 2002). Although controversial, ‘the concept of compassionate release does provide an alternative to dying in prison’ (Dawes 2002).

Compassionate release

Compassionate release enables a prisoner to be released on the grounds of ill-health or old age, and to 'die at home or in a non-correctional facility such as a nursing home or hospice' (Dawes 2002 : 195). Some researchers have also pointed out that 'in general the cost of hospice care is less than that of traditional treatment' (Trovillion & Sanson 1999: 26). However the practice of compassionate release caused a community backlash in Australia recently, when a terminally ill prisoner was released to a Brisbane nursing home. In an environment where nursing home places are scarce, the community felt outraged by the fact that an ex-prisoner had 'jumped the queue'.

The flip side of the argument is that 'whichever way it goes, taxpayers will have to pay and [prisoners] are going to cost society somewhere in a public hospital or prison [so why not] serve the full measure of their sentence' (Stingley 1996a cited in Kempker 2003 : 34). According to Dawes (2002 : 197), 'the major constraints to using compassionate release in Australia include criminal history and implications for public safety and a lack of clear procedures for the use of compassionate release'.

Leaving Prison

Leaving prison can be a lonely and frightening experience at any age, but for older prisoners who face the prospect of poverty, homelessness and social isolation in their 'golden years' it must be a particularly daunting prospect. Prison recidivism rates suggest the path from prison to 'home' is beset with failure, due to a paucity of suitable programmes and lack of continuity of support networks in the general community. Crawley and Sparks (2006) found older prisoners' immediate concerns were 'the lack of clarity from prison and probation staff as to where they were going

to live, how they were going to get there (with limited money and poor mobility) and whom they would be living with' (p. 73).

Depending on the nature of the crime, there may be no chance to return 'home'. Sexual offenders, for instance face the very real prospect of assault and/or retribution in the community. For some prisoners, institutional dependency means they are leaving 'home', with little prospect of being able to return to visit 'friends' inside. For others, friends and family will have moved on, are institutionalized or have died; job opportunities have been reduced or extinguished by the combined effects of the ex-criminal label and advancing years; former communities are no longer inclusive; self-esteem is at a low ebb, and finding their own way in the world is something they no longer have the capacity to do. Others discover that 'home', 'family' and 'mates' are within the prison walls. For those fortunate enough to have families, there may be the welcome embrace of familiar faces and a forgiving community. However, many older prisoners will emerge from the time warp of prison into an alien world for which they are ill-equipped.

Conclusion

The experiences of older prisoners testify to the fact that advancing years and imprisonment are cruel companions. Not only are the physical discomforts of prison particularly harsh at an older age, but independence is diminished at a time in life when choice and autonomy are most valued. Regardless of sentence length, prison is damaging to self-esteem, a sense of purpose, and family relationships, all important factors in coping with the ageing process. On the one hand time passes slowly in prison, yet on the other, the physical signs of ageing are reminders that time is closing in. For men in their latter years, even a short sentence may potentially be a life sentence, particularly if they are Indigenous.

Older inmates also experience prison according to whether they are first-time, repeat, short-term or long-term prisoners; the type of crime they have committed; the length of their sentence; their security classification; mobility and health; capacity to cope; ability to form new friendships; capacity to work; and proximity of the prison to friends and family. Like their counterparts in the community, as prisoners age they value purpose-built accommodation, friendships with those with similar interests, personal safety, peace and quiet, purposeful work or hobbies, a degree of privacy; and a healthy measure of acknowledgement and recognition. They ‘want to feel they are part of something and this entails engaging in meaningful activities with others’ (Crawley 2005 : 2) including work, programmes and leisure activities. It is also evident that older prisoners seek a more flexible and ‘personal’ interaction with staff that goes beyond the disciplinary operational model.

Although the losses and adjustments experienced by older people in the community are not dissimilar to those faced by the older inmate (income, role, status, normal routine, death of loved ones), the prisoner (regardless of past imprisonment), experiences these ‘multiple losses simultaneously’ (Geyer 2005), at the moment of incarceration. Such losses impact on physical and mental wellbeing, both of which are central to identity and to the ability to cope with ‘ageing in place’. For the unfortunate few who face dying in prison, ‘regardless of their crime, prisons have a duty of care to ensure that a prisoner’s last days are as comfortable as possible and that family and friends have sufficient opportunity to spend time with their loved ones in an environment that offers privacy and dignity’ (Aday 2003).

If the majority of prisoners are as life-damaged as the literature suggests, then the factors and resources most likely to assist them in ‘ageing positively’ and healthily are largely absent from their life experiences, both before prison and in prison. On the other hand, there is some evidence to suggest that a proportion of late-life offenders come from privileged backgrounds, have enjoyed good life opportunities and access to health-care throughout their lives. It is also important to bear in mind that not all

inmates will necessarily become ill or frail during their incarceration. However, preventative health strategies '[might be] informed by further research into the general health of prisoners age 45 and over to establish their likely health-care needs if they remain in prison into old age' (HMIP 2004 : xi). Given the prevalence of drug and alcohol abuse and the incidence of alcohol, in particular, in the crimes of older men, 'it is essential that the current availability of alcohol and drug treatment services is continued within the prison service' (Deloitte Consulting 2003 : 112).

Ageing inmates will return to a society in which older Australians are increasingly asserting their right to make choices about the circumstances in which they age, how they will manage their own health care and what level of assistance best facilitates long-term independence. Evidence suggests older prisoners are likely to be released into the community in various states of physical, psychological or social dependency, from prisons which fail to keep pace with changing ideas about ageing. It can be argued that preparing older prisoners for life beyond bars is part of the duty of care for Correctional institutions and that failure to do so will result in increased recidivism rates

The challenges are numerous and the answers less easy, but building on strengths beyond offending, promoting self-care, preventative health-care, encouraging a level of autonomy in prison, and facilitating programmes that assist older prisoners to find an interest or purpose in life beyond offending, all seem reasonable approaches.

CONCLUSION

It is evident from this study that an increasing number of Australians over the age of 45 are committing serious crimes, receiving longer sentences and going to prison at an older age, often for the first time. The majority are non-indigenous men, convicted of homicide and sexual assault. Older prisoners' experiences of prison testify to the fact that 'ageing in place' in the prison environment is not easy. Studies in the United Kingdom, Canada and the United States indicate that growing numbers of older offenders negatively impact on prison budgets, particularly in the area of health-care as well as posing significant social and humanitarian challenges for prison administrators and policymakers.

The key challenges emerging from this study are summarized below :

- Australian prisoners over the age of 45 are increasing at a disproportionate rate to the under 45 cohort
- An increasing number of women of all ages are being imprisoned for theft/fraud and deception-related offences and as a group, Indigenous women are the fastest growing sector of the prison population
- Prisoners in the 40-44 group are identified as a group deserving of more attention, given that a proportion of these inmates will grow old in prison
- There is a need to better understand those factors that contribute to the crimes of older people, including the links between ageing, disease and crime and the impact of economic and social exclusion

- Ageing is both a physical and subjective journey, impacted by gender, race, class and ethnicity, and a series of losses, transitions and adaptations that are unique to each individual
- What distinguishes and exacerbates ‘ageing in place’ in the prison environment is the simultaneous experience of the ‘pains of imprisonment’ and the losses of ageing
- Any definition of the ‘older’ offender ought to take account of the nexus between socio-economic disadvantage and poor health, the ‘accelerated’ ageing of prisoners, the reduced life-expectancy of Indigenous people, gender differences, the predicted increase in ethnic diversity, and the demographics of an ageing population
- Prison programmes need to reflect the diversity of older offenders and could benefit from innovations outside corrective services, such as corporate redundancy programmes that explore values and beliefs, facilitate self-development, promote realistic goal setting and build on strengths rather than weaknesses.
- Alcohol dependency has been identified as a critical programming need for older offenders.
- Translating ‘positive ageing’ concepts into prison programmes, policies and procedures will be an important consideration for prison administrators
- The concept of age as a mitigating factor in sentencing, diverting offenders with dementia from the prison system and medical or compassionate release represent initiatives worthy of consideration

- Developing a National Strategy for Older Offenders, underpinned by the Human Rights Act (2004) and by principles such as those put forward by the UK ‘healthy prison model’ could provide a framework for addressing the broader issues of humane care, ageism, personal safety, respect for individuality, purposeful work, opportunities for self-development, strengthened links with family and friends, and appropriate preparation for release
- The separation of prison-related (security) functions and health-related (disease) functions would serve to distribute costs and avoid the dilemma of custodial staff having to juggle separate roles with very different philosophies
- The collection and correlation of health data (refer Grau 2001) with prison data would aid in providing a more accurate profile of older prisoners, over time, and facilitate national data comparisons
- Prison designs that incorporate the needs of ageing (and disabled) inmates. such as non-slip surfaces, noise-proof construction materials, wheelchair access, grab rails etc would improve conditions for all prisoners and avoid future costly fit-outs
- Older prisoners’ concerns revolve around lack of privacy, dignity and self-respect, poorly designed facilities, fractured relationships, finances and family issues, timely health-care, vulnerability to victimization, declining health, reduced mobility, boredom, social isolation, purposelessness, death of ‘self’ and a fear of dying in prison
- Consulting with older prisoners about what constitutes ‘quality of life’ in the prison environment would better inform policies, programmes and practices

- Agreeing a prison 'retirement age' is less of a concern than ensuring that the concept of retirement does not socially exclude older prisoners from full participation in the life of the prison
- End-of-life issues require a sensitive response that takes account of the need for dignity, privacy, comfort, palliative care and appropriate time with loved ones, in an empathetic environment
- The stereotypical profile of the older prisoner as lower socio-economic, poorly educated and underprivileged is inconsistent with the increasing number of mid to late-life prisoners from privileged backgrounds with above grade 12 education
- The fact that sex offenders constitute an increasing proportion of the older prison population is a serious concern that demands further analysis, differentiation between the types of sexual offences, and where appropriate, consideration of suitable alternatives to imprisonment
- Conflicting views from both prisoners and prison authorities suggest the concept of segregated living units should not be adopted as a preferred model, without further evaluation of all the issues, particularly in the Australian context

Following are some of the strategic issues for prison administrators and suggested responses:

Issue	Suggested response
Rising numbers	<ul style="list-style-type: none"> ▪ Take the issue seriously ▪ Consult with older offenders about their experiences of ageing in prison and build that information into strategy, policies and programmes ▪ Improve data collection on prisoners over the age of 45 by five year age band ▪ Convene a national/international forum on ageing and imprisonment involving prison administrators, gerontologists, criminologists, custodial officers, health-care workers and older prisoners themselves, to identify and address key issues ▪ Establish a multi-disciplinary task force to develop a national strategy for managing older offenders ▪ Rely less on overseas literature and develop initiatives based on the Australian experience ▪ Develop a national database that captures criminogenic/social/health profile of older offenders in Australia ▪ Employ dedicated advocates for older prisoners
Health-care costs	<ul style="list-style-type: none"> ▪ Conduct evidence-based studies on real costs in Australia ▪ Explore cost-effective options such as telemedicine (video-conferencing) ▪ Separate prison-related issues from age-related issues ▪ Take a life-course approach to health-care, intervening in the previous cohort (in prison this may mean as early as 40+) to minimize health care costs later on ▪ Implement the National Health Information System recommended by Grau (2001) and correlate Prison and Health data to provide a more accurate profile of the older offender ▪ Adopt the precepts of the UK 'healthy prison model' ▪ Assess and treat undetected anxiety and depression (not necessarily with pharmaceuticals)
Architecture	<ul style="list-style-type: none"> ▪ Prison designs that take account of the needs of older and disabled offenders, to avoid future costly fit-outs
Ageist stereotypes	<ul style="list-style-type: none"> ▪ Incorporate positive and healthy ageing concepts into prison policies, programmes and health-care initiatives
Ageing	<ul style="list-style-type: none"> ▪ Better understanding of the ageing process ▪ Recognise that older prisoners' experiences are compounded by the duality of the ageing process and the pains of imprisonment ▪ Incorporate 'positive ageing' concepts into prison policies and programs
Defining the older offender	<ul style="list-style-type: none"> ▪ Agree a national chronological cut-off for data collection and comparison purposes that takes into account Australia's ageing demographics, the accelerated ageing of prisoners and the reduced life-span of indigenous men and women

Issue	Suggested response
Staff training	<ul style="list-style-type: none"> ▪ Train and appoint prisoners as non-medical aides, tutors etc ▪ Provide specialist training for custodial staff working with inmates with dementia or alternatively separate prison-related (security and containment) issues from health-related (disease, decline and death) issues
Programmes	<ul style="list-style-type: none"> ▪ Tailor programmes to needs (wellness, self-care, retirement etc) ▪ Encourage programme participation regardless of age or sentence length ▪ Address undetected depression and alcoholism ▪ Develop innovative management techniques and programs for inmates with dementia that retain dignity ▪ Explore external programmes outside the corrective services arena to inform prison programmes, for instance the principles of corporate redundancy programmes – build on strengths, encourage journeys of self-discovery beyond the perception of ‘self’ as criminal ▪ Adopt principles of sex offender treatment programmes (in a non-punitive way) to explore, life-line (happy and sad events across the lifecourse); family of origin (how an individual’s family of origin dealt with grief, loss, anger, etc); offence chain (how one came to offend); relapse prevention plan (awareness of the circumstances that trigger offending) and support networks (family/friends/professionals) in the community
Prison visits	<ul style="list-style-type: none"> ▪ Increase contact visits with elderly relatives, particularly when they are ill
Humane care	<ul style="list-style-type: none"> ▪ Adopt human rights principles as a moral framework for prison policies
Prison Industries	<ul style="list-style-type: none"> ▪ Develop partnerships with business for more innovative prison industries
Early release	<ul style="list-style-type: none"> ▪ Consider compassionate release for low-risk terminally ill or frail prisoners
Segregation	<ul style="list-style-type: none"> ▪ Fully explore the issues surrounding age-segregated units in the Australian context
Reintegration	<ul style="list-style-type: none"> ▪ Preparation for work ▪ Preparation for retirement ▪ Somewhere to go and someone to go to ▪ Continuity of support in the community
Death & Dying	<ul style="list-style-type: none"> ▪ Create an empathetic environment for family and friends ▪ Explore hospice/palliative care concepts

Reflecting on the experiences of ageing prisoners is a way of stepping into the shoes of the ‘old and quiet’ (HMIP 2004) and a first step towards discerning what might make a difference. The following issues arise from this study.

Issue	Suggested response
Adjusting to prison	<ul style="list-style-type: none"> ▪ Induction programme ▪ Address anxieties before they escalate
Furniture and fittings	<ul style="list-style-type: none"> ▪ Chairs with arms ▪ Non-slip surfaces, grab rails and raised toilet seats ▪ Sufficient warm clothing and blankets ▪ Increased seating throughout the prison
Privacy & Dignity	<ul style="list-style-type: none"> ▪ In-cell bathroom facilities ▪ Showering at an alternative time to younger cohort
Health-care	<ul style="list-style-type: none"> ▪ Provide a standard of health-care at least equivalent to the community ▪ Address undetected depression and anxiety disorders ▪ Treat alcohol and drug dependency ▪ Teach mature defences (coping skills) ▪ Consider earlier intervention - say at 40 years of age, given the accelerated ageing of offenders and the reduced life-span of Indigenous men and women.
Education	<ul style="list-style-type: none"> ▪ Accessible regardless of age or sentence (incl lifers) ▪ Older educated inmates to teach younger inmates who want to improve literacy/numeracy skills
Reduced Mobility	<ul style="list-style-type: none"> ▪ Medical aids such as walking sticks, frames and wheelchairs
Sensory losses	<ul style="list-style-type: none"> ▪ Larger print books ▪ Audio tapes
Activities and Interests	<ul style="list-style-type: none"> ▪ Common-interest groups (including mix of young/old) ▪ Partnerships with ‘seniors’ and charity groups to provide services ▪ In-prison ‘seniors’ magazine ▪ In-cell hobbies, particularly for those who are isolated due to disability ▪ In prison groups - jazz, choral work, drama, art, music
Exercise	<ul style="list-style-type: none"> ▪ Provide recreational sports such as table tennis, lawn bowls, darts ▪ Use of gyms at alternative times to younger cohort
Work & Income	<ul style="list-style-type: none"> ▪ Formalise and remunerate voluntary jobs such as tutors, non-medical aides etc ▪ Explore the idea of a ‘prison shopfront’ in the community to market products made in prison such as furniture, toys, art etc. ▪ Consider allowing older prisoners to deposit any profits from prison industries into a superannuation fund for retirement
Victimisation	<ul style="list-style-type: none"> ▪ Anti-bullying programme ▪ Buddies/Mentors

This thesis has only scratched the surface of the issues surrounding ageing prisoners and many questions still remain unanswered, for instance :

- To what extent does intra vs extra-familial child sexual assault and intra-familial homicide vs extra-familial homicide contribute to the numbers of older inmates?
- Do older offenders really have a calming effect on the prison population?
- What are the real costs for ageing offenders in the Australian context?
- How does the ageing process contribute to crime?
- To what extent does domestic violence impact on the numbers of older prisoners?
- What part do the losses of ageing and the social environment play in the crimes of older people?

In the absence of a national strategy for ageing prisoners, any response is likely to occur in an adhoc manner, in direct relationship to the number of offenders and the perceived ‘problem’ in each state. Whether older offenders represent ‘a significant cohort or a forgotten minority’ will ultimately be determined by the emphasis placed on this issue by prison administrators and policy makers.

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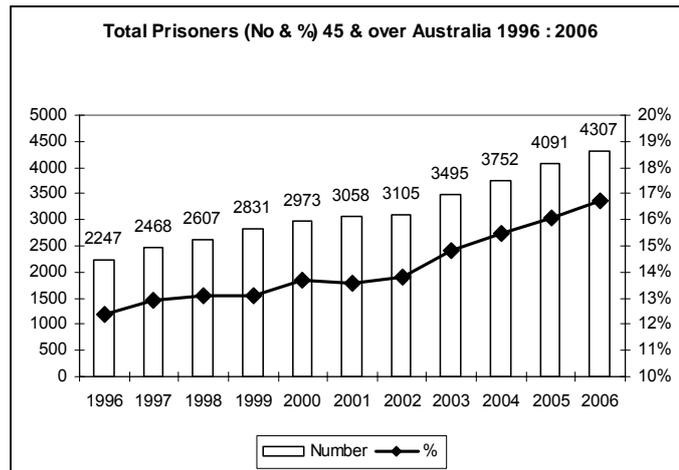
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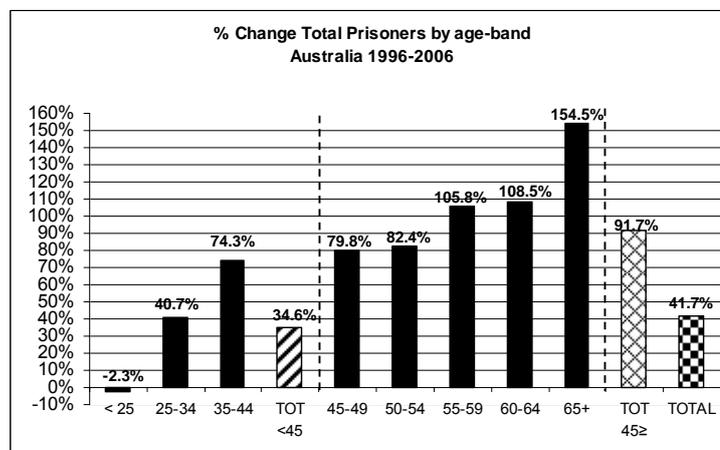
APPENDIX 1

As at 30 June 2006, inmates 45 years and over accounted for 4,307 or 16.7% of the total Australian prison population (n=25,777), an increase from 2,247 or 12.4 percent in 1996 (n=18,193).



Source : Prisoners in Australia (ABS 4517.0, Table 1,1996-2006)

These increases take on more significance when viewed alongside the under 45 cohort and the prison population as a whole. Between 1996 and 2006, the 45 and over cohort increased by 91.7%, more than two and a half times the rate of the under 45 cohort (34.6%), and disproportionate to the prison population as a whole (41.7%). The largest increase in raw numbers (802 persons) occurred in the 45-49 age bracket, however the 65+ group recorded the greatest percentage change over this period.



Source :ABS 4517.0, Table 1,1996-2006

Between 1996 and 2006, the total number of men aged 45 and over rose from 2,140 or 12.4% of all men in prison (n=17,221), to 4,022 or 16.8% of all men in prison (n=23,961), representing an increase of 87.9%. Again men aged 65+ recorded the greatest percentage change. In the same period, the number of women aged 45 years and over rose from approximately 107 or 11.0% of all women in prison (n=972), to approximately 281 or 15.4% of all women in prison (n=1,823), representing a 162.6% increase.

As at June 2006, there were 6,090 Indigenous prisoners in Australia, or 24% of the total prison population, representing 'the highest proportion at 30 June since 1996' (ABS 4517.0, 2006 : 5). Of this number approximately 483 were age 45 and over (450 men and 33 women). Despite small raw numbers, the increase in Indigenous women in the 45+ cohort between 1996 and 2006 exceeded that of males in the same age group (450% vs 257%) and the Indigenous prison population as a whole (86.1%). In 2004, the Human Rights and Equal Opportunity Commission identified indigenous women as the fastest growing prison population in Australia (HREOC SJR 2004).