Retiring in a Prison Cell: The South African Sentenced Older Adult Male Offender

Karen Booyens, Stephan Geyer, and Andries Masenge

University of Pretoria, Pretoria, South Africa

Corresponding author(s):

Karen Booyens, Department of Social Work and Criminology, University of Pretoria, Private Bag X20 Hatfield, 0028, Pretoria, South Africa.Email: karen.booyens@up.ac.za

Abstract

The purpose of this study was to compile a profile of the sentenced older adult male offender incarcerated in South African prisons. The findings of this study are based on face-to-face surveys with 88 older adult male inmates. In order to compile a comprehensive profile, the study explored the offenders' background, previous and current offenses, lifestyle patterns, physical and mental health, institutional living conditions, release, reintegration and dying in prison. These domains are discussed in detail, and recommendations are offered for the treatment and care of this offender group. Recommendations may be applicable to other developing countries in the global South.

Keywords: Older male adults, older adult offender, Department of Correctional Services, South Africa, profile, sentenced offender

Introduction

Internationally there is a steady rise in the older adult inmate population, also known as the "greying" offender population (Augustyn et al., 2020). Furthermore, older inmates are regarded as the fastest growing prison cohort (Fitton et al., 2018; Stoliker & Varanese 2017; Stoliker & Galli, 2019; Wylie et al., 2018). It is estimated that by the year

2030 more than one-third of the prison population will comprise of inmates who are older than 50 years (Stoliker & Galli, 2019). There are various reasons for the increase in the older inmate population of which indeterminate and mandatory sentences are the most cited reasons. It is stated by Galli et al. (2019) that the practice of indeterminate sentences in Switzerland led to an increase in older adult inmates. In the United States of America (USA) the "Three strikes and you're out" legislation was introduced in 1993. This policy entails that offenders convicted of three felony offenses must serve a mandatory life term without parole (Siegel, 2016; Yorston & Taylor, 2006). Similarly, in South Africa the so-called minimum sentence legislation was introduced in terms of the Criminal Law Amendment Act of 1997. Accordingly, inmates have to serve a mandatory minimum sentence of imprisonment (25 years) for serious offenses (murder and rape) before being considered for parole.

With the increase in the older adult offender population it has become recognized that the older inmate should be considered a disadvantaged and vulnerable group (Galli et al., 2019) due to physical and mental health issues, possibility of victimization, the prison environment and issues concerning release, reintegration and dying inside prison. The former is certainly the case in South Africa where it is specified in the White Paper on Corrections in South Africa (2005) that older inmates should be considered a special category of offenders with specific needs. The Department of Correctional Services (DCS) in South Africa should identify the needs of older offenders in terms of recreational activities suitable for older persons, facilities catering for physical demands placed on older adults and appropriate medical care. However, the DCS does not provide any directive on how these needs should be met. Further, despite their vulnerability, hardly any reference is made to this specific offender group in the Annual Reports of either the

DCS or the Judicial Inspectorate for Correctional Services (JICS) who, in South Africa, is the watchdog over the treatment of offenders and the conditions in prisons.

To date, no South African study has been undertaken to explore the nature, extent and age specific needs of this offender group. The value of this study for the DCS, and similar developing countries in the global South, is that it will shed light on the unique age-related needs of older adult offenders during and after incarceration. Based on the findings of this study stakeholders may consider amending the assessment tools relating to the needs and risks of the offenders. Furthermore, needs-based programs may be developed according to the identified specific needs of this offender group.

The older adult offender: Literature review

There is a lack of consensus on when an offender can be defined as "older" or "elderly" and the age to define this offender group ranges from 40 to 65 years (Augustyn et al., 2020; Stevens et al., 2017). However, it is widely argued that older inmates are classified to be those aged 50 years and older. The reasoning for this is that prison life accelerates biological aging as offenders' age 10-15 years faster than non-offenders do. Thus, the health of older inmates can be compared to that of people at least 10 years older living in the community (Omolade, 2014). This accelerated aging may be attributed to poor lifestyle before incarceration (e.g. alcohol and drug use), lack of health care and prior socio-economic status (Dawes, 2009; Galli et al., 2019; Loeb et al., 2007; Maschi et al., 2012; Williams, 2012). For the purpose of this paper the authors define an older adult offender as a person 60 years and older. The rationale for this is that in South Africa in terms of the Older Persons Act of 2006, an older person is considered a male or female of 60 years and older. Furthermore, in South Africa a government-funded older persons' grant is awarded to persons from the age of 60 years old (South African Government, 2016). For the purpose of this study the concepts older adult, older persons, and geriatric

offender will be used interchangeably. A sentenced offender is a convicted person sentenced to incarceration or correctional supervision (Correctional Services Amendment Act 2008), and the concepts offender and inmate will be used interchangeably.

Researchers (Augustyn et al., 2020; Collins & Bird, 2007; Crawley, 2005; Dawes, 2009; Lemieux et al., 2002; Maschi et al., 2014; Stolikder & Varanese, 2017; Stojkovic, 2007) identify three types of older offenders. Firstly, inmates who aged while incarcerated (Augustyn et al., 2020; Omolade, 2014). This group is the so-called 'lifers' who received life or lengthy sentences for a serious crime(s). As at March, 31 2015 there were 12 870 lifers or 11% of sentenced inmates, in South African prisons (Judicial Inspectorate for Correctional Services, 2015). Inmates who age while incarcerated may become institutionalized, which means that the prison become their home and they are likely to die whilst incarcerated. For these inmates, family contact may become less frequent over the years. The second type of older offender comprises of career or chronic offenders and they can be regarded as aging recidivists (Omolade, 2014). Lastly, those offenders that receive a prison sentence late in their lives with no prior experience of life inside a prison. The transition to prison is challenging for this group and they are at high risk for self-harm and suicide (Augustyn et al., 2020; Maschi et al., 2014; Omolade, 2014; Stoliker & Varanese, 2017). A fourth type of older offender is described by Omolade (2014) as the short-term, first time older offender.

Older inmates are more likely to have health problems such as hypertension, diabetes, arthritis, cancer, kidney and heart problems, bladder and prostate problems (Wangmo et al., 2015; Williams & Abraldes, 2007). It is also postulated that older offenders may suffer from an average of three chronic illnesses while incarcerated (Aging Inmate Committee, 2012; Crawley, 2005; Gali et al., 2019; Lemieux et al., 2002; Stal, 2012; Williams & Abraldes, 2007). A study conducted by Fazel et al. (2004) found that

the most commonly prescribed types of medication for the older offender population was for cardiovascular, musculo-skeletal and gastrointestinal related illnesses. Apart from chronic health problems older offenders are also likely to require the use of glasses, hearing aids, wheelchairs, walkers and canes (Human Rights Watch, 2012).

Regarding mental health issues it is stated that older inmates suffer from depression, anxiety, personality disorders, and different forms of dementia. Furthermore, depression and depressive symptomatology is prevalent amongst older offenders and was found to be three times higher than in younger inmates or older adults in the community (Collins & Bird, 2007; Dawes, 2009; Lemieux et al., 2002; Maschi et al., 2013; Stoliker & Galli, 2019; Stevens et al., 2017; Williams, 2012; Yorston & Taylor, 2006).

It is argued that older and frail offenders may be at risk of victimization by younger inmates (Stevens et al., 2017) which the Aging Inmate Committee (2012) refers to as the "wolf-prey" syndrome. Older inmates are subjected to psychological victimization (fake punches, verbal threats); property victimization (losing money and property by means of extortion or robbery); physical victimization and sexual victimization (ranging from sexual harassment to rape) (Kerbs & Jolley, 2007). In 2010-2011, Maschi (2014) surveyed 677 inmates older than 50 years in a northeastern prison in the USA and found reports of elder abuse, neglect and mistreatment. The inmates in this study reported being the victim and/or witnessing minor to severe acts of abuse, assault, trauma and mistreatment.

The older offender must also learn to adapt and cope with the physical environment, such as climbing stairs to have access to various parts of the prison such as communal or single cells, kitchen or recreational area; slippery tiled shower cubicles without grab-rails or anti-slip mats; no wheelchair ramps and not always being able to sleep on the lower bed bunks (Augustyn et al., 2020; Crawley, 2005; Williams, 2012). Adding to the physical structure of the prison is also poor room ventilation and noise pollution which may

contribute to poor health. Further, older inmates are prone to experiencing loneliness and isolation which may be ascribed to the lack of or limited access to educational and vocational programs (Stevens et al., 2017).

Older offenders have unique needs in terms of release and reintegration, such as adjustment to family, housing, employment and health (Stojkovic, 2007). Well thought preparation, planning and reintegration is important as suicide rates are high amongst recently released older inmates (Collins & Bird, 2007). A specific fear among older offenders, and which compounds the stress of prison life, is dying inside prison. Death anxiety is more commonly reported among older than younger inmates (Haugebrook et al., 2010; Maschi et al., 2013).

The current study contributes to existing literature by describing the profile of the sentenced older adult male offender incarcerated in South African prisons.

Method

Research approach and design

A quantitative research approach, with a descriptive and explorative purpose, was followed in the profiling of sentenced older adult male offenders (Babbie, 2017). A cross-sectional survey design was implemented (Fouché & Roestenburg, 2021).

Participants

The study was conducted in the Gauteng Province - one of nine provinces in South Africa. It is considered the economic hub of the country and densely populated with an estimated 13 million citizens of whom 1.1 million is 60 years and older (Statistics South Africa [StatsSA], 2018).

The study population constituted sentenced older adult male offenders incarcerated in the Gauteng Management Area in South Africa (N = 158). The authors identified the following four prisons: Johannesburg, Modderbee, Kgosi Mampuru II, and Zonderwater. These centres incarcerate the majority of the older offenders in Gauteng.

A purposive sample (n = 88) was recruited based on the following criteria:

- The respondents had to able to converse in Afrikaans or English at the identified prisons. (Language was limited to the proficiency of the researchers to prevent the use of interpreters that could pose risks for confidentiality.)
- Respondents were recruited from the age of 60 years and older.
- The respondents willing to participate must, however, not be suffering from any form of dementia to ensure accurate surveying.
- Respondents had to be willing to participate in the study voluntarily.

Data collection and materials

Data were collected uniformly with the implementation of face-to-face surveys where the two researchers (i.e. authors of the paper) interviewed the older sentences males in the prison and recorded the answers in writing (Maree & Pietersen, 2020). The survey was designed following a review of the relevant literature of older male offenders and covered the following domains: demographic and social background; the history of crime and criminality; current crime and criminality; lifestyle and patterns of drug and alcohol use; physical and mental health; institutional living conditions and experiences of imprisonment; release, reintegration, and dying in prison. The survey contained both open-ended and closed-ended questions (Maree & Pietersen, 2020).

Data analysis

Data were edge coded and captured in MS Excel (2016) and exported to SAS 9.4 for statistical analyses. The small sample size and confirmation that the data did not present with

a normal distribution as per the Kolmogorov-Smirnov test ($p < .05$), necessitated the calculation of descriptive and non-parametric statistics (Weinbach & Grinnell, 2015). Where more than one answer could be selected/provided, only frequencies are reported. Where association statistics were performed, the Fisher's exact test is interpreted as opposed to the Chi-square test, as some cells had expected counts of less than five (Weinbach & Grinnell, 2015). Statistical significance was set at the 5% level ($p < .05$).

The calculation of Cronbach alphas was not possible in the present study as the face-to-face survey did not measure any construct, nor did it include any scales (Adler & Clark, 2015). The validity of the data collection instrument was confirmed through face and content validity when experts representing two different ethics committees reviewed the content (Pietersen & Maree, 2020).

Ethical considerations

Before conducting the survey, the respondents signed a letter of informed consent and the study adhered to the ethical considerations of anonymity, confidentiality, no harm and voluntary participation (Babbie, 2017). Permission to conduct the research was obtained from the DCS following approval by the Research Ethics Committee (Ref.: GW20160427HS) of the university where the authors are employed.

Results

To ensure a holistic profile of the sentenced older adult male offenders in the Gauteng Management Area are offered, results are outlined per domain explored.

Demographic and social circumstances

At the time of data collection, the average age of the respondents was 65.9 years (SD = 4.5). Most of the respondents identified themselves as African black (n = 66; 75%), or White (n = 18; 20.5%). Close to 99 per cent (n = 87) of the respondents were South African citizens.

In terms of religion, most of the respondents indicated their religion as Christianity (n = 75; 85.2%), followed by African traditional religion (n = 4; 4.6%). The majority of respondents were married (n = 37; 42%), 23 (26.1%) were divorced/separated, and 20 (22.7%) widowed. Most of the respondents (n = 62; 70.5%) declared that they do not have any dependents. Most respondents completed either primary school (n = 34; 38.6%), or secondary/high school (n = 29; 33%). Eleven respondents (12.5%) indicated that they never attended any form of schooling.

Prior to imprisonment, 59 (67.0%) of the respondents lived with a wife/partner, with family (n = 17; 19.3%), or alone (n = 12; 13.6%). In contrast, some shifts were noticed in terms of respondents' residential plans upon release from prison. Most respondents (n = 54; 61.4%) have foreseen they will reside with family, or return to their wife/partner (n = 28; 31.8%). Fisher's exact test indicated that the residential arrangements of respondents prior to and after imprisonment differ statistically significant ($p < .001$) with more respondents who plan to move in with family upon release and not return to their wife/partner.

Before incarceration, most respondents worked on a contract-basis, were self-employed and working part-time (n = 42; 47.7%), followed by 27 (30.7%) who indicated they were full-time employed, and 12 (13.6%) who indicated that they were pensioners. The majority of respondents indicated their household income before imprisonment to be less than R5 600 (±US$ 391) per month (n = 53; 61.6%).

Crime and criminality

Forty-six respondents (52.3%) were arrested before their current incarceration. They were mostly arrested between the age of 19 and 30 (n = 26; 57.8%), followed by those who were arrested during childhood (n = 9; 20%), thus under the age of 18 years. Most of the respondents were only arrested once before (n = 22; 47.8%). The frequency of crimes for which

the respondents had been arrested for, included violent crimes (n = 24) (e.g. assault, murder, and robbery), and economic crimes (n = 22) (e.g. embezzlement, fraud, theft).

Forty-two (47.7%) of the respondents served a prison sentence before. Many of the respondents served a prison sentence at least once (n = 20; 47.6%). The frequency of crimes the respondents were sentences for, included economic crimes (n = 19), violent crimes (n = 10), or other crimes such as being illegal in the country (n = 2), or political crimes (n = 2).

At the time of the survey, respondents served a prison sentence for predominantly three categories of crime, namely sexual offenses (n = 38; 43.2%) (e.g. sexual crimes with a child or adult), violent crimes (n = 30; 34.1%), and economic crimes (n = 10; 11.4%). On average, the respondents were sentenced for 18.9 years (SD = 9.6). The most prominent motives/reasons for committing the crime(s) included being framed (n = 22; 40%), financial (n = 10; 18.2%), anger (n = 5; 9.1%), and alcohol/drug use (n = 5; 9.1%). Fisher's exact test indicated an association between crime and reasons for committing a crime ($p < .001$). Respondents who committed violent crimes often indicated anger (100%) as a reason for committing the crime. Those imprisoned for sexual offenses were often of the opinion they were framed or falsely accused (90.9%). Financial reasons (55.6%) were often forwarded as the reason for committing an economic crime.

While incarcerated, the majority of respondents (n = 77; 87.5%) attended rehabilitation programs, e.g. Anger management, Changing lanes (program directed towards violent offenders to understand their aggressive behavior), Crossroads (providing offenders with the skills and knowledge to become responsible and law-abiding citizens), Economic crimes, New beginnings (introducing new inmates to the prison system), Pre-release program, Sexual offenses, and Stop to start (substance use management program).

Lifestyle and patterns of drug and alcohol use

The majority of respondents (*n* = 53; 60.2%) indicated that they never used substances of misuse before incarceration (incl. alcohol, illicit drugs, and medication). The 35 respondents who indicated that they did use a substance of abuse before incarceration, mostly reported the use of alcohol (*n* = 26; 74.3%), alcohol and cannabis (*n* = 6; 17.1%), or cannabis (*n* = 3; 8.6%). Contrary, most respondents (*n* = 86; 97.7%) indicated that they did not use any substances while incarcerated.

Physical and mental health

As expected when surveying older persons, the majority of respondents (*n* = 75; 85.2%) indicated that they experienced physical health problems with many suffering from more than one condition (i.e. comorbidity). The frequency of medical conditions disclosed by the respondents were as follows: hypertension (*n* = 34), eye problems (e.g. cataracts) (*n* = 23), arthritis (*n* = 19), diabetes (*n* = 17), heart problems (*n* = 14), high cholesterol (*n* = 13), prostate problems (*n* = 10), HIV (*n* = 10), asthma (*n* = 2), and tuberculosis (*n* = 2).

Sixty-seven respondents (76.1%) were taking medication. Forty-one indicated that they use glasses, 11 use dentures, three hearing aids, two a cane, and one a wheelchair. Respondents indicated their medical needs as dentures (*n* = 30), glasses (*n* = 29), and hearing aids (*n* = 10).

The overwhelming majority of respondents (*n* = 65; 73.9%) indicated that they have never been diagnosed or treated by a psychologist/psychiatrist. The 23 respondents who have been diagnosed or treated for a mental disorder, reported depression (*n* = 7) and a dual diagnosis of depression and anxiety disorder (*n* = 2). A mental disorder could put someone at risk for suicide. Hence, the study explored whether the respondents ever considered suicide. Twenty-three (26.1%) confirmed that they considered suicide, while two (2.27%) declared that they also attempted suicide.

Institutional living conditions and experience of incarceration

The respondents indicated the following challenges that they endure during incarceration: stand in line for food (*n* = 31), difficult to climb stairs (*n* = 29), and difficult to get on/off the bed, especially when expected to sleep on the top bed of the double bunk beds (*n* = 15).

The study explored the extent to which older male persons made use of education and skills training programs, and perform tasks/work within the prison.

Educational programs

The majority of respondents (*n* = 58; 65.91%) used the opportunity to attend educational programs as many did not progress beyond primary school. The frequency of the programs that the respondents attended at the time of data collection were as follows: life skills training (*n* = 44), Adult Basic Education Training (*n* = 7), and college/university studies (*n* = 5). The following reasons were indicated for not attending education programs: too old to attend training (*n* = 12), not interested (*n* = 5), and not aware of training (*n* = 3).

Skills training programs

Prisons also offer skills training programs. Yet, the majority of respondents (*n* = 75; 85.2%) indicated that they do not attend skills training programs. The minority who did attend skill training opted for computer skills training (*n* = 4), upholstery (*n* = 3), and motor mechanics (*n* = 3). The reasons the respondents communicated for not attending skills training included that they considered themselves too old (*n* = 24; 32%), or not being interested (*n* = 10; 13.3%).

Performing work/tasks in the prison

Most of the respondents (*n* = 57; 64.8%) did not work in the prison at the time of the survey. Thirty-one respondents who did work in the prison were mainly involved with cleaning (*n* = 13), the kitchen/catering (*n* = 5), and workshops (*n* = 5). The reasons for not working in

the prison were as follows: considered themselves too old to work (*n* = 22), not being offered any work (*n* = 13), and not being interested in any work (*n* = 6).

Vulnerability in prison

Older male adults are vulnerable in prisons. An almost equal split was identified with 41 respondents (46.6%) confirming that they were assaulted in prison, and 47 (53.4%) who indicated that they were never assaulted. The respondents who did experience assault indicated that the alleged offender was mostly a younger inmate (*n* = 36; 94.7%). The alleged assaults were usually reported (*n* = 23; 57.5%) to either the correctional official (*n* = 20; 83.3%), or the Head of the prison (*n* = 2; 8.3%). The frequency of the types of assault experienced were mainly stealing of their property (*n* = 30), verbal assault by another inmate (*n* = 18), physical assault by another inmate (*n* = 6), and sexual assault by another inmate (*n* = 1).

Contact with significant others while imprisoned

The majority of respondents confirmed that they kept in contact with family members/friends (*n* = 77; 87.5%). The nature of the contact was visits at the prison (*n* = 78), or telephone calls (*n* = 39).

Fear of dying in prison

An alarming 60.2% of respondents indicated that they were afraid of dying in prison. As indicated before, the overwhelming majority of respondents indicated that they were never diagnosed or treated by a psychologist/psychiatrist.

Discussion

This study was limited to prisons in the Gauteng Management Area of South Africa and it may be possible that older adult male offenders from the other management areas, or prisons elsewhere in the global South, hold different views than those who participated in the

present study. Offenders may have been untruthful regarding certain questions due to fear of responses being associated with them and being interviewed by persons unfamiliar to them.

The majority of the respondents are African black nationals. This is in line with the national correctional population as well as the demographic population of older persons in South Africa (StatsSA, 2017). During 2019, the African black population constituted approximately 81%, followed by the white population (South African Yearbook, 2018/19).

Due to South Africa's Apartheid education, it is not surprising that the majority of the respondents only completed primary school and some indicating that they have never attended any form of schooling (Lombard & Kruger, 2009). Education during Apartheid included racial segregation of schools and inequalities in providing education (Cassim, 2007). This unequal educational system has contributed to the lack of access that black South Africans have to employment opportunities in Post-Apartheid South Africa (Gallo, 2020) which could explain the type of employment and low household income of the respondents.

In the current research, most of the respondents served at least one prior prison sentence and therefore cannot be regarded as career or chronic offenders. According to the offender typology the older offenders in the South African study are those who received a prison sentence late in their lives and they have no prior experience of prison life. This type of offender is susceptible to self-harm and suicide (Augustyn et al., 2020; Maschi et al., 2014; Omolade, 2014; Stoliker & Varanese, 2017).

The majority of the respondents are currently serving sentences for sexual offenses. Fitton et al (2018) reported that sexual offenders are overly represented in groups of older men who offend and account for 48–62% of offenses in both prison and probation samples. One could postulate that because sex offenders are negatively stigmatised in corrections by other inmates (Ricciardelli & Moir, 2013) they would not own up to the motivation(s) for the crime. This could explain why so many respondents indicated that they were framed or falsely accused

as motives/reasons for the crime. All of the respondents who are incarcerated for a violent crime stated anger as a reason for committing the crime and financial reasons were offered by the inmates who committed and is sentenced for an economic crime.

It has been stated that substance misuse is common among those who are incarcerated (Tangney et al., 2016), also among older inmates (Wyse, 2018). The majority of respondents (60.2%) in the current study, however, stated that they have never misused substances before incarceration and that they are not using any illegal substances in the correctional facility. This is contradictory to the findings of Arndt et al. (2002) who examined age differences in substance misuse history provided by 10,952 offenders. Trained substance misuse counsellors interviewed the inmates during their orientation of the prison. It was found that 71% of older inmates reported a substance use disorder and had misused substances for over 40 years.

The majority of the respondents, namely 85.2% experienced physical health problems, with many suffering from comorbidity. The health conditions that the respondents reported are similar to those found in other studies, namely pulmonary disease, arthritis, diabetes and heart disease (Wangmo et al., 2015; Williams & Abraldes, 2007). Suffering from more than one medical condition is common among older inmates (Williams & Abraldes, 2007). The older inmates in this study also indicated the use of glasses, dentures, hearing aids, a cane and a wheelchair, which is in line with the Human Rights Watch (2012) report.

Although mental disorders are a significant and encompassing issue among inmate populations (Stoliker & Varanese, 2017), the majority of respondents in the current study indicated that they have never been diagnosed or treated by a psychologist or psychiatrist. This could be the result of South African prisons being understaffed and under-resourced in terms of psychologists available to inmates. For the year 2015/2016 there were only 79 psychologists employed nationwide in South African prisons (Judicial Inspectorate for Correctional Services, 2016). Due to a lack of human resources and scarcity of psychologists, not all offenders can

receive psychological treatment and as a result of this, psychologists mainly attend to target groups. These groups include suicide risks, persons referred to the court for psychological treatment, persons who have previously received psychiatric or psychological treatment and/or are mentally ill, youth and female offenders as well as offenders who personally request to see a psychologist (DCS, 2020). The respondents who were diagnosed and treated for a mental disorder reported depression or a dual diagnosis of depression and anxiety disorder. Depression among older inmates seems to be prevalent. In a study conducted in the United Kingdom, Fazel and colleagues (2001) (Stolikder & Varanese, 2017) explored the prevalence of mental health in a sample of 203 older male adult offenders, between the ages 60–88 years. Standardised instruments were used to assess these offenders and 29.6% of older inmates were diagnosed with depressive disorder. Regan and colleagues (2003) analysed prison records of inmates 55 years and older in a USA correctional facility. They found that that 19.4% were diagnosed with a mental disorder. Among this group, 33% were diagnosed with depressive disorders, 13% with anxiety disorders, 12% with schizophrenia, and 5% with dementia (Stoliker & Varanese, 2017). Furthermore, it is postulated that poor mental health may contribute to suicide, which is a recognized issue in corrections (De Guzman et al., 2017). In the current study, 26.1% of respondents indicated that they have considered suicide.

Institutional living conditions describes the physical challenges that older inmates experience whilst being incarcerated, while experiences of incarceration focus on the skills training programs and performing work or tasks in prisons as well as the vulnerability to victimization. Due to the physical infrastructure of South African prisons, the respondents stated that they experience challenges inside prisons such as standing in line for food, climbing stairs and getting on or off their beds, especially those who sleep on the top bed of a double bunk bed. These challenges are not unique to South African older inmates as it was found that older inmates in USA correctional facilities often need assistance from correctional staff to

dress, use the toilet, eating, moving around the correctional facility, climbing onto top bunks and standing for count (Wylie et al., 2018).

The majority of the respondents from the current study indicated that they are neither attending skills training programs nor working in the prison. When asked the reasons for this they indicated that they were either too old or that they were not interested in attending programs or working in prison. Internationally many correctional facilities lack programs specifically targeting older inmates and these inmates often do not benefit from programs designed to address the needs of younger offenders which aims to reduce future offending behavior through education, vocational and employment programs (Maschi et al., 2013; Maschi et al., 2014).

As older inmates are regarded as a vulnerable group, the researchers endeavoured to determine their risk of victimization. The findings of the study showed slightly more offenders being victimized and that they were likely to be the victims of theft (their property being stolen) and verbal assault by a fellow inmate. If older adult offenders in the current study were physically assaulted they indicated that the alleged offender was a younger inmate. The Aging Inmate Committee (2012) refers to this as the "wolf-prey" syndrome. A possible reason for being targeted by younger inmates may be the result of poor health and poor social status in the correctional facility (Felson et al., 2012; Kerbs & Jolley, 2007).

It is noteworthy that only one respondent indicated that he was sexually assaulted by another inmate. Reasons for this finding could be that respondents were not forthcoming in disclosing being the victim of such a stigmatized crime such as prison male rape, but also that younger inmates are rather at greater risk of sexual victimization than older inmates (Felson et al., 2012). The findings from the current study are similar to that of Kerbs and Jolley (2007) who found that the highest rates of victimization for psychological and property victimization among older inmates and to a lesser extent physical and sexual victimization.

Older offenders have a more difficult adjustment to community reintegration than younger offenders (Maschi et al., 2014) and therefore it is encouraging that the majority of the respondents in the current study still have contact with their family members and friends through visits and telephone calls, as this could assist with reintegration.

More than half of the respondents indicated that they are afraid of dying in prison. Dying inside a correctional facility is a specific fear among older offenders, and death anxiety is more commonly reported among older than younger inmates (Maschi et al., 2013; Maschi et al., 2014; Psick et al., 2017).

Recommendations

Based on the findings of the survey, the following recommendations are proffered. Given the fact that older inmates described being victimized by younger inmates with whom they either share a cell or come into contact with during their daily prison interactions (e.g. going to the kitchen), it is recommended that the DCS considers age segregation. Kerbs and Jolley (2007) in their study found that older inmates saw age segregation as a positive option to avoid becoming victimized by younger inmates. The authors acknowledge that overcrowding is a problem in many South African prisons, but where possible a communal cell or a section in the prison could be designated to older inmates (those 60 years and older). Another possibility is that in prisons where there are a few older offenders, they could be housed in single cells but without withholding their privileges that normally goes with being incarcerated in this section of the prison. The authors acknowledge that age segregation may not be for all older offenders as some may not want to be segregated by age because they do not want to leave friends in the general population or they enjoy spending time with younger inmates (Kerbs & Jolley, 2007).

Currently, correctional staff may be ill-prepared to deal with the growing older inmate population and their unique and specialized needs and correctional staff must receive specialized training in the handling of older inmates. Training could include the following: common age-associated conditions such as vision loss and hearing defects, falls and incontinence; mental health conditions; the challenges that these physical and mental health conditions hold in correctional facilities and ways to identify offenders who need swift assessment by a physical and mental health care provider (Masters et al., 2016; Williams et al., 2012).

Following the previous recommendation, older adult offenders must undergo an individualized age-based needs assessment with particular attention during the initial assessment to physical and socio/psychological health conditions. The authors recommend age-appropriate educational, recreational, and vocational opportunities. Correctional and recreational programs could address for example preparing inmates for re-entry. Although the DCS has a pre-release program, the authors recommend a specific program for those who were sentenced late in their lives or those who grew old in prison and may become institutionalized. These offenders may find it extremely hard to readjust to society and may require an age-specific discharge plan. Another recommendation is age-targeted programs such as grief and death education support groups which could be offered by social workers (Filinso, 2016).

The respondents indicated challenges during incarceration such as standing in line for food, climbing stairs, sleeping on the top bunk and inadequate shower facilities (e.g. slippery, no handrail). Keeping in mind the safe custody of offenders, older offenders could receive their meals half an hour before the general prison population or if they have to be accommodated with the general prison population they could be served their meals first. In most of the prisons in South Africa, there is no provision for ramps and the DCS could provide a communal cell for older adult inmates that is allocated on the ground floor of a facility. Furthermore, if

offenders are segregated according to age it would be easier to provide older inmates with single beds (no bunk beds). The rationale behind this is that the older inmate population is generally smaller than the general prison population and a communal cell specifically for older inmates will not be overcrowded leaving space for single beds. In this special communal cell, inmates could be provided with shower mats and even a handrail to hold onto while taking a shower. The authors acknowledge that this will be a costly exercise for the DCS as current prisons are not built for older adults, but keeping in mind that this population is the fastest-growing inmate population it may be a worthwhile investment.

Since most of the respondents indicated that they have not been treated by a psychologist or psychiatrist, it is suggested that the number of psychosocial service professionals (incl. social workers) be increased with a dedicated focus on addressing the psychosocial needs of the inmates. With the number of older adult inmates increasing, it is essential to offer in-service training to staff on gerontological work, as it is often of limited scope in generic professional training in South Africa.

It is recommended that a profile of male and female sentenced older adult offenders, respectively, should be explored on a national level to obtain a holistic profile, while comparative studies should be considered with prisons in the global South.

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Biographical notes

Karen Booyens

Karen Booyens is a Senior Lecturer in Criminology within the Department of Social Work and Criminology, University of Pretoria. She teaches modules in fundamental criminology, penology and economic offences on an undergraduate and postgraduate level and supervises postgraduate students.

Stephan Geyer

Stephan Geyer is an Associate Professor in Social Work within the Department of Social Work and Criminology, University of Pretoria. He teaches modules in addiction, social gerontology and research methodology on an undergraduate and postgraduate level and supervises MSW and PhD students.

Andries Masenge

Andries Masenge is a Senior Research Consultant at the Department of Statistics at the University of Pretoria. As a research consultant, he provides support in terms of research

design, questionnaire design, research methodology, and statistical analysis to masters and PhD students as well as academic staff.