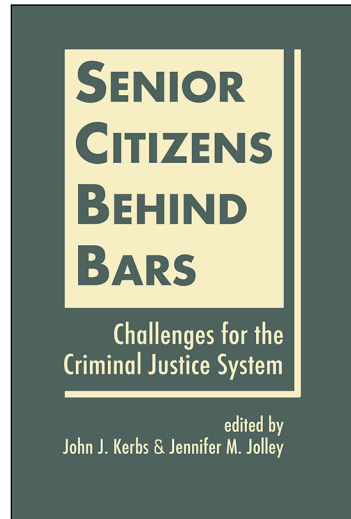


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**Senior Citizens Behind Bars:
Challenges for the
Criminal Justice System**

edited by
**John J. Kerbs and
Jennifer M. Jolley**

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ISBN: 978-1-62637-042-5 hc



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Lynne Rienner Publishers website
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1

A Path to Evidence-Based Policies and Practices

John J. Kerbs and Jennifer M. Jolley

This book is about older prisoners in federal and state correctional facilities in the United States. What makes this book unusual is that it takes an evidence-based approach to the synthesis and review of the extant scholarly research on older and aging prisoners' needs, policies, and procedures that govern their care and custody, and interventions and programs for older offenders inside prison and outside after their release. Such an approach also necessitates a longitudinal look at older inmates, from sentencing through imprisonment and potential release.

Building from the work of Golder et al. (2005) and Drake et al. (2001), this book generally defines evidence-based corrections as the use of scientifically rigorous *quantitative* evidence that is standardized and replicable in order to

- Improve our knowledge regarding older prisoners' specific criminogenic and bio-psycho-social needs, the prevalence of these needs, and the interventions that best address these needs.
- Inform specific policies and practices with particular populations of older prisoners who have specific problems.
- Develop effective evidence-based programs that improve specific outcomes (e.g., the reduction of recidivism rates) for older inmates with varying bio-psycho-social and criminogenic needs.
- Identify the limitations of prior research in a way that can inform future research to improve services and outcomes for aging inmates in the United States.

2 *Senior Citizens Behind Bars*

That said, evidence-based corrections in general and evidence-based programs in particular are often improved through accumulated knowledge from studies that span decades of research that ultimately defines the boundaries of what is and what is not known about older prisoners. Such studies should provide consistent scientific evidence demonstrating improved outcomes, including statistically significant reductions in recidivism (Drake et al., 2001).

Although quantitative evidence is essential to the advancement of evidence-based corrections and evidence-based programs (ideally rooted, when applicable, in randomized experiments with treatment and control groups), Sampson (2010) noted that there is a need to conjoin both observational (qualitative) methods and experimental (quantitative) methods to inform evidence-based corrections policy, in large part because we need to avoid equating evidence-based policy with experimental-based policy. Thus, there is room for mixed-method research (Sampson, 2010), but all studies should be rigorous as defined by their research designs, sampling methods, sample size, and analytic approaches (MacKenzie, 2000).

Such evidence-based discussions regarding older prisoners have materialized only recently, over the past four decades. Indeed, there has been an evolution in both the quantity and the quality of scholarship since the 1970s that cuts across four distinct periods in time. These historical periods, or stages of scientific progress, generally explore the relationship between older citizens and the criminal justice system, including in regard to correctional systems in the United States (Adams, 1995; Alston, 1986). To place the contribution of this book in historical context, and to give the reader a quick primer on the evolution of research concerning older prisoners, these four stages will be reviewed here. Thereafter, this introduction will focus on the structure of the book, providing a brief review of each chapter and the utility of each to inform policies and procedures related to the correctional treatment of older prisoners in the United States. Ultimately, this book aims to provide academics, correctional officials, policymakers, prison staff, and students from various disciplines and fields with the most current evidence-based discussion as developed from a multidisciplinary review of the scholarly literature in criminal justice, criminology, gerontology, law, medicine, penology, psychology, social work, and sociology.

While such a wide cross-section of disciplines may seem excessive and potentially unnecessary, such a review is actually essential if concerned academics, correctional practitioners, and policymakers are to understand and plan for the complex and multifaceted nature of the problems facing older offenders in each stage of the criminal justice system—that is, from sentencing and initial placement in prison to supervision behind bars and potential release thereafter. To gain an understanding of the complex

vagaries of life facing older prisoners, one need look no further than the thousands of prison counselors and case managers who are charged with the daily care and custody of aging prisoners in the United States. As one prison counselor noted, older inmates “are a corrections problem, they’re a parole problem, they’re a welfare problem, they’re a mental health problem, and no one takes care of them” (Alston, 1986, p. 219). This book, if successful, will empower readers and policymakers to better identify the problems facing older prisoners, develop more effective policies and procedures to address identified bio-psycho-social and criminogenic problems, develop evidence-based interventions and programs for treatment and rehabilitation, implement effective and efficient interventions, and evaluate policies, procedures, interventions, and programs. The culmination of these goals should also promote the humane treatment of older prisoners while maintaining and advancing public safety.

The Evolution of Scholarship on Older Prisoners

Although the academic and policy-focused literature on older inmates evolved slowly in the early 1970s, it has since grown to include a mix of national and international publications on a multiplicity of issues facing older prisoners in the United States (see, e.g., Aday, 2003; Aday and Krabill, 2011) and abroad (see, e.g., Dawes, 2009; Her Majesty’s Inspectorate of Prisons, 2004; Turner and Trotter, 2010). That said, the literature still has a long way to go before it evolves to the level of sophistication that commonly typifies the literature on younger inmates in general. Nonetheless, each of the four stages in this evolution has been essential in advancing our understanding of critical issues facing older prisoners, their care and custody, and the professionals charged with their supervision, both in prison and after release. Each new stage integrates the scientific achievements of the earlier stages while advancing the level of scientific sophistication that is brought to the old and the new questions of each era of study. Thus, many of the issues that older prisoners faced in the early 1970s are still present today, but the most recent publications are much more advanced in relation to promoting best practices and evidence-based discussions.

Stage 1: Emergent Awareness of Older Offenders and Aging Prisoners

The first stage—the awareness stage—began during the early 1970s and was characterized by a criminal justice system that appeared to be more concerned with older people as victims rather than as perpetrators of crime

(Adams, 1995; Alston, 1986). Thus, there was limited recognition in the scholarly literature of the plight of older prisoners in federal and state correctional facilities. Unlike poverty and other persistent and widely publicized social problems across the decades, the problems associated with older prisoners did not have a defined history in the scholarly literature until the early 1970s, when the Federal Bureau of Prisons recognized the “need for special programming” for older prisoners (Kratcoski and Pownall, 1989, p. 35). Still, older inmates were relatively invisible during this period, which was characterized by a concern more for elderly victims than for older prisoners. Their invisibility was so prominent in the 1970s that Ham (1976) called aging inmates the “forgotten minority.”

Stage 2: Conceptualization of Older Offenders and Aging Prisoners

The second stage began in the early 1980s, when the elderly who were caught up in state and federal courts and prisons were viewed both as criminals and as inmates (Adams, 1995). Academics and the media followed this newfound geriatric deviance, and material published during the early 1980s (mostly in the popular press) incorrectly predicted a geriatric “crime wave” (Alston, 1986); not surprisingly, a revisionist movement in the academic and professional literature debunked this crime-wave myth during the middle to late 1980s (Cullen, Wozniak, and Frank, 1985; Forsyth and Shover, 1986; Long, 1992; Steffensmeier, 1987; Steffensmeier and Harer, 1987). During this stage, numerous academics rushed to publish the first books (edited and otherwise) to address the intersection of criminology and gerontology (Alston, 1986; Chambers et al., 1987; Chaneles and Burnett, 1989; Fattah and Sacco, 1989; Malinchak, 1980; Newman and Newman, 1984; Shover, 1985; Wilbanks and Kim, 1984). The books and journal articles of the 1980s characteristically included studies seeking to develop profiles of elderly crime, elderly offenders, elderly inmates, and treatment strategies for elderly offenders inside and outside of prison (Fry, 1987; Gallagher, 1990; Kratcoski and Pownall, 1989; Rosner et al., 1991; Rosner, Wiederlight, and Schneider, 1985; Rubenstein, 1982; Wilson and Vito, 1986).

During Stage 2, there was an emergent discussion regarding which prisoners and offenders qualified as “older” or “elderly.” Outside the criminal justice system, governmental programs often recognize age 65 as the cutoff between younger and older citizens, because retirement and social security benefits are tied to age 65, but criminologists and criminal justice researchers (beginning in the 1980s) often considered younger ages as appropriate cutoffs for research concerning older offenders. Some studies used age 55 as the cutoff (Brahce and Bachand, 1989; Newman, 1984; Shichor,

1984) while others used age 60 (Champion, 1987; Feinberg, 1983; Wilbanks, 1984a, 1984b), but only rarely did researchers use age 65 as the cutoff (see, e.g., Chressanthis, 1988). Still, some used multiple categories (e.g., ages 55–59, 60–64, and 65 and older) for those aged 55 and older (Meyers, 1984; Sapp, 1989; Wilbanks and Murphy, 1984). Nonetheless, a general consensus started to form in the 1980s that age 55 was the most appropriate cutoff for designating an offender as elderly.

Beyond discussions concerning age-related cutoffs for criminal justice research, Stage 2 also included a number of published typologies (briefly discussed herein) for older prisoners' sentencing histories (see, e.g., Fry; 1987; Goetting, 1983, 1984; Metzler, 1981; Tobin and Metzler, 1983; Teller and Howell, 1981). One of the original typologies for older inmates found two distinct categories: those incarcerated for the first time, and those incarcerated more than once (Teller and Howell, 1981). Metzler (1981) found three types: those incarcerated for the first time at a young age who then grew old in prison, those incarcerated for the first time as older adults who then remained in prison, and those incarcerated multiple times. Finally, Goetting (1984) developed a four-category approach, one of the more advanced typologies published to date, based on a nationwide study of 11,397 inmates selected from two independent sample frames of males and females in state penal institutions in 1979. Goetting (1984, pp. 18–19) used a sample of 248 prisoners who were 55 years of age and older to construct her four-category typology as follows:

- Type 1: Old offenders. This category consisted of those inmates who were 55 years of age or older at their first incarceration. They constituted 41.38 percent of the sample.
- Type 2: Old-timers. This category consisted of those inmates who had grown old in prison. They had been incarcerated for their current offense before the age of 55, and had served at least twenty years on that sentence. They constituted 2.32 percent of the sample.
- Type 3: Career criminals. This category consisted of recidivists whose first incarceration had been before the age of 55, and excluded old-timers. They constituted 45.60 percent of the sample.
- Type 4: Young, short-term, first-time offenders. This category consisted of first-time offenders who were incarcerated before the age of 55, and excluded old-timers. They constituted 10.68 percent of the sample.

The importance of these age-based debates and related sentencing typologies should not be underestimated. In short, it is clear that older prisoners are not all the same. Some have long histories of experience with

prison life, while others have little to no exposure to the vagaries of life in federal and state facilities. Such differences have profound implications for academics, policymakers, and correctional practitioners who hope to understand their needs and create effective and efficient programs for this diverse population of aging prisoners.

Stage 3: Advancement of Effective Correctional Treatment for Aging Prisoners

The third stage began in the late 1980s and ran through the late 1990s. During this period, debates regarding age-related cutoffs to define the line between younger and older offenders and prisoners had developed a consensus: most correctional researchers and practitioners used or advocated for age 50 as the operational cutoff to define the line between the young and old, especially in prison. For example, in a 1992 publication by Joan Morton, she argued “that correctional agencies nationwide adopt age 50 as the chronological starting point to define older offenders” (1992, p. 3). Proof of this emergent standard in correctional systems was found shortly thereafter by Aday (1999), who completed a national survey of state correctional departments and found that age 50 was the most common criterion that correctional officials utilized to define old age.

This standard was also readily adopted by researchers, who considered these age-based cutoffs to be appropriate because older prisoners (aged 50 and older) appeared to have different bio-psycho-social needs as compared to inmates who were younger than 50 years of age. For example, many older prisoners appeared to experience “accelerated” aging. Biologically speaking, the literature demonstrated that “their physical . . . condition has been found to deteriorate rapidly during their prison terms” (Rubenstein, 1984, p. 157). Older prisoners’ rapid decline or accelerated aging was apparently due to two factors: they may not have had healthy lifestyles prior to incarceration, and life in prison was so harsh and stressful that it was seen as exacerbating the aging process (Fattah and Sacco, 1989). Consequently, older inmates were considered to have aged roughly ten years beyond that of the average citizen (Rosefield, 1993). Thus, a 50-year-old inmate is physiologically similar to a 60-year-old person outside of prison.

Stage 3 also included the publication of various studies regarding effective correctional strategies aimed at advancing the treatment of older offenders inside and outside of prison. The search for effective correctional strategies generally conformed to two schools of thought with respect to aging inmates. The first school of thought was primarily concerned with adapting existing prison programs to meet the special needs of geriatric inmates (Aday, 1994b; Anderson and McGehee, 1991, 1994; Dugger, 1988;

Florida Department of Corrections, 1993; Morton, 1993, 1994; Vito and Wilson, 1985). While adaptation advocates gave minor attention to discussions of decarceration (e.g., release via parole or commutation of sentences), they primarily promoted the adaptation of prisons to accommodate older inmates' needs. The second school was oriented primarily toward the diversion and decarceration of older offenders (Adams, 1995; James, 1992; Kerbs, 2000b; Lundstrom, 1994). Those in this school fundamentally questioned the initial placement and maintenance of aging inmates in secure forms of confinement, in large part because age-related illnesses and disabilities often reduced or nullified their threat to society.

While the adaptation versus decarceration debate continued in the 1990s, there was a well-documented and widespread recognition of the growing number of older prisoners in the United States, often referred to as the "graying of America's prisons" (Rosefield, 1993, p. 51). This recognition was the result of a myriad of factors, including (according to the scholarly literature) an increasing reliance upon sentencing strategies that were creating an unavoidable ballooning of the aging inmate population. Generally speaking, most states and the federal government had passed a number of sentencing statutes in the 1980s and 1990s that emphasized long-term mandatory-minimum sentences and "three-strikes" strategies mandating life sentences (often without potential for parole) for recidivists (Benekos and Merlo, 1995; Turner et al., 1995).

While such statutes targeting habitual offenders have been around since the colonial days, there was a renewed interest in the passage of such laws in large number beginning in the 1980s (Turner et al., 1995). Consequently, in 1993, Rosefield noted that "geriatric" inmates had arrived in US prisons, and that many more were "just over the horizon" (p. 57). The best available data from the 1990s supported this contention, and experts were already saying that various states would rename prisons as "centers for the treatment of old folks" (Rosefield, 1993, p. 57), and "old age homes for felons" (Zimbardo, 1994, p. 1). As shown in Table 1.1, the number of older prisoners in federal and state prisons grew by about 10,000 prisoners a year in the 1990s, from 34,845 prisoners aged 50 and older in 1991 to 113,358 older inmates in 2001 (C. G. Camp and G. M. Camp, 1994–2001; G. M. Camp and C. G. Camp 1991–1993). The proportion of older inmates also grew, from 5.3 percent of the total federal and state prison population in 1991 to 7.9 percent in 2001. These figures collectively demonstrated the start (beginning in the early 1990s) of a "stacking effect" whereby older inmates (aged 50 and older) multiplied in number and proportion in the 1990s due to sentencing statutes that required younger and older inmates (especially recidivists) to be incarcerated longer, often into their senior years, with or without hope of parole (Zimbardo, 1994). While the "stacking

Table 1.1 Number of Prisoners Aged 50 and Older in Federal and State Prisons, 1991–2001

Agency	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
State ^a	28,948	35,032	37,058	41,309	45,226	50,896	62,272	69,994	77,146	87,358	97,292
Federal ^b	5,897	6,554	7,244	9,169	10,055	12,108	11,271	13,673	15,216	15,774	16,066
Total ^c	34,845	41,586	44,302	50,478	55,281	63,004	73,543	83,667	92,362	103,132	113,358
Percentage of total ^d	5.3	5.7	6.0	5.9	6.1	6.6	6.8	7.2	7.0	8.6	7.9

Sources: C. G. Camp and G. M. Camp, 1994–2001; G. M. Camp and C. G. Camp, 1991–1993.

Notes: a. Figures represent the aggregate of all inmates aged 50 and older in adult correctional agencies on January 1 of each year.

b. Figures represent the aggregate of all inmates aged 50 and older in the Federal Bureau of Prisons on January 1 of each year.

c. Figures reflect the aggregate of federal and state prison populations for each year.

d. Percentage of the total prison population in federal and state prisons on January 1 of each year.

effect” of the 1990s was well documented, the implications of this phenomenon had yet to be fully appreciated until the turn of the century. Thus, Stage 3 closed with a clear recognition that the United States would be housing an increasingly large population of older prisoners. It was not until Stage 4 that some of the commonly overlooked questions from the 1990s would begin to be answered.

Stage 4: Advancement of Specialized Research on Older Prisoners

Pragmatically speaking, the fourth stage began in 2000 and continues through the present day with an increased focus on the advancement of scientific research regarding the needs and service requirements for various subtypes of older prisoners, including older men, older women, older inmates with chronic illnesses and disabilities, older prisoners with terminal diseases, and older inmates in need of palliative and hospice care. Not surprisingly, this era of specialized research formed amid a continuation of the stacking effect across time, with the literature becoming more demographically sophisticated in relation to who was being stacked (largely sex offenders and violent offenders), what they needed, and the programs and services that would meet their specific needs (Aday, 2003; Aday and Krabill, 2011; Kerbs, 2000a, 2000b). That said, just measuring the counts for who was 50 years of age and older was not made simple until Stage 4. Unfortunately, the Bureau of Justice Statistics was very slow to alter its reporting patterns for age-based counts of federal and state prisoners, as evidenced by its reliance upon mid-decade cutoffs (e.g., 40–44, 45–54, and 55 and older) for age-based prison data (see, e.g., Sabol, Couture, and Harrison, 2007), which was counter to the suggested use of age 50 as the cutoff. Nonetheless, in 2008, the Bureau of Justice Statistics moved more appropriately to age-based cutoffs that started at age 50 (e.g., 50–54, 55–59, 60–64, and 65 and older) (West and Sabol, 2008). Hence, the tracking of stacking by demographic categories (i.e., tracking to include the intersection of gender, race, and age beginning at age 50) was not implemented in Bureau of Justice Statistics reports until after December 2008 (West and Sabol, 2008).

The tracking of stacking by demographic categories. According to the most recent release of Bureau of Justice Statistics data, federal and state correctional facilities housed about a quarter of a million inmates ($n = 246,600$) aged 50 and older on December 31, 2010; this figure translates into 15.9 percent of the combined federal and state prison populations, up from 8.6 percent in 2000 (a decade earlier), when state and

federal prison collectively housed 103,132 prisoners in this age group (Camp and Camp, 2000; Guerino, Harrison, and Sabol, 2012). In relation to intersection of age and gender, the vast majority of older prisoners in 2010 were male ($n = 233,000$), but there was still a sizable population of women ($n = 13,600$) in federal and state facilities; proportionally, males constituted about 94.5 percent of all prisoners aged 50 and older in 2010, while females comprised about 5.5 percent of this prisoner population (Guerino, Harrison, and Sabol, 2012). Interestingly, the proportional representation of older males and females did not change across the two decades from 1990 to 2010 (see Kerbs, 2000b).

In relation to the intersection of age, gender, and race, Bureau of Justice Statistics data documented a significant amount of racial and ethnic diversity among older men and women (aged 50 and older) in prison (Guerino, Harrison, and Sabol, 2012). In 2010, whites constituted the highest proportion (41.2 percent) of all older men in federal and state prisons, but substantial proportions of older African American men (33.2 percent), older Hispanic men (15.2 percent), and older inmates who identified as multiracial (10.3 percent) were also present in US prisons. Similar to the proportional representation for older men in federal and state prisons in 2010, whites constituted the highest proportion (47.8 percent) of all older women in prisons, but substantial proportions of older African American women (25.7 percent), older Hispanic women (14.0 percent), and older women in prison who identified as multiracial (12.5 percent) were also present in US correctional facilities.

The exact numbers associated with these percentages are presented in Table 1.2. The largest group of older men behind bars on December 31, 2010, was white men ($n = 96,100$), followed by African American men ($n = 77,400$) and Hispanic men ($n = 35,500$). For older women in prison, the same pattern held, with white women representing the largest group ($n = 6,500$), followed by African American women ($n = 3,500$) and Hispanic women ($n = 1,900$). Interestingly, as one moved up the age brackets—from 50–54, to 55–59, to 60–64, to 65 and older—the number of older men and women decreased with each incremental step in age; starting at age 60, the number of older women in prison actually fell into the hundreds, regardless of their racial or ethnic identification.

Whereas older whites (regardless of gender) outnumbered older African Americans and Hispanics in federal and state prisons, the demographic trends were more complex in relation to the rates of incarceration per 100,000 US residents. Research by Guerino, Harrison, and Sabol (2012) found that older men (as compared to older women) were incarcerated at much higher rates across all age brackets and all racial/ethnic groups in 2010. Among males, Older African American men had the highest rates of

Table 1.2 Estimated Number of Sentenced Prisoners Aged 50 and Older Under State and Federal Jurisdiction, by Sex, Race, and Hispanic Origin, December 31, 2010 (incarceration rates per 100,000 population in parentheses)

Age	Male				Female			
	Total ^a	White ^b	Black ^b	Hispanic	Total ^a	White ^b	Black ^b	Hispanic
50–54	114,000 (1,015)	43,200 (552)	41,100 (3,441)	18,000 (1,495)	7,700 (68)	3,600 (45)	2,100 (150)	1,100 (88)
55–59	61,700 (650)	24,700 (347)	21,400 (2,239)	9,300 (1,031)	3,500 (34)	1,600 (22)	900 (76)	500 (55)
60–64	32,000 (391)	14,700 (233)	9,300 (1,262)	4,600 (679)	1,500 (17)	800 (12)	300 (33)	200 (29)
65 and older	25,300 (143)	13,500 (95)	5,600 (418)	3,600 (294)	900 (4)	500 (3)	200 (7)	100 (8)
Total	233,000	96,100	77,400	35,500	13,600	6,500	3,500	1,900

Source: Guerino, Harrison, and Sabol, 2012.

Notes: Data source used to estimate race and Hispanic origin was changed in 2010, and data source for age distributions was enhanced between 2009 and 2010. Use caution when comparing prior years. Counts based on prisoners with a sentence of more than one year.

- a. Includes American Indians, Alaska Natives, Asians, Native Hawaiians, other Pacific Islanders, and persons self-identifying as two or more races.
- b. Excludes persons of Hispanic or Latino origin.

incarceration per 100,000 residents within each age bracket in 2010, older Hispanic males had the second highest rates, and older white males had the lowest rates.

With one minor exception, Table 1.2 also documents the same pattern of rates for older women in prison, with older African American women having the highest rates of incarceration across almost all age brackets; the single exception was for the category of 65 and older, which was dominated by older Hispanic women. Older Hispanic women had the second highest rates of incarceration for the remaining categories, and older white women had the lowest rates of incarceration across all age brackets. In terms of ratios, generally, older African American and Hispanic women tended to be incarcerated at rates that were two to three or more times higher than the rates for older white women. For example, the rate of incarceration for older African American women who were 55 to 59 years of age on December 31, 2010, was 76 per 100,000 US residents, which was 3.45 times higher than the corresponding rate for older white women behind bars, at 22 per 100,000 residents. Within the same age bracket, the incarceration rate for older Hispanic women was 55 per 100,000 residents, which was 2.50 times higher than the corresponding rate for older white women, at 22 per 100,000 residents.

The national figures for incarcerated women as shown in Table 1.2 are clearly complex, and interpretations of these data can change radically when one moves from reviewing the number of women who are incarcerated to the rate of incarceration for women. Differences within and between groups that are delineated along sociodemographic lines (age, gender, race, and/or ethnicity) are indicative of disproportionate rates of incarceration for older nonwhite women, including older African American and older Hispanic women. Unfortunately, the data as released by the Bureau of Justice Statistics do not provide additional clarifications for the rates of incarceration as specifically applied to American Indians or Alaskan Natives, Asian Americans, and Hawaiian or Pacific Islanders (to name but a few groups). Nonetheless, such clarifications are needed as federal and state prisons continue their efforts to provide specialized programming for the diverse array of aging inmates in the United States.

Research regarding specific needs and specialized programming. During Stage 4, scientific and specialty literature started to mature on a variety of pressing topics. Although many of these topics were examined in publications from Stage 3, the fourth stage generally included more sophisticated examinations of sentencing practices resulting in the graying of America's prisons (see, e.g., Auerhahn, 2003), the bio-psycho-social needs of older prisoners (see, e.g., Marquart, Merianos, and Doucet, 2000; Maruschak, 2008; Leigey and Hodge, 2012), gender-specific issues (see, e.g.,

Aday and Krabill, 2011; Aday and Nation, 2001; Caldwell, Jarvis, and Rosefield, 2001; Leigey and Hodge, 2012), older prisoners' safety (see, e.g., Kerbs and Jolley, 2007), palliative and hospice care for aging inmates (Linder and Meyers, 2007, 2009), and so on.

In an effort to build upon this maturing base of literature, this book will provide the most up-to-date and scientifically informed discussions of policy-relevant topics facing older prisoners in the United States. This critical engagement of the scholarly literature aims to analyze correctional efforts to meet the needs of older inmates in prison systems that were inherently designed for relatively younger, less medically intensive, and more aggressive inmates. Therefore, this book examines the fit (or lack thereof at times) between the needs of older inmates and the correctional policies and practices that govern efforts to meet those needs. This examination will cover a wide range of practice and policy-relevant themes, including older prisoners' medical care, their psychological adjustment and mental health care in prison, their vulnerability to multiple forms of victimization, their access to theoretically informed programming that supports rehabilitation and reentry into society, and the overall poor standard of care for older inmates that has emerged within state and federal prisons. Solutions to the lack of fit between older inmates' needs and correctional policies and practices are discussed by proposing ways to advance evidence-based corrections and evidence-based programs for this complex and vulnerable population.

Overview of Chapters

The structure of this book and the organization of the chapters follow a logical order related to the correctional continuum of custody, from sentencing to incarceration to potential release. Collectively, the chapters aim to examine the experiences of older inmates, from courts through prisons and reentry, with individual chapters rigorously assessing factors that shape older inmates' daily routines and potential trajectories in correctional systems.

In Chapter 2, Kathleen Auerhahn critically examines how changes in sentencing strategies have increased the number and proportion of older inmates. Beginning with historical and conceptual analyses, she traces the evolution of sentencing reforms from an era that favored discretion in sentencing policy (indeterminate sentencing) to an era that favored dictation of the terms and conditions of sentencing policy (determinate sentencing), especially as applied to recidivists. Thereafter, using data from California, she empirically tracks and analyzes the growth in the state's population of older prisoners, and the relationship between the increase in California's older prisoner population and changes in sentencing policy related to the

shift from indeterminate to determinate sentencing strategies. The chapter concludes with a review of some provocative policy suggestions, including implementation of geriatric release programs for older offenders who present little threat to public safety.

In Chapter 3, Margaret Leigey looks at the bio-psycho-social needs of older prisoners and policy implications aimed at addressing identified needs. She highlights both what is known and what is not known about older prisoners' needs, while simultaneously identifying a series of inconsistent findings and gaps in the published research to date. Her literature review provides insight into how the older prisoners' biological, psychological, and social needs differ from the needs of the younger inmates; moreover, she explores the current status of knowledge regarding special populations of older prisoners, including older women and older minorities in federal and state prisons. Finally, she concludes by advocating for the use of age-specific programs, policies, and procedures.

In Chapter 4, Ronald Aday and Jennifer Krabill critically analyze (using the developmental lens of gerontology) the fit between older inmates' bio-psycho-social needs and the services that are provided to them. To this end, they explore how correctional systems can promote the creation of humanistic prisons that creatively apply resources to structure the daily routines of aging inmates in ways that address their special needs. Models of successful aging are described and used as frameworks for evaluating the ways in which current modes of prison programming do, and do not (as is often the case), support aging inmates' psychosocial engagement and integration. Moreover, models of successful aging are used to describe the programming practices and approaches that correctional officials should consider using to promote the psychosocial engagement of aging inmates via productive and healthy daily routines. Finally, various components of gerontologically specialized programming (e.g., support groups and work opportunities) are described in depth, and a fully integrated best-practice model from Nevada (the True Grit program) is used to demonstrate the potential benefits that may be derived from providing a strong therapeutic social milieu for a diverse aging inmate population.

In Chapter 5, Jennifer Jolley, John Kerbs, and John Linder assess the treatment of older women in prison; given the paucity of research available on this topic, they provide both a brief overview of the best available research regarding their sociodemographic characteristics and their gender-specific needs, especially in relation to their physical and mental health needs. To avoid a redundant review of the literature on older women in prison as discussed in Chapter 3, the authors of Chapter 5 focus on methodological problems that undermine the results of most studies to date concerning older women in federal and state prisons. Thereafter, the authors

make suggestions for potential modifications of research designs to improve the quality of research involving older women in prison, our base of knowledge regarding the needs of older women in prison, and the utility of this research to inform the development of policies, procedures, and programs to meet their needs. The chapter concludes by reviewing a heuristic model for quality of care as applied to health-care systems that serve older women in prison who require specialized treatment for serious and often multiple chronic conditions. The authors of this chapter demonstrate that this model, if utilized in the development of studies that examine and evaluate the delivery of health services to older women behind bars, could advance our understanding of the longitudinal aspects of their care. More specifically, this model examines the structures (buildings, equipment, and staff) that might serve their needs, the clinical processes (technical care and interpersonal relationships) involved in their treatment, and the short- and long-term outcomes of their care (changes in health status, the levels of functioning, symptom relief, and so on).

In Chapter 6, Naoki Kanaboshi analyzes case law and legislation that affects the handling of older inmates; legal liabilities and mandates are reviewed and specifically applied to the most pressing issues facing older prisoners (e.g., end-of-life care, accommodations for disabilities, right to refuse medications). In order to provide the reader with needed insights into the future of prisoners' rights for the aging prison population in the United States, this chapter serves as a constitutional primer that addresses five major issues: health care, conditions of confinement, protection from other prisoners, refusal of medical treatment, and statutory rights of prisoners. Specific legal analyses examine the role of the Eighth and Fourteenth Amendments, the Americans with Disabilities Act of 1990, and the Rehabilitation Act of 1973. This chapter demonstrates that the courts have provided strong protections to older inmates, especially those with disabilities, which suggests that policymakers and prison officials would be well advised to become aware of and fully compliant with the recent advancements in the rights of older disabled prisoners.

In Chapter 7, Anita Blowers, Jennifer Jolley, and John Kerbs present the foundational arguments of the age-segregation debate and assess whether it is more appropriate to mainstream older inmates into the general prison population or to provide them with age-segregated living arrangements. The authors place an emphasis on three key issues that those who advocate for the integration position and those who advocate for the segregation position build into their arguments: access to and utilization of quality medical and mental health services, maintenance of social order in prisons, and creation of age-appropriate social environments. Thus the authors assess each of these three points by summarizing the evidence

presented from both the age-integration perspective and the age-segregation perspective. Finally, policy implications that stem from this debate are examined in detail.

In Chapter 8, John Kerbs and Jennifer Jolley examine the implications of the inverse relationship between age and crime; as offenders age, they are less likely to be rearrested, reconvicted, and reincarcerated. Thus, the authors suggest that the implication of warehousing aging offenders who are desisting from criminal activity is self-evident: the expensive and limited supply of prison beds in the United States is increasingly occupied with aging offenders who are at low risk of recidivism due to age-based desistance and other age-related factors, including health problems. That said, the authors seek to review three key issues: the empirical proof of age-based desistance across the life course; a theoretical explanation for age-graded declines in criminal behavior as theorized and empirically examined via Sampson and Laub's (2003) age-graded theory of informal social control; and policy and program suggestions as informed by the integration of empirical and theoretical aspects of age-based desistance from criminal behavior.

In Chapter 9, John Linder looks at end-of-life care as provided by disease-directed therapy (this includes efforts to cure or control life-threatening diseases or conditions), palliative care (these programs ameliorate patient distress and the relief of symptoms, regardless of whether the goals of treatment are curative or focused on comfort), and hospice care (these programs are reserved for terminally ill patients who decide to forego disease-directed interventions in favor of symptom management and a peaceful, natural death) for aging inmates. He argues that no issue will exert more strain on state and federal corrections systems in the next three decades than the aging of the inmate population and their required end-of-life care as they increasingly face life-limiting illness while incarcerated (morbidity) and (for many) inevitable death behind bars (mortality). He describes the medical conditions that will cause the most inmate morbidity and mortality for older inmates (typically those aged 55 and older), the different courses of treatment available for these illnesses, prisoners' entitlement to health care, and the cost and financing of that care. He also examines the facilities, policies, and programs for care that are currently available, versus those needed to deal with these diseases and deaths; moreover, he compares the end-of-life care available inside the prison system to that available in free society. Finally, his discussion focuses on health care disparities, treatment goals, and correlation between inmates' socioeconomic, ethnic, racial, and gender characteristics and probable treatment choices.

Because many older prisoners return to society, Kristie Blevins and Anita Blowers crafted Chapter 10 to include a comprehensive examination

of reentry issues and options for older inmates. At present, most research on prisoner reentry tends to focus on younger releasees and age-neutral discussions that provide little insight into the age-specific issues facing older releasees. While such information is important, we must also explore issues relating to the successful reentry of older prisoners. Thus, the authors focus attention on the special needs (housing, employment, familial relationships, health-care issues) that older prisoners face during their reintegration back into society. First, the authors review issues that must be taken into account when designing and implementing reentry programs for older prisoners. Thereafter, they examine current reentry initiatives and programs for older prisoners and policy implications that need to be addressed to effectively manage their successful reintegration. Finally, the authors review the sociopolitical and policy-based obstacles that complicate the reentry of older federal and state prisoners into society.

Finally, in Chapter 11, John Kerbs and Jennifer Jolley examine the implications of this book in relation to the advancement of evidence-based programs for the aging US prison population. They begin by reviewing a framework for the development, implementation, and evaluation of effective correctional interventions. Based on this framework, they then propose multiple studies that are profoundly needed to advance the system's ability to work effectively and efficiently with older offenders in courts, prisons, and in free society thereafter for those who are released. While these studies are not exhaustive of all possible areas of inquiry, they do represent a modest and important first step in efforts to gain a better understanding of what works and what does not work with aging and older offenders and prisoners. Finally, the chapter concludes with comments about funding for such research, as such research will never materialize without adequate support from private foundations, state governments, and federal agencies like the US Department of Justice's Office of Justice Programs, which houses a myriad of funding opportunities as offered through related offices and bureaus therein.

Conclusion

The United States currently incarcerates more adults than any other country in the world (Porter, 2011), with federal and state prisons housing over 1.6 million inmates as of December 31, 2010 (Guerino, Harrison, and Sabol, 2012). It may also be the case that the United States incarcerates more older prisoners than any other country in the world, and perhaps more than all countries combined. Canada, for example, housed only about 2,900 older prisoners (aged 50 and older) in its federal penitentiaries in

July 2011 (representing about 19 percent of Canada's total federal population behind bars) (Sapers, 2011); moreover, many countries in the European Union house under a thousand older prisoners (e.g., Australia housed 656 prisoners aged 50 and older in 2009) (Turner and Trotter, 2010). To competently and humanely meet the needs of this expanding population (both in the United States and abroad), prison administrators and correctional officers would be well advised to use the best available information to inform their interventions, policies, procedures, and programs.

This book aims to provide a solid step toward this goal. Fortunately, there is a growing base of literature on older prisoners, who are no longer a “forgotten minority” as discussed by Ham in 1976. Today, older prisoners are more aptly characterized as a “memorable minority” who are poorly understood, often overlooked, and (as we shall see) vulnerable to a number of bio-psycho-social problems. They are becoming increasingly more challenging for the operational capacities of prisons nationwide. While most prisons are inherently designed for younger and relatively healthier offenders (Aday, 2003), the growing population of older prisoners is causing the United States to rethink the concept of care and custody to include the management of correctional nursing homes. Thus, because aging inmates become more vulnerable, unhealthy, and infirm over time, this book aims to provide insights into how best to meet their complex needs, both in prison and in the community after release.

With such insights, this book also aims to reframe the view of aging and older inmates so that they are seen as citizens who deserve an adequate and a humane standard of care and custody that is premised on a rights-based jurisprudence (philosophy of law). Most academics and policymakers do not view inmates as “citizens” in the typical sense, because the civil penalties imposed upon them effectively “deny felons the full rights of citizenship” (Uggen, Manza, and Thompson, 2006, p. 282)—the rights that are typically enjoyed by nonfelons outside of prison. The literature on the collateral consequences of felony convictions, on both incarcerated federal and state prisoners and released felons, is fairly extensive and covers how such convictions and prison placements can (depending on the jurisdiction involved) diminish or eliminate (temporarily or permanently) rights related to employment and licensure in specific occupations, eligibility for student grants and loans, possession of firearms, residency in the United States, jury service, marriage, parenting, eligibility for public assistance (such as food stamps), residency in public housing, holding of public office, and voting (Buckler and Travis, 2003; Ruddell and Winfree, 2006; Uggen, Manza, and Thompson, 2006).

Still, prisoners do have rights that have been affirmed in state and federal courts in the United States, including the Supreme Court. Thus, the

book's title suggests the need to reconceptualize how we view older prisoners, from seeing them as a group of inmates who have (or deserve) diminished rights, to seeing them as a group of citizens who should still enjoy a rights-based jurisprudence, albeit modified based on the US Constitution, case law, and the statutes in any given jurisdiction. Thus, the contributors to the book will show that these aging prisoners are citizens with specific rights that need to be upheld and protected, both during their incarceration and after release for those who return to society. The "iron law of corrections" (Travis, 2005b) indicates that "with the exception of a very small percentage of inmates who actually die in custody, everybody else is released" (Ruddell and Winfree, 2006, p. 453). Thus, if as a society we fail to honor and shoulder the costs of adequate and humane care (including medical care) and custody, we may pay a heavy price related to successful legal claims against correctional officers, staff, and administrators. After the release of older prisoners, taxpayers also may find themselves shouldering health-care costs if these former inmates are in poor health and must rely too heavily on public insurance programs (Medicaid, Medicare, and Veterans Administration programs, etc), which is why Thompson noted that "the financial and public health impact of inadequate prison medical care cannot be ignored" (2010, p. 653).

In sum, to the extent that the number and proportion of older prisoners will continue to grow in the coming decades, we have an obligation, as a society, legally and otherwise, to meet the needs of these people. We cannot simply turn a blind eye to the graying of America's prisons. While we raise a number of concerns and document a plethora of disturbing findings in the extant literature, we also present feasible policy solutions to many of the issues that face federal and state inmates and the prisons that house them. To the extent that we honor and effectively address the needs of this special population, we will advance public health and public safety, but failure to do so will certainly result in adverse outcomes that are counter to such public interests.