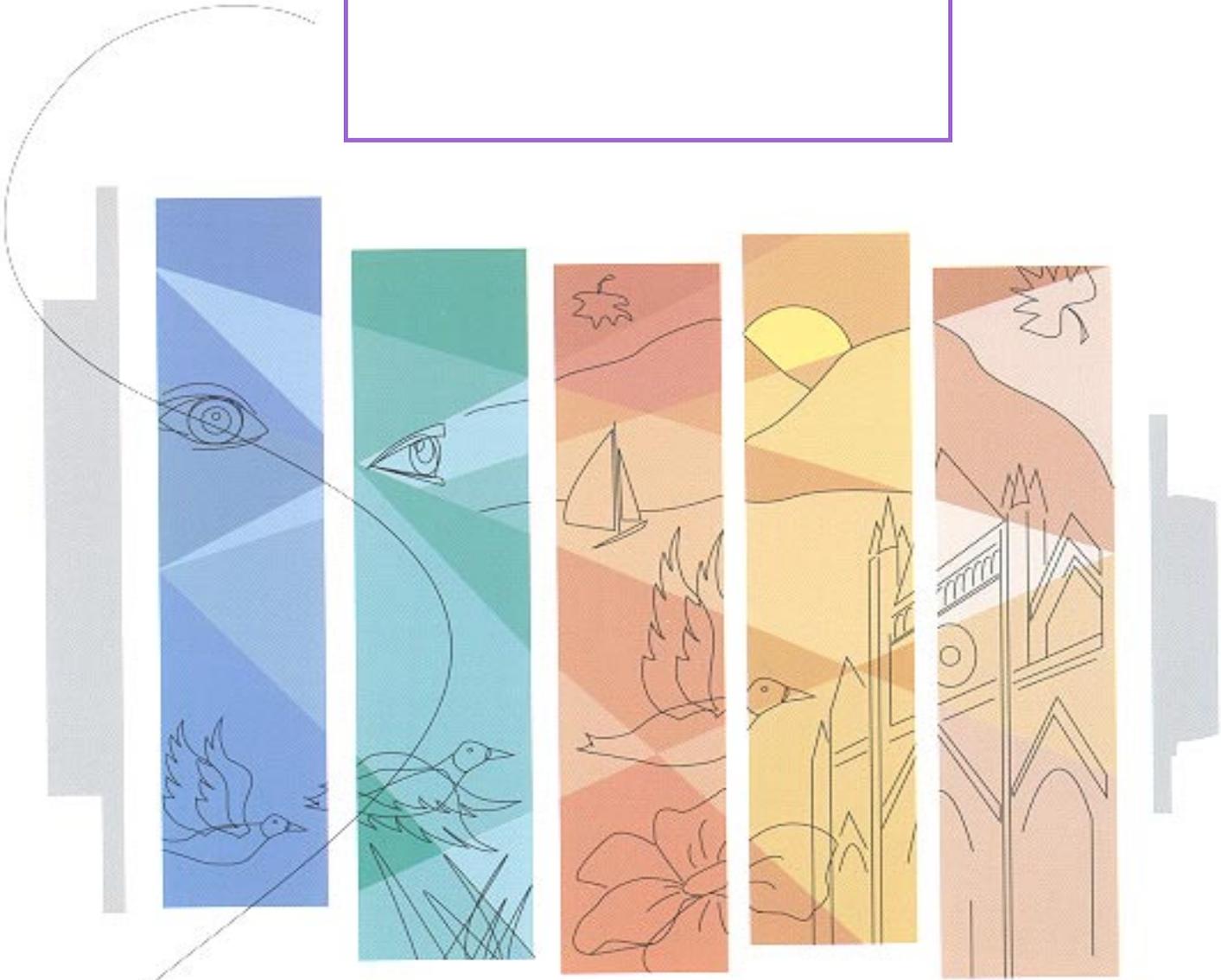




Research Branch  
Direction de la recherche

Corporate Development  
Développement organisationnel

**Managing Older Offenders:  
Where Do We Stand?**



**MANAGING OLDER OFFENDERS:  
WHERE DO WE STAND?**

Julius H. E. Uzoaba, Ph.D.

Research Branch  
Correctional Service of Canada

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## EXECUTIVE SUMMARY

The main purpose of this study is to provide a comprehensive profile of the older offenders in federal institutions and community settings. This report highlights the problems and unique needs of these offenders that set them apart from their younger adult counterparts. We defined first the terms used in the study and the age of the offenders. We collected data on the population of older offenders (50 years and older) in relation to four major offences (Homicide, Robbery, Sexual and Drug) and on the population of offenders in federal institutions. We analyzed a sample of Offender Intake Assessment and the Community Risk and Needs Management.

Part I of the report examines the rapid growth of older offenders in the institutions through comparisons of their populations in 1993 and 1996. It also examines the distribution of incarcerated older offenders by region and the institution with the highest number of older offenders in each region. The rapid growth of older offenders in the institutions is underlined by the difference between the population of older offenders and younger offenders in the months of May and July 1996. The national increase in the growth of older offenders population during this period is almost ten times that of the younger offenders. The data indicate that the majority of older offenders are more likely serving time for a crime of sexual nature or violence than their younger counterparts. We compare the personal characteristics of older and younger adult offenders as they pertain to conventional behaviour in seven need areas (employment, marital and family factors, associates and social interaction, substance abuse, community functioning, personal and emotional orientation, and attitude) and four areas of risk management (criminal history, offence severity, sexual offence history, and suicide risk potentials). In terms of employment, there are no significant differences among the age groups in academic ability and in work ability. A few significant differences emerge in the marital and family areas. They indicate that older offenders had more likely witnessed spousal abuse during childhood, poor sibling relations during childhood, and more likely are sexually dissatisfied in their

marital relations. There are also differences between the older and younger offenders in other need areas as well as in the areas of risk management.

Part II of the report analyses the offender needs, risk, and the combined risk and needs of older and younger offenders in the community settings. The study includes the following main offender need areas: academic and vocational training, employment, financial management, marital and family relationships, companionships of others, living accommodation, emotional stability, alcohol and drug usage, mental ability, health, degree of responsiveness, and the needs of aboriginal people. We compare and differentiate the age groups according to the level of their needs in the above identified variables. We found highly significant differences among the age groups. There are no significant differences in mental ability. Adult younger offenders register more needs and pose higher risk levels than older offenders in all the other variables.

Part III of the study deals with the detailed discussion of the critical needs of older offenders as revealed in our data and consistent with established findings in research on older offenders. These critical needs include medical care services, adjustment to imprisonment, programming, prison environment and violence, peer relationships, family relationships, and parole concerns.

The result of this study indicates that the population of older offenders is growing at a much faster rate than that of younger offenders. This situation merits attention, thought, planning, and action. As society on the whole is growing old, Correctional Service should be prepared to deal with the 'graying of Canada' in our prisons.

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# MANAGING OLDER OFFENDERS

## WHERE DO WE STAND?

### Introduction

In recent decades, one of the remarkable developments in the history of corrections is the increased consideration and attention on the issue of older offenders and their management. This development is most evident in the United States where the trend has accelerated in the last two decades (Ham, 1976, 1980; Aday, 1977, 1994; Shichor and Kobrin, 1978; Krajick, 1979; Reed and Glamser, 1979; Wiegand and Burger, 1979; Dickinson and Wheeler, 1980; Markham, 1981; Teller and Howell, 1981; Brickfield, 1982; Morton and Anderson, 1982; Sunderland, 1982; Curran, 1984; Goetting, 1983, 1984; McCarthy, 1983; Newman et al., 1984; Shichor, 1984; Chaiklin & Fultz, 1985; Kelsey, 1986; Leeke, 1986; Hall, 1992, etc). Along with these scholarly interests and concerns are the interests of the media coverage (Daugherty, 1982; Long, 1982). This has resulted in a National Older Offender Conference in that country in 1982, which has since become an annual event. As a result of these combined interests and concerns, crimes committed by older offenders and their treatment appear to be on their way to becoming a rich mine of empirical studies in the United States. The Society for Interdisciplinary Research on Elderly Offenders, formed in 1985, promotes and encourages studies on older offenders and their incarceration (Forsyth and Shover, 1986).

In Canada, in recent years, similar interests in older offenders are gradually developing as a result of their rapid increase in number, as the data from Mountain, Westmorland and Warkworth institutions indicate. This study is the first in a series that is undertaken by the Correctional Service on older offenders and their crimes in Canada. A number of areas of crimes involving older offenders are worth investigating. Some of these include: the causes of crimes among older offenders; the trends in the crimes of older offenders; the older offenders in the criminal justice system: from arrest to incarceration to release to after-care, etc. (Pollack, 1941;

Malinchak, 1980; Cullen et al, 1985; Lipman et al. 1985) There is very little information in Canada on the subject of older offenders.

### **Problems of Definitions**

In dealing with a topic such as older offenders, the researcher is inevitably confronted with the question of defining his or her subjects. The literature on older offenders indicates that there is no agreement among researchers, biologists and epidemiologists on when a person should be considered 'older' or even 'aging' (Newman et al., 1984; Forsyth and Gramling, 1988). When a person should be considered 'older' is arguably one of a subjective classification. According to Wolfgang (1964), it is not easy to define at what chronological age one becomes 'older'. In reviewing the literature, one is struck by the widely varying ages at which people are considered 'older', ranging from as young as 25 (Straus and Sherwin, 1975), 40 (Silfen, 1977), 45 (Ham, 1976) to as old as 82 (Aday and Webster, 1979; Krajick, 1979). In terms of employment, workers over 45 years of age are considered older, while in some sports, players in their 30s are considered old (Cottrell, 1974). It appears that the definition of who is older depends on the data defined by the researcher.

Although the criminal justice system often classifies those "55 and over" as older, many studies usually draw the line at higher ages if enough data are available about people of those ages (Newman et al., 1984). Some writers consider as 'older' anybody who is over 50 years; some use 55 years and older; others make the cut-off point at 60; still others consider 'older' as anybody who is 65 years of age and older (Toch, 1977; Aday, 1984; Rubenstein, 1984; McCarthy and Langworthy, 1988).

These inconsistencies in the benchmark can only lead to confusion, an inability to compare research findings and a great deal of difficulty in making generalizations about crimes of older people (Forsyth and Gramling, 1988).

## **Terms Definitions**

The researcher uses the following terms in this study.

**Age:** Chronological age is normally measured by the number of actual years an individual has lived from the time of birth.

**Younger Offenders:** Offenders who are below 50 years of age.

**Older Offenders:** Offenders who are 50 to 64 years of age. It covers such age categories as 50 to 54, 55 to 59, and 60 to 64.

**Elderly Offenders:** Offenders who are 65 years of age and older.

**Older Offenders:** The term 'older offenders' is applied broadly to include both **old offenders (50-64)** and **elderly offenders (65+)**. Generally, this term describes the various physical, social and biological changes that individuals undergo with the passage of time that render them less viable for activities requiring a great deal of physical strength.

**Geriatric Offenders:** Offenders who are 70 years of age and older.

## **Purpose of the Study**

Older offenders currently constitute only a small proportion of those incarcerated at any one time in the prison system. The need to recognize them as a special group within the prison population is gradually gaining ground (Fry, 1988; McShane and Williams, 1990). The growing presence of a large number of older offenders in some of our federal prisons is likely to pose unique problems for corrections management. They inherently have needs that are substantially different from those of an average offender. According to Statistics Canada, 19.7% of the nation's population were 55

years and older as of January 1996. As the people in society grow older, the number of older prisoners in federal institutions is also bound to grow, even if the current patterns in crime and sentencing remain unchanged. To understand this point, we have only to examine the population of older offenders in federal prisons for any two selected periods.

This study provides a comprehensive profile of older offenders in federal corrections. We hope that it will lead to the appreciation of the concerns and needs of these offenders. The study attempts to explore the existence or lack thereof of special programs, policies, and facilities that are designed or could be designed to address the needs of older offenders in federal institutions. We hope that the outcome of this first study will help focus attention on this “forgotten minority” (Ham, 1976) “adrift in a sea of quiet despair” (Morton and Anderson, 1982) and cause some debate on their situation among the policy makers. Also, that the information gathered in the course of this study can be utilized by the Correctional Service of Canada (CSC) to take proactive measures in the management of older offenders. Older offenders in prisons generally do not make waves; they tend to keep a low profile and fit in pretty well. As a result they are very likely to be ignored by prison administrators.

In comparison with the younger offenders, older offenders socially and inherently represent a distinct group within the prison population with special needs and problems that require special attention and treatment. While these needs and problems may now appear to be generally recognized, experts are not in agreement on how best to handle them. To deal with these needs and problems effectively, one has to understand the profile of the older offenders. The needs and risk posed by these offenders are at the heart of the study.

## **Profile of Older Offenders**

Older offenders have certain distinct characteristics that set them apart from the rest of the adult offender population (LaWall, 1982). They have a history unique to themselves. Most of the older offenders have been convicted and incarcerated prior to their current imprisonment; the majority of them for sexual offences and violent crimes against persons. From the parameters of older offenders for July 1996, it is quite evident that three distinct categories of older offenders can be delineated from their incarceration history.

First, we have offenders incarcerated while young and who grew old in prison in the course of a lengthy incarceration or life imprisonment. In our population of 1,527 older offenders (July 1996), there were 155 (10.15%) in this group. The majority of this group are serving their first incarceration. It is notable that such offenders tend to be model inmates. Often they have a much better post incarceration prognosis than career criminals; they are not likely to see themselves as criminals, and they are likely to accept being in prison (Kratcoski and Pownall, 1989).

Second, we have multiple or serial reincarcerations -- offenders who made criminal career part of their lifestyle and have come to accept imprisonment as part of life existence. They are usually 'old cons', chronic offenders, who get in and out of institutions in a revolving door fashion in their long history of crime. These offenders are generally in the low risk category and can adjust well to prison life as long as they are able to maintain their health. Some research indicates that this group usually planned out their crimes and view themselves as criminals (Teller & Howell, 1981). In our older offender population data, there were 261 (17.09%) individuals for this group. Unlike the first group of offenders, these older offenders are similar to the younger offenders for purposes of crime classification. Their criminal history indicates that they are serving time mostly for property offences.

It has been noted that these offenders are likely to feel that incarceration would have no benefit for them (Teller & Howell, 1981).

Finally, the third category of older offenders is serving their first incarceration late in life. Generally, they have led a law-abiding life for most of their existence, but for a variety of reasons they found themselves in trouble with the law late in life (Aday, 1994). This group is likely to manifest more difficulties in adjusting to the constraints and pressures of institutional environments. Data on our older offender population indicates that 1,111 (72.75 %) individuals were incarcerated late in life.

Table 1A shows the number and percentage of these three groups of offenders from our older offender population data (July 1996), based on their incarceration history.

**Table 1A: Three Categories of Older Offenders Based on their incarceration History**

<b>Incarceration History</b>	<b>Number</b>	<b>% of Older Population</b>
Incarcerated Young & grew old in Prison	155	10.2
Admitted on Revocation w or w/o Offence	261	17.1
Admitted late in Life	1,111	72.8
National	1,527	100.0

Table 1A indicates that older first offenders -- those incarcerated while young who grew old in prison, and those incarcerated in older years -- constitute the largest number of older offender population. It is estimated (Aday, 1976, 1994) that more than 50% of older offenders are first time offenders, a fact that is borne out by our data. Other researchers have noted certain specific criminal patterns that are peculiar to an older first offender. He could be a white-collar property offender serving time for fraud, embezzlement or theft after many years of successful business venture. He could be a violent offender serving time for a crime involving sex. He could be an incurable alcoholic sentenced for vehicular homicide.

Finally, he could be a drug offender serving time for drug trafficking with no record of previous or current drug use (Fry, 1988; Roth, 1992).

Next to sexual offences are homicides or crimes of violence. Information from our data, corroborated by other findings (Panton, 1974, Tardiff & Sweillam, 1979, Goetting, 1983), strongly links older offenders, especially first time offenders, with past violent crimes of homicide and current violent crimes, such as the discharging of firearms. When compared with the younger offenders, older offenders are more than twice likely to serve time for violent crimes of passion, such as the murder of a spouse, a neighbour, or a relative.

A number of explanations are advanced for this seemingly disproportionate amount of violence among older offenders. From a biological perspective, Rodstein thinks that the cause of violence among these offenders may be due to the chronic brain syndrome in the older people. This could be associated with loss of inhibitions, resulting in aggression, quarrelsomeness, rigidity, and illegal sexual behaviour such as exhibitionism (Rodstein, 1975). Other researchers tried to explain this situation by pointing out that as the range of social interaction contracts with advancing age, interpersonal primary relationships become more intense, with increased opportunities for conflict (Shichor & Kobrin, 1978; Teller & Howell, 1981).

Compared to the arrests of persons of all ages, a high proportion of arrests of senior citizens is for crimes of violence and sexual offences. As our Offender Intake Assessment data indicate, the majority of older offenders are serving time for sex-related offences. Other researchers have noted that these first time older offenders usually do not consider themselves criminals; but they are more likely to accept imprisonment as punishment for their crimes (Aligood, 1988; McShane & Williams, 1990). It is noted that prior to their imprisonment, these offenders had led conforming lives and apparently were models for emulation (Feinberg, 1984). Generally, they also have higher social status, positive attitude toward life, and affirmative religious attitudes (Rubenstein, 1984).

This may explain why most of these older offenders may likely find it more difficult to adjust to the process of deculturalization that is characteristic of prison socialization. These offenders have needs that set them apart from the rest of prison population. In this report, we analyse these needs, such as health care services, adjustment to imprisonment, programming, prison environment, vulnerability to violence, peer relationships, family relationships, prospects for rehabilitation and parole concerns.

## Research Methods

The methodology for this study on older offenders includes the following:

- An analysis of the population of offenders 50 years and older in federal prisons as of May 1996;
- A comparison of institutional offender population 50 years and older for 1993 and May 1996; and May 1996 versus July 1996;
- A comparison of institutional offenders 50 years and older of 1993 and 1996, and May 1996 versus July 1996;
- An analysis of the Offender Intake Assessment (OIA) data which compare older and younger offenders on a number of need dimensions;
- An analysis of the Community Risk and Needs Management (CRNM) data that compare the level of risks and needs of older and younger offenders on conditional release in the community. Both OIA and CRNM data are extracted from the Offender Management System (OMS).
- A review of the literature

## PART I: INSTITUTIONAL OFFENDERS

### Analytic Framework

In May 1996, there were 1,379 offenders ranging in age from 50 to 90 years in federal institutions of which 8 were women. Ontario region had the largest number of these older offenders (405), followed by Quebec (303), the Prairies (281), and the Pacific (230). The Atlantic region was the only region with less than 200 offenders of this age category.

As Table 1B indicates, the largest number of older offenders, 632, are in the 50-54 age category, and they represent more than 45% of the older offender population. There are 377 (27.3%) offenders between 55 and 59, 200 (14.5%) between 60 and 64, 104 (7.5%) between 65 and 69, and 66 (4.8%) who are 70 years and older.

**Table 2B: Age Category Distribution of Older Offender by Region**

Region	50-54		55-59		60-64		65-69		70+		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Atlantic	63	4.6	40	2.9	30	2.2	13	0.9	14	1.0	160	11.6
Quebec	160	11.6	84	6.1	35	2.5	14	1.0	10	0.7	303	21.9
Ontario	184	13.3	110	7.9	60	4.4	31	2.2	20	1.5	405	29.4
Prairies	125	9.1	78	5.7	48	3.5	20	1.5	10	0.7	281	20.4
Pacific	100	7.3	65	4.7	27	1.9	26	1.9	12	0.9	230	16.7
<b>National</b>	<b>632</b>	<b>45.9</b>	<b>377</b>	<b>27.3</b>	<b>200</b>	<b>14.5</b>	<b>104</b>	<b>7.5</b>	<b>66</b>	<b>4.8</b>	<b>1,379</b>	<b>100.0</b>

Table 2 shows the distribution of older and elderly offenders by region as of May 1996. As illustrated, 170 elderly offenders (65 and over) are in federal prisons. Fifty-one of these are in the Ontario region, 38 in the Pacific region, and 30 in the Prairies. The Atlantic and Quebec regions had 27 and 24 such offenders respectively.

**Table 2: Distribution of older offender population by region, May 1996**

Region	Older Offenders (50-64)		Elderly Offenders (65 and over)		Total	
	#	%	#	%	#	%
Atlantic	133	9.6	27	2.0	160	11.6
Quebec	279	20.2	24	1.7	303	21.9
Ontario	354	25.7	51	3.7	405	29.4
Prairies	251	18.2	30	2.2	281	20.4
Pacific	192	13.9	38	2.8	230	16.7
<b>National</b>	<b>1,209</b>	<b>87.6</b>	<b>170</b>	<b>12.4</b>	<b>1,379</b>	<b>100.0</b>

Older offenders vary widely in age from one institution to another, and from one region to another. Some institutions contain more older offenders than others. Table 3 indicates the institution that has the highest number of elderly offenders (65 years and older) in each region, and their highest range of age. The Pacific region has the highest concentration of older offenders (20) where an 81 year old man is serving time for a sexual offence at Mountain Institution. The Atlantic region has the second highest (16), where an 84 year-old offender is serving time at Westmorland for a sexual offence. The Ontario region placed third (14) with a 90-year old man serving time for homicide at Beaver Creek Institution.

**Table 3: Institutions with the highest number of elderly and geriatric offender in each region, and the highest range of their age in the region, May 1996**

Region	Institution with highest # of elders	# of offenders 65 years and over	Range of age in the Region
Atlantic	Westmorland	16	65-84
Quebec	Cowansville	5	65-75 (FTC)
Ontario	Warkworth	14	65-90 (Beaver Creek)
Prairies	Bowden	10	65-78 (Rockwood)
Pacific	Mountain	20	65-81

**Current Trend: Rapid Growth**

In table 4 we compare the institutional population of older offenders for 1993 with May 1996. The latter figures are in parenthesis.

**Table 4: Institutional Population: 1993 compared with 1996**

Age (Years)	Number	% of Population	% of the 50 or Older Population
Under 50	12,021 (13,448)	91.6 (90.7)	n/a (n/a)
50 - 54	524 (632)	4.0 (4.3)	47.5 (45.8)
55 - 59	264 (377)	2.0 (2.5)	23.9 (27.3)
60 - 64	200 (200)	1.5 (1.3)	18.1 (14.5)
65 & up	116 (170)	0.9 (1.1)	10.5 (12.3)
Total	1,104 (1,379)	8.4 (9.3)	100 (100)

The above table indicates a 10% growth of older offenders in three years (or 275), and an almost exponential growth in 1996 alone. To underscore this process of rapid growth in the ranks of older offenders in federal prisons, we have only to look at the increase or decrease in their numbers within a short period, in this case May and July 1996. In order to get an appreciation of the differential increases in the two age categories, we compare these numbers with the similar increase or decrease in the number of their younger counterparts.

Table 5 shows that in May 1996, the population of offenders under 50 years was 13,448, compared to 13,575 for July of the same year, an increase of 127 persons (0.9%); while the population of offenders (50 years and older) rose from 1,379 in May to 1,529 in July an increase of 150 persons (10.9 %). During the same period, the overall national increase in the population of offenders was only 1.9%.

**Table 5: Comparison of the Population of Younger and Older offenders for May and July 1996**

<b>Category</b>	<b>May</b>	<b>July</b>	<b>Change in #</b>	<b>Change in %</b>
Under 50	13,448	13,575	127	0.9
50 years and over	1,379	1,529	150	10.9
<b>National</b>	<b>14,827</b>	<b>15,104</b>	<b>277</b>	<b>1.9</b>

As seen in Table 5, the growth in the population of older offenders during the period is more than ten times the growth of the population of the younger offenders. The data clearly shows that the number of older offenders in the federal prisons is growing at a much faster rate than the number of younger offenders.

Table 5 indicated that 1,529 older offenders were in the federal prison system in July 1996. Table 6 breaks down this figure by region. The greatest growth occurred in Ontario (46), followed by the Quebec region (43), and the Prairies (41). Only the Pacific region had one digit increase during the short period in question (8). Over a longer period one can expect the number of older offenders to continue to grow, as the general population in the community ages.

**Table 6: Comparison of Population Figures of Older Offenders by Region, May and July 1996**

<b>Region</b>	<b>May</b>	<b>July</b>	<b>Change in #</b>	<b>Change in %</b>
Atlantic	160	172	12	0.9
Quebec	303	346	43	3.1
Ontario	405	451	46	3.3
Prairies	281	322	41	3.0
Pacific	230	238	8	0.6
<b>National</b>	<b>1,379</b>	<b>1,529</b>	<b>150</b>	<b>10.9</b>

Table 7 breaks down the older offenders' population for July 1996 into age categories by region. While Ontario continues to have the largest number of older offenders (451), Quebec has the largest number of offenders under 50 (3,665).

**Table 7: Categories of Older Offender Population by Region**

Category	Atlantic	Quebec	Ontario	Prairies	Pacific	National
Incarcerated	1,393	3,753	3,743	3,396	1,922	14,207
On register	1,474	4,011	3,995	3,565	2,059	15,104
Under 50	1,302	3,665	3,544	3,243	1,821	13,575
Age 50-54	66	178	208	142	90	684
Age 55-59	50	97	118	82	68	415
Age 60-69	42	59	101	86	63	351
Age 70+	14	12	24	12	17	79
50 and Over	172	346	451	322	238	1,529

**Regional Distribution of Older Offenders**

For each region, Table 8 displays the proportion of older offenders relative to their regional population in July 1996. The Pacific region has the largest percentage of older offenders (13.1%), relative to its population, followed by Ontario (12.3%), the Atlantic region (11.8%) and the Prairie region with 10.0%. Quebec which has the highest number of offenders under 50 also has the least percentage of older offenders (8.9%) under incarceration.

**Table 8: Distribution of Older Offenders by Region, July 1996**

Region	Total Population	Population 50+	Regional %	National %
Atlantic	1,405	166	11.8	1.2
Quebec	3,704	331	8.9	2.4
Ontario	3,690	454	12.3	3.2
Prairies	3,296	329	10.0	2.3
Pacific	1,881	247	13.1	1.8
<b>National</b>	<b>13,976</b>	<b>1,527</b>	<b>56.1</b>	<b>10.9</b>

## Major Offences by Older Offenders

The population data of the older offenders is examined with respect to major offences, such as homicide, robbery, sex, and drug. Table 9 shows that a sexual offence or a sex-related offence is the most common crime for which the majority of older offenders are serving time. The data, however, do not tell us the nature of the sexual offences, which could be rape, pædophilia or incest.

**Table 9: Distribution of Major Offences of Older Offenders by Region**

Region	Homicide		Robbery		Sexual		Drugs		Other		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>Atlantic</b>	26	1.7	24	1.6	86	5.6	9	0.6	30	1.9	175	11.3
<b>Quebec</b>	84	5.4	68	4.4	86	5.6	63	4.1	59	3.8	360	23.3
<b>Ontario</b>	130	8.4	48	3.1	178	11.5	30	1.9	55	3.6	441	28.6
<b>Prairies</b>	68	4.4	29	1.9	140	9.1	23	1.5	44	2.9	304	19.8
<b>Pacific</b>	67	4.3	32	2.1	97	6.3	26	1.7	40	2.6	262	17.0
<b>National</b>	<b>375</b>	<b>24.3</b>	<b>201</b>	<b>13.0</b>	<b>587</b>	<b>38.1</b>	<b>151</b>	<b>9.8</b>	<b>228</b>	<b>14.8</b>	<b>1542</b>	<b>100.0</b>

As shown in the above Table, Ontario has the highest incidents of homicides (130) and more than twice the number of sexual offences as Quebec (178 versus 86) by older offenders. The Prairie region has the second highest incidents of sexual offences, followed by the Pacific region. The Atlantic and Quebec regions have the fewest incidents of sexual offences, each with 86. On the other hand, Quebec leads the way with robbery (68) and drug (63) offences. Compared to other offences, drug involvement has the least attraction for older offenders, especially in the Atlantic region (9).

Table 10 displays the preponderance of the older offender category most involved in major offences. It shows that those in the 50-54 age group lead the way. The total

number of crimes committed by this group is nearly twice the number by those in the 55-59 age group, and three times those in the 60-64 age group. The Table underlines the general belief that criminal activities tend to decline with age (Vedder & Keller, 1968).

**Table 10: Distribution of Age Categories of Older Offender by Offence Category**

<b>Offence</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65-69</b>	<b>70+</b>	<b>Total</b>
Homicide	185	106	54	15	15	375
Robbery	123	49	21	7	1	201
Sexual	216	159	109	60	43	587
Drug	88	41	10	12	0	151
Other	119	64	20	17	8	228
<b>National</b>	<b>731</b>	<b>419</b>	<b>214</b>	<b>111</b>	<b>67</b>	<b>1,542</b>

Measured against all age categories, sexual offence is the most predominant one among other offences and among older offenders, including those in the 70+, as shown in the above Table. More than one-third (38.1%) of the admissions of older offenders were for either a major or non-major admitting sexual offence. A major admitting offence is an offence with the longest sentence resulting in an admission to a federal institution. The essential differences between the older offenders and their younger counterparts are not only limited to sexual offences, homicide and manslaughter where the older offender's rate is twice the rate, or robbery where the younger offenders had always the upper-hand. They are quite evident in the areas of needs as well. These differences are best illustrated by comparing a sample of Offender Intake Assessment data of older and younger offenders on a number of those needs or factors.

## The Sample

The sample of this study is partly based on the Offender Intake Assessment data consisting of 3,629 incarcerated offenders of which 50 are women. There were 1,290 offenders under 30 years of age; 1,722 offenders between 30 and 49; 272 offenders between 50 and 64; and 44 offenders who were 65 years and older.

It should be pointed out that the sample size in the data varied among the analyses. Furthermore, some variations in sample size might be a reflection of missing samples. Thus, sample bias may be introduced where sample sizes are reduced significantly as a result. The reader should be aware of this situation. Differences between the younger and older offenders are significant at the 0.05 level<sup>\*</sup>. All comparisons are based on significant differences between the older offenders and their younger counterparts.\*

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\* Note: \* p<0.05; \*\* p < 0.01; \*\*\* p , 0.001; NS = Non-Significant; SSR = Significant Statistical Relations.

## Personal characteristics of older offenders

### Employment

Comparisons are made between older and younger offenders on a number of variables that serve as key indicators in the acquisition and retention of employment, such as the level of academic achievement, and work ability. With respect to the level of academic achievement, there are no significant differences between older and younger offenders. Almost an equal number of each age category did not achieve either grade education or high school diploma. Table 11 displays the percentage sample of older and younger offenders by the employment domain indicators with respect to academic achievement.

**Table 11: Age grouping by employment domain indicators: Academic achievement**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
<Grade 8	21.2	22.1	20.4	28.9	NS
<Grade 10	53.2	53.2	51.1	40.0	NS
No High School Diploma	79.1	77.1	78.6	80.0	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

In relation to work ability, we compared the age groups on a number of variables or characteristics such as learning difficulties and learning disabilities, concentration and comprehension problems, lack of trade and professional skills, unstable job history, poor attendance record, and completion of employment programs. Again, we observed no significant differences between the two groups. Table 12 shows the percentage of the age categories by the employment domain indicators.

**Table 12: Age grouping by employment domain indicators: Ability and Work Record**

<b>Indicators</b>	<b>&lt;30 %</b>	<b>30-49 %</b>	<b>50-64 %</b>	<b>65+ %</b>	<b>SSR</b>
Find learning difficult	31.4	31.6	28.4	28.9	NS
Have learning disabilities	16.6	16.5	15.9	13.6	NS
Have concentration problems	38.0	30.1	25.9	20.0	NS
Have comprehension problems	11.8	12.3	11.0	17.8	NS
Lack trade/professional skills	58.5	58.3	53.1	60.0	NS
Difficulty meeting requirements	9.2	12.2	11.1	13.3	NS
Have an unstable job history	65.3	68.8	63.8	66.7	NS
Have poor attendance record	10.4	12.5	10.6	14.3	NS
Completed employment programs	11.8	12.8	11.1	2.2	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

## Marital and Family Factors

Table 13 presents the comparisons between older offenders and their younger counterparts in respect of marital and family domain indicators. The two categories of offenders do not differ significantly on most of the variables connected with marital and family affairs. Nevertheless, three significant differences are worth noting: spousal abuse and poor sibling relations during childhood, and sexual dissatisfaction. Our data indicate that older offenders were significantly more likely to have witnessed spousal abuse and to have had poor sibling relations during childhood when compared to the younger offenders. In addition, they are significantly more likely to be sexually dissatisfied in their marital relations.

**Table 13: Age grouping by Marital and Family domain indicators**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Parents relation dysfunctional during childhood	44.4	48.2	44.9	45.5	NS
Spousal abuse during childhood	25.0	30.2	27.6	33.3	*
Poor sibling relations during childhood	10.7	12.7	11.3	22.7	*
Relationship with other relatives negative during childhood	10.2	11.2	9.1	13.6	NS
Money problems affect relationship	26.8	30.5	25.8	28.9	NS
Dissatisfied sexually	9.8	9.7	9.4	22.7	*
Unable to supervise children properly	11.3	10.3	12.4	16.7	NS
Family unable to get along as a unit	24.6	25.4	23.3	29.6	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

## Associates and Social Interaction

We made comparisons of older offenders with their younger counterparts in the various domain indicators of associates and social interactions. The age groups are compared as to whether or not they have a social network; whether they associate with substance abusers, criminal friends and acquaintances; whether they have gang affiliations or live in criminogenic areas; whether they have no attachment to any community groups; whether they prey on the weaknesses of others or have suffered victimisation in their social relations. Our data suggest no significant differences among them in these areas. Table 14 presents the age groupings of offenders by associates and social interaction domain indicators.

**Table 14: Associates and Social Interaction domain indicators: Nature of Attachments**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Socially isolated	22.2	23.8	22.8	22.2	NS
Associate with substance abusers	66.4	68.3	62.9	72.7	NS
Have many criminal acquaintances	59.4	59.6	56.2	46.7	NS
Have mostly criminal friends	39.4	42.7	38.0	27.9	NS
Have been affiliated with a gang	10.8	9.8	11.3	6.8	NS
Live in a criminogenic area	24.5	27.2	27.1	23.3	NS
Unattached to any community groups	57.9	58.2	53.9	53.3	NS
Relations described as predatory	18.9	20.0	19.7	27.3	NS
Often victimized in social relations	18.7	19.8	21.1	27.3	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

## Substance Abuse

Data on older and younger offenders explore the differences among them in the area of substance abuse -- alcohol and drugs. We observe clear differences on the pattern of alcohol abuse. Older offenders are 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 drug, and to drink to excess in social situations. Furthermore, they are significantly more likely to have a history of drinking binges, and to drink to excess during leisure time. They are more likely to view alcohol as a means for relieving stress than the younger offenders (See Table 15).

**Table 15: Age grouping by Substance Abuse domain indicators: Alcohol Abuse Pattern**

Indicators	<30	30-49	50-64	65+	SSR
Began drinking at an early age	42.9	47.6	44.8	55.6	*
Drink on a regular basis	39.2	43.2	37.4	53.3	*
Have a history of drinking binges	42.3	47.6	41.6	55.6	**
Have combined alcohol & drug use	40.8	46.0	40.7	44.4	*
Abuse alcohol	58.4	61.8	59.2	68.9	NS
Drink to excess during leisure	41.7	47.6	41.4	55.6	*
Drink to excess in social situations	45.6	50.3	48.5	55.6	*
Drink to relieve stress	36.1	40.2	33.1	57.8	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

As to the consequences of alcohol abuse, our data suggest several significant differences among the age groups. Older offenders are significantly more likely to have drinking interfere with their employment and social relations. Table 16 indicates that they are more likely to violate the law as a result of their alcohol abuse than their younger counterparts. There are no significant differences between the two groups on the effects of alcohol abuse on marital or family relations, and on health.

**Table 16: Age Grouping by Substance Abuse domain indicators: Consequences of Alcohol Abuse**

<b>Indicators</b>	<b>&lt;30 %</b>	<b>30-49 %</b>	<b>50-64 %</b>	<b>65+ %</b>	<b>SSR</b>
Drinking interferes employment	23.0	28.1	24.9	33.3	**
Drinking interferes with marital/family	35.0	38.7	36.9	48.9	NS
Drinking interferes with social rel.	26.4	31.3	29.5	44.4	***
Drinking results in law violation	44.7	50.6	47.8	62.2	***
Drinking interferes with health	15.1	16.7	14.9	15.9	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

The pervasive abuse of substance by older offenders that is so significant in the case of alcohol is not so evident in the case of drugs (Table 15 versus Table 17). With respect to the pattern of drug abuse, older offenders are once again significantly more involved in the use of drugs at an early age, and in the use of drugs to relieve stress. On the other hand, younger offenders are significantly more likely to combine the use of different drugs. In other patterns of drug abuse, we note no significant differences among the age groups. Table 17 displays the drug abuse pattern domain indicators among the age groups.

**Table 17: Age grouping by Substance Abuse domain indicators: Drug Abuse Pattern**

Indicators	<30	30-49	50-64	65+	SSR
Early age drug use	39.4	44.6	39.6	48.9	*
Frequent drug use	43.6	44.1	37.1	51.1	NS
Drug use	38.1	41.7	35.1	40.0	NS
Combining the use of diff. drugs	32.2	38.3	34.2	34.1	**
Abuse drugs	61.8	63.6	62.0	60.0	NS
Leisure drug use	50.1	54.1	50.7	51.1	NS
Social drug use	51.4	52.8	50.4	53.3	NS
Use drugs to relieve stress	39.5	43.9	37.8	44.4	*

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

In exploring the consequences of drug abuse, we note that virtually no significant differences are evident among the age groups. Unlike in the consequences of alcohol abuse where significant differences are evident in at least three areas. Table 18 presents the consequences of drug abuse indicators.

**Table 18: Age grouping by Substance Abuse domain indicators: Consequences of Drug Abuse**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Employment drugs interfere	24.9	29.1	26.1	29.6	NS
Marital/family drugs interfere	32.1	34.9	31.7	31.8	NS
Associates drugs interfere	27.6	30.8	25.2	31.8	NS
Law violation drugs caused	43.9	47.7	47.8	41.9	NS
Physical drugs interfere	18.0	19.8	16.5	33.3	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

Table 19 displays the substance abuse treatment. The domain indicators show that highly significant differences exist among the age groups. Higher proportions of younger offenders have participated in a substance abuse assessment. They are also most likely to have participated in and completed some form of substance abuse treatment than their older counterparts.

**Table 19: Age grouping by Substance Abuse domain indicators: Substance Abuse Treatment**

<b>Indicators</b>	<b>&lt;30 %</b>	<b>30-49 %</b>	<b>50-64 %</b>	<b>65+ %</b>	<b>SSR</b>
Prior substance abuse assessment	29.8	40.2	35.1	40.0	***
Participation in sub. abuse treatment	33.8	41.3	36.5	37.8	***
Completed sub. abuse treatment	25.5	31.1	29.7	22.2	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

### **Community Functioning**

The community functioning domain indicators explores how the age groups differ or correlate in community functioning (i.e., the value attached to the knowledge and necessary skills for daily living). We note significant differences in five areas. Older offenders are significantly more likely to exhibit a poor self-presentation and to have no collateral. On the other hand, younger offenders are significantly most likely to change their residence more frequently. They are more likely to have difficulties in meeting their bills, to have outstanding debts than older offenders (See Table 20).

**Table 20: Age grouping by Community Functioning domain indicators: Accommodation and Financial Matters**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Unstable accommodation	34.7	38.2	27.3	35.6	***
Residence poorly maintained	9.4	11.2	7.2	9.8	NS
Have poor self-presentation	9.1	12.1	6.7	13.3	**
Have poor hygiene	4.0	5.8	3.3	4.4	NS
Difficulty meeting bills	45.4	48.9	41.3	43.2	*
Have outstanding debts	35.8	39.9	34.8	29.6	*
Have no collateral	58.7	63.1	52.3	69.1	***
Have no credit	59.4	60.3	54.2	62.8	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

In other areas of community functioning, we made comparisons among the age groups on communication and interventions. We found no significant differences in the areas of written and verbal facilities, awareness of social services, prior assessment for community functioning, and participation in and completion of a community skills program. However, we observed highly significant differences with respect to hobbies, and the use of social assistance; and to a lesser significant degree, participation in organized activities. Younger offenders are significantly more likely to have no hobbies, while older offenders are more likely not to participate in organized activities, and to have used social assistance, as shown in Table 21.

**Table 21: Age grouping by Community Functioning domain indicators: Communication and Interventions**

<b>Indicators</b>	<b>&lt;30 %</b>	<b>30-49 %</b>	<b>50-64 %</b>	<b>65+ %</b>	<b>SSR</b>
Have problems in writing	23.7	24.5	21.3	17.8	NS
Unable to express verbally	8.7	9.8	8.5	8.9	NS
Have no hobbies	29.0	32.9	21.9	24.4	***
Not participating in organized activities	51.7	54.5	45.2	60.0	*
Unaware of social services	3.9	4.3	3.0	0.0	NS
Have used social assistance	67.5	74.4	67.0	77.8	***
Prior assessment for community functioning	7.3	8.3	7.6	11.1	NS
Participated in community skills programs	7.3	8.6	8.7	6.8	NS
Completed a community skills program	6.4	7.9	5.6	2.3	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

### **Personal and Emotional Orientation**

We used the personal and emotional orientation domain indicators to examine the differences among the age groups in the areas of self-concept and cognition problems, behavioural aggression and sexual attitudes, and medical intervention. With respect to self-concept, we noted no significant differences with regard to problems arising from their physical stature, and their family, ethnic, and religious ties. In relation to cognition problems, older offenders had significantly more difficulties in solving interpersonal problems, and in not thinking of alternatives to problems. Younger offenders were significantly more likely to set unrealistic goals for themselves, and to not be able to recognize the signs or cues that could lead to

interpersonal problems. There were no significant differences among the age groups concerning narrow and rigid thinking (See Table 22).

**Table 22: Age grouping by Emotional Orientation domain indicators: Self-concept and Cognition Problems**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Physical stature problematic	9.9	11.5	8.5	17.8	NS
Family ties are problematic	44.3	46.9	42.8	55.6	NS
Ethnicity problematic	6.7	6.3	5.5	4.4	NS
Religion problematic	1.7	2.1	0.4	4.6	NS
Difficulties solving interpersonal prob.	69.2	72.8	64.2	73.3	**
Unable to generate choices	55.5	60.3	51.1	62.2	***
Unrealistic goal setting	28.7	33.0	26.4	28.9	*
Socially unaware	27.0	29.9	20.4	24.4	***
Narrow and rigid thinking	38.7	42.0	37.9	42.2	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

Our data concerning behavioural aggression and sexual attitudes suggest that older offenders, in terms of behavioural orientation, are significantly more likely to be aggressive, unable to manage stressful situations properly, unable to deal with situations of conflict appropriately, and to have difficulties managing the stress of daily life than their younger counterparts. On the other hand, younger offenders are significantly more likely to have more gambling problems, to exhibit lower frustration tolerance, to take inappropriate risks, and less likely to reflect on the appropriateness of their behaviour in different situations, as Table 23 displays. Other areas, such as problems arising from sexual attitudes and sexual performance, reveal no significant differences among the age groups, contrary to general expectations.

**Table 23: Age grouping by Emotional Orientation Domain Indicators: Behavioural Aggression**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Aggressive	41.1	44.8	35.9	47.7	*
Poor stress management	61.2	64.8	58.2	77.8	**
Poor conflict resolution	66.3	70.6	63.0	71.1	*
Poor time management	39.5	44.5	38.2	46.7	*
Gambling problems	7.8	6.1	4.6	0.0	*
Have low frustration tolerance	42.8	46.3	37.6	44.4	*
Take risks inappropriately	48.4	49.4	43.1	46.7	NS
Non-reflective	49.5	51.9	42.4	47.7	*
Non-conscientious	36.8	39.2	28.0	26.7	***
Sexual attitudes problematic	21.0	21.5	22.3	25.6	NS
Sexual performance problems	7.03	7.60	8.6	9.8	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

Concerning the medical intervention, the domain indicators show that generally there are no significant differences among the two groups of offenders in the use of prescribed psychotropic medication in the past and present; in being hospitalized for psychological reasons in the past or prior to the commission of the current crime. However, younger offenders, according to our data, are significantly more likely to have had psychological and psychiatric assessment in the past, while older offenders are significantly more likely to have participated in personal and emotional programming in the past, as illustrated in Table 24.

**Table 24: Age grouping by Personal and Emotional Orientation Domain Indicators: Interventions**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Prior personal and emotional assessment	23.1	27.9	24.6	25.0	*
Prescribed medication in the past	19.3	22.3	19.1	26.7	NS
Prescribed medication currently	8.7	9.3	7.1	13.3	NS
Past hospitalization	15.9	17.2	17.1	24.4	NS
Current hospitalization	1.5	1.8	1.1	0.0	NS
Received outpatient services-past	15.3	17.0	15.0	16.3	NS
Receiving outpatient services	4.2	4.7	5.6	4.6	NS
Past program participation	16.9	21.8	17.1	26.7	**
Current program participation	6.7	7.7	7.4	0.0	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

### Attitude

In Table 25, we compare the attitude of the age groups with respect to justice, society, and people and property. There are differences in their attitude in these areas. Our data suggest, with respect to justice, that young offenders are significantly more likely to be negative toward the courts and rehabilitation, and to view corrections and community supervision in a negative light than older offenders. We observed no significant differences in the way the two groups view the law and police.

**Table 25: Age grouping by Attitude toward the Law domain indicators: Justice**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Negative toward the law	34.4	38.1	35.4	35.6	NS
Negative toward police	31.6	34.8	28.9	24.4	NS
Negative toward the courts	28.7	33.7	28.5	26.7	*
Negative toward corrections	17.2	22.3	21.2	13.3	***
Negative toward community	20.3	25.0	19.3	15.9	***
Negative toward rehabilitation	14.4	18.9	18.4	17.8	*

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

In terms of their attitude toward society, older and younger offenders revealed no significant differences in the value they attach to employment, marital or family relations, interpersonal relations, and basic life skills. However, while older offenders were significantly more likely to value substance abuse and to embrace a lifestyle that is not goal-directed, the younger offenders appeared to be significantly more likely to show intolerance toward the religions of other people, as shown in Table 26.

**Table 26: Age grouping by Attitude toward the Law domain indicators: Society**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Employment has no value	15.7	18.5	13.8	15.6	NS
Marital/Family relations have no value	9.2	12.0	9.7	8.9	NS
Interpersonal relations have no value	10.9	12.9	9.3	11.1	NS
Value substance abuse	37.2	41.3	35.9	48.9	*
Basic life skills have no value	12.8	14.5	10.0	11.4	NS
Poor tolerance toward other religions	0.4	1.3	0.0	0.0	*
Lack goal direction	58.1	60.7	55.6	68.9	*

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

With respect to the attitude of the age groups toward people and property, the domain indicators showed that younger offenders were much more likely to treat public and commercial property with disrespect, while older offenders were significantly more likely to show no respect for the personal belongings of other people. At the same time, our data indicates that younger offenders are significantly more likely to be in support of violence as a means to achieve some particular purpose, while older offenders are significantly more likely to lack direction in terms of goals, as shown in Table 27.

**Table 27: Age grouping by Attitude toward the Law domain indicators: People and Property**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Ethnically intolerant	5.1	6.0	3.9	0.0	NS
Intolerant of disabled persons	0.3	0.4	0.4	2.3	NS
Disrespectful of personal belongings	32.4	37.4	32.0	46.0	*
Disrespectful of public property	22.9	28.2	24.3	20.9	**
Disrespectful of commercial property	29.1	34.4	32.5	20.9	**
Supportive of domestic violence	13.2	14.1	12.3	15.6	NS
Supportive of instrumental violence	29.1	33.6	27.9	31.1	*
Lack of direction	58.1	61.8	55.6	68.9	*
Non-conforming	47.5	50.5	46.5	44.4	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

## Risk Management

### Criminal History: Youth Court

The records of the previous offences of the age groups in relation to youth court and the disposition of the offences are contrasted in Tables 28 and 29. Nowhere are the differences among the age groups more clearly illustrated. The criminal history record domain indicators showed highly significant differences suggesting that more than 60% of the younger offenders had previous involvement with the youth court. The record also showed that more than 59% of younger offenders have been convicted at least once in youth court; and more than 6% have been convicted 15 or more times. In between these figures, some younger offenders have been convicted from 2 to 14 times. The data further indicate that younger offenders are most likely to have committed serious, violent crimes, excluding murder 1 and 2, as shown in Table 28.

**Table 28: Age grouping by Criminal History Domain Indicators: Previous Offence Convictions - Youth Court**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Youth court-previous involvement	61.5	26.0	7.3	2.2	***
Fifteen or more convictions	6.7	2.2	0.7	0.0	***
Ten to fourteen convictions	12.0	4.0	0.7	0.0	***
Five to nine convictions	24.7	7.7	1.4	0.0	***
Two to four convictions	45.3	15.1	3.9	0.0	***
One conviction	59.6	22.5	7.0	2.2	***
Scheduled	21.3	4.6	1.1	2.2	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

Table 29 presents the criminal history domain indicators relating to the type of disposition of the previous offences of the age groups at the youth court. We observed highly significant differences. A significantly higher percentage of younger offenders was much more likely to have come under community supervision, to have been placed in an open custody and later moved from open to secure custody apparently due to undisciplined behaviour or other reasons. They were also much more likely to have failed on community supervision, had a disciplinary report while in secure custody, to have attempted an escape, and to have been transferred from the secure youth custody to the adult facility.

**Table 29: Age grouping by Criminal History Domain Indicators: Previous Offence Dispositions -- Youth Court**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Community supervision	48.8	14.7	2.5	0.0	***
Open custody	34.9	10.6	3.5	0.0	***
Secure custody	36.6	13.2	3.5	2.2	***
Community based supervision failed	29.6	5.8	1.1	0.0	***
Disciplinary transfer open to secure custody	10.1	2.1	0.4	0.0	***
Disciplinary report while in secure custody	10.7	3.1	0.0	0.0	***
Attempt escape/UAL from secure custody	10.0	3.3	0.7	0.0	***
Transfer from secure custody to adult facility	4.8	1.4	0.0	0.0	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

### **Criminal History : Adult Court**

As in the case of Youth Court, the criminal history record domain indicators of the Adult Court in relation to the number of convictions and types of disposition of previous offences revealed very highly significant differences among the age groups. As expected, the younger offenders, with respect to the number of convictions, have much more often been involved with the adult courts. Table 30 indicates that between 79% and 87% have been convicted at least once in the adult court, that more than 36% have been convicted more than 15 times, while between 30% and 71% of them had from 2 to 14 convictions, when compared with older offenders.

As well, younger offenders were most likely to have committed serious, violent crimes, excluding murder 1 and 2.

**Table 30: Age Grouping by Criminal History Domain Indicators: Previous Offence Convictions -- Adult Court**

<b>Indicators</b>	<b>&lt;30 %</b>	<b>30-49 %</b>	<b>50-64 %</b>	<b>65+ %</b>	<b>SSR</b>
Previous involvement w/ adult court	80.4	87.8	67.6	34.8	***
15 or more convictions	17.0	36.7	21.7	0.0	***
10 to 14 convictions	29.9	49.0	29.3	0.0	***
5 to 9 convictions	49.8	65.1	39.0	10.9	***
2 to 4 convictions	70.9	79.2	54.5	23.9	***
One conviction	79.8	87.5	67.2	34.8	***
Scheduled	44.3	62.7	45.2	17.4	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

We compared the dispositions of the previous offences of the age groups at the adult court and found significant differences. The criminal history domain indicators revealed that younger offenders were significantly more likely to have been under community supervision, to have served both provincial and federal terms, and to have failed on supervision; more likely to have been segregated, to have attempted an escape or been unlawfully at large; more likely to have been reclassified to a higher security; to have failed on conditional release, and less likely to have lived one year without committing a crime than older offenders (Table 31).

**Table 31: Age grouping by Criminal History Domain Indicators: Previous Offence Dispositions -- Adult Court**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Community supervision	66.6	74.12	44.3	28.3	***
Provincial terms	68.6	71.2	45.2	28.3	***
Federal terms	13.0	35.3	26.2	8.7	***
Community-based supervision failed	54.0	53.1	23.6	15.2	***
Segregated for disciplinary infractions	21.6	25.1	7.1	0.0	***
Attempt escape/UAL/escapes	22.5	24.4	8.3	0.0	***
Reclassified to higher levels of custody	13.1	17.3	5.0	0.0	***
Failed on conditional release	31.1	35.8	17.8	4.4	***
Less than 6 months since last incarceration	28.8	18.5	6.9	0.0	***
No crime-free period of 1 year or more	30.1	12.7	4.8	0.0	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

Finally, we compared the criminal history of the current offences of the age groups and found the results to be quite the reverse of what we found in the convictions and dispositions with respect to the previous offences (Tables 28 to 31).

Significantly, large proportions of older offenders have had more convictions and have committed more serious, violent current crimes than the younger offenders (Table 32).

**Table 32: Age grouping by Current Offences Domain Indicators: Current Offences**

<b>Indicators</b>	<b>&lt;30 %</b>	<b>30-49 %</b>	<b>50-64 %</b>	<b>65+ %</b>	<b>SSR</b>
15 or more convictions	6.6	4.6	4.5	6.5	NS
10 to 14 convictions	14.3	9.8	7.2	21.7	***
5 to 9 convictions	41.1	30.0	27.7	45.7	***
2 to 4 convictions	81.0	74.0	76.0	84.8	***
One conviction	99.8	99.6	99.7	100.0	NS
Scheduled	74.2	73.4	77.1	93.5	*

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
 SSR: Significant Statistical Relations

## Offence Severity

### Illegal Drugs

As Table 33 shows, the offence severity domain indicators point to the fact that illegal drug activities, past and current, is almost entirely dominated by younger offenders. Except for drug cultivation, where no significant differences are evident, younger offenders contrast significantly with older offenders in the control of drug trafficking and drug import.

**Table 33: Age Grouping by Offence Severity Domain Indicators: Illegal Drug**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Drug Cultivation:					
Past	0.3	0.8	0.0	2.2	NS
Current	0.9	1.2	1.7	2.2	NS
Drug Trafficking:					
Past	9.9	17.7	9.0	2.2	***
Current	12.4	18.5	14.4	0.0	***
Drug Import:					
Past	0.2	0.9	0.0	0.0	*
Current	2.5	4.2	4.1	0.0	*

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

### Previous Offences: Types of Convictions

A look at the previous offence domain indicators in Table 34 reveals some interesting differences regarding the offence severity record. While the data suggest that younger offenders are significantly most likely to have been previously convicted of offences of violent assaults, robbery, attempted murder, use of prohibited weapons, and conspiracy to commit any of these crimes, older offenders are significantly most likely to have committed sexual offences as well as homicides.

**Table 34: Age Grouping by Offence Severity Domain Indicators: Types of Convictions for Previous Offences**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Arson/fire setting	1.2	1.5	1.0	0.0	NS
Use of prohibited weapons	7.4	9.1	5.5	2.2	*
Discharge firearms	1.2	2.3	1.7	0.0	NS
Forcible conf/kidnap	2.1	3.1	1.4	0.0	NS
Violence/Assaults/Robberies	43.3	50.0	32.8	6.5	***
Sexual offences	5.9	10.0	12.4	8.7	***
Attempted murder	0.0	0.6	0.3	0.0	*
Homicide	0.4	0.9	1.7	2.2	*
Conspiracy to commit one above	2.0	3.7	1.0	2.2	***
B & E commit any one above	8.7	9.3	7.6	0.0	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

As for the current offences committed, the domain indicators in Table 35 show that older offenders have significantly been convicted of discharging of firearms, and of sexual offences. While our data suggest that higher proportions of younger offender are currently serving time for violent offences, there are other studies whose findings hold exactly the contrary view (Goetting, 1984). On the other hand, the data suggest that younger offenders are significantly more likely to be currently convicted of crimes of forcible confinement and kidnapping, violent assaults, robberies, or break and enter, and of the use of prohibited weapons.

**Table 35: Age Grouping by Offence Conviction Domain Indicators: Current Offences**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Arson/fire setting	0.7	1.3	1.4	2.2	Ns
Use of prohibited weapons	11.8	7.2	3.8	2.2	***
Discharge firearms	3.2	2.3	2.7	8.7	*
Forcible confinement/kid.	5.7	4.7	2.1	0.0	*
Violence/Assaults/Robberies	52.3	36.2	23.6	17.4	***
Sexual offences	10.8	19.3	45.2	78.3	***
Attempted murder	1.5	1.0	2.4	2.2	NS
Homicide	6.6	6.3	6.9	4.4.	NS
Conspiracy to commit one above	8.5	7.3	6.5	2.2	NS
B & E commit any one above	7.3	4.0	0.3	0.0	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

## Length of Sentence

The younger and older offenders were differentiated by the length of sentence they received for the past and current offences. In this regard, the length of sentence domain indicators revealed that significantly higher proportions of older offenders are serving a sentence of 10 to 24 years as well as a sentence of 5 to 9 years for current and past offences than their younger counterparts. However, greater proportions of younger offenders (73.3%) and young offenders (74.3%) served a short sentence of one day to four years in the past, when compared with older offenders, as shown in Table 36.

**Table 36: Age grouping by Offence Severity Domain Indicators: Length of Sentences -- Past and Current**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Over 24 years sentence:					
Past	0.2	0.2	0.7	0.0	NS
Current	3.0	3.9	4.8	4.4	NS
10 to 24 years:					
Past	0.3	2.5	5.2	4.4	***
Current	5.8	8.7	12.7	13.04	***
5 to 9 years:					
Past	2.6	11.1	12.4	4.4	***
Current	21.5	26.7	36.0	45.7	***
1 day to 4 years:					
Past	73.3	74.3	51.7	26.1	***
Current	99.7	99.6	100.0	100.0	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

## Types of Victims

We further differentiated older and younger offenders by the type of their victims for their past and current offences. As for their past offences, our data indicate that the victims of older offenders were most likely to be children and persons with disabilities. On the other hand, we noted that larger proportions of younger offenders had three or more victims in the past; and still larger proportions had at least two victims in the past. The largest proportions of younger offenders had at least one victim in their past offence, when compared with their older counterparts. Moreover, younger offenders were significantly more likely to have used their power and position on their victims, as shown in Table 37.

**Table 37: Age grouping by Offence Severity Domain Indicators: Types of Previous Victims**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Children were victims	2.7	6.3	9.1	8.7	***
Person with a disability were victims	0.2	0.4	1.7	2.2	***
Seniors were victims	1.1	2.0	1.7	0.0	NS
Three or more victims	21.0	28.3	19.3	8.7	***
Two victims	28.2	35.4	25.7	8.7	***
One victim	46.2	53.8	38.4	17.4	***
Used power/position on victims	13.5	19.9	16.1	8.7	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

Table 38 reveals highly significant differences between the age groups. It confirmed that children and the person with a disability are the usual victims of older offenders. When we compared the offenders with respect to their current offences, the results appeared to be quite the opposite of those found in Table 37. Table 38 indicates that 21.7% and 43.5% of older offenders had three or more victims in their current offences, compared with 16.5% and 19.4% of younger offenders. As well, a larger proportion of older offenders had two victims in their current offences. Finally, the data indicate that 66.6% and 93.5% of older offenders had at least one victim, compared to 58.6% and 67.7% of younger offenders. Older offenders are also significantly more likely to have used their power and authority on their current victims.

**Table 38: Age grouping by Offence Severity Domain Indicators: Type and number of current victims**

<b>Indicators</b>	<b>&lt;30 %</b>	<b>30-49 %</b>	<b>50-64 %</b>	<b>65+ %</b>	<b>SSR</b>
Children were victims	6.3	14.7	42.1	76.1	***
Person with a disability were victims	0.4	1.2	2.8	0.0	***
Seniors were victims	3.6	2.7	3.1	4.4	NS
Three or more victims	19.4	16.5	21.7	43.5	***
Two victims	33.5	28.1	37.6	67.4	***
One victim	67.7	58.6	66.5	93.5	***
Used power/authority on victim	25.2	28.5	47.2	80.4	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

## Degree of Force used on the Victims

Table 39 presents the degree of force used on the victims during the past and current offences. We noted highly significant differences among the age groups. In terms of the past and current offences, the degree of force domain indicators show that younger offenders have significantly threatened their victims with violence, with a weapon, and have used both violence and weapon against them. However, older offenders are significantly more likely to have used violence in their current offence and to have caused the death of their victims in the past crimes.

**Table 39: Age grouping by Offence Severity Domain Indicators: Degree of force used on the victims -- Past and Current**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Threats of violence to victim					
Past	30.8	36.3	21.8	8.7	***
Current	47.6	36.2	28.1	52.5	***
Threaten victim w/ a weapon					
Past	17.2	21.4	11.5	6.5	***
Current	36.6	23.0	14.3	18.0	***
Violence used against victim					
Past	33.8	38.7	28.4	8.7	***
Current	41.1	31.7	31.9	47.7	***
Weapon used against victim					
Past	11.4	13.9	9.3	4.4	**
Current	23.7	15.1	14.5	16.3	***
Caused death to victim					
Past	0.9	1.1	2.8	2.2	*
Current	7.9	8.0	7.9	6.5	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

## Degree of Harm to the Victims

The degree of physical and psychological harm is a measure of the depth and seriousness of harm done to the victim by the offender, like the degree of force used on the victim. In Table 40 we present the degree of physical and psychological harm done to the victims by the offenders in the course of the past and current offences. We noted highly significant differences. Younger offenders are significantly more likely to have caused serious injury of wounding and maiming, of minor injury of hitting and striking, and mild, moderate, and serious psychological harm to the victim in their past offences, when compared with older offenders. They also caused serious injury of wounding and maiming in their current offences. With respect to the current offences, however, older offenders are significantly more likely to cause minor injuries by hitting, slapping, or striking, as well as mild, moderate, and serious psychological harm to the victims.

**Table 40: Age Grouping by Offence Severity Domain Indicators: Degree of Harm**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Serious injury-wounding/maiming					
Past	7.2	8.4	7.5	0.0	NS
Current	17.3	11.6	12.6	13.0	***
Minor injury-hitting/slapping/striking					
Past	29.7	34.1	24.7	0.0	***
Current	26.9	21.3	19.9	34.1	***
Serious psychological harm					
Past	5.9	12.2	10.2	9.3	***
Current	23.7	25.7	49.4	72.7	***
Moderate psychological harm					
Past	13.8	20.8	12.6	9.3	***
Current	31.8	28.3	34.3	70.5	***
Mild psychological harm					
Past	23.6	30.4	18.2	11.6	***
Current	36.4	31.7	34.1	53.5	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

## Sexual Offence History

Sexual offence or sex-related offence is the one variable where we found significant differences between older and younger offenders starkly drawn. In examining the sexual offender status and the type of sexual offence, highly significant differences were quite evident. No other area of criminal activity is so heavily dominated by the older offenders. In Tables 41 and 42, we present the sexual offender status and sexual offence type respectively as components of sexual offence history. With respect to sexual offender status, the sexual offence history domain indicators show that older offenders are significantly most likely to have a history of current or past sexual offences, most likely to be currently serving a sentence for a sexual or a sex-related offence, and most likely to have been convicted in the past for one or two sexual offences, as shown in Table 41.

**Table 41: Age Grouping by Sexual Offence History Domain Indicators: Sexual Offender Status**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
History of sexual offences current or past	14.2	23.3	47.4	76.1	***
Currently serving sentence for sexual offence	10.7	18.9	42.6	76.1	***
Convicted in the past for 1 or 2 sexual offences	6.1	10.1	13.5	8.7	***
Currently serving sentence for sexual related offence	9.0	16.2	38.5	63.0	***
Past conviction for sexual related offence	5.3	8.8	12.1	6.5	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

When we examined the types of sexual offences, we found several differences statistically significant. Table 42 indicates that older offenders are currently most likely to be serving a sentence for incest, pædophilia, sexual assault, or other sex-related offences. They are also most likely to have served a sentence in the past for these offences.

**Table 42: Age Grouping by Sexual Offence History Domain Indicators: Types of Sexual Offence**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Incest:					
current sentence	0.2	3.9	17.2	47.8	***
past sentence	0.3	0.7	3.1	2.2	
Pædophilia:					***
current sentence	1.8	5.4	17.3	44.4	
past sentence	1.3	2.9	5.2	6.5	
Sexual assault:					***
current sentence	10.2	17.1	31.6	50.0	
past sentence	4.8	8.5	9.7	6.5	
Other current sexual offences	0.6	3.2	12.1	24.4	***
Other previous sexual offences	1.2	2.48	4.81	4.35	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

When it comes to counting the number of victims, the data show that older offenders have by far left a larger pool of victims. Table 43 indicates that more than 76% of older offenders had at least one victim, compared to 13.8% of younger offenders; that 65% had two victims, compared to only 4.8 % of younger offenders; and that more than 43% of older offenders had two or more victims, when compared to only 2.2 % of younger offenders.

**Table 43: Age grouping by Sexual Offence History Domain Indicator: Number of Victims**

<b>Indicators</b>	<b>&lt;30 %</b>	<b>30-49 %</b>	<b>50-64 %</b>	<b>65+ %</b>	<b>SSR</b>
Two or more victims	2.2	6.4	17.2	43.5	***
Two victims	4.8	10.9	27.8	65.2	***
One victim	13.8	22.9	46.1	76.1	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

We noted significant differences among the age groups concerning the sex and age of their victims in most of the current sex-related offences. The data indicate that higher proportions of older offenders are currently serving time for sex-related offences involving female and male victims under 12 years, and of 12 to 17 years. Older offenders are also significantly most likely to be currently serving time for a sexual offence against female victims over 65 years of age. Finally, the data indicate that a significant proportion of older offenders caused death or serious harm to their current victims, when compared to younger offenders, as shown in Table 44.

**Table 44: Age Grouping by Sexual Offence History Domain Indicators: Sex and Age of Current Victims**

<b>Indicators</b>	<b>&lt;30 %</b>	<b>30-49 %</b>	<b>50-64 %</b>	<b>65+ %</b>	<b>SSR</b>
Current victims female children <12 yr.	2.2	8.8	31.7	66.7	***
Current victims female children 12-17 yr.	5.0	9.1	27.5	45.7	***
Current victims adult females 18-65 yr.	7.4	8.7	9.7	11.1	NS
Current victims older females over 65 yr.	0.0	0.5	0.3	2.2	**
Current victims male children <12 yr.	1.2	3.1	6.5	26.1	***
Current victims male children 12-17 yr.	0.4	2.3	4.2	17.8	***
Current victims adult males 18-65 yr.	0.2	0.4	0.7	0.0	NS
Current victims older males over 65 yr.	0.0	0.1	0.0	0.0	NS
Current offence resulted in death/serious harm	5.7	11.6	25.9	47.5	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

Table 45 presents the assessment and treatment history of the age groups.

**Table 45: Age Grouping by Sexual Offence History Domain Indicators: Assessment and Treatment for Sexual Offences**

Indicators	<30 %	30-49 %	50-64 %	65+ %	SSR
Prior psychological assessment	2.5	6.7	8.4	13.0	***
Prior treatment	2.0	4.5	5.6	6.5	***
Current treatment/intervention	1.01	1.7	6.3	6.5	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

Older and younger offenders are significantly differentiated by the proportions of the groups that have received treatment intervention for sexual problems. The data suggest that larger proportions of older offenders have had prior psychological assessments, prior treatment, and are currently receiving treatment or intervention for sexual offences. These results should be compared with the intervention in the case of substance abuse treatment program (Table 19) where greater proportions of younger offenders have either participated, or completed that program.

### **Suicide Risk Potential**

Table 46 compares the suicide risk potentials. The data displayed in the Table indicate some interesting similarities between younger offender (30-49 years) and older offenders (50-64 years). Almost an equal proportion of each group has experienced some signs of depression and received psychiatric or psychological treatment. The data also suggest that older offenders are more likely to have suffered some bereavement or loss of relationships recently, and have been involved in a major legal problem. No significant differences among the age groups emerged with respect to intent, expression, plan and attempt.

**Table 46: Age Grouping by Suicide Attempt Domain Indicators**

<b>Indicators</b>	<b>&lt;30 %</b>	<b>30-49 %</b>	<b>50-64 %</b>	<b>65+ %</b>	<b>SSR</b>
Inmate may be suicidal	4.4	6.2	4.6	6.5	NS
Inmate has previous suicide attempt	17.2	17.3	12.0	10.9	NS
Inmate has psychiatric/psychol intervention	9.7	12.9	12.7	11.1	*
Loss of rel./death of close relative	4.9	7.3	7.5	6.5	*
Major problem, i.e.: legal situation	5.2	8.2	6.9	13.3	***
Influence of alcohol or drugs	3.3	4.7	2.8	0.0	NS
Signs of depression	5.2	9.3	9.3	6.5	
Expressed suicide intention	3.4	5.0	3.5	4.4	NS
Has suicide plan	0.7	0.5	1.0	2.2	NS

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
 SSR: Significant Statistical Relations

## **PART 2: COMMUNITY RISK AND NEEDS MANAGEMENT DATA OLDER OFFENDERS IN THE COMMUNITY SETTINGS**

### **Risk and Needs of Older Offenders**

This part of the study deals with the risk and needs of offenders in the community. As in the case of institutional offenders, concerns for the specific needs of offenders living in the community settings on conditional or statutory release, along with the inherent risks posed by such needs, have increased remarkably in the past few years. An offender need can be viewed as a lack of some resource or skill that may hamper his or her ability to function effectively in the community in a law-abiding fashion. Consequently, in recent years, new approaches have emerged in community corrections. They are geared toward identifying and assessing the needs of these offenders and the ways and means of fulfilling and meeting these needs. It has been found that it is the level of needs, and not necessarily risk, that determines the outcome on conditional or statutory release. Offenders with high needs are more likely to be suspended or revoked than those with low need levels as well as those considered as high risk but with low needs (Motiuk & Porporino, 1989).

Our data on community supervision offenders consist of a population of 6,170 offenders, of which 202 are female. Table 47 presents age groupings by miscellaneous domain indicators. As illustrated, there are significant differences between older and younger offenders in the community settings in terms of the level of potential risks and needs posed by them. As the first three rows of the Table indicate, both risks and needs appear to decrease with (the increase in) the age of the offenders; that is, the younger the offenders, the more needs and more risks one would expect them to pose, while older offenders would be expected to register low needs and low risks generally.

Younger offenders presented higher risk and needs levels. The Statistical Information on Recidivism (SIR) scale indicates that younger offenders are twice

more likely to re-offend when compared to older offenders. Furthermore, the Table indicates that younger offenders are many times more likely to commit robbery, and more than twice likely to engage in drug and other offences than older offenders. On the other hand, the data show that older offenders are many times more likely to commit homicide and sexual offences than younger offenders.

**Table 47: Age Grouping by Miscellaneous Domain Indicators**

<b>Indicators</b>	<b>&lt;30 %</b>	<b>30-49 %</b>	<b>50-64 %</b>	<b>65+ %</b>	<b>SSR</b>
Risk	47.5	33.5	21.1	15.0	***
Need	77.2	56.1	41.5	32.1	***
Risk/Need	34.8	23.1	11.8	10.0	***
SIR Group	46.4	59.0	78.0	85.1	***
Homicide	4.1	17.1	30.3	37.1	***
Sexual	6.6	12.8	23.1	31.4	***
Robbery	34.0	28.2	14.2	7.1	***
Drugs	26.3	33.8	21.6	12.1	***
Other Offences	35.6	21.8	20.3	16.4	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

## **Identified Needs**

We compared the similarities and differences in needs frequencies across age groupings of offenders in the community settings. Table 48 presents the identified needs of the various age groups. Although the data do not tell us the release status of the offenders, significant variations in needs among the age groups can serve to point to the way they should be handled in terms of assessment, supervision and service delivery. Similarities in needs, for instance, can suggest more unified approaches to programs and service delivery to the offenders. Whereas differences in needs would suggest approaches tailored to the particular age group. The identified needs and risks of the offenders in the community can be found in at least twelve areas, such as: academic or vocational training, employment, financial management, marital or family relationships, companionships, accommodation, emotional stability, alcohol and drug usage, mental ability, health, and degree of responsiveness and co-operation (attitude). These levels of needs range in some cases from 'an asset' to 'no difficulty', to 'some difficulty', and to 'considerable difficulty'. Except for health needs, our data show that younger offenders significantly have more needs in eleven of the twelve need areas examined. Older offenders significantly have considerable difficulties in relation to health needs. The data also indicate that within each need area there is considerable variation in the degree of difficulty entertained by the various age groups.

**Table 48: Age Grouping by Community Risk and Needs Domain Indicators: Identified Needs**

<b>Indicators</b>	<b>&lt;30 %</b>	<b>30-49 %</b>	<b>50-64 %</b>	<b>65+ %</b>	<b>SSR</b>
Academic/Vocational	54.7	33.3	22.1	13.4	***
Employment	56.1	43.2	32.4	9.9	***
Financial management	48.8	38.1	27.0	9.8	***
Marital/Family	32.9	27.9	20.7	14.6	***
Companions/significant others	41.6	26.5	15.1	8.9	***
Accommodation	14.9	11.6	6.1	3.2	***
Behavioral/emotional stability	48.3	3.8	30.8	26.8	***
Alcohol usage	20.5	14.6	8.3	4.9	***
Drug usage	22.9	16.2	2.9	2.4	***
Mental ability	4.7	4.9	4.2	9.0	NS
Health	7.5	16.3	33.4	51.2	***
Attitude	13.4	9.4	10.4	12.3	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

## **Risk and Needs Level**

The traditional method of selecting offenders for conditional release is through the assessment of their criminal history and the risks thereof. In recent years, researchers found that assessing the level of risk and needs with the Community Risk and Needs Management Scale can result in better levels of prediction of conditional release outcome (Motiuk & Porporino, 1989). It can offer a better picture of the percentage of each age category that has or not identified need for improvement.

Table 49 indicates the level of identified need and risks of each age group. The younger offenders have significantly higher risk and needs levels with respect to academic or vocational training, employment, financial management, marital or family relationships, companions or significant others, accommodation, behavioural or emotional stability, alcohol and drug usage, and attitude. Older offenders, however, have higher risk and needs levels in terms of health services.

**Table 49: Age Grouping by Community Risk and Needs Domain Indicators: Risk/Needs Level**

Indicators	% with identified needs				
	<30	30-49	50-64	65+	SSR
Academic/vocational	54.7	33.3	22.1	11.4	***
Employment	56.1	43.2	32.4	9.9	***
Financial management	48.8	38.1	27.0	9.8	***
Marital/Family relationships	32.9	27.9	20.7	14.6	***
Companions/significant others	41.6	26.5	15.0	8.9	***
Accommodation	14.9	11.6	6.1	3.2	***
Behavioral/emotional stability	48.3	38.4	30.8	26.8	***
Alcohol usage	20.5	14.6	8.3	4.9	***
Drug usage	22.9	16.2	2.9	2.4	***
Mental ability	4.7	4.9	4.2	9.0	NS
Health	7.5	16.3	33.4	51.2	***
Attitude	13.4	9.4	10.4	12.3	***
Aboriginal	8.4	6.8	4.8	3.6	***

Note: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; NS = non significant  
SSR: Significant Statistical Relations

### **PART 3: THE NEEDS OF OLDER OFFENDERS IN INSTITUTIONS**

It is a well-recognized fact that all inmates have certain needs arising from their penal situation (Clements, 1986). The needs of older offenders are basically the same as any other inmate but more critical. The crux of the problem lies in their reduced ability to cope with and have those needs met within the prison walls. As a consequence of growing old in prison while serving a lengthy sentence (Walsh, 1989; Cowles, 1990), older offenders inherently have needs and problems that set them apart from the rest of adult offender population. These needs include: medical care, adjustment to imprisonment, programming, prison environment, peer relationships in prison, family relationships and parole consideration.

How to meet these needs and deal with the problems of older offenders is at the root of policy and program conundrum facing prison administrators, often with limited resources.

#### **Medical Care of Older Offenders**

The domain indicators in all our Offender Intake Assessment data pertaining to the medical care requirement of the offenders strongly suggest that there is significant difference between the medical care needs of older and geriatric offenders and those of their younger counterparts.(Tables 48 & 49) Older offenders have lived longer and consequently many have used drugs and alcohol to excess, coupled with poor feeding habits and life stresses. According to one cited medical opinion, there is typically 10 years differential between the overall health of prison inmates and that of the general population. It is said that a 50 year old offender will typically have the health problems of a 60 year old person on the outside. Consequently offenders in prisons age faster than the normal population due to their previous lifestyle (Webb, 1959; Kratcoski & Pownall, 1989; Booth, 1989; Clark, 1991).

Among the issues that concern older offenders, none are so paramount as the type of medical care they receive. Older offenders have to cope with a number of health

problems and the fear of growing old in prison (Parrish, 1992; Young, 1992). For many, this means the gradual decline and deterioration of their health conditions. Among the elderly and geriatric offenders, there is a high incidence of multiple chronic health problems such as severe heart problems, diabetes, hypertension, stroke, cancer, Alzheimer's disease, Parkinson's disease, ulcer, emphysema, diminished hearing, poor eyesight, loss of memory, and many more, in contrast with the younger offenders (Aday & Webster, 1979; McCarthy, 1983; Malcolm, 1988). Along with the fear of growing old in prison is the fear of dying there. For those offenders who have many more years to serve, this fear haunts their daily existence (Dugger, 1990). For many more, the stigma of dying in prison has unbearable, negative consequences for their children and their descendants (Carroll, 1989; Aday, 1994). Naturally, older offenders, faced with these unpalatable situations, would likely attempt to seek relief from some activity, often of religious nature, such as reading the Bible or attending prayer worship. Loss of relatives and friends by the older offenders often can take a heavy toll on their health. Some older offenders do seem to seek emotional support from each other at times in respect of these losses (Aday, 1994). The health of older offenders is extremely important in another way, as it contributes to the offenders' general feelings of well-being, and indirectly enhances or limits the range and number of activities they can participate in the areas of work assignments and recreational activities (Kratcoski & Pownall, 1989; Roth, 1992).

As a consequence of growing old in prison with the deterioration of health conditions (Webb, 1959; Wiltz, 1978; Antinovsky, 1979, Lewis, 1989), older offenders would naturally need a full range of health care services, including medical, dental, nutritional, and long-term care. Some older offenders may require treatment for memory and visual impairment, diminished hearing; some may need hearing aids, eye glasses, canes, walkers, wheel-chairs, pace-makers, prostheses, etc. Some may need special diets, nutrition monitoring. Some may require continuous care due to health conditions, and some may need constant monitoring of their health problems (Shover, 1985). Commodes, showers and bathtubs with handrails should be accessible to all older offenders who need them, and adapted for use by persons in

wheelchair. Essentially, the needs of older offenders in terms of medical care, life-cycle roles, friendships, and security usually remain constant regardless of where they find themselves (Goetting, 1983). A large number of elderly offenders may require special services for a variety of conditions. Incarceration may cause many of the crucial health needs of older offenders to be left inadequately fulfilled while at the same time intensifying the need for their fulfillment (Ham, 1976). To these special medical needs may be added such things as daily delivery of medications and possibly routine sick call services to the less mobile older and geriatric offenders (Origer, 1986). All these needs may prove a heavy burden to both the medical and the CSC's staffs. When we tally the total costs, we can raise questions as to the wisdom of the policy of keeping non-violent, geriatric offenders in prison for a lengthy period of time.

It is suggested that, due to the progressive deterioration in the health of older offenders, they need to be served by professional staffs who are familiar with the physical components of the aging process and who have the patience and training to deal with them (Freedman, 1948; Baier, 1961; Goetting, 1983, 1984; Morton, 1993).

Some authors have questioned the ability of correctional systems to adequately meet the needs of older inmates. They argue that since few correctional systems have facilities for the geriatric offenders, their care is inadequate. They hold that aged and disabled inmates often require special conditions, at times requiring convalescent treatment. They point out that under the best of conditions, prisons are highly stressful environments, and that one of the most stressful characteristics of prisons is the danger inmates encounter on a daily basis and this has negative impact on their health (Lazarus, 1966; Davidson & Cooper, 1981; Hagel, 1982; Edwards, 1983; Vega & Silverman, 1988).

Another aspect of older offenders' medical problems has to do with the state of their mental conditions (Booth, 1989). On this, there have been contradictory findings. Teller and Howell (1981) found that older offenders reported less psychic pain and depression, are generally less socially deviant, less impulsive and hostile than younger offenders. On the other hand, Vega and Silverman (1988) have suggested that older offenders may actually suppress or deny feelings of anger, stress and anxiety. All evidence points to the fact that depression is a major medical problem among older offenders (Toch, 1976). Older offenders have the highest suicide rate of any group of people and they should be a high priority for prison administrators (Wetzel, 1980). Pantan, using the Minnesota Multiphasic Personality Inventory (MMPI) scale in his research, came to the conclusion that, although older prisoners appeared to be less psychotic, they seemed to be more neurotic and expressed more anxiety, dependency, and apprehension than younger offenders (Pantan, 1976-77; Fry, 1986). Thus, overall, mental health appears to be a significant variable in the prediction of behaviour and adjustment difficulties, particularly as this pertains to offenders and disciplinary problems (Adams, 1981, 1986; Toch, 1982; Toch & Adams, 1986, 1987; Toch, Adams & Green, 1987; McShane, 1989; McShane & Williams, 1990).

Furthermore, researchers have observed a number of psychiatric and psychological changes among offenders serving long sentences, especially older and geriatric offenders (Buchanan, 1983; Chaneles, 1987). These changes include depression, anxiety, introversion, neuroticism and emotionality; apathy, dependency on staff and routine, motivation to do one's best, interests in the outside world and outside contacts; concerns with release, orientation in time and length of future time-perspective (Jones, 1976; Sapsford, 1978; Von Wormer, 1981).

Alcoholism is recognized as a leading medical and social problem among the older offenders, but it often goes untreated in prison, except for enforced abstinence (McCarthy, 1983). Alcohol is also known to exacerbate mental illness, suicidal and homicidal behaviour, as well as behaviour (Forni, 1978).

Finally, it should be noted that studies conducted with offenders aged 60 years and older on self-perceived age strongly indicate that health status is the best predictor of self-perceived age. Neither chronological age nor length of incarceration shows a relationship to self-perceived age. The studies conclude that as the number of health conditions increases, so does the likelihood that offenders will perceive themselves as feeling older than their chronological age. What these studies suggest is that it is health and possibly self-esteem that determines how old one feels (Wiltz, 1973; Hendricks & Burkhead, 1978). Nevertheless, there are other studies that disagree with these findings (Gillespie & Galliher, 1972; Reed & Glamsner, 1979). The health of an older inmate is perhaps the most important factor to him, as it determines not only his level of program participation but also the type of adjustment he makes.

### **Adjustment to Imprisonment**

Our data on custody and disciplinary reports indicate that, generally, older offenders have less adjustment problems than their younger counterparts. However, other researchers indicated that while older offenders may be better adjusted and less disruptive in the prison, many of them appear to have psychological and emotional characteristics which suggest that they have prison adjustment problems which are not being addressed (Vito & Wilson, 1985). Teller and Howell found older offenders to be better adjusted, less socially deviant, impulsive, and hostile than younger offenders. It is particularly true for those older offenders who were first incarcerated when they were young (Teller & Howell, 1981). Wiegand and Burger (1979) have gone so far as to suggest that prison officials often discourage older inmates from leaving because of the 'quieting effect' they have on an institution.

Disciplinary studies conducted in prisons consistently indicate that older offenders, as a group, get in less disciplinary trouble than their younger counterparts (Johnson, 1966; Mabli et al., 1979; Flanagan, 1983; McShane & Williams, 1990).

Other researches suggest that older offenders are less prone to violate rules, and less likely to attempt to escape. They are more stable and mature, less likely to get into fights, into drugs or other activities that involve trouble. They are more cooperative with prison staff. They maintain low profiles and get along well with other inmates because they realize that they can no longer compete physically with younger inmates (Jensen, 1977; Wooden & Parker, 1980).

Apart from these sources of direct evidence, there are other studies in which age and rule violations are related, though older offenders are not separated. The results are consistent with the ones we have already cited. They lend strong support to the argument that rule violations decreases with age, and that older offenders commit fewer rule violations than younger offenders (Wolfgang, 1964; Ellis et al., 1974; Straus & Sherwin, 1975; Jensen, 1977). However, explanations for the consistency in data vary. While some researchers view the disproportionate rule conformity of older offenders as part of physiological results of aging process, others argue that naturally “younger offenders are more active and energetic; consequently, they are more likely to assault each other” (Fuller & Orsagh, 1979). There is general agreement among researchers that the ‘new’ first-time older offenders show better prison adjustment than the chronic repeat older offenders (Adams & Vedder, 1961; Bergman & Amir, 1973; Silfen, 1977; Aday & Webster, 1979; Teller & Howell, 1981).

Some researchers have examined the effects of factors such as family contacts, marital status, education, quality of health, financial position, and time served in prison, as they affect the institutional adjustment of older offenders. Among these factors, they found family contacts, education, and health have the most effect on positive institutional adjustment. Older offenders who are able to maintain contacts with their families are better adjusted than those who have not. Similarly, older offenders who have acquired enough education to read and participate in institutional

activities that require some educational skills are more likely to show positive adjustment (Sabath & Cowles, 1988).

For many older offenders, the most important 'role loss' influencing their institutional adjustment is that of health. Some researchers have examined certain factors related to the nature of older offenders' health, and the impact this might have on their institutional adjustment. They believe that certain conditions of health, such as the deterioration of mental and physical abilities, and senility, may lead the older offender to become rigid, suspicious, quarrelsome or even violent (Bergman & Amir, 1973; Moore, 1989; Douglass et al. ,1994). Admittedly, the condition of older offender's health may be a significant factor in his adjustment to and possible dependency on the institution. According to some researchers, poor health conditions of older offenders encourage the development of dependency on the prison community that is likely to increase as health declines (Aday, 1976; Goetting, 1983).

The length of time an older offender has to serve is a crucial variable in keeping or breaking social contacts with the free community (Gaes, 1990). The longer the length of incarceration, the more his social roles and attachments outside the prison would decrease, setting off a chain of emotional trauma and isolation which often results in the older offenders becoming more dependent on the institution, especially if they have no immediate family or friends on the outside to whom they can turn (Rosow, 1962; Aday & Webster, 1979). When the length of sentence is linked with social role losses on the part of the older offenders, this may have adverse effects on their institutional adjustment. This also may compel them to seek a new subculture, a new role, a new identity, and a new social group, all of which are essential for social and psychological well-being. Various researchers have characterized the process as institutional dependency which describes the final stages of incarceration of older offenders (Aday, 1976, 1994; Aday & Webster, 1979; Goetting, 1983; McShane & Williams, 1990). It is noted that if the imprisonment is long enough, the older prisoners may exchange outside reference groups for inmate reference groups and conventional roles for roles assured in the prison subculture (Adams & Vedder, 1961;

Aday, 1976; Ham, 1976; Aday & Webster, 1979). The degree of institutional dependency displayed by older offenders varies according to circumstances. A greater level of institutional dependency is normally found among unmarried older offenders, those incarcerated earlier in their lives, and chronic incarcerated recidivists (Aday & Webster, 1979).

Institutional dependency by the older offenders often presents many problems for the staff. These offenders are likely to demand more of staff's time and energy, and more likely to present numerous chronic complaints. If these demands and complaints are not acted on to their satisfaction, they will likely claim that the officer does not understand them or really care what happens to them (Panton, 1974). Other analysts have reported that older offenders are more demanding, self-centred, and naive, though less hostile toward authority, than their younger counterparts (Vito & Wilson, 1985). Still other researchers have reported findings which suggest that older offenders are insecure, depressed, frightened, and dependent on the prison staff for protection, and that they are given little status recognition by other inmates (Rodstein, 1975; Krajick, 1979).

Some researchers have explored the issue of life satisfaction among older offenders. They found that older offenders have developed coping strategies that enable them to exist with minimum stress. These offenders appear to be resigned to the fact that they are serving time in prison, yet 'life on the tier' seemingly provided them with adequate social support, while their outlook on life had remained positive (Wooden & Parker, 1980).

Aging in prison is bound to be different from aging in the community because of the abnormal nature of prison environment. A complete review of studies of incarcerated aged persons by Lieberman has revealed that older offenders are traditionally characterized by "poor adjustment, depression and unhappiness, intellectual ineffectiveness, negative self-image, feelings of personal insignificance and impotency ... view of self as old and unable to compete or face problems ... docile, submissive ... low range of interests and activities ..." (Lieberman, 1969). Having no

future to look forward to, some older offenders may seek an escape out of their situation by contemplating suicide.

### **Programming for Older Offenders**

Most of the current prison programs and policies were not developed with the older offenders in mind, just as the institutions themselves were not. Rather they were developed to rehabilitate offenders who are young, aggressive, poorly educated, lacking in skills, and not highly motivated (Vito & Wilson, 1985). In recent years, prison administrators are beginning to be aware of the presence of older prisoners in their institutions (Anderson, 1992). These are mostly offenders serving life imprisonment and who are growing older in the institution. As they are few in number, they do not attract attention. They receive some light assignments that do not require physical exertion to occupy their time. Recently, it appears that their numbers are growing very rapidly and prison administrators are just waking up to the idea that the older incarcerated persons have unique needs (Vega & Silverman, 1988; Kratcoski & Pownall, 1989).

Are older offenders proper candidates for prison treatment programs? This is one of the crucial questions a researcher has to resolve with respect to programming. If the answer is underpinned by the idea that offenders should be better prepared for accessing the job market upon release, then there appears to be little point for vocational training and formal education for those without future work career (Johnson, 1988).

Nevertheless, there are compelling reasons for assisting these offenders in understanding the offence aetiology, adjusting to the circumstances of imprisonment, and preparation for post release conditions.

The formal educational and vocational programs currently available in the institutions are not generally considered typically conducive to the participation of older offenders and their needs. The majority of older offenders have left the education system many years ago and have no desire to be involved with it again (Goetting, 1983). Some researchers have found what seems to be a built-in bias against the older offender's participation in institutional programs. They point to the hidden belief among some prison officials that "you cannot teach an old dog a new trick". Consequently, we often view older offenders as past their prime and as unsuitable candidates for long-term improvement (Petersilia, 1979; Vito & Wilson, 1985).

It is noted that older offenders who happen to show an interest in educational programs are likely to be discouraged by prison officials who think that the limited spaces should be left to younger offenders who are more likely to benefit from the programs. Some studies suggest that officials share the view that chances are rather slim that an older ex-convict will find work available to him in the community upon release (Wiegand & Burger, 1979; Goetting, 1984).

In addition to the alleged staff bias, there is also the motivational problem on the part of older offenders that acts as an obstacle to the establishment of meaningful programs for them. Notwithstanding their physical disabilities that can exclude them from work or exercise programs, older offenders are often known to lack the spirit to take up other pursuits; even when they obviously stand to benefit from such pursuits. For instance, many older offenders did not finish high school. Yet, many of them are embarrassed to admit their lack of education, especially if they are unable to read or write (Bintz, 1974; Krajick, 1979; Goetting, 1983). An older offender who involves himself in treatment programs may be viewed by his peers as having greater fear of jeopardizing parole possibilities than others who do not.

In some cases, the program needs of older offenders are often complicated by the physical, intellectual, and emotional deterioration brought on by old age and long confinement. There is the observation that older offenders do their time and do not call attention to themselves. For this reason, it is feared that the prison administrators

have a tendency to either ignore them or to set up 'nursing home prison' facilities that tend to segregate and isolate older offenders (Adams & Vedder, 1961; Krajick, 1979; Vito & Wilson, 1985). The situation of older offenders rather calls for more attention to be paid, and resources to be devoted to the programs dealing with older offenders' emotional and psychological well-being, their social isolation, as well as their avoidance and denying behaviour. As a result of their age and health status, the normal prison programs (educational, vocational training, counselling, etc.) do not appear to meet the needs of this category of offenders (Vega & Silverman, 1988).

In the United States, the Federal Bureau of Prisons recognized as early as the 1970s the need for special programming for older offenders. The Bureau has made substantial progress in providing such needs to offenders sent to Federal correctional facilities. Since most older offenders return to the community to look for employment or social services, the Bureau has recognized that they may be in need of more assistance and support than their younger counterparts (Kratcoski & Pownall, 1989).

In Canada, the need for special programming for older offenders is still a nascent idea that has yet to be embraced by prison administrators. Even though the older offender population of most federal institutions are only a small fraction, this does not negate the necessity for special programs to accommodate their unique needs. We should offer programs in locations physically accessible to the offenders. The programs should also be properly structured to facilitate offenders' participation. Older offenders who are physically and mentally fit should be encouraged to take advantage of all programs available. It is believed that the more they are involved in the available institutional programs, the more likely they will develop a positive attitude toward their institutional experience. This in turn will help ward off both mental and physical health problems (Kratcoski & Pownall, 1989). The emphasis here should be on integrated, comprehensive programs structured to promote life satisfaction and successful reintegration into the community (Aday, 1977).

Opposing views to the provision of special consideration or treatment programs for older offenders are worth noting. Some authors do not see the need for or responsibility to provide special consideration to older offenders (Silfen, 1977; Wooden & Parker, 1980). Others deal with the issue of age segregation specifically, arguing that the distribution of older offenders throughout the prison system has a stabilizing effect on the general inmate population (McCleery, 1961; Wolfgang, 1964; Straus & Sherwin, 1975). From their point of view, we should give the inmates housing and work assignments based on the type of custody status that they require. They consider health, family, and community status as the next important needs to offenders. They believe that if a prisoner is trained in a line of occupation and prefers that kind of work, we should place him in an institution which can provide him with that kind of job activity. They believe that placing an inmate in a special unit for older offenders could be detrimental to his security, family relationships, and occupational interests and needs (Silfen, 1977; Goetting, 1983, 1984). In this regards, older offenders should be placed in prison environment most suited to their needs.

### **Prison Environment and Older Offenders**

As we indicated in Tables 5 and 6, about 89% of the offenders in federal institutions across Canada are under 50 years of age, and the vast majority of them are in their twenties. The institutions are designed to accommodate this general age category, and not older offenders (Kratcoski & Babb, 1990). Vito and Wilson report that even the physical layout, conditions, structure, and social realities of the prison institutions are geared toward younger offenders. They create significant problems for older offenders who find prison environment lacking in the special needs that are peculiar to older and geriatric offenders (Vito & Wilson, 1985; Correctional Service Canada, 1991). Some argued that prisons today should be among the caring institutions, such as schools and hospitals. Therefore, we could identify the concerns about conditions of penal confinement and the needs of prisoners. We could develop the appropriate policies and practices in a context that assumes respect for the individual and his special needs (Bowker, 1982; Johnson, 1988; Moore, 1989).

Krajick (1979), and Wiegand and Burger (1979) report that victimisation and the fear of victimisation is a serious problem for older offenders. They point out that while older offenders do not typically represent a security risk, the protection of such a vulnerable class of offenders can present a vexing problem for prison administrators. This raises the problems of accommodation for older inmates. There is no consensus among researchers on the issue of age integration versus age segregation. This issue is as alive today in the field of corrections as it is in the general field of gerontology (Williams, 1984; Golant, 1985). Typically, most older offenders find living in close quarters with younger offenders a strain and such a situation presents a serious problem for them (Krajick, 1979; Walker & Gordon, 1980). Younger offenders are often noisy and assaultive. Older offenders may be subjected to various abuses at the hands of younger offenders, ranging from harassment to assaults and robbery (Golden, 1984).

Some researchers have observed that situations outside of prisons do not present the constant threat of violence found in correctional facilities. They cite the widespread violence usually associated with prisons to support their observation (Cohen et al., 1976). Others maintain that much of the violence in prisons results from factors inside the institutions such as overcrowding, ethnic differences, inadequately trained staff, perceived injustices within the system, double bunking and short-sighted administrators (Conrad, 1982; Toch & Adams, 1987; Toch, Adams & Green, 1987).

The proponents of separate facilities for older offenders see them as the best way to protect them from the violent younger offenders. They believe that participation in age-specific groups by the older offenders may increase self-respect; diminish feelings of loneliness and depression; stimulate desire for social interaction; reawaken intellectual interests; encourage a sense of identification with peers and a shared feeling of historical legacy; increase capability to resume community life, and, if available, generate treatment programs. The exceptions, they would allow, are those who pose security risk to the institution (Krajick, 1979; Roberg & Webb, 1981; Rubenstein, 1984; Johnson, 1988). It is argued that the provision of separate facilities for older prisoners would help to facilitate the implementation of special

programs to meet their needs. Age segregation contributes to positive mental health and social adjustment (Wiegand & Burger, 1979; Golant, 1985).

Where age-segregated facilities exist, the prison authorities often feel that they are protecting the younger inmates by preventing the 'old cons' from sharing too much knowledge with less experienced inmates. Other proponents of separate facilities base their support on a variety of reasons. For instance, Krajick (1979) found the special units or protective custody to be quieter and less troublesome, even though opportunity for recreation and work may be limited in such facilities. Silfen (1977) and his colleagues suggest that older inmates should be placed in special unit because of their failure to adapt in the general institution.

Furthermore, some studies propose as a middle ground that it may not be desirable to house aged offenders in a separate unit in an institution. We could design living quarters to protect older offenders from physical and health ailments. We could provide appropriate living necessities and easy accessibility to bathrooms and sleeping spaces. (Kratcoski & Pownall, 1989).

There are equally powerful arguments in favour of integrating older inmates into the general population. Contradicting the view that older inmates are prone to be victims of violence is the view that they have prestige and deference within the prison status hierarchy. Furthermore, it is said that older inmates are respected by their younger counterparts because of their accumulated wisdom regarding the operations of prison life that allows them to manipulate the system to their advantage (Wiltz, 1973). Other perspectives view older offenders' position in the prison social structure of the inmate status hierarchy as one based partially on seniority, with 'old cons' with long experience in prison ways initiating norms and occupying leadership roles. Lack of formal preparation for 'life in the yard' is seen as conducive to the maintenance of an informal social structure controlled by experienced individuals. This control over the rites and tests of initiation give senior inmates the power to assign a subordinate status to newly admitted prisoners and hold them there until they accept the norms of culture (McCleery, 1961; Goetting, 1983).

Nevertheless, the strongest argument often advanced in favour of age-integrated environment is the alleged stability factor it provides. The sociological concept of social control assumes that older offenders perform a vital function of maintaining order in the prison population and hence serve a crucial aid to custodial and institutional control (Rubenstein, 1984; Roth, 1992). Some social scientists consider it unwise to continue the practice of age-segregation of inmates because they believe that their presence among the general prison population serves as a stabilizing effect (Straus & Sherwin, 1975). However, speaking of older offenders in this regard, officials are talking about offenders between the ages of 35 and 50 years. Elderly and geriatric inmates are generally viewed as too passive and dependent to influence younger inmates in any significant way (Johnson, 1988).

As well, segregation may deny older inmates' access to treatment programs and appropriate work assignments available to more numerous younger prisoners. It may violate also the preferences of those older inmates who may not like to identify with other members of their age group (Goetting, 1984).

The matter of younger inmates exploiting and physically harming older inmates may be somewhat exaggerated. It should be kept in view that the majority of older inmates, especially the recidivists, have been previously incarcerated. Rather than being naive about prison life, they had the time and opportunity to learn the rope and know what it takes to survive in prison (Kratcoski & Pownall, 1989).

These contradictory perspectives pit the advantages of segregated housing against the conditions of incarceration in general custody. Both forms of housing raise questions in respect of the concerns for older inmates in all versions of care. From these varied opinions and findings, institutions can choose to accommodate older offenders in any of the following ways:

1. They can place older offenders with other adult offenders and provide them with special accommodations that would include specific housing areas, special diets, and job assignments.
2. They can segregate older offenders by placing them in special facilities well equipped to handle their needs and problems. This could be one minimum facility in each region, where the number warrants.
3. They can release on parole non-violent elderly offenders over 65.
4. They can release non-violent geriatric offenders of 70 years and over, and placed them in institutions for seniors in the community (Wiltz, 1978).

It is believed that this last option would be considered only for inmates with no family, or those with families that are not willing to be responsible for them.

One reason the segregated versus integrated issue remains an open question is because it is unclear how older inmates are affected by their prison experiences. There is a great diversity of opinions regarding the reaction of older persons to prison environments. For instance, the study by Reed and Glamser (1979) reports that 15 of their 19 older offenders indicated they felt younger in prison. This led the researchers to conclude that older offenders were better off than their counterparts on the outside in that they ate regularly, rested often, had access to medical care, and were not exposed to hard labour and excessive drinking. By way of contrast, a study conducted in Israel by Bergman and Amir (1973) found that the physical and mental conditions of older prisoners deteriorated rapidly once incarcerated.

Whether older offenders are placed in special age-segregated facilities or distributed throughout the prison population, it is important that such facilities meet the special

needs of the older and disabled residents, if not for humanitarian reasons, then to avoid legitimate charges of human rights violation.

In the United States, corrections officials are by law compelled to comply with the provisions of the Americans with Disabilities Act. The Act grants certain rights to American citizens that are retained during incarceration. The Act has been responsible for numerous law suits against the departments of corrections by offenders and civil rights groups for claims involving a wide range of negligence (Van Sickle, 1995; Goetting, 1985). Currently, older offenders are distributed throughout the general population, where most are not comfortable with younger offenders. Prison facilities should be constructed so as to maximize the mobility of older inmates. Perhaps this idea can best be realized in special institutional settings which are geared to accommodate all the needs of the elderly: physical, social and psychological (Goetting, 1984).

With respect to housing, we should have special accommodations for older inmates whose mobility is seriously impaired. The design of any institution and the terrain upon which it is built may hinder or even obstruct access to a variety of services. Cell doors may have to be widened to accommodate wheelchairs. Space-saving lavatory-toilet fixtures may have to be replaced while grab bars are added to the walls of cells and showers. A parking space inside the cell for a wheelchair may have to be provided. Double bunking may not be possible with disabled or older inmates. Outdoor activities may be hazardous to older inmates. Recreation may be restricted to sedentary activities such as card playing, board games, chess, etc. Food may have to be delivered to older inmates unable to pick up their meals, while the medical staffs may have to make 'house calls' (Ham, 1980; Goetting, 1984; Dugger, 1988). It is clear from the operation of prisons that they do not commonly

recognize a chronological age status independent of health status. Facilities, programs, and treatment accommodating older offenders are rare and never comprehensive, possibly reflecting a lack of recognition and responsiveness to the special needs of incarcerated senior citizens (Goetting, 1983, 1984).

### **Peer Relationships in Prison**

Several studies conducted in prisons with older offenders indicate that next to the family, voluntary associations, friendships, and peer networks are important to the older offenders, as they play a crucial role in the offenders' ability to adjust to incarceration. Peer relationship often provides opportunities for shared, intimate conversations on a variety of subjects, such as family relationships, health concerns, financial situations, politics, things that make them happy or sad, loved ones who have died, feelings about the institution (Carroll, 1982; Aday, 1994). Despite these valued relationships, these studies yield mixed results with respect to the voluntary association and friendship networks involving older offenders in prisons.

Reed and Glamser (1979) found that the majority of their sample were involved in some form of voluntary organization, and that friendships based on trust were rare as they were viewed as a reflection of personal weakness and potential danger. On the other hand, another study views older offenders as loners who do not join groups (Wiegand & Burger, 1979). Contrary to this view, Wooden and Parker (1980) found that most members of their sample were involved in friendship networks in which primary group affiliations were based, not necessarily on age, but ethnicity. It is noted that older offenders would be less likely to discuss such things as religious feelings, feelings of loneliness, and things that fill them with shame. Friendship in prison affords older offenders an important means of daily support. Furthermore, some older offenders do seem to seek emotional support from one another in times of loss of a relative or close friend (Booth, 1989; Aday, 1994).

## **Family Relationships**

A very definite factor in the understanding of the older offenders is the length of time spent in prison and how this period impacts the offenders' relationships and reference groups (Rubenstein, 1984). It is common experience that incarceration can minimize family participation by limiting interaction with family members to highly structured and monitored short visits, phone calls, letters and furloughs. Consequently, it may have devastating effects on family unity and stability (Goetting, 1983). Furthermore, for many offenders, the prison environment helps to destroy relationships with those who, at one time, might have been significant others. Cutting ties with family and friends may force offenders to either withdraw into themselves or turn to the prison environment for emotional support resulting in what we have noted as institutional dependency or institutional neurosis (Aday, 1976; Aday & Webster, 1979). It has long been observed that offenders who have nobody on the outside and have lived long periods of time in prisons show more concern about reintegration into society and are less willing to attempt it (Webb, 1959).

The ability of older offenders to maintain contacts with family members is often a function of many factors or variables such as crime history, education, health and prison placement. If an older offender's crime involves a member of his family, especially in sexual offences, he is not likely to receive visits from the family members if they are still nursing ill feelings toward him. If an older offender is a complete illiterate, such situation is likely to reduce or even rule out any prospects of writing communications. Furthermore, if the family members or his spouse is too old or unable to travel, the offender is not likely to receive visits. Finally, the institution where the older offender is incarcerated may create special problems for family members and impact the number of contacts and visits they would be able to make with the offender. If the family members have to travel several hundreds of miles, contacts would be severely limited (Reed & Glamser, 1979; Wooden & Parker, 1980; Goetting, 1983; Aday, 1994). As we have already indicated, empirical evidence suggests that offenders who maintain contacts with their spouses and families make

better adjustment to prison than those who have no family support (Kratcoski & Pownall, 1989).

Family visitation between married couples in prison is one of the programs that help to maintain contacts between offenders and their families. It has the practical consequences of reducing tension and hostility among offenders. It provides an incentive for conformity, promoting a more normal life style in preparation for the transition back into society. It increases the likelihood of post-release success, by fostering marital stability. Some older offenders can benefit from family visit in prison. Perhaps the most common argument for visitations between married couples in prisons is that it helps to reduce the tension and hostility among offenders stemming from a long accumulation of frustrated sexual desire (Goetting, 1982; Wooden & Parker, 1982). Even in the face of these benefits, it should be stressed that there are other opposing arguments and objections to such association in prison (Balogh, 1964; Burstein, 1977). Despite such objections, it is generally believed that visitations between married couples in prisons represent the best means of lessening brutal homosexual prison rapes that take place so often.

The family is the bedrock to its members, and offenders are not an exception to this inherent and natural protection offered by the family system. Empirical evidence from several studies points to the fact that a positive correlation exists between family involvement during incarceration and parole success (Balogh, 1964; Burstein, 1977). Does this observation also apply to older offenders?

### **Older Offenders and Parole Consideration**

Older and geriatric offenders, as a category of prisoners, do not usually get many grants of parole. Parole Boards' grants of conditional release are always based on meeting certain conditions by the offenders prior to parole consideration. For older offenders, these conditions are a tall order by virtue of their unique situations. Krajick (1979) has reported that older offenders are not easy to motivate regarding programming, which reduces their chances for parole. Wiegand and Burger also

found that educational and vocational programs are of no value to older offenders, which reduces their chances of post-institutional success. They note that older offenders are not active in prison organizations, have no support systems, no place to live, have health problems, and are unemployable (Wiegand and Burger, 1979).

Parole Boards have specific criteria which the offender must meet with respect to accommodation, job, and some indications of a change in conduct through program participation. In relation to these criteria, older offenders are invariably at a disadvantage. Friends and family members can help the offender to meet the first condition by providing temporary accommodation until the parolee is back on the street and able to provide for himself. In most cases, however, the older offenders, especially those who have served many years in prison, have fewer living friends and family members able to offer them a temporary accommodation. Many of the friends or family members of the older offenders may have either died or moved away leaving him with no community support. Their knowledge of available community housing and resources may be out of date (Goetting, 1983; Aday & Webster, 1979).

The offender is also required to get a job prior to release. But some elderly and geriatric offenders may be virtually unemployable because of age or health conditions. Even if the employment requirement is waved, the older offenders must still show that they are able to support themselves financially upon release. For many elderly parolees, the only financial support may be some form of pension or welfare (Wiegand & Burger, 1979).

Furthermore, parole is usually considered as a reward for good institutional adjustment which an offender is required to demonstrate partly by participating in institutional programs. Such participation is normally meant to demonstrate changes in risk management, in behaviour, in attitudes, beliefs and values. As the majority of older offenders usually do not take part in programming, they are not in a position to show any positive changes to impress the Parole Board.

Older offenders are further disadvantaged for parole when their criminal records spanning over many years are compared with those of younger offenders who are

just starting their criminal career. As Parole Boards invariably take into consideration an offender's past criminal record when deciding parole, an older offender finds himself disadvantaged further even though he does not statistically commit more crimes than the younger criminal. When the activities of many decades are compared with those of 20-25 years, it might appear to be so.

In all of these requirements for parole, several factors place older and geriatric offenders in unfavourable situations. Hence offenders of this age group are not traditionally great winners of parole. The lack of appropriate programming for the older offender, combined with the prison staffs' lack of insight into the dynamics of aging, makes older parolee's chances for reintegration into the community very poor (Wiegand & Burger, 1979). This situation explains why some older offenders are reluctant to apply for parole. The literature quotes one older offender, who was incarcerated as a teenager and served 15 years before parole. This resulted in a reincarceration and the offender said: "I want to stay here until I am sure I can make it next time. I want to be able to get along with people on the outside, but I don't know how" (Aday & Webster, 1979).

Despite such fear and reluctance, older offenders as a whole are better parole candidates than younger offenders. Even if findings are not entirely consistent, there are correctional studies which lend strong support to the notion that the older offenders show greater post-release success than the general prison population (Glaser, 1964; Gottfredson, 1967; Vedder & Keller, 1968; McCarthy & Langworthy, 1987; Goetting, 1983).

The parole system should start to recognize that older offenders, burdened with double disadvantage of a criminal record and old age, have a unique set of problems in being reintegrated into the community (Wiegand & Burger, 1979). The bias and prejudice (or ageism) against older offenders can only be overcome or eliminated when all involved in the process become sensitive to the issue of prejudice as in other forms of discrimination (Borgatta, 1991). Therefore, serious considerations should be

given to parole modifications for older offenders where warranted and at the appropriate time.

In cases of long period of incarceration, an older parolee returns to society often only to find his personal support system and points of reference have disappeared. Some research suggests that while the older individual may adjust to prison routine, there appears to be a decline in parole adjustment beyond age 41. Furthermore, there are doubts whether older offenders have the ability to make it on parole (Glaser, 1964; Burstein, 1977). More efforts should be put in the preparation of older offenders for return to society. Such efforts should be aimed at undoing the effects of long term incarceration and assuring that parole would always remain a calculated risk rather than a time bomb for society (Wiegand & Burger, 1979; Ham, 1976; Bergman & Amir, 1973; Gordon & Rudenstine, 1974; Citizen's Inquiry, 1974). Alternatives to incarceration of geriatric offenders should be explored so as to reserve the use of limited prison capacity for offenders otherwise out of social control.

## CONCLUSIONS AND RECOMMENDATIONS

The presence of older offenders in our prisons poses some serious policy and program implications, and deserves some consideration. This exploratory study attempted to highlight a number of variables that are of major concern to older offenders during their imprisonment. A clear understanding of these concerns would pave the way in devising the appropriate strategies in managing older offenders. Their growth now is almost inevitable and what the situation calls for is the development of measures, strategies and master plans to address their needs.

To begin with, the diversity of older offenders should be recognized for who they are, and given special considerations in the prison programming. For instance, the first time older offenders should be integrated into prison life in a different way than the hardened older recidivists or serial incarcerated offenders who have made a return to prison part of their life existence.

Because prisons and programs are designed for the 'average' younger offender, some awareness of the diversity in the offender population is a first step in appreciating the special needs of groups, such as the older and geriatric offenders. The seriousness of the problems, apart from older offenders growing old in prison, is in their uniqueness in that society does not expect its senior citizens to be involved in criminal activities. At the present time, there does not seem to exist any policies, programs, nor facilities in Canadian federal prisons specifically tailored to the needs of older and geriatric inmates. With the current degree of increase in their number, we should consider the development of new programs or expansion of any existing ones in order to meet the special needs of this category of inmates. We should consider devoting more attention and resources to the needs of this group.

Consequently, the appropriate programs should be available in locations that are physically accessible to them. They should be structured to facilitate the participation

of older offenders rather than placing them in competition with their younger counterparts (Dugger, 1988; Allen & Simonsen, 1995). It may be necessary to have separate basic education classes that are geared to meet the slower pace of older learners. In addition, having separate classes will substantially reduce the embarrassment and frustration older offenders might feel in the presence of younger offenders. Educators believe that learning for older people is facilitated and made more enjoyable if teaching techniques and methods are well designed to meet their needs (Fatula, 1977).

Similarly, we should offer vocational programs incorporating arts and crafts geared to the needs of older offenders. We should set aside specific areas for elderly offenders to read, play cards and checkers, and talk quietly to each other. Recreational programs should include activities such as board games, bowling, music, and movies. Some limited physical activities such as walking and special exercises should be available to minimize the lethargy and health problems that usually stem from a sedentary existence (Vito & Wilson, 1985).

Psychologists and counsellors with special training in geriatrics should administer rehabilitation programs in order to ensure a greater awareness of the social, psychological, and emotional needs of these offenders (Goetting, 1983; Vito & Wilson, 1985). We should explore the feasibility of creating an after-care agency devoted exclusively to the needs of older offenders.

Housing assignments for older offenders should take into account physical restrictions and the need for tranquility and associations with peers. Some more specific suggestions would be to house these offenders separately in a wing or unit of the prison away from the younger offenders, without completely separating the two groups.

An alternative suggestion would be to utilize one minimum security institution in each region for the housing of older and geriatric offenders who meet the security criteria for such placement. The housing facilities should be secure and accessible, and should meet the needs of offenders with a disability. The living quarters should be designed so as to protect older offenders from physical injuries and health hazards, and they should be fitted with the appropriate heating, lighting, and easy accessibility to bathrooms and sleeping space. Stairs should be minimal, if unavoidable. The institutional settings for older offenders should be structured to accommodate their physical, psychological and social needs, and the emphasis should be placed on integrated and comprehensive programs geared to promote life satisfaction and successful reintegration into the community. Some older offenders will not easily be able to handle double bunking. Distance from other centres of activities in the institution, such as recreation room, canteen, and library should be minimized. In general, we could give a greater consideration to the combined factors of age and physical condition when assigning older offenders to separate facilities. And this consideration could be formalized in some way during the process of classification (Dugger, 1988; Allen & Simonsen, 1995).

We should offer specific training to custodial staff to more fully understand the social and emotional needs of older offenders, dynamics of death and dying, procedures for identifying depression and a system for referring older offenders to experts in the community. We should assess depressed offenders more frequently. Geriatric counsellors should help older offenders make the transition to prison life. Medical care should address the needs of older offenders in the areas of diet and nutrition, problems of incontinence, decline in sight, hearing and memory impairments; and physical and mental disabilities. The medical team should also be required to have knowledge of gerontology, geriatric and rehabilitative care in order to be able to communicate the effects of aging and disease processes inherent in old age.

The parole system should start to recognize that older offenders have a unique set of problems in terms of reintegration into the community. They have so many more strikes against them in being paroled, when compared to younger offenders. Scheduling of parole review for older and geriatric offenders should be more frequent, particularly when a terminal illness is diagnosed.

The rapid increase of older offenders in federal prisons presents a challenge and an opportunity to address the situation for the benefits of all concerned. As their numbers continue to grow, it will become increasingly difficult to ignore the special needs of this category of offenders. As well, the search for alternatives to imprisonment for very elderly offenders who pose no violent threat to society should be vigorously explored, as it is the case in some countries (Breda & Ferracuti, 1980; Blumstein, 1995).

To facilitate the problems of handling older offenders, special in-service training geared to working with older offenders should be considered. Its objectives should be:

- to increase the staff awareness of their own biases and stereotyping regarding aging;
- to provide basic gerontological information on the aging process and age-related problems;
- to facilitate case management through improved communication and intergenerational skills;
- to identify available community services and programs geared toward older offenders; and
- to provide the latest findings on age-related issues such as sensory impairment, learning, memory, drug use and abuse, and health concerns (Hall, 1992).

Older offenders are a growing constituency whose special needs are real. As a stitch in time always saves nine, we should begin now to plan for the handling of this rapid increase in the population of older offenders.

Although older offenders will always remain, in proportional terms, a small segment of the total prison population, the management challenge they pose will undoubtedly become greater and more complex as they grow in number each year, making the implementation of specialized programs and facilities well justified.

All demographic indicators point to the inevitable fact that our society is growing old. Corrections, like the rest of other social institutions, must be prepared to deal with the outcome of the 'greying of Canada' in prisons.

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