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Older Adults' Lived Experience of Incarceration

Amy B. Smoyer, PhD [Assistant Professor],

Department of Social Work, Southern Connecticut State University, 101 Farnham Ave, #108, New Haven, CT 06515, Phone: (203) 508-5356

Johanna Elumn Madera, PhD [Associate Research Scientist],

Yale School of Medicine, 367 Cedar Street, Suite 304, New Haven, CT 06510, Phone: (203) 737-7475, johanna.elumn@yale.edu

Kim M. Blankenship, PhD [Professor]

Department of Sociology, American University, 4400 Massachusetts Ave, NW, Washington DC, 20016-8072 (USA), Phone: (202) 885-6211, kim.blankenship@american.edu

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The US incarcerates people at a higher rate (698 per 100,000) than any other nation in the world (Walmsley, 2015). While prison may be popularly perceived as primarily a holding place for young people, and in particular young men of color, approximately 42% of the nearly two million people who are currently incarcerated in the US are over the age of 40 (Carson, 2016; Carson & Sabol, 2016). As this group of older prisoners has grown, there has been increased attention to their mental health and well-being (Dawes, 2009; Di Lorito, Vollm, & Dening, 2017; Kerbs & Jolley, 2007; Kreager et al, 2017; Loeb, Steffensmeier, & Myco, 2007; Maschi & Aday, 2014). However, most of this research relies “on data collected through the input of stakeholders’ groups other than prisoners (e.g. custodial staff), neglecting their subjectivity” (Di Lorito, et al., 2018, p. 253). A systematic review of published research that analyzed data collected *directly from* incarcerated and formerly incarcerated older adults (rather than other stakeholders) identified only 25 papers, 16 of which included qualitative data (Di Lorito, et al., 2018). Among the 16 qualitative papers, only 2 are peer-reviewed journal articles about older adults’ lived experience of incarceration in the US (Di Lorito et al., 2018). In short, expression of the lived experience of incarceration from older adults in US prison is limited, muting their voices and inhibiting efforts to create interventions to meet their needs (Haugebrook, Zgoba, Maschi, Morgen, & Brown, 2010; Lemieux, Dyeson & Castiglione, 2002). We address this gap in knowledge by presenting qualitative data about older US prisoners’ lived experience of incarceration.

Aging and Incarceration

The number of older people who are incarcerated in US prisons has increased exponentially over the last five decades (Luallen & Cutler, 2017). This increase is attributed to a variety of demographic and criminal justice factors including longer sentences, reduced opportunities for parole, a rise in law-breaking among older people, changing social attitudes toward aging offenders, advances in forensic science, and the overall aging of the US population (Aday, 2003; Dawes, 2009; Luallen & Cutler, 2017). Research about this aging prison population has documented their physical and mental health needs and a lack of appropriate resources to address these needs. For example, a study of older men in California jails found that 40% screened positive for post-traumatic stress disorder (PTSD) and 66% reported multiple chronic health conditions (Flatt et al., 2017). Older prisoners report more chronic health conditions and higher rates of diagnosed mental illness than their younger counterparts, consume more health care services, and may have functional impairments that create accessibility challenges within the prison environment (Caverley, 2006; James-Hawkins & Boardman, 2016; Loeb & Steffensmeier, 2006; Nowotny, Cepeda, James-Hawkins & Boardman, 2016; Sterns, Lax, Sed, Keohane, & Sterns, 2008). These age-related conditions are particularly pronounced because incarcerated people get older faster: Research demonstrates that incarcerated people present 15 years older than their chronological age in terms of their mental and physical health (Hayes, Burns, Turnbull & Shaw, 2012; Kouyoumdjian, Andreev, Borschmann, Kinner, & McConnon, 2017). This accelerated aging is due to trauma, poverty, drug use, history of poor health management, and other life stressors that are more common among this population than people without incarceration histories (Maschi & Aday, 2014). Analysis suggests that the US prison system is unprepared to handle the high cost of caring for these prisoners (Maschi & Aday, 2014).

The experience of incarceration is shaped by a number of factors including the environment in the facility and individuals' social position and relationships within that facility (Listwan et al, 2014; Hochstetler, Murphy & Simons, 2004). Age also matters, though its impacts have not been fully explored (Maschi, Viola, & Morgen, 2013). Age can provide protection from abuse for older prisoners, when they are perceived as elders who are worthy of respect, and can also make people more vulnerable to violence, because of their diminished ability to defend themselves (Kreager et al, 2017; Kerbs & Jolly, 2007). Issues of separation from community can be exacerbated for older prisoners as they may be incarcerated during the illness or death of loved ones (Maschi, Viola, Morgen, & Koskinen, 2013; Maschi, Gibson, Zgoba, & Morgen, 2011). Similarly, when older prisoners have spent most of their life in and out of prison, family and friends may be less likely to visit, send money, write, or accept phone calls, making prison even more isolating than it is for younger prisoners (Haney, 2006; Maschi, et al., 2013). Disrespectful treatment from other prisoners and corrections staff can be particularly demoralizing, to the extent that larger cultural norms afford respect for elders (Fellner & Vinck, 2012). Age-related medical issues, including dementia and mobility limitations, the possibility of dying in prison, and past experiences of trauma all contribute to health and mental health problems (Aday, 2006; Baidawi, Trotter & Flynn, 2016; Haugebrook et al, 2010; Iftene, 2017; O'Hara et al, 2016; Stensland & Sanders, 2016; Williams et al, 2012).

Literature that centers the voices of older prisoners, allowing them to describe their lives on the inside in their own words, is limited but powerful (Di Lorito, et al., 2018). For example, Kerbs and Jolley (2007) present older men's narratives about psychological, property, physical, and sexual victimization while incarcerated. Experiences of violence are described in the men's own words and run the gamut from the aggravation of the persistent noise and talking of "youngsters" (p. 201) to being threatened with violence ("he shoved the walker into me" (p. 207)), and raped at knifepoint by younger men ("They told me that if I told, I would be killed, so I never said anything" (p. 209)). Statistics about the prevalence of this violence are brought into living color with these survivors' expressive narratives. Aday et al.'s article about religiosity (2014) among older incarcerated women is less dramatic but just as poignant. These narratives describe the loneliness and desperation of incarceration ("When I first arrived in prison, I thought that no one could fill the longing in my heart" (p. 243)), and how religious faith helps women to cope with the prison experience and the challenges of re-entry ("Nothing has been as beneficial as my personal times with God" (p. 246)). These articles exemplify the power of qualitative data to move beyond anecdote to create a shared narrative about a social phenomenon that can inform both practice and policy (Tolman, Hirschman, & Impett, 2005). The aim of our analysis is to extend these efforts to include more first person narratives about the prison experiences of older people in our knowledge of and discussion about imprisonment in the US.

Methods

Data for this study were collected as part of a longitudinal mixed-methods study about the impact of movement in and out of prison on HIV risk. Using convenience sampling (i.e. flyers posted at parole and probation offices, public places, and social service agencies), 300 adult men and women living in a small urban area in New England were recruited to complete a survey every six months for two years. To be eligible for this mixed-methods study, individuals had to have been placed on parole or probation and/or released from prison within a year prior to enrollment. In addition, their most recent criminal conviction must have been a non-violent drug-related offense. A sub-sample of 45 of these survey participants also participated in a series of open-ended qualitative interviews. All participants were invited to enroll in this qualitative arm and a targeted purposive sampling strategy, aimed at getting representation from a variety of different groups (e.g. gender, race, ethnicity, age) was used to select participants from among those who volunteered to be interviewed. The intent was to produce longitudinal data about the re-entry experience and its impact on health outcomes, especially related to HIV-risk behaviors. The study protocol was reviewed and approved by a University IRB and written participant consent was obtained.

Qualitative Data Collection

The data presented in this paper come from the qualitative arm of this longitudinal study. Each qualitative participant (n=45) was interviewed every six months for 2.5 years (up to six possible interviews). Whenever possible, all of an individual participant's interviews were conducted with the same staff person. Each interview lasted about 90 minutes and participants were compensated \$40 for the first interview and \$50 for each follow up. In

addition to questions about participants' criminal justice history, family, education, and work backgrounds, drug use and treatment history, housing situations, medical care, and sexual partners, the interview inquired about the prison experience.

Data Analysis

All interviews were audio-recorded, transcribed, and then stored and organized using NVivo, a qualitative data management software. Study staff reviewed transcripts for accuracy and coded the data using an a priori scheme that reflected themes that had been identified as important in the existing literature and during preliminary research (Blankenship, Smoyer, Bray & Mattocks, 2005). As unanticipated themes arose in the data, these were discussed in staff research meetings and then added to the coding tree if deemed appropriate. The staff that performed coding tasks were trained on this process, including orientation about the meanings assigned to each thematic code. To build trustworthiness, multiple staff coded the same data to ensure that codes were applied consistently.

This analysis draws on qualitative data that were coded at two specific a priori nodes: *Criminal Justice Trauma* and *Criminal Justice Opinions*. The *Criminal Justice Trauma* code was applied to data that met the following definition: "Trauma related to being in prison, the arrest, court/court process, probation." In this definition, the term trauma is used non-clinically to include experiences of interpersonal or structural violence: "Trauma is an event in which there is physical harm, the self is wounded, or when a person who directly experiences, witnesses, or learns about a violent event is "damaged" by it" (DeVeaux, 2013, p. 261). The *Criminal Justice Opinions* code included "Positive or negative opinions, reflections, experience of going through the criminal justice system." A report including all data coded at either of these two nodes (*Criminal Justice Trauma* and *Criminal Justice Opinions*) was reviewed to extract only the narratives related specifically to incarceration. In other words, narratives about criminal justice experiences or opinions related to arrest, police, the judicial system, probation, and parole were not included in this analysis.

The extracted incarceration data about participants' prison experiences was analyzed by the first and second author, with input from the Study PI (third author). Specifically, thematic analysis was conducted independently by both researchers to identify key issues and sentiments in the data set (Braun & Clarke, 2006). The team conferred to organize, consolidate, and prioritize these themes. The data presented here represent the themes with the greatest frequency and perceived magnitude (Loffland & Lofland, 1995). Note that the names used in reporting findings are pseudonyms and the parenthetical number after the name is their age at the time of study enrollment.

Description of Sample

Of the 45 participants in the qualitative sample, 80% (n=36) were male, 56% (n=25) African American, 31% Whites (n=14), and 9% Latinos (n=4). The majority of participants (96%, n=43) identified as heterosexual. The average age of the sample was 41.3 years old (SD=9.8). Of these 45 participants, 31 articulated narratives about prison experiences that were coded either *Criminal Justice Trauma* or *Criminal Justice Opinions*. Like the larger sample, this sub-set of participants that discussed prison trauma or opinions was primarily

male (81%, n=25), African-American (58%, n=18), and heterosexual (96%, n=29). The only demographic difference between the full sample of qualitative participants and this sub-sample was that the sub-sample was slightly older with average age of 42.9 years (SD = 9.96).

In order to center the inquiry on the lived experiences of older people, this analysis includes only the data collected from the 23 people in the prison trauma/opinions sub-set of 31 who were over 40 at the time of enrollment. This categorization of people 40 years and above as “older,” reflects existing DOJ/BJS analysis of age in prison that delineates old from young at age 40 (Carson & Sabol, 2016). Like the larger sub-sample, this over-40 group was primarily male (78%, n=18), African-American (61%, n=14), and heterosexual (91% n=21) (See Table 1). The average age in this over-40 sub-sample was 47.7 years old (SD=5.4).

Thematic Results

Participants’ descriptions of their prison experience includes narratives about separation from and loss of family and friends on the outside, untreated medical issues, and verbal, physical, sexual, and psychological abuse. In addition, participants described the negative impact of the prison experience on their mental health after release. In general, these data confirm existing research about pains of imprisonment across the life course, although the frequency of stories about unmet health needs may reflect the sample’s older age. There were also a number of participants who describe the prison experience as a positive time of recovery and reflection. Table 1 summarizes if participants reported negative experiences (65%), positive experiences (65%), and/or post-release implications (26%). Nearly all of the positive narratives are couched in discussion of age and maturity, suggesting a perspective of strength associated with older age.

Loss on the Outside

Reflections about the pain of losing family and friends in the community included descriptions of deteriorated relationships and death. Participants described a sense of helplessness that accentuated the stress of these losses. Three (3) participants described the death of a loved one during their incarceration. Speaking about his brother’s passing, Patrick (54) reported that being incarcerated at the time of this loss and unable to attend the funeral “broke my heart.” Another type of loss that participants described was the deterioration of relationships: “When they told me 15 [month sentence], I was like, “Whoa! My life is over. My girl’s gonna move on” (Fran, 42). Already fearful that his incarceration would end the relationship, Fran’s concerns grew over time as he experienced impotence and frustration about not being able to support his partner. He struggled to keep these emotions in check, “The phone calls hurt... I get choked up, emotional, and you can’t do that in there” (Fran, 42).

Unmet Medical Needs

Physical health needs.—Participants reported excruciating experiences during incarceration related to untreated medical problems, including opioid withdrawal and chronic health issues. Four (4) participants reported unmedicated opioid withdrawal. Dave

(52) described his experience: “It was brutal. It was horrific...They sent me to segregation, so I kicked real hard. It was ugly. It was awful.” Derrick (47) reported crying and calling out for help: “I was up like a zombie. I’d lay off, drift off. Felt like pins and needles in my body. Crying at night. I’m in jail crying, yellin’ get up...I can remember that pain like it was just yesterday still.” Mary reported a similar experience and said that it was not uncommon for detox to go untreated: “Hundreds of people go through that [un-medicated withdrawal], and I can’t believe that they don’t even offer you any type of assistance... I’m hot, I’m cold, diarrhea all day long” (Mary, 56). For these participants, the memory of unsupervised opioid withdrawal was vivid and painful, both in terms of the physical symptoms they experienced and the sense of having their suffering ignored.

Five (5) participants reported chronic health conditions that were untreated in prison and worsened due to lack of care. Rosa (49) described her experience with a fibroid condition:

I had fibroid tumors on my ovary and on my uterus. I almost died twice by hemorrhaging... I would literally put six tampons inside of me, three pads, and when I stand up from the toilet, it would just [*makes gushing noise*]...I couldn’t get anybody in the health department to help me.”

Rosa’s story suggests that one of the most excruciating dimensions of her fibroid condition was that the prison’s medical services would not help her. Similarly, Patrick (54) was unable to get help for his chronic back pain while incarcerated: “These people, the prison system, they don’t want to pay for nothing. They took me to the hospital a few times concerning my back... But they didn’t take care of the problem. They didn’t want to pay for the medication.” Other participants described health problems that they experienced upon release related to mistreated diabetes and MRSA infection while incarcerated. Introducing his story about contracting MRSA in prison, Dwayne (42) described the incident as “Absolutely horrible. It was the worst experience I’ve ever had.” The vocabulary and detail used by participants to convey these stories indicate the gravity of these medical incidents.

Mental health needs.—Participants described mentally ill people who seemed not to receive appropriate care. For example, Mary talked about a woman in her unit who engaged in self-harm behaviors, burning herself with a curling iron. Rather than treating this woman’s mental illness, Mary reported that staff simply confiscated her curling iron. In her narrative about this situation, Mary asserts that the prison staff were unresponsive to the needs of this depressed inmate. On a related point, Jason described a scenario in which lack of attention to mental health needs had fatal consequences.

He [cellmate] said, “I’m gonna hang up.” I didn’t think he’d do it...Woke up, the dude hanging. ...I went and told the CO. I said, “CO, somebody in my cell, they hung up.” They said, “Oh, you freaking lying.” I said, “Okay.” I went to chow [cafeteria], came back, I said, “Yo, man, I’m telling you, man, somebody in my cell, they hung up.” ... And once they realized it, it’s too late to call a code. Dude been dead all night, half of the morning. (Jason, 45)

With his cell mate hanging dead in the cell, Jason was unable to get assistance for several hours. While he denied being perturbed by the situation, “I’ve been around dead bodies

before,” certainly having a dead body hanging in his cell for several hours had the potential to create some disturbing memories.

Abuse by Correctional Officers

Verbal abuse.—Verbal abuse by correctional officers (COs) against inmates was described as an ongoing condition of incarceration.

They [COs] look at you and call you, “You F’ing, stupid B-I-*-C-H.” ...Now, you’re gonna tell me that there’s no swearing but yet there are COs coming down the hallway doing their checks and stuff, calling you an a**hole...”You’re gonna come back again. Once you come the first time, you’ll be back. You ain’t S-H-I-T. Your life is in the gutter. That’s all you are. You’re a piece of crap.”...”You fat pig. Look at you. How much commissary do you have?”...”You f**king junkie. You f**king drug addict. That’s what you get. You piece of shit.” (Mary, 56)

Mary stated that not all COs delivered this type of abuse: “There were ones that were very understanding.” Still, she makes clear that verbal insults by COs directed at inmates were commonplace and suggests that these insults were particularly insensitive to older inmates:

They [COs] treat you horribly. I’ve seen women up there that haven’t have the opportunity to get dentures and when they go to speak to a CO and ask them questions, they’ll make fun of them like, making little facial expressions or calling them names. And these are people that are in their late 30s and 40s and 50s. You know, what is wrong with you? (Mary, 56)

Patrick (54) described the COs in a similar light: “[The guards] got bad, nasty dispositions about themselves. You got to deal with them everyday, telling you what to do, how to do it and what to do.” These reports highlight that the verbal abuse was harsh and consistent. In addition, these narratives make clear that the participants’ advanced age did not protect from these attacks. Older people were mocked for age-related vulnerabilities, like dentures.

Sexual abuse.—Participants did not report incidents of forced sex. However, Mary’s (56) description of body cavity searches and pat-downs constructed these events as a form of sexual abuse:

[CO] took her little flashlight and after she told me to bend over, cough, and squat, and I went to stand up, she said, “I’m not through yet”... I’ll cough, squat, pee, shit, whatever you want me to do, but you’re gonna remove your hands and that flashlight from my vagina and my rectum.... When I first went there, they would allow the man to go like this. And touch you. Some women started complaining... then they said the COs had to go like this with their hands the backside. Which is so what? He still can touch and feel. And when I asked that, the first time I stopped a lieutenant and I asked how come a man is searching me he said, “Because they can.”

Mary evoked her status as a veteran prisoner when discussing this sexual abuse by describing changes in policy over time. Her narrative underscores the ineffectiveness of

these reforms (“so what?”) and the broad discretion, and potential for abuse, that COs wield when dealing with incarcerated people.

Inmate-on-Inmate Violence

Six (6) male participants described violent interactions with other inmates. Fighting included random incidents with “crazed” people and deliberate attacks to exact retaliation and construct social position. Reflecting on 13 years of incarceration, Joe (42) reported:

Truthfully, that would be one of my worst fears, to ever have to spend the rest of my life in prison. Or if I go in prison and then never come out because of some crazed person up in there just seeing me and... attack me while I’m sleeping and things like that.

Joe describes prison as arbitrary and unpredictable: another inmate seeing him in the wrong way could have cost him his life. Patrick (54) spoke of gang violence that similarly unpredictable.

It was a hard ride in that prison. I got stabbed five times in the back in them gang things... You’re in the cubical in a dorm setting or a cell setting, you get somebody make any noise, you’re jumping up ‘cause you think they might come to stab you a bit or hurt you.... You can’t sleep.

In addition to the fear of being a victim, participants described perpetrating violence. Again, these acts could be seemingly random, growing from a general feeling of hostility rather than a specific beef.

I was just angry, fighting every day, a couple of stabbings, assaults on COs... One time, me and my celly, we fought for three and a half hours, both of us bleeding... He smashed me with the radio. He got a knife, I got a knife, I’m bleeding, he bleeding. If the CO didn’t do his rounds, we would have killed each other. Somebody was going to die that day. I wasn’t scared and he wasn’t scared. It was life or death. It was like living in a jungle. (Jason, 45)

In this passage, Jason attributes his violent behavior to feelings of anger. He reported talking to a prison counselor about these feelings but his issues were left unresolved and manifested in violence. In contrast, Fran (42) recounted a deliberate act that he planned and executed in response to a theft.

Somebody robbed me in there. I went to lunch and they wiped out my locker... I was willing to let it go, but you gotta kinda go with the flow. I had ten White kids telling me, “You can’t let that go. It’s bad for us.”... They [Puerto Rican inmates] were robbing – they were a gang... they were robbing all the White people.... Everybody just wants to see a fight... I had to stand my ground.

The primary motivation for Fran to fight the man who had stolen from him was to defend his reputation. Mark (43) also reported that this was a primary reason for fights: “It’s all about your reputation. Jail is about your rep... If you and a certain guy, you rub each other the wrong way, you fight and get the bad blood out... after that it’s over and done with and you move on.” While Mark minimized the harm done in honor fights, these clashes could be

fatal. Alan (50) described seeing a young man bludgeoned to death after he insulted another inmate: “They got locks in their socks, and there was blood all over the place. They killed this kid.” He noted that fights were particularly hard on older inmates:

You pretty much always have a fight in jail. When you’re young, the next day you don’t feel it. When you’re 43, you feel it the next day...I’ve broken a lot of bones so I feel that (Alan, 50)

Jason’s words echoed Alan’s comments: “I just can’t do it no more. Tired of being locked up” (Jason, 45). In short, fights with other inmates, both arbitrary and planned, were commonly reported by participants and a source of psychological and physical stress, which became more difficult to handle with age.

Institutional Violence

Participants also spoke about the overall prison experience as violent. The offending perpetrator was not any particular CO or inmate, per se, but the prison experience itself.

Just prison itself, being confined... I worked ten hours in a kitchen slavin’ or I lifted thousands of pounds a day and got \$1.75 a day...and what you’re cooking and there’s maggots in the drain and there’s cockroaches above...you don’t know if you’re eating rice or a maggot....[Prison] was like hell...not the place to go for any recovering, nothing.” (Laura, 46)

Fran (42) offered an example of this type of “hellish” treatment when describing an incident in which he was accused of using his anal cavity to smuggle cigarettes into the prison from his highway clean-up job. Although the evidence against him was circumstantial, staff decided to keep him under constant surveillance in a segregated cell with a water-less toilet. Each of his bowel movements was removed and inspected for contraband. After nothing turned up, he was released back to general housing. “That’s how petty the jail is...Is it really worth it?” (Fran, 42). This story offers an extreme example of the indignities that incarcerated people endure. The participants suggested that these indignities became more difficult to endure with age: “When I was younger, I didn’t mind jail and stuff, but that was the life I was living when I was younger” (John, 42). James (54) offered a similar position, “It ain’t no fun to go to jail...This one here killed me.” Alan (50) stated, “It’s a scary thing going back there, especially when you’re old.” These participants’ reflections suggest that the many challenges of prison life become increasingly difficult to manage over time and with age.

Life after Release

Participants talked about the negative impact of the prison experience on their current lives. Joe (42) attributed his re-entry difficulties to prison life: “When first getting out of incarceration...it’s a mind thing. Because you experience things inside...sometimes that transition is hard...Some people can’t deal with it. Some people can.” Participants described prison dreams and reoccurring thoughts:

It’s like coming out of – like PTSD. I used to have dreams about being locked up. I still do. I still have dreams about going back, that my parole officer’s gonna violate me...it’s just traumatic, and it’s just stayed with me. ...it’s like going to war. You

come out of there and you're screwed up...It's a wonder I didn't go out and use [drugs] ten times as much. (Laura, 46)

Similarly, after nine years of incarceration, many of the activities of Jason's (45) daily life brought him back to the prison space, shaping where he was able to go and what he could do, "I don't want to stay in no house. It make me feel like I'm confined...I can't be in no room with no door closed for too long...Sometimes I be on a bus and I think I'm on a prison bus. I pull the thing just so I can get off and walk the rest...I mean jail messes up your life." For Alan (50), who fought a lot in prison, returning to the community required adjusting how he relates to other people:

It takes me time to realize that people are civilians and, like what they say is different than – if a guy in jail says something in a certain way, it's an automatic fight. But on the outside you can't do that to people. And that's what the hardest part is to me is like people running mouths and you can't attack people...But that's a jail thing. It takes a while to get over that.

Like Laura, Alan used the language of war – describing the difference between himself and people who are "civilians" – to talk about his prison and re-entry experiences. For these individuals, the experience of incarceration lingered in their minds long after their release.

Over the course of his participation in this study, Patrick (54) described the impact of prison on his life. At the baseline interview, he was wrought with anxiety:

I'm still having the anxiety attacks and stuff.... I wake up [during the night] and I think I'm in a cell, or I jump up thinking somebody calling me... It's like I'm still spooked a little bit, but I'm trying to work my way out of it. So I'm just—that's what I'm basically doing. And people don't understand that. I don't try to explain that to them. I keep that to myself.

He was struggling during this period immediately after his release but chose not to seek assistance. Six months later, at his second interview, these symptoms had decreased: "What I was telling you before when I first came home was that I would see visions and stuff and stuff and I used to see – sometimes I thought I was still in jail... I don't hear that no more." But six months later, at his third interview, the anxiety had returned and he had initiated psychological therapy for the first time in his life:

I'm going to see [a psychologist] over here because I still having flashbacks of prison stuff, when I'm home....I didn't get it all out of me, yet, and I've been out here 14 months already...I just did 21 years straight, you know? And it's still like I'm still dealing with issues dealing with that prison system...in prison, you always think somebody's going to hurt you, so sometimes I have them little nightmares of fights and stuff like that, shanks and knife fights.... I got to get out of that mentality, man. I got to get away from it. That's why I want to talk to these people. I think that's where most of my anxiety comes from...I barely sleep sometimes (Patrick, 54)

This longitudinal data highlights the cyclical nature of mental health problems, especially if they are untreated. While Patrick's anxiety and nightmares initially decreased, a year after

his release these symptoms and emotions resurfaced. Shortly after his third interview, Patrick died from heart failure.

Positive Prison Experiences

While the majority of these narratives constructed the prison experience as violent and difficult, participants also described deliberately avoiding trouble by cooperating with staff and staying out of the mix. Others went beyond this neutral stance and described prison as an opportunity to access services, stop using drugs, rest, and heal. Most attributed their ability to rise above the fray and engage in positive activities in prison to their age and maturity.

Avoiding trouble.—Participants talked about deliberately avoiding trouble during their most recent incarcerations, keeping a low profile and following rules. Jeff (45) stated: “Ain’t like the old days. I tried to stay busy just to pass the time away rather than sit around and get in trouble.” Alan (50) said:

I stood away from the nonsense...I don’t argue no more...They called me OG, which is “old man,” and I got respect from everybody...My sobriety I started the day they locked that gate...I could’ve got high as I want in jail, and I just said it’s—I’m too old, I’m done, I was tired.

In these statements, Jeff and Alan contrast their current “old man” selves with their younger behavior. Similarly, Mike (46) explained his improved communication with COs in terms of age and maturity: “A lot of them [COs] know me and they know me as old school. I used to be a knucklehead. I used to get a whole bunch of discipline reports, but recently since I’ve been going in I don’t catch any tickets. I just do my time and try to get out soon as possible.” Mark (43) attributed the relative ease of his recent incarceration to a strong peer network: “After you’ve been through the [prison] system a bunch of times, you have people that you shared years of your life with, guys who I depend on to watch my back... It’s just about minding your business.” Fran’s (42) description of the housing assignments suggested that the prison administrators recognized the role of older inmates in reducing violence:

[Officials] put young and old to balance, ‘cause you know if you got a ten-man cube, eight of them are 40 years, even 35 is very mature for prison, even 30. Kids are babies in there, 18 years old. If you see a real young cub a smart CO will say, “Oh, we’re gonna do some bed moves.”

Even when violent incidents were skirted, the prison experience was not a positive one for these older adults. Pam (46) described, “I got along with everybody...It was okay. It was busy. It’s not as bad as I thought it would be, but I definitely don’t wanna ever go back there.”

Accessing services.—Other participants were more enthusiastic about the opportunities that the prison experience presented. Ethan (47) stated that during his most recent incarceration he was treated well and linked to services: “[Prison] became a gateway for that [services] and for that I’m thankful...I can’t say anything negative about the system. Certain individual parts of the system could use a little fine tuning certainly... By not being mouthy,

by not being disrespectful, I was treated with respect and courtesy.” Ethan suggests his maturity facilitated his experience. Derrick (47) also took advantage of prison: “I did every program they allowed me to do up there....I took HIV awareness. I took Tier 2 drug treatment...I did religious courses. I did band....I used to sing in the choir...I was a tier man. Custodian.” Like Derrick, Henry (61) took advantage of existing programs and also created services: “I used to work with guys in there and do a lot of spiritual counseling...No problems at all...I think overall it worked out positive... Jail can be a sanctuary...a chance for you to refocus what you’re doing.” Later, when sharing his opinions about the correctional system, he spoke as an elder, sharing his thoughts about “young kids today” and cautioning that prison services may not be preventing violent crimes. Taken together, these excerpts suggest that while he felt some inmates, especially younger men, were not being served by the prison experience, he perceived his own incarceration as “helpful.”

Rest.—Others took a more relaxed approach to their incarceration, using the time to rest. Dwayne (42) suggested that some people even enjoy incarceration: “It sounds weird but you got guys that actually enjoy prison...Not having to do anything... Watch TV. Play cards. Bullshit with your friends and go to sleep.” Fred concurred: “For me when I get in there [prison] a lot of the time I just get to myself...I read the paper, I read books, and I play chess. That gets me through the whole day” (Fred, 44). Rather than participate in programs, these men chose to spend their time on restful activities.

Discussion

This qualitative data from formerly incarcerated older adults sheds light on both the negative and positive dimensions of their incarceration experiences and suggests ways in which their prison and post-prison lives could be improved. The negative experiences, including loss, lack of medical attention, abuse by correctional officers and other inmates, and the overall hardship of prison life, have been documented and enumerated elsewhere (Gibbons & Katzenbach, 2006; Beck, Harrison, Berzofsky, Caspar, & Krebs, 2010; Listwan, Daigle, Hartman, & Guastaferrro, 2014). What this analysis offers is a rendering of this story through the memories and voices of *older* adults, infused with a level of personal detail and lived experience that brings greater clarity about their lives. These narratives articulate a sense of powerlessness, of having serious health problems ignored, and of being insulted, humiliated and afraid.

The incidents described by participants are not necessarily different from those experienced by younger people: Incarcerated people of all ages experience loss on the outside, unmet medical needs, abuse, and challenges at reentry. However, the degree of loss and medical issues for older people may be magnified, as their friends and family are also older and the chronic conditions with which they have been living are more advanced. There is also a distinct tone and exasperation to these older adults’ stories of abuse and violence. Participants expressed a sense of disbelief about the abuses and micro-aggression that they experienced. In spite of changing policies and their advancing age, they still experience interpersonal and structural violence. This exhaustion with the system leads to some people pushing back, as when Mary refused to comply with a body cavity search. For others, there is a disengagement with the mix of prison life and deliberate choice to avoid trouble, take

advantage of programs, and rest. The more productive experiences that participants extract from these difficult circumstances reflect a resilience that could be harnessed in future situations.

Limitations

The findings of this study are limited, to some extent, by having been based on data collected primarily for a different purpose, namely, to understand how movement in and out of the prison system impacts on HIV/STI related risks. Prison life itself was not a specific focus of questioning. As a result, only 23 of the 31 participants over 40 spoke about prison life, in varying amounts of detail. On the other hand, that more than two-thirds of these participants *did* discuss prison life, in a study where this was not a focus, suggests that it is quite salient in their lives. While this sub-sample was diverse in terms of age, race, and gender, its small size prevented us from exploring demographic differences in experience. This is not to say that these differences did not exist, but rather that they were not captured in this inquiry. The findings reported here call for future research that focuses expressly on the prison experience among older inmates and generates a breadth and depth of data that allows for more comparative analysis. Finally, because data from people under 40 was not analyzed here, we cannot make any definitive claims about how prison experiences differ by age.

Practice and Policy Implications

Expanding access to physical and mental health services, or at least expanding communication related to these services, would reduce the pains of imprisonment for all prisoners, including older individuals. The prevalence of chronic illness among older prisoners suggests a need for regularly scheduled visits to monitor these conditions. Many participants expressed frustration and suffering related to getting no response to requests for medical assistance. Support groups for older prisoners that include health education components, could help to alleviate anxiety about health conditions between medical visits. In addition, peer mentorship programs and training for correctional officers and prison medical staff about communication and active listening might alleviate this sense of helplessness, even if access to service was not increased.

The mental health problems reported by participants during re-entry signal a need for increased access to mental health services at re-entry and expanded training for probation officers and other social service professionals to help with the transition back to the community. In many communities, parole and probation officers have been trained to provide women with gender responsive trauma-informed services. Using this model to create an “age responsive” approach to community supervision may help to support the unique needs of the older population. The amount of time incarcerated and age of the individual should be factored into post-incarceration needs assessments with mental health services and social skills training being offered automatically to older individuals coming off of long sentences. Many of these older adults have been in prison, or in and out of prison, for all of their adult lives. Finally, this data illustrates that some older people may be actively

seeking to avoid trouble, access services, and rest during incarceration: Prison systems should support, not undermine, these intentions.

In terms of public policy and program operations, this qualitative analysis seeks to inspire action by providing depth and voice to the quantitative data that documents the challenges presented by an aging US prison population. This community of older prisoners has a pronounced need for services and this qualitative data – the spoken words of people who have personally experienced being incarcerated as an older adult - is a tool that can be used to advocate for targeted resources and support. Promoting efforts to better manage incarceration and re-entry may improve the health of our incarcerated and non-incarcerated communities, especially when these efforts recognize the age diversity of those who are incarcerated and develop services that address the unique needs and strengths that present across the life span.

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Table 1:

Demographic Description of Sample

	Race			Gender		Age	Negative Prison Experiences	Positive Prison Experiences	Negative impact of prison life post-release
ID	B	W	L	M	F				
Sue	1				1	40		1	
Joe	1			1		42	1		1
John	1			1		42	1	1	
Fran		1		1		42	1		
Dwayne	1			1		42	1	1	
Mark		1		1		43	1	1	
Fred	1			1		44		1	
Jeff		1		1		45		1	
Jason	1			1		45	1		1
Pam	1				1	46		1	
Laura		1			1	46	1		1
Mike	1			1		46		1	
Ethan		1		1		47		1	
Derrick	1			1		47	1	1	1
Owen	1			1		47		1	
Rosa			1		1	49	1	1	
Alan		1		1		50	1	1	1
Dave	1			1		52	1		
Patrick	1			1		54	1	1	1
James		1		1		54	1		
Mary		1			1	56	1		
William	1			1		56	1		
Henry	1			1		61		1	
TOTAL	14	8	1	18	5	47.7	15	15	6
	61%	35%	4%	78%	22%		65%	65%	26%

Note: This table does not indicate the extent of these reports (i.e. if participant had 3 negative events or 10) only if they had any such report.