

GERIATRIC CRIMINALITY AND ITS IMPLICATIONS FOR THE  
CRIMINAL JUSTICE SYSTEM

by

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Submitted in partial Fulfillment of the Requirements

for the Degree of

Master of Science

in the

Criminal Justice

Program

YOUNGSTOWN STATE UNIVERSITY

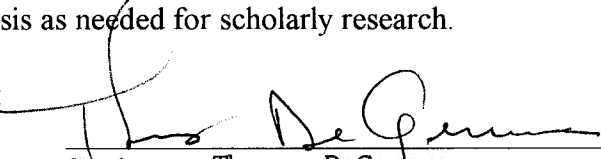
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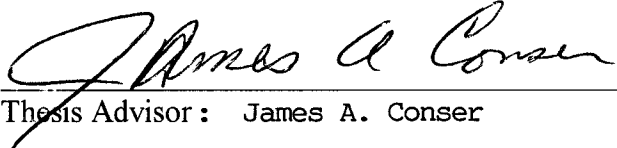
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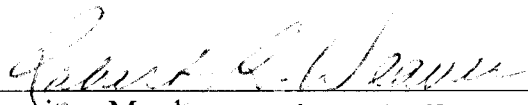
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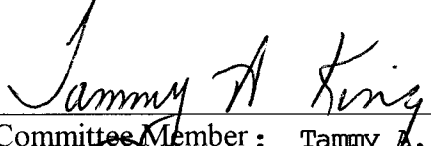
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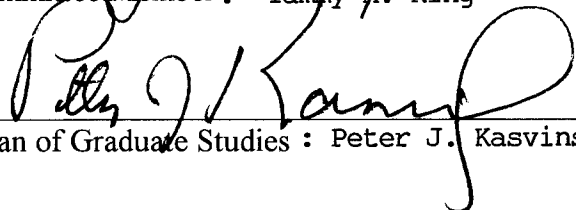
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## ABSTRACT

In today's society there are two distinct systems of justice, the adult system and the juvenile system. Each system has its own procedural process. These systems are not only different procedurally, but each has different policies, procedures, and sanctions that are imposed. Within the adult system, there is a group of people with different problems and needs that must be addressed from a different standpoint than the rest of the adult population. That group is the geriatric or elderly population. There is an age variable that should be factored into the justice process when adjudicating and sanctioning the elderly for criminal behavior.

In analyzing adult criminal behavior, society tends to address behavior through standard criminological theoretical content analysis and administer justice accordingly. This justice can be, and is often, biased. The classification of inmates into a four quadrant typology by age and length of sentence shows an appearance of age biases in relationships to resource allocation, behavior, and programming.

This study proposes and supports the use of this four quadrant typology that would acknowledge an age variable when studying age specific problems within the criminal justice system that addresses the special needs of the elderly.

## ACKNOWLEDGMENTS

I wish to acknowledge those who have helped me complete this research project. First, my committee, Dr. James Conser, Dr. Robert Weaver, Dr. Michelle Stone, and Dr. Tammy King who has guided me through this project. I also wish to acknowledge James Collins, who instilled in me the understanding of the main focus of this project, the elderly, Dr. Jerry Rigby who has taught me the meaning of academia and the importance of meaningful research, and especially Dr. Nawal Amar, who kept telling me to “get the damn thesis done”. And a special acknowledgment to my father, mother, and wife.

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## CHAPTER I: INTRODUCTION

There have been few studies that address the problems the elderly face within our criminal justice system. Evidence suggests that the population is growing older and that crime and corrections will increasingly become a problem of the elderly as more are incarcerated and arrested. But is the system prepared for the changes? When society takes a retributive stance on crime, regardless of the age of the perpetrator, it faces a two-fold problem: (1) more and more elderly are committing crimes, and (2) more people grow old within our correctional institutions.

According to Fienburgh (1970), it is for one of two reasons why society punishes, utilitarian or retributive. The utilitarian believes the reason to use punishment is to bring about a good for the society as a whole, with rehabilitation being the primary good. But the retributivist views punishment as an expected reaction for a certain type of behavior. With the adaptation of the justice model, the majority of society expects a retributive form of punishment and seldom, only in the case of juvenile crime, is age a mitigating factor. Social policy, through legislation, has established that if age is to be a factor when determining punishment, only the juvenile should get that consideration. As people reach the "age of majority," they must proceed through the system as it is prescribed within the law.

One question addressed by this study is whether age should be considered a factor in determining punishment for offenders, especially the elderly. The largest



cohort groups in the world are the baby boomers, those born between the years 1946 and 1964, and the eldest of that group reached the age of 50 in 1996. Unfortunately a number of these persons are incarcerated or under supervision of the criminal justice system.

### NEED

While some research has been conducted on geriatric criminality, it is sporadic and limited. Limited studies have been conducted on the subject in the macro sense. Society should be aware of the issues, and realize that the problems of the elderly and their actions have ascended upon us at such a critical time. There is a fight for the resources available within the criminal justice system and the direction of those resources in the future must be viewed very seriously. Dr. Joann Morton, former director of special projects for the South Carolina Department of Corrections states, "Getting people interested in the geriatric offenders is an uphill battle. We have the need, but we don't have the resources to meet the need"(Bernat, 1989 pp. 9-10).

An analysis of what is happening within the geriatric community, relating to criminal activity and the institutionalization of the elderly for that criminal activity, needs to be conducted. Additional research may indicate that an age variable needs to be factored into criminological theory, criminal law, and the sanctions that are imposed for criminal behavior.

The findings of research yield several recommendations to address deficiencies within the criminal justice system that include: improper or inadequate

medical treatment, improper assessment of behavior, inmate abuse, and rising litigation costs. Crime rates and incarceration rates of older Americans are increasing at alarming rates.

The arrest rates for men 65 and older, between the years 1976 and 1985 increased 155 per cent according to Chaneles (1987). Johns (1994) states that given the current trend, the elderly prison population will double every four years. There were almost 14,000 state and federal inmates aged 60 and up in 1992. It was projected that by 1996 there would be almost 30,000 inmates 60 years of age and older. It is estimated today that there are such inmates.

This research is timely because it can help determine if additional training is needed in order to recognize the effects of the natural aging process that may impact the elderly and to adjust or redefine policy and procedures within the criminal justice system. Many criminal justice students and practitioners do not have the background today to handle the problems that beset the elderly.

#### PURPOSE

The purpose of this study is to develop a model construct for analyzing age as a factor in adjudicating and sentencing the elderly. Age and the aging process has not been a factor in most aspects of criminological theory. This model is an extension of several different criminological and gerontological theories, including the Chicago's concentric zone theory found in the writings of Park and Burgess, who studied juvenile crime in urban Chicago; Sutherland's differential association; and Hirschi's control theory; Costa and McCrae's activity theory; disengagement

theory, by Neugarten et.al.; and age stratification theory. The criminological theories explain crime causation while the gerontological theories explain the problems that beset the elderly population. In the United States, age becomes a factor only when describing the youthful offender or the youthful inmate. When one reaches the “age of majority” within the United States, age as a variable, is not considered a factor in the criminal justice system. The significance of this research is that a new approach to age consideration is appropriate and needed in the administration of justice in the United States.

### RESEARCH QUESTIONS

The major research question addressed by this study is whether age is a major factor in predicting, (1) treatment in rehabilitation programming, (2) policy formation within the criminal justice environment, (3) sentencing guidelines, and (4) proper resource utilization? The focus of this study is to address this research question from an analytical and theoretical perspective, resulting in a proposed model for adjudicating and sentencing geriatric offenders.

### CONCEPTUAL DEFINITIONS

For the purpose of this research, the following conceptual definitions were used:

1. Ageism: prejudice or negative stereotypes about people based on chronological age (Moody, 1994).
2. Cohorts: a group of individuals having a statistical factor (as age or class membership in common) in a demographic study (Webster 1994).

3. Criminality: a.) the quality or state of being criminal, b.) criminal activity (Webster 1994).
4. Criminological Theories: the study of the entire process of law-making, law-breaking, and law-enforcing (Sutherland, 1947).
5. Determinate Sentencing: a fixed period of incarceration imposed on the offender by the sentencing court. The ideology underlying determinate sentencing is retribution, just deserts or incapacitation (Allen and Simonsen, 1995).
6. Elderly: those 65 years of age and older (Kart, 1981).
7. Geriatric: of or relating to geriatrics or the process of aging (Webster, 1994).
8. Geriatric Inmate: one 50 years of age or older incarcerated in jail/prison.
9. Indeterminate Sentencing: a sentence to incarceration pronounced by a judge that sets a minimum and maximum periods of incarceration of the offender (Allen and Simonsen, 1995).
10. Life Expectancy: the span that an individual will probably live, given different variables, such as disease, environmental hazards, and health care (Ries and Crapo, 1981).
11. Life Span: time that an individual can live if all environmental hazards were to be eliminated (Ries and Crapo, 1981).
12. Old-old: those 85 years of age and older (National Institute of Aging 1994).

## AGE DEMOGRAPHICS

The age variable has been considered a factor in criminal justice research only when considering juveniles. The reason for this can be directly attributed to the life expectancy rates. In the earliest part of the 1900s, the life expectancy was only 47 years of age, but by 1989 that number had risen dramatically. The average life expectancy of females born in 1989 is 78.8 years, and for males the number of years is 71.9 (U.S. Bureau of the Census, 1989b). The elderly population has grown; in 1900 approximately one in 25 reached the elderly population group, but by 1991 that ratio had become one in nine (U.S. Bureau of the Census, 1991). By using the Census Bureau's projections in 1989, the life expectancy should increase to 77.6 by the year 2005 for men. The research question is whether age should become a factor within our criminal justice system, should it be considered in the assessment of criminal behavior, but also for the institutionalization of those committed for that criminal behavior.

There were 31.8 million people aged 65 and over living in the United States as of 1990 (Kart, 1990). In a 90-year span, from 1900 to 1990, the population of this group increased tenfold, from 3.1 million to 31.8 million people. The projections of growth is higher, given the fertility rates, this group represents the fastest growing cohort group in United States population (Crimins, 1980), often called the baby boomers

## ELDERLY CRIMINAL JUSTICE PROBLEMS

The problem concerning the elderly in the criminal justice system is really

two-fold, the elderly in the prison systems and the elderly committing crimes. The prison population has shown a marked increase, with the 65 plus age group being the fastest growing segment of that population in the last two decades. As the states change from an indeterminate form of sentencing to a determinate form of sentencing, more and more people are staying in prison longer (Bernat, 1989).

Data collected by Chaneles (1987) on violent criminal sexual behavior by men aged 60 and over confirmed a sharp increase in this type of behavior. The study compared arrest rates for rape and all other sex offenses during a period from 1976 to 1985. The arrest rate for men 65 and older, for rape, increased 155 percent, with a rate of an increase of 112 percent for men aged 60-64. During that same period, for all sex offenses, men 65 and older had an increase of 39 percent and a 60 percent increase for those aged 60 to 64. As the percentage of this population age 60 and over increases, one could conclude that sex offenders will increase in that group. And many of them will enter the criminal justice system.

#### OVERVIEW OF THEISIS

The thesis topic has been introduced in this chapter. The need and purpose for this study has been discussed. Additionally, the research questions were broadly stated and key terms were conceptually defined.

The focus of chapter two will be a review of prior research that deals with problems that affect the elderly and the criminal justice system. This will include census data, the gerontologic literature, and the pertinent criminal justice literature. A descriptive view of the problems of the geriatric criminality, and a review of the

theoretical foundation upon which this study is grounded will also be presented. A theoretical analysis is also included in chapter two. The methodology of this study is in chapter three. The proposed typology is in chapter four, with the findings, proposed implications, and discussions are presented in chapter five.

## CHAPTER II: REVIEW OF THE LITERATURE

Webster (1994) defines the term gerontology as the study of aging (259). It relates to the problems with which our older generation must deal. We all undergo a natural process of aging. Kart (1990) stated there were 31.8 million people, 65 and over living in the United States as of 1990. The National Institute of Aging breaks this group into three areas, 65-74 (middle old), 75-84 (elderly), and 85+ (very old). In a 90-year span, from 1900 to 1990 the population of this group increased tenfold, from 3.1 million to 31.8 million people, and the projections of growth is higher. Given the current fertility rates in the United States, this group now represents the fastest growing cohort group in United States population (Crimins, 1980).

There must be an understanding of how and why this group has changed from the past and how it may change in the future. There is a large number of the population aged 65-75. This large number can be attributed to the high birth rates that were common in the first decade of the twentieth century and the high immigration numbers of young adults before World War I. Progress in the medical and public health fields has reduced rates of illness and mortality (Kart, 1990).

The elderly, defined as those 65 and older, have started to emerge from their role as the quiet society. This population is the fastest growing age group. By the year 2000, 34 million residents in the United States will be over the age of 65, showing an increase of 8 million since 1980. Americans over the age of 50 will account for one third of the entire population, this group makes up only a little



more than one fourth of today's population (Flynn, 1992).

The absolute and proportional increases in the aged population are expected to continue well into the twenty-first century. But there will be a slowed rate until the 2010-2020 decade. There will be a 10.2 percent projected decennial increase in the aged population between 1990 and 2000. In the decade prior there was a 23.7 percent decennial projected increase (Peterson, 1975).

Table 1 shows a total aged population and the projected increases. This is based on the population projections with the following assumptions: (1) an average of 1.9 lifetime births per woman, (2) life expectancy in the year 2050 of 79.6, and net immigration; of 450,000 ( Siegal and Davidson 1984).

TABLE 1

Total Aged Population and Projection Increases

	1960	1970	1980	1990	2000	2010	2020
65 yrs. and older (thousands)	16,675	20,087	25,708	31,799	35,036	39,269	51,386
Percentage of Total Population	9.3	9.9	11.3	12.7	13.1	13.9	17.3
Increase Preceding Decade %	35.4	20.5	28.0	23.7	10.2	12.1	30.9

Source: Seigel and Davidson (1984).

Those born during the Depression are now reaching the age of 65 during this last decade of the century (1991-2000). But the baby boomers will reach the age of 65 within the first decade of the next century. That is when we will have

the largest increase, almost 3 times that of the previous decade.

When looking at the statistics, the most important factor in the study of the elderly is the growing size of this cohort group. In the early 1900s this group made up only 4 percent of the population in the United States, approximately 1 in 25. However, this group has grown to 1 in 9 (U.S. Bureau of the Census, 1991). In the earliest part of the 1900s the life expectancy was only 47 years. By 1989 that number had risen dramatically. The average life expectancy of females born in 1989 is 78.8 years and males 71.9 years (U.S. Bureau of the Census, 1989b). This shows that four out of five people can expect to attain the age of 65 and there is at least a 50 percent chance to live past 85 (Kingston, et.al. 1986).

The Census Bureau's projections show that the life expectancy should increase from 74.9 to 77.6 years old by the year 2005, and rise to 81.2 for men by 2080 (U.S. Bureau of the Census, 1989a). Reasons for this expectancy growth primarily are due to the decrease in mortality rates and the advances in modern medicine. The childhood diseases that took the lives of children in the early years of this century, have all but been eradicated. We may also see more significant progress in the future when many other diseases become chronic rather than fatal (Hooyman and Kiyak, 1991).

#### LIFE SPAN AND LIFE EXPECTANCY

Life span and life expectancy are two different topics and it is important to distinguish the difference between them. Life span is the time that an individual can live if all environmental hazards were to be eliminated. Whereas life

expectancy is the span that an individual will probably live given different variables, such as disease, environmental hazards, and health care (Fries and Crapo, 1981).

Because of this rise in longevity in the United States, there has been a rapid rise in the median age of our population. The median age has risen from 28 to 33 years old in just twenty years. According to the Social Security Administration (1990), a five year increase in the median age is a significant event, historically. Other factors in this rise in the median age is a dramatic decline in the birthrates during the 1960s, coupled with the high birth rates after World War II (the baby boomers). The baby boomers have now passed that median age. This cohort group will be a dominate factor well into the next century. As of this year, the first part of the group have already reached the age of 50, in fact, in the decade of 2010s the majority of this group will be senior citizens. The ranks of the elderly will swell to the point of 1 in 5 by the end of the 2010 decade. By studying the current rates of growth the median age can be projected to rise to age 36 by the end of the century and increase by 5 years within the first decade of the twenty first century (Social Security Administration, 1990).

The theory of demographic transition as described by Matras (1973) can give us a better understanding of this growth phenomena. There is a three stage process that is used when defining population age growth, to take us from a high fertility - high mortality state to a low fertility - low mortality state. This theory concerns itself with the relationship between birth and death rates and the effects which result on the age makeup of the population. By understanding this theory

one can predict the age composition of our society.

In the first stage there is a high growth potential, with high birth rates and high death rates, and a declining mortality rate (absence of other factors), there is a high population growth. The population had a life expectancy of 35-40 years and high fertility rates were necessary to ensure society a continued existence. Pre-industrial societies are examples of this stage (Matras, 1973).

The second stage or the transitional growth stage is characterized by high birth rates and declining death rates. With the advent of modern medical technology, the death rates or mortality rate began to drop. But there still was a high birth rate. During this stage there was a significant population increase, and this also brought about a change in the age composition. The baby boom era is a good example of this stage ( Matras, 1973).

The third and last stage is one of low or controlled fertility rates and low death or mortality rates. The western or modern societies are now in this stage of demographic transition. During this stage there is a low or no population growth (Matras, 1973). During the 1960s, 1970s, and part of the 1980s, the United States has been in this third stage. But during the last decade, and continuing though the 1990s, the population of the United States has begun to regress into the second stage, with birth rates increasing and the death rate continuing to decline.

#### ELDERLY PRISON POPULATION

Age demographics show that there is a marked increase in the elderly population. Along with this increase comes serious crime problems concerning the

elderly. When coupling the elderly and the criminal justice system, in society, the perception of victim often becomes synonymous with this cohort group.

Victimization is a problem, but engaging in criminal deviant behavior is often overlooked by practitioners as well as scholars within the field of criminal justice.

Introduction to the criminal justice system by the elderly is a growing problem.

Often times, the elderly are being treated the same way as those much younger would be. Dr. Joann Morton, former director of special projects for the South Carolina Department of Corrections states, "Getting people interested in the geriatric offenders is an uphill battle, problems such as overcrowding strain the entire prison system. We have the need, but we don't have the resource to meet the need. The elderly tend to be forgotten" (Bernat, 1989, 9,10).

The problem concerning the elderly in the criminal justice system is really two fold, the elderly in the prison system, and the elderly committing crimes. The elderly prison population and the elderly crime rates have shown an alarming increase in the last two decades. The prison population has shown a marked increase, with the 65+ age group being the fastest growing segment of that population. More and more people are staying in prison longer since states underwent a change from indeterminate to determinate sentencing. The sentences are getting longer as our society enters a retributive form of punishment. In 1988, 49 percent of the prisoners incarcerated in Virginia's correctional Institutes, 49 percent in Tennessee, and 44 percent in Alabama were serving 20 years or more. In 1982, there were 42,451 offenders in 42 states and the federal system serving 20

years more. Just six years later that number had almost doubled to 71,850 incarcerated over the age of 60. Florida's prison population, aged 56-65 had grown 56 percent between the years 1981 and 1987 with general population only increasing by 25 percent (Bernat, 1989).

During that 13 year period there has been an unprecedented rise in the population of U.S. prisons. In 1980 there were 328,695 inmates incarcerated in U.S. Prisons. In 1994 it had almost tripled to 950,000. During that same time period Arizona's prison population had more than quadrupled from 4,372 to 17,811. By 1992 there were almost 14,000 state and federal inmates aged 60 and older. It is estimated that the elderly population will double every 4 years and the year 1996 will bring almost 30,000 elderly inmates aged 60 and over (Johns, 1994). The 1996 Criminal Justice Yearbook states that there are more than double that amount estimated by Johns in 1994. The Yearbook shows 63,004 inmates age 60 and older in the state and federal system as of January 1, 1996. Texas incarcerated the largest number of inmates age 60 and over with 6,773 inmates, followed by California, with 6,237 inmates. The percentage of prison population age 60 and over was the largest in West Virginia, 10.5 percent. The state of Maine following with 10.4 percent. The Yearbook also shows an increase in average percentages of inmates between the years 1990 and 1996. There was a 4.9 percent average in 1990 increasing to 6.1 percent average in 1996. There was a steady increase, 4.9 percent in 1990, and a 5.3 percent in 1991. There was a 5.7 percent in 1992, 6.0 percent in 1993, a small decrease to 5.9 percent in 1994,

rising again to 6.1 percent in 1995, and then to 6.6 percent in 1996 (Criminal Justice Yearbook, 1996).

### ELDERLY PRISON AND POPULATION PROBLEMS

The health status of the elderly is a problem that is faced by society from a perspective as described by Kart in 1990,

Human organs, gradually diminish in function over time, although not at the same rate in every individual. By itself, this gradual diminution of function is not a real threat to the health of most older people; diseases are another matter. Diseases represent chief barriers to extended health and longevity. And, when they accompany normal changes associated with biological aging, maintaining health and securing appropriate health care becomes especially problematic for older people.

Two additional factors contribute to the difficulty older persons face in maintaining their health status. One has to do with the basic orientation of modern medicine, the other with the attitudes and expectation that older people themselves, family and friends, and health care providers have about what aging means (109).

The U.S. Department of Justice published a bulletin in January of 1989, noting that almost 12 percent of the Federal Bureau of Prison's inmate population had reached the age of 50 or older. It estimated that its group's population would grow to 16 percent by the year 2005. The bulletin goes on to say that more than 30 percent of that population, aged 50 or more and will have some form of cardiac and hypertensive disorder which will require some type of substantial medical attention (U.S. Department of Justice, 1989).

But according to Kratcoski and Pownall "normally a 50 year old is not considered to be elderly. There is a 10 year difference between the overall health of the Bureau of Prisons inmates and the general population. Because of the

previous lifestyles of the typical inmate (a number of them have used drugs and alcohol to excess, have poor eating habits, stress in life) they have aged faster than the normal population, and a 50 year old will have the health problems of a 60 year old on the outside” (Kratcoski and Pownall, 1989, 30).

### ELDERLY CRIME RATES

Another significant factor in this study is the rising rates of the elderly engaging in criminal deviant behavior. A majority of criminal behavior can be attributed to different variables such as poverty, drugs, alcohol, and the environment of the offenders. But with the elderly, there are other variables that need to be factored in such as social, economic, and mental reactions to the following: retiring, the feeling of uselessness, and the displacement of status within today’s society.

But what appears to be even more significant is the amount of violent crime committed by the elderly in which the victims are family members, relatives, or close acquaintances (Kratcoski and Pownall, 1989).

It is believed that most violent behavior can be attributed to some type of mental illness or deterioration. Various studies of incidences of psychiatric disorders in those charged with acts of aggressive behavior have been cited (Newman, et al. 1984). The most frequent diagnosis of older offenders was that they were suffering from organic brain syndrome, neurosis, personality disorders other than the antisocial type, and alcoholism (Hucker and Ben-Aron, 1984).

In one-fourth of the cases of elderly homicide the victim and the assailant



were married, and in only 11 percent of the cases, the assailant and victim were complete strangers. It was found that most homicides occurred in either the victim's or assailant's home and the incident occurred after some type of confrontation or argument. Alcohol was a contributing factor in one-third of the cases by either the victim, offender, or both. Sixteen percent of elderly homicide offenders had a history of previous criminal activity before committing the homicide (Kratcoski and Walker, 1988).

Our population is aging at a rapid rate and there is a fast-rising level of expectations among the elderly. With a "get tough" policy of our society, prison sentences are not only mandatory but are longer. This gives rise to a normalization of prison life (Chaneles, 1987).

The elderly are now able to re-enter the mainstream of society, with tax reductions, subsidized senior citizen housing and recreational centers, and other programs aimed at the elderly. They are living longer. The image of an old man in a tattered overcoat is being replaced by men and women in jogging suits (Chaneles, 1987). The elderly are becoming more physically able to "get what they want and deserve," according to the United States Department of Justice, Bureau of Justice Statistics, Special Report: Prison Admissions and Releases (1982). It seems that they will use any mean to achieve this, even force. Compared to younger people there is a higher percentage of elderly being admitted to State Prisons in 1982 for violent behavior even murder and manslaughter (see Table 2).

TABLE 2

Admissions to State Prisons, 1982								
Offense	Total	Less						
		than 18 years	18-25 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
All offenses	100%	100%	100%	100%	100%	100%	100%	100%
Murder	4.3	4.5	3.1	4.2	6.3	8.8	11.0	18.4
Manslaughter	2.6	1.7	1.6	2.6	4.3	5.1	9.8	16.8
Rape	2.6	3.8	2.4	2.6	2.9	2.9	2.5	1.0
Robbery	17.6	28.4	20.1	17.1	10.9	7.6	4.6	2.6
Assault	8.7	6.6	4.8	5.7	6.9	8.1	9.1	9.1
Burglary	27.2	36.2	34.9	23.2	15.6	11.3	7.3	4.1
Larceny	10.4	8.6	10.5	10.2	11.1	10.7	7.8	3.6
Auto Theft	1.8	2.3	2.1	1.4	1.3	1.5	0.9	2.0
Forgery, Fraud, Embezzlement	6.2	1.4	4.3	7.5	8.6	9.4	7.5	4.1
Drugs	8.0	0.8	5.1	10.5	12.0	9.8	8.0	9.7
Public Order	5.3	2.3	3.1	5.6	8.9	13.7	19.8	17.3
Other Offenses*	7.4	4.6	6.4	7.7	9.4	9.4	11.0	11.7
#Admissions	100,814	2,674	44,423	37,209	11,507	3,696	1,109	196

\*Includes other sexual assaults, other violent offenses, property offenses, and miscellaneous offenses.

Those aged 55-64 account for 11.0 percent in 1982, those aged 65 and older account for 18.4 percent of all admitted to state prisons for murder, which is almost 6 times those admitted aged 65 and older. Those aged 65+ is approximately 14 times greater than those aged 18-24 for manslaughter. The younger offenders seem to over take the elderly in %ages for most all other offenses except drugs, public order, and other offenses. Chaneles (1987) suggests that there are other statistics to confirm the commitment of more serious crimes than in the past. An alarming fact that the elderly are committing serious violent crimes can be seen in the large increase of arrest rates for rape and all other sex offenses during a period from 1976 to 1985. The arrest rate for men 65 and older for rape increased 155 percent, men aged 60 to 64 increase 112 percent. During that same period men 65 and older had an increase of 39 percent, men aged 60 to 64 increased 60 percent for all sex offenses, and only 33 percent as compared for larceny-theft (Chaneles, 1987).

The City of Akron, Ohio uses a statistical data base that lists all part 1 and part 2 offenses by age, sex, and race. Part one offenses are those crimes that are reported to the FBI's Uniform Crime Report, they include: homicide, rape, robbery, aggravated assault, burglary, larceny, auto theft, and arson. Part II are all other crimes. In 1988 there were 623 arrests made for those over the age of 50, which was 5.9 % of all arrests made for that year. 1989 showed a decrease of arrests to 569 for that group. But in 1990 the rates started to increase, with 612 arrests for a 5.5 % rate of all arrests. The year 1991 again showed an increase of

elderly arrests with 715 persons aged 50 and older, but the %age decreased to 4.3 % because of the overall arrest rate rising (1992 rates were not available). In 1993, there was another increase to 909 arrests for those aged 50 and older.

### THEORETICAL COMPARISON

There are many criminological theories that explain why a person becomes deviant, and many gerontological theories that explain the social and psychological problems that the elderly face. The literature is extensive on this subject, but the main focus is on the micro level. Each discipline studies the elderly primarily from its own perspective. This study seeks to combine these two theoretical approaches into a multi-disciplinary model to view the serious ramifications of geriatric criminality. To study this problem from just one theoretical approach cannot give a full understanding of why and how the elderly engage in criminal deviance and the different problems faced by the elderly after they become a part of the criminal justice system.

Theories of criminal and deviant behavior try to answer why social and legal norms are violated. There are two interrelated sections to this answer, (1) why are there variations in the group rates of crime and deviance, and (2) why do some individuals come to commit criminal and deviant acts (Ackers, 1994). Theory looks at the problem of trying to understand the differences in the locations and proportion of deviant and criminal behavior in various groups and societies. Age is a group that is not considered very often in criminological theories. The second issue of explanation is to differentiate individuals in committing or

refraining from criminal acts (Ackers, 1994).

Many criminologists see deviance in one respect, the effect of the how and why the population becomes deviant. They view it mainly from the juvenile prospective, many time believing the reasons one engages in criminal behavior can be rooted in their youth and throughout their lives has a causal factor from their youth. But if the data derived from those theories is manipulated and applied directly to the elderly, there appears to be a direct link to elderly criminal deviant behavior.

Gerontologists use theory to explain how and why the elderly population engages in actions that are considered deviant but not necessarily criminal behaviors. These theories explain the problems that are experienced by the elderly and their reactions to what is happening to them through the natural aging process. Viewing the elderly in respect to gerontological and sociological theories needs to be interwoven with the data generated by criminological theories. By interweaving this data a theory of “geriatric criminality” can be established and a better understanding of how and why the elderly engage in criminal behavior can be achieved. If this approach is used there can be an understanding or formulation of procedures to deal with the elderly after they become a participant in the criminal justice system.

By taking a journey through the natural life cycle, there are two periods in one’s life when there is a need to introduce a care giver, the first being the infant/adolescent period, and the second is the geriatric period. That “care giver”

need not be an individual, but it can be considered any thing that will intercede into one's life for the socialization or resocialization process. There is an outburst of criminal activity by our elderly and the social theorists must address this problem through a multi-discipline model.

The elderly can be viewed in different perspectives that being from the inside and from the outside. Gerontological theorists see the elderly as having special problems that do not affect those younger and address them as such, but the criminologist or criminal justice practitioner approach most system participants through the same theories and protocol that has been established over the years.

Generalization tends to be the rule. When someone over the age of 50 enters the criminal justice system, they are treated the same as anyone. In the prison or jail systems, the elderly inmate is handled the same as a younger inmate. Most systems classify its inmates on the basis of risks to self and security rather than by the needs of the prisoner. Inmates are sent to facilities based on security risks, which are based on the type of crime of which they have been convicted. Many times the health or mental state of the inmates is not a mitigating circumstance. But even if those circumstances were considered, there are not many facilities that have the special care units that can provide long term care. Most of them are integrated into the general population. Many are in agreement that these inmates should be housed in separate facilities, or at least, in separated units within the correctional institution (Kratcoski & Pownall, 1989).

Those who first make the assessment of inmates or arrestees are criminal

justice specialists whose expertises only encompass the field of Criminal Justice. Usually those who become the keepers of the inmates are hired without much education, the Mahoning County Sheriff's Department only requires a high school diploma. In Ohio, approximately three years ago, the state mandated 120 hours of correctional training for officers who have contact with inmates. Many times those officers have risen through the ranks to become intake or assessment officers. Their background has been little more than on-the-job training. Without any sociological or gerontological training they are unable to make a proper needs assessment of the elderly upon arrival in a correctional facility or during their stay. By not having this type of background they often will assess a situation improperly which then facilitates the use of psychotropic medication when none is needed.

#### CRIMINOLOGICAL/GERONTOLOGICAL THEORY

Most criminological theories are directed toward young adult deviant behavior. They tend to look at the young and forget the old. Most of the criteria that are used in explaining juvenile deviance can and should be used to explain geriatric deviance. Some of the criteria that are most often used to describe the typical juvenile deviant can be used to describe the geriatric deviant. The criterion is the same but the events leading up to that assessment is different. Dysfunctional families are attributed to single parenting, divorce, or abandonment. The elderly experience that dysfunctional family through the death of a spouse, siblings moving away, and a disengagement process. The elderly become more and more isolated

from persons and organizations after retirement. This isolation brings on feelings of uselessness and rejection results, bringing on tension, stress, and hostility (Kratcoski & Pownall, 1989).

### CLASSICAL SCHOOL

The classical School's premise is one that can be used today to explain the phenomenon of geriatric criminality. Our criminal justice system is concerned with the law rather than the individual's mitigating circumstances. With regards to actions, this school of thought takes the stance that one acts out of free will, but given the regressive mental state of the elderly criminal, one does not always act under rational retinal culpability. The theory has the basic ideal of punishment deterrence and rehabilitation. How much deterrence can be effective on a person who has acted because of the inequity that exists in our social structure. The pain/pleasure equation will not equate when many of these people are acting out of an instinct to survive. There is no pleasure that can be factored into that equation, only a pain/pain equation. Acting without that sufficient mental culpability there has to be a negative/pain equation.

Even though Beccia and Betham are viewed as utilitarian, their view of "punishment fits the crime," can be seen as some just deserts or retributive form of justice. Utilitarianism's basis is for "the good of society" and to punish the elderly, given the many mitigation circumstances, cannot be for the society as a whole. The elderly are part of the whole, and to resocialize them through the necessary societal programs that are structured to their type of need is possibly a better good



for the whole. The Classical School Theory could be applied to the geriatric criminal behavior, but to study the empirical aspect of criminality cannot encompass the macro of elderly crime. We must study the social needs of the elderly and focus on the behavioral abnormalities rather than viewing criminal behavior as abnormal.

Do the certainty and celerity of punishment effect the elderly? That deterrence doctrine does not just rely on the severity of those legal sanctions alone. In order to have some type of deterrence, punishment must be swift and certain. Celerity refers to the swiftness that criminal sanctions are applied after the crime is committed (Ackers, 1994).

The more immediately after the commission of a crime a punishment is inflicted, the more just and useful it will be . . . An immediate punishment is more useful; because the smaller the interval of time between the punishment and the crime, the stronger and more lasting will be the association of the two ideas of crime and punishment.” (Beccaria, 1972, 18-19)

### POSITIVE SCHOOL

The problem of elderly crime, on the micro level, can be addressed by applying the elements of the Positive School. With the advancing age of this group comes the development of many biological and psychological traumas. This school's proponents would concur that both these aspects are prevalent to geriatric criminality. These issues need a systematic, scientific approach to understand and attempt to prevent further growth in the rates of elderly criminal behavior.

## CHICAGO SCHOOL

One type of positive theory is the Chicago School's work. Ecological Theory or "Chicago School," stresses the demographic and geographic aspect of different groups and views social disorganization which characterized delinquency areas as a major cause of criminality in today's society. But this theory, by its founders Park and Burgess, is directed toward juvenile deviant or delinquent behavior, not the elderly. The two theorists believed that each city had a central business district or Zone 1. As one moves outward from this zone crime would decrease, with the highest rates within that first zone. But as the plight of our urban areas continue to exist, just as Shaw and McKay found in their study in the late 1920s, the urban America that held little hope for the young still holds little hope for those residents of the zones. Just as economic adversity affected the young it also affects the elderly. Zone 2 and 3 that consisted of a transitional residential area and the working class citizens have now become little more than low income areas that house high crime areas.

The elderly are often left with small fixed incomes in comparison to today's standards and do not have the ability to leave or move out these areas. They are forced to live in the lower class urban zones of the city ( Fox, 1985). The elderly, by virtue of their inability to leave these areas, are at times forced to internalize the different conduct norms that relate to the different culture they must come in contact. This exposure is both primary, (their own), and secondary ( others ) conflict, and often leads to violence

## DISENGAGEMENT

Cummings and Henry (1961) explained the disengagement theory as the most explicit application of structural functionalism to the condition of the elderly in terms of their social and psychological reactions to aging. They describe the term disengagement as a reference to “the universal, mutual, and inevitable withdrawal of older people from the configuration of roles characteristic of middle age” (853). Cummings and Henry (1961), presented data to indicate that the elderly have a decreased level in the number of frequency of social interactions as well as decreased emotional involvement in old age. Their theory concludes that,

this process is functional to both society and the individual; it enables society to make room for more efficient young people while, at the same time allowing the elderly time to prepare for their eventual total withdrawal from social life - death (857).

This theory suggests that the aging individual accepts or even desires the decreased interactions. The proponents of this theory also argue that this gradual disengagement is functional for society. As Cummings (1963) has stated:

The disengagement theory postulates that society withdraws from the aging person to the same extent as the person withdraws from society. This is, of course, just another way of saying that the process is normatively governed and in a sense agreed upon by all concerned (858).

There are many different types of disengagements, to include the departure of children from families and retirement for men or widowhood for women. All people have or use a different style of adaptation to the environment, with two different modes of interacting with that environment: the “impinging” mode and

the “selecting” mode. The impinger is an activist, trying out his or her style on others, with the selector tending to measure his or her ways. Each can react differently to disengagement. Cumming (1963) describes the impinger as having judgment not as good as it was being viewed as an usual person for his age.

Ultimately, as he becomes less able to control the situations he provokes, he may suffer anxiety and panic through failure both to arouse and to interpret appropriate reactions. His problem in old age will be to avoid confusion (858).

As for selectors, they can be expected to be somewhat more measured in their ways. In their younger days they may have appeared to others a withdrawn. But with age this style would seem more appropriate.

In old age, because of their reluctance to generate interaction, they may, like neglected infants, develop a kind of marasmus. Their foes will be apathy rather than confusion (Cummings, 1963, 861).

Death and incapacitation are two valid reasons for that feeling of isolation. When one loses those close social bonds that have flourished for many years, there is a lack of social relationships that provide social support and this may influence ones’ behavior. Social control theorists have supported their view that regulatory actions taken by others can be helpful in consoling one’s behavior. An example would be, the intervening by a family member to help terminate the excessive drinking or drug intake would be beneficial, even if it is unwanted (Rook, et.al. 1990).

Durkheim believed that there was a systematic breakdown of the social system. The social order was being changed into a new technological type of

society and the family unit was breaking down (Lilly et.al. 1989). As we can see there has been a breakdown of the family unit because of the above stated reasons, but with the aging there is a further breakdown that comes with death and the attitudes of the aged we have come to internalize. This brings about a further threat to the moral order, and a lack of integration and regulation. Without significant others and the apathy of our resources towards the elderly, they have double the problem of social intervention. By studying the proponents of social control, we see that the elderly are restricted, not by the inability to internalize those social controls, but by the apathy that is directed toward them by those in control. Many times the elderly have limited access to those care givers, and they tend to enter an area of drift. This area, according to Matza (1989) allow them excessive freedom to accept loose social controls and many times act on their own behalf and become drifters. This is the area where they will have the inability to accept a social norm and naturalize those norms (Lilly, et.al. 1989). As the juvenile enters this drift so does the elderly because of the same reasons. The elderly will turn to deviant criminal behavior as does the young.

#### MENTAL CULPABILITY

A major portion of the crimes committed by the elderly can be directly attributed to mental illness or deterioration (Kratcoski, and Pownall ,1989). Again most practitioners in the criminal justice system are not trained or have the expertise to assess or deal with the types of diagnosis or recognition of many of the four major mental health disorders that are linked with the natural aging

process. These four mental disorders are: organic brain syndrome, which includes Alzheimer disease, a dementia-like disorder; depressive disorders; schizophrenia; and alcohol disorders (now includes drugs) (Hoyman and Kiyak, 1993).

The major prevalence of psychiatric disorders among older persons who are living in the community ranges from 5 to 25 percent. This is depending on the population that is studied and categories of disorders that are examined. We can expect even higher rates in the elderly that are institutionalized. Their rates are estimated at between 10 and 40 percent with mild to moderate impairments, and another 5 to 10 percent with significant impairments (Blazer and Williams 1980).

Of all first admissions to psychiatric hospitals, twenty % of those are persons aged 65 (Brody and Kelban, 1983). Older psychiatric patients tend to have chronic conditions and will require longer periods of institutional treatment than those younger. Twenty- five percent of all patients in institutional hospitals are older patients.

It has been estimated that 100,000 older chronic psychiatric patients live in state mental hospitals, 500,000 in nursing homes, and the remainder ( over 1 million) in the community, where they often receive inadequate treatment for their psychiatric condition (Talbot,1983, 29).

When describing the prevalence of mental disorders of the elderly one of the problems that surface is the lack of criteria in distinguishing conditions that emerge in old age from those that continue throughout adulthood. The major classification system for psychiatric disorders, The Diagnostic and Statistical Manual, only makes a distinction for dementia that begin in late- life (Hoyman and

Kiyak, 1993).

There are three prevalent forms of elderly or late-life psycho pathology: depression, dementia, and paranoia. Depression is the most frequently diagnosed. Surveys in this area have found that 15 to 22 percent of the elderly within the community have reported depressed moods; 10 to 15 percent have depressions that need some type of interventions (Gurland, et al., 1980; Blazer and Williams, 1980; Gurland and Cross, 1982). Studies conducted in nursing homes have resulted in a 10 percent higher rate of depression than in the community (Parmelee, Katz, and Lawton, 1980). Can this higher rate be attributed to confinement? Extended care facilities have the necessary trained personnel and equipment to treat the elderly whereas a correctional institution does not have that type of training and equipment to address those needs.

Phifer and Murell (1986) believe that it is important to distinguish unipolar depression from bipolar disorders. Most elderly depressions are unipolar; manic-depressive disorders are rare. Other depressive cases in later life are secondary or reactive depressions that stem from a response to a significant life event which with the individual cannot cope.

Normal aging does not result in significant declines in normal intelligence, memory, or learning ability. Many mild impairments do not result in a major loss but it often shows a mild form of memory dysfunction known as "benign senescent forgetfulness". In cases of the disease, known collectively as dementia, cognitive function show a marked deterioration. Dementia is also referred to as organic

brain syndrome or senile dementia. It actually includes numerous conditions that can be caused by or associated with some type of damage or deterioration of brain tissue. This results in impaired cognitive function which can impair behavior and personality. This condition will result in progressive deterioration of an individual's ability to learn and recall items from the past. This condition is not part of the the normal aging process, the likelihood of past experiencing dementia does increase with age (Ringler, 1989).

TABLE 3

Summary of DSMIII-R Criteria for Major Depressive Episode

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At least five of the following symptoms present during a two-week period, changing from previous function, with preexisting illnesses:

1. Depressed Mood\*
2. Markedly diminished interest or pleasure in activities, apathy\*
3. Significant weight loss or weight gain, or appetite change.
4. Sleep disturbance (awakening early or insomnia)
5. Agitation or retardation of activity
6. Reduced energy level or fatigue
7. Self-blame, guilt, worthlessness
8. Poor concentration, indecisiveness
9. Recurrent thoughts of death, suicide

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\* At least one of the symptoms should be these.

Source: The Diagnostic and Statistical Manual of Mental Disorder, Third Edition Revised. Copyright 1987 American Psychiatric Association.



TABLE 4

Major Dementia of Later Life

REVERSIBLE	IRREVERSIBLE
Drugs	Alzheimer's
Alcohol	Multi-infarct
Normal deficiencies	Huntington's Chorea
Normal pressure hydrocephalus	Pick's disease
Brain tumors	Creutzfeld-Jacob
Hypothyroidism/Hyperthyroidism	Kuru
Nurosyphili	Korsakoff
Depression	(Pseudo-dementia)

Source: Social Gerontology, Nancy R. Hooyman, H. Asuman Kiyak

Alzheimer's Disease is the most common irreversible dementia that occurs in late life. This disease accounts for 50 to 70 percent of all dementia. It is estimated that 5 to 15 percent of all persons over the age of 65 are suffering from Alzheimer's Disease ( Smith and Kiloh, 1981). Alzheimer's disease is described by deficits in attention, learning, memory, and language skills. Someone diagnosed with this disease may also have problems in judgment, abstraction, and orientation. These changes in cognitive function appear to be related to structural changes in the brain. Patients in the early stages will have difficulties with attention span and orientation to the environment, increased anxiety and restlessness with unpredictable mood changes. As the disease progresses that aggressiveness will

increase and thoughts of the present will often disappear and only the past will become a reality ( Hooyman and Kiyak, 1993). Table 5 illustrates the degenerating cognitive functions that occur with this disease.

TABLE 5

Global Deterioration Scale

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Stage 1: No Cognitive or functional decrements

Stage 2: Complaints of very mild forgetfulness and some work difficulties

Stage 3: Mild cognitive impairment on cognitive battery; concentration problems; some difficulty at work and in traveling alone

Stage 4: Late confusional stage; increased problems in planning, handling finances; increased denial of symptoms; withdrawal

Stage 5: Poor recall of recent events; may need to be reminded about proper clothing and bathing

Stage 6: More advanced memory orientation problems; needs assistance with activities of daily living; more personality changes

Stage 7: Late dementia with loss of verbal abilities; incontinent; loss of ability to walk; may become comatose

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Source: B. Reisberg, S. H. Ferris, M.J. DeLeon, and T. Crook, The Global Deterioration Scale for assessment of primary degenerative dementia. American Journal of Psychiatry, 139, pp 1136-1139, 1982.

Schizophrenia is not as prevalent in the elderly as depression or dementia. Approximately one percent of the elderly population is suffering from schizophrenia. A disease that appears late in life and has paranoid features is called

paraphrenia (Butler and Lewis, 1982). Many of those suffering from this disease can function with the proper medication. The medication can control their hallucinations and psychotic behavior. With out the proper diagnosis and medication they could be diagnosed as being deviant criminals.

The Italian positivist views originate with an emphasis on the biological/psychological aspect. If we take a positivist view of criminality, especially given the psychological weaknesses of the elderly, both disciplines biology and psychology can be combined in order to gain a better understanding.

### OPERANT LEARNING

B.F. Skinner's theory of Operant Learning is also aligning with this theory of physiological causation. As stated before, according to Blazer (1989) the majority of the elderly suffer from some type of psychological problem that comes with the natural aging process. The elderly, many times, will revert back to a child like behavior. In order to control or alter that behavior we must return to a process that will allow the elderly to learn socially acceptable behavior once again. We must reinforce proper behavior that is explained in Skinner's six basic principles of positive /negative reinforcement /punishment (Williams and McShane, 1989).

### CULTURAL CLASH/LABELING

The elderly often find themselves surrounded by different cultures, when they are not able to exit from the urban areas that they have lived in all their lives. They become frustrated and confused, and enter into a conflicting mental state.

The elderly once held positions in society, but as our society views the elderly in a negative fashion, position or status is gone. The loss of status happens for many reasons: economic changes, attitude changes, and mental and health changes. It is believed that social class is the cause of delinquency in children. A disparity existed between classes and the lower class showed a high tendency for criminal behavior, creating subculture gangs. In the elderly this disparity comes with the differences in age cohorts. There is a shared a set of common values, but those values are not only middle class values, but age values or age stratification. The elderly tend to become frustrated in their attempt to reobtain that status or position. This frustration, one could conclude, leads to criminal behavior. The elderly tend to be drawn to a unconventional set of values in order to obtain that status. Society tends to discard our elderly and their ability to contribute when they enter the latter stage of their lives. Once a person enters that later stage, there is a stigma of "old" placed upon them. Our society is an ever-changing society and there is the belief that if something is new, it must be good and our values change with any new innovation. With the elderly, it is felt that they must internalize this new set of values and their behavior must adhere to those values. Any deviation from that pretense is seen as deviant behavior.

Society's reaction is also an ever-changing reaction. Behavior that once was deemed proper is now seen as improper behavior and the societal reaction will be one of labeling that behavior as deviant. When one does not behave according to our sense of values, we have sanctions that can and are often used to regulate

that behavior. Many times the elderly will be brought before our court system and they are adjudicated or labeled incompetent. They will be stripped of their possessions and incarcerated in an extended care facility. This is done under the cloak of “what is in their best interest.”

There is a dual aspect within our society, the younger society and the older society. Once a person becomes part of the older society, he/she is seen as becoming less socially powerful and at times will resort to deviant behavior to achieve any status that they once held. Our society tends to hold our geriatric population in low esteem and often label them as second class citizens. They will accept this label and behave according to that label. They will be seen as non-productive members of society, with little ability to contribute. Once that stigma is deep rooted within their ideals, they will begin to think and act as if they are part of a subculture, often engaging in the criminal behavior that is ascribed with that subculture.

#### CONFLICT/AGE STRATIFICATION

Conflict arises when there is a difference of opinion between two persons and groups. When one group has gained control of the limited resources, the other will suffer. As we grow older there is the loss of ability to compete in today's society. When one group has indeed gained control of the limited resources, the other will suffer. Charles Darwin's theory of evolution is summed up in one simple phrase, “survival of the fittest.” The elderly are afflicted with many physical, psychological, and social problems that do not affect the young. It is a fact that

the young do inherit most of the power that once was enjoyed by the elderly. Along with this power comes the ability to regulate the behavior of those who are less powerful. The young now regulate the laws that will express their values on the geriatric population. If that population does not internalize those values they will be looked at as deviant. The young will and do control the resources of society. The old have lost their ability to strive for the available resources and this produces not only conflict with those who have gained control of them, but it brings conflict within them. And this conflict brings about deviant behavior.

To fully understand the plight of the elderly within the criminal justice system and the theories behind geriatric criminality the Age Stratification Theory needs to be intertwined with the conflict, labeling, and concentric zone theory. The age stratification model has become one of the most influential theories in gerontological theory (Riley, 1971, 1987; Riley, Johnson & Foner, 1972). This theory studies the upward movement of age cohort groups from birth to death, and its unique characteristics that mold its behavior and attitudes. Each group will have its own set of values depending on the economic and environmental factors (Elder, 1974). There is conflict for resources. This theory argues that there is an age structure that organizes society into a hierarchy, as a class structure is organized (Riley, 1974). This will determine one's place within the age structure that influences opportunities for power and wealth (Foner, 1974, 1986).

Age stratification and conflict do go hand in hand. The age-stratified nature of social roles may lead to differences in norms and goals that seem to be

incompatible. To resolve these differences will likely bring about conflict (Henretta, 1988). Henretta believes that:

The idea of conflict or cooperation between age strata implies a social structure or a developmental process that affects large numbers of persons in a similar way. However, it does not necessarily imply a group process. For example, the “oedipal conflict” is posited to be a universal developmental process, but it does not require shared consciousness among six-year-olds (386).

Age affects daily interaction and has a close relationship to the distribution of material goods, deference, and respect. In age strata there is an upward mobility with no inheritance of status from one generation to the next. Just as Marx saw economic conflict between the social stratification there is a conflict between the age’s cohort groups for many of the same reasons, power, economic resources, and power. Those same conflicting aspects of society within the conflict perspective or theory appears the same as that conflict that lies within the age stratification perspective or theory. Not only do the elderly have conflict between groups such as ethnicity, gender, and social class they must deal with the age conflict. George Vold (1958) wrote:

Social conflict is a universal form of interaction, and groups are naturally in conflict as their interests and purposes “overlap,” encroach on one another and (tend to) be competitive (205).

Vold’s most succinct observation of role conflict is:

The whole political process of law making, law breaking, and law enforcement becomes a direct reflection of deep-seated and fundamental conflict between interest groups...Those who produce legislative majorities win control over the power, and dominate the policies that decide who is likely to be involved in violation of the law (208-209).

Looking at the elderly there is an age conflict that must be realized when addressing conflict as a source of deviance. There are two general influences in aging, biological ontogeny and sociocultural or environmental influences. The second can or may be derived from social structure (Galtes and Nesselroade, 1984).

Life span developmental approach usually views behavior as a result of an interaction of both influences (Featherman and Lerner, 1985). Important differences among approaches to conflict and consensus is the degree by which behavior is seen as reflecting one or the others influence.

In age stratification, the question usually becomes, how does an individual's location in the age structure have an influence on his or her behavior and attitudes? Riley (1971) believes that there are two dimensions that can be used for locating an individual in the age structure of a society, life course dimension and historical dimension.

The first of these reflects chronological age, itself a rough indicator of biological, psychological, and social experience. This is only to say that individuals of the same age have much in common. They are alike in biological development as well as in the kinds of social roles they have experienced. The second dimension refers to the period of history in which a person lives. People born at the same time share a common history (385).

Where one is located within the age strata can also tell us where one lies within the social strata of our society, and this location can help us understand how and why there are different social norms and values that would lead to conflicting norms and values.



In nonliterate societies, age is most often the critical element in defining social-structural divisions but the older members of society control the greater resources. (Rose, 1962). Whereas in most literate societies the younger cohort groups control the greater resources given its ability to control the power base within its society.

Conflict theorists believe that when there is an inability to internalize acceptable norms to achieve the resources that are not available, alternate or non acceptable norms or ways are internalized for that achievement of those resources. Thus, there is conflict. But the elderly have not only that inability to gain resources because of the same reasons, they also have the conflict of age strata, thus giving them a dual conflict, and there must be an understanding of all types of conflict and what role each plays in deviant behavior.

### CHAPTER III: RESEARCH METHOD

A qualitative approach for research has been chosen as the methodology for this study. Qualitative research is a category of research containing several methodological approaches. Several different approaches have been used to include a brief historical analysis, elite interviewing of prominent in-siders within the criminal justice system, and content analysis of interviews and documentary data. The use of these approaches implies that the data do not conform to the traditional quantitative approach of methodology. For theory development, most of the data is in narrative form rather than a numerical form of data.

#### HISTORICAL ANALYSIS APPROACH

Since geriatric criminality is a relatively unexamined topic, historical analysis is used to establish objective and direct classification of the data collected from contemporary records, confidential interviews, public reports, government documents, and opinions. Geriatric criminality must first be approached with specific observations that will develop themes of patterns in the elderly population, that population's criminal behavior, and the institutionalization of the elderly. This approach established a baseline for the use of unstructured open-ended interviews and participant observation.

The strength of historical analysis is that it allows for verification of accuracy of trends, policy, and procedures that have been used in the past to establish relationships and themes of the attitude and treatment of the elderly within the criminal justice system. This approach is limited because the researcher

can only evaluate the statements of others. A direct observation approach was not undertaken; hence, there is no test of an historical hypothesis in the present research proposal. The literature also notes weaknesses in the classification of historical data in that they are subject to incorrect interpretation on the part of the recorder or analyst.

### ELITE INTERVIEWING APPROACH

Unstructured open-ended interviews were used to develop themes that relate to the elderly within the criminal justice system, specifically the institutionalization of the elderly. The focus of these interviews were on well informed people who either have the expertise or were part of an organization that have experienced the elderly within the criminal justice system. Those chosen for the interviews came from a range of professional occupations to include a jail warden, a correctional officer, a gerontologist, and a director of a prison ward especially designed for the elderly. The face to face interviews were designed to enable the researcher to establish valid themes of interrelationships between policies, procedures, attitudes, and treatment of the elderly within the criminal justice system.

Elite interviewing has many advantages. Information can be obtained from respondents because of the positions they hold within the context of the criminal justice system as it relates to the elderly. The respondents will be able to validate the themes that relate to the findings within the literature and the proposed model. Some disadvantages of elite interviewing are the accessibility because of busy

schedules, the role of the interviewer and the respondent (eg: role-stain and/or role conflict), and the response of the elite individuals to the questions and prompts which addresses broad areas of content which allowed them the freedom to use their knowledge and imagination.

### CONTENT ANALYSIS APPROACH

After all the data had been collected from both historical documents and face-to face interviews, a content analysis was used to identify themes that establish a relationship of the policies, procedures, attitudes and treatment of the elderly within the criminal justice system. Content analysis has allowed the examination of data to determine whether or not the data supports the research questions and perhaps suggest awareness or further research studies. A thematic approach within a content analysis allows an objective and quantitative description of the content of the data (Berelson, 1952). Strengths of the content analysis approach are that it is unobtrusive and nonreactive and can be conducted in a way that will not disturb the setting. One of the weaknesses is content analysis is difficult to define,

### SAMPLE AND SETTING

The research population chosen for the elite interviews consists of the jail warden, a correctional deputy, and a classification deputy employed at the Mahoning County Justice Center; a deputy warden employed at the Kentucky State Reformatory; and a gerontologist, manager of Royal Geropsychiartric Services in northeast Ohio. These key informants were selected because of their knowledge

and willingness to participate in the study (i.e., a convenience sample). Permission to interview was obtained from the respondents at the time of the interview, during the informed-consent stage of the interview process.

The Mahoning County Justice Center is a county jail with the capacity of 500 inmates. It is designed to house sentenced and pre-trial detainees. All custody levels are housed there. Mahoning County Justice Center is located in Youngstown , Ohio.

The Kentucky State Reformatory is a medium security adult male institution whose primary statutory mission is to keep its inmates secured and apart from the general public. The inmate population of the Kentucky State Reformatory is comprised of convicted felons whose crimes range from petty theft to murder. The Kentucky State Reformatory also maintains and operates organized bed care services for inmates formally admitted for a period of 24 hours or more. It is operated for the express or implied purpose of providing skilled nursing care for persons not in need of hospitalization. The nursing care facility house up to 58 inmates-- 50 in two person rooms and an eight-bed isolation area. This facility is located in LaGrange, Kentucky.

Royal Geropsychiatric Services provides Geropsychiatric evaluations of the elderly in approximately 50 extended care facilities in northeastern Ohio. It has a staff of gerontologists, therapists, and psychiatrists who conduct comprehensive Geropsychiatric evaluations, psychological testing, ongoing counseling in psychotherapy, psychoactive medication reviews, in services training, behavioral

care plans, family consultations, 24- hour emergency service, and hospitalization.

This company is located in Loweville, Ohio.

To ensure comparability, the respondents from these settings were chosen because of their similar area of expertise in either the field of gerontology or criminal justice.

### DESIGN AND PROCEDURES

Content analysis, historical analysis, and elite interviewing are the methods utilized for this study. The unstructured open-ended interviews were conducted at the offices of each respondent.

The principal investigator administered the interview and answered any questions or concerns that the respondents had. It was explained that participation in this study was voluntary; only the respondents positions would be noted and that they would remain anonymous, and they were also informed that the data collected would be analyzed by the principal investigator. It was further explained, at the start of the interview that findings found in the study and the model construct would be sent to the respondents for review. An informed consent form was distributed prior to the interview that explained these procedures.

### INSTRUMENTATION

The interview questions were designed to extract themes to validate the model construct by interviewing elite respondents who have the expertise or knowledge of the elderly and the criminal justice system. The interview was

unstructured and split into three different topics with probes and prompts that stimulated the respondent to engage in dialogue. The three topic areas were: (1) questions relating to the justice model of punishment, to validate the historical analysis of previous literature; (2) an age strata section, to validate the status of the elderly institutionalized in prisons or jails; and (3) a behavioral section, to validate the treatment and attitudes towards the elderly. A theoretically developed four quadrant typology was discussed for validation of that typology. The typology was developed by the researcher as a synthesis of criminological and gerontological theory and is presented in chapter four. The structured interviews are contained in Appendix A, with Appendix B containing the interview prompts.

## CHAPTER IV: THE PROPOSED TYPOLOGY

A theory-based model can be created by studying the literature and the theory of age and criminal deviant behavior. This typology can best be described by a four-quadrant model. Quadrants are separated by age and length of time an inmate is incarcerated in prison. Quadrant one represents the “young”, with those 18 to 50 years in age and serving sentences from one year to 25 years. Quadrant two represents the “old”, with those 18 to 50 years in age and serving sentences of twenty-five years to life. Quadrant three represents the “new old” and those aged 50 to 75 plus and serving sentences of one year to 25 years. Quadrant four represents the “old old” and those aged 50 to 75 plus and serving sentences of 25 years to life. This typology can be used to establish a needs profile in order to identify inmate cohort groups and to properly assess the problems of each group. (See figure 3-1)

### QUADRANT 1

Those that fall within quadrant one propose little problems for the correctional system, because most of the resources allocated are directed to those in this quadrant. Programming, classification, treatment, and recreation are directed toward those that are grouped within this quadrant as stated earlier in the literature. Inmates that fall within this quadrant are not addressed in this study.

### QUADRANT 2

Those that fall within quadrant two, start to propose problems for the correctional system as they begin to age and have many years left on their

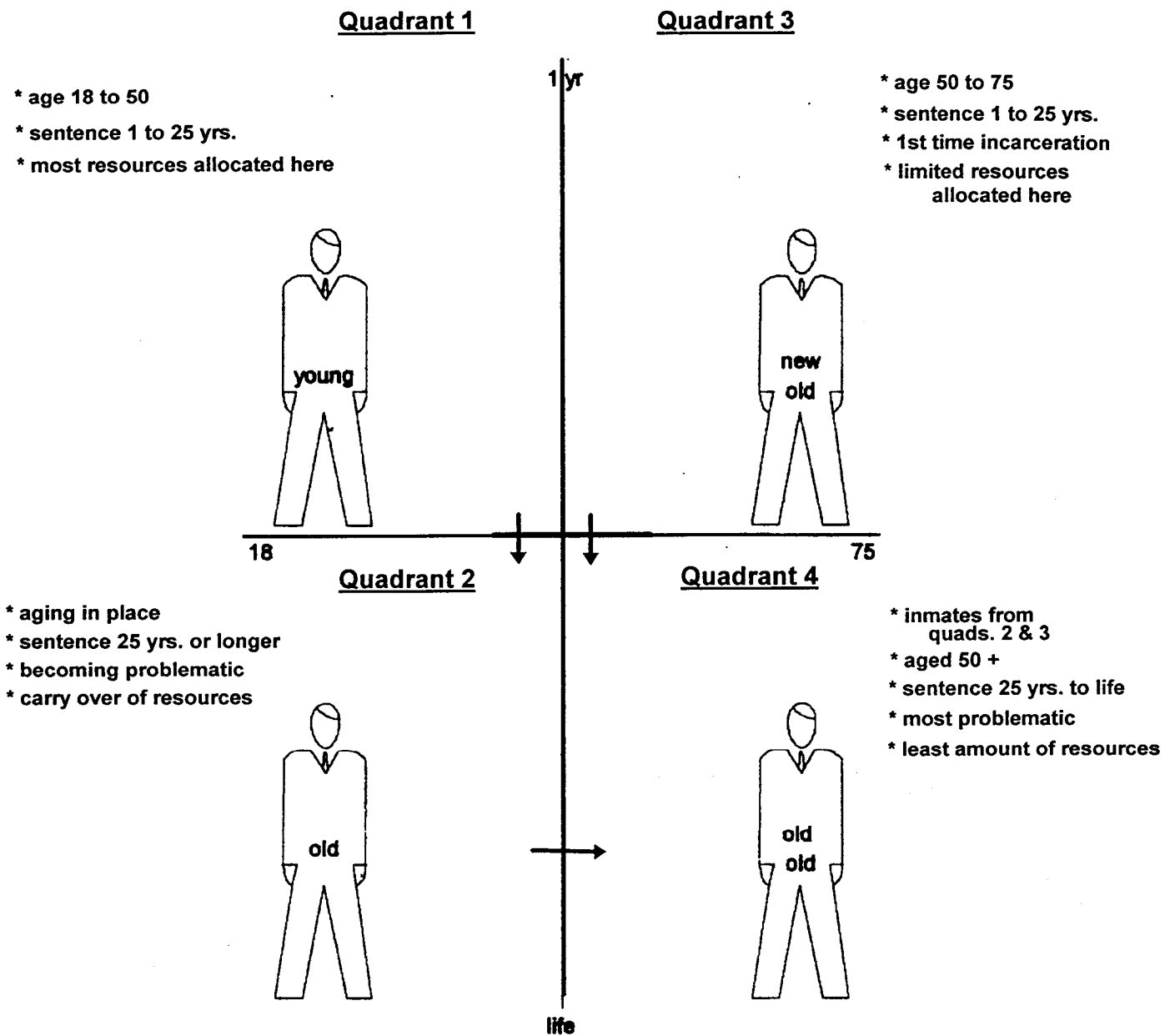


sentences. As they age there is a tendency to withdraw and become disengaged with prison society. The resource allocation, programming, treatment, classification changes, and other problems begin to surface. Coupled with the beginnings of health problems, this group tends to become problematic for the correctional systems. As the inmates grow older the costs of incarceration also begin to grow. According to Kratcowski (1989), the programming is geared toward the younger inmates because they are the ones that are best benefitted by those programs. As an inmate enters this quadrant there still is the availability of activities, but as they progress through, that availability becomes less and less. The inmates within this quadrant must be watched carefully because they will become more problematic as they age and they are serving long sentences.

### QUADRANT 3

Quadrant three contains inmates that have just begun their involvement with incarceration. For many this is the first time that they have committed any criminal acts. The federal system and many states have established determinate sentences and strict sentencing guidelines (Morris and Tonry, 1990). When a person commits a crime, they often receive incarceration because of the severity or type of criminal act.

Minnesota, Washington, and Pennsylvania have established sentencing guidelines and each grid has a definite out and in area based on the severity and type of criminal act that is committed. The Minnesota sentencing guidelines specify if a convicted felon should be either sentenced to prison, jail, or



(Figure 1)

**AGE/SENTENCE CHART**

an array of intermediate sanctions, and how long that period should be. The major differences between Pennsylvania and Minnesota are Pennsylvania's guidelines include misdemeanors and felonies, whereas Minnesota only effects felonies. With the elimination of parole and determinate sentencing, a federal conviction will bring incarceration based on the severity and type of crime committed (Morris and Tonry, 1990).

The mental and physical state of the elderly cannot be found as mitigating circumstance in any of the sentencing guidelines. The inmates are assessed and classified according the guidelines established by policy and procedure that will be best suited to the majority of the prison population.

#### QUADRANT 4

The inmates that fall within quadrant four are those that have either entered from quadrant two or quadrant three. This quadrant is the most problematic for the correctional system. This quadrant becomes the area where society warehouses these inmates. They are left with little to do except retreat into the institution. Institutionalization becomes a dominate force for those in this quadrant. The institution becomes their family because most of these inmates have dysfunctional families that have occurred through death or apathy of the significant others. The costs of imprisonment are the largest in this quadrant. Because of failing health, mental or physical, usually it is found that the types of recreation in the prisons or jails are either weight lifting, football, baseball, or basketball. Because of the inability to participate, checkers, chess, or cards are engaged in by these inmates.

## CHAPTER V: FINDINGS, IMPLICATIONS, AND DISCUSSIONS

The outcome of this study has been defined in two different areas. The first concerns the need for special functions for the treatment of the elderly within a correctional setting, and the second concerns the need for specialized training for those who have the responsibility of the care and custody of elderly inmates.

### FINDINGS

Through the course of gathering information concerning the elderly, and by a historical analysis of the treatment of the elderly, it was found that the elderly are treated the same as any other person entering the Criminal Justice System. Age is not a variable when adjudicating or sentencing someone over the age of 50.

It has been established that the elderly community does experience special needs or problems that is part of the natural aging process. Society now has a cohort group that is the largest in the world and is now entering that select group known as the elderly. The literature addresses two separate reviews, the first showing that society is experiencing an upward trend of a growing old population, and that upward trend is finding its way into jails and prisons. The second review, showing that through strict sentencing guidelines and longer sentences the jails and prisons are experiencing that same upward growth of elderly inmates.

By placing the elderly prison population into a four (4) quadrant typology by age and length of a sentence, the problems within the correctional institution becomes more focused. This typology can be used to determine where problems

exist related to geriatric criminality. If one takes a given set of circumstances and whom those circumstances relate to, each circumstance or problem is able to be placed into a quadrant. Using this method, one is able to identify where and to whom problems with the system relate. The problem of resource allocation, or lack of, can be seen by placing those resources into the quadrant that uses the majority of resources. Now resource allocation as a problem can be seen and where the problem exists. As a tool to identify age specific problems, the use of the typology will allow the criminal justice or gerontological professional to identify which cohort group is most problematic.

Society has some beliefs that there are age specific problems within the criminal justice system, but do not know where or why some of those exist. When properly applied, this typology will enable society to address age specific problems where they exist. This will allow possible solutions to be found that is not only age specific but cohort group specific.

The subjects chosen for elite interviews are practitioners within the field of corrections and gerontology. They were given the parameters of the interview along with an explanation of the four (4) quadrant model. Three major concerns or issues became prevalent during the interview process: the lack of training that would allow the correctional officer or institution to recognize special needs or problems of the elderly, the treatment and classification of the elderly within the institution, and the resource allocation. Several sub-issues were identified which included the length of sentences, perception of the elderly, and segregation of the

elderly, (but that issue appears to be addressed within the responses of the main issues).

Regarding the issue of training, Respondents B, C, D, and E have the viewpoint that training, or lack of, is a very serious problem. Training is required by state standards for jails (see Appendix A), but that training is limited to a requirement of only 120 hours of in class lectures. The required training, (in Ohio for example), is general and does not address any type of specific inmate cohort group. This training only prepares a correctional officer to deal with the younger inmate or issues that would arise with a normally aged population. The training is not age or gender specific. It does address a cultural aspect of a correctional institutional environment. The consensus of the respondents is that there should be some type of training to recognize age specific problems, if specialized units for elderly inmates were created within most correctional institutions, more in-depth training or education would be necessary. Respondents B, C, D, and E work within the same correctional environment. As a correctional environment the major training issues are those that would relate to the majority of inmates. This majority at the Mahoning County Justice Center are below the age of 50. Thus, age specific problems or elderly inmate task experience is limited.

Treatment and classification are another major issue that the respondents addressed. All inmates are treated according to policy and procedure. Without the ability to recognize age specific problems or actions, the respondents from the correctional setting state that all inmates are considered inmates and special

treatment cannot be used without specific policies and procedures. There are exceptions to the treatment procedures. All inmates are given a medical profile upon intake. They are examined by the medical staff for specific medical problems. On occasion, if an inmate exhibits problematic behavior, that inmate will be classified with a possible mental illness and are classified and housed in a special unit. The classification policy for the Mahoning County Justice Center does not address age specific or elderly inmates. All inmates are classified within the parameters of the policy (see Appendix A). The major premises of classification are security. Severities of the crime, past criminal history, and any history of violence are parameters used when classifying an inmate. The placement in a housing unit is based on these issues. An inmate should be put into a secure area with other inmates with similar criminal history.

Sentencing guidelines is not a concern with the respondents, because the Mahoning County Justice Center is a short term incarceration facility and long sentences are not a problem. Aging in place, inmates in quadrant 2 are not an issue in short term institutions because short-term incarceration is usually one year or less.

Resource allocation is a major concern that has been verified by the respondents and the literature. Resources expended for recreation are directed to the younger inmates. Respondents from the Kentucky State Reformatory, the Mahoning County Justice Center, and personal observations show that resources are directed primarily to offenders in the first quadrant. Programming, recreational

equipment, and exercise equipment is offered or can be used by the young inmates, those in quadrant one and some in quadrant two. A portion of inmates who fall within quadrant two, inmates in quadrant three, and inmates in quadrant four do not customarily volunteer to participate in rehabilitative programming or are not able to participate in basketball or weight lifting. All of the respondents indicated the lack of activities or programming available to the inmates suffering with age specific problems at the Mahoning County Justice Center or the Kentucky State Reformatory.

The Respondents from the Mahoning County Justice Center indicated that there is an age stratification. Male inmates do not consider the elderly inmate a father figure. Usually they only have contact with the elderly inmate when there has been some type of contact or association outside the correctional environment. The elderly inmates usually stay to themselves. They have nothing in common with the younger inmates. But the female inmates do view the elderly female inmate as a mother. The respondents from the Justice Center give the elderly a rating of 2.5, of age or the elderly's status in the institution/community, on a scale of 1 being low and 5 being high.

The elderly inmate is viewed by the respondents as docile, but the literature and statistics show otherwise. The elderly are seen as having the problem of being a victim rather than exhibiting violent behavior or committing crimes of violence, but the literature shows otherwise.

## IMPLICATIONS



The criminal justice system is facing a serious problem in the future. Now society is experiencing a boom in its elderly population not only in the general population but also in the correctional institution population. The bulk of the resources is being directed to the building of prisons and jails. As fast as they are being built, the criminal justice system is filling them up as fast as they are being built. The system is reeling from the stress of the phenomenal growth of the elderly in correctional systems. The costs can now be estimated over two billion dollars per year for the elderly inmates.

Our society is in a retributive mood, giving longer sentences and using incarceration as punishment instead of alternative sentencing. The United States now incarcerates more of its population than any other country in the world. With the population growing older, more older people are committing crimes, and with longer mandatory sentences, more are being housed in the correctional system. Costs are rising, the care and custody of the elderly inmate is soaring with special needs that have to be addressed, and medical costs are increasing. The criminal justice system could soon find itself in a cost prohibitive state. The elderly inmate growth parallels the increase in the elderly population in the nation. This presents special burdens for our correctional systems. The medical cost for these inmates is two to three times those of younger inmates, health care expenses are the fastest growing items in their budgets, which is the fastest growing part of city, state, or county budgets.

In most jails, the medical costs are not yet being experienced because of

the lack of attention given to age specific inmate problems, and they are treated the same as the younger inmate.

Another major implication for the Criminal Justice System is the systems inability to conform to paradigms. Without policy and procedure directed to the elderly, there cannot be any change toward addressing age specific problems. The inmate populations that age specific problems affect, is growing at alarming rates, but that population is still not a majority of the inmate population. The system addresses the majority problem and tends to forget the silent minority. It would take a tremendous amount of effort to convince those in power to change direction and change administrative policy. New facilities will use previously written correctional policy and procedure to open those facilities, and in the past, age specific policy and procedure were not written. In 1995, the Mahoning County Sheriff's Department used policy and procedure borrowed from Hillsborough County, Florida, to comply with state standards for policy and procedure. There were no age specific policies or procedures. Some of these changes may not be able to be addressed administratively by each department or correctional facility. Changes may have to be addressed legislatively by state or federal governments. There is a need to overhaul minimum standards for jails and prisons to address age specific problems in correctional facilities. Society should also consider an overhaul of the whole criminal justice system as related to age specific inmates and the elderly accused of committing crimes.

## DISCUSSION

Age specific problems are a reality and governmental agencies must address those issues now. The future is now. The problem will only compound as the years progress. Resource dollars are limited and there is always infighting for those dollars among the different governmental agencies. Society must redirect its focus on solutions that are already in place that can possibly alleviate the financial burden on the correctional system. The judicial system must use alternative sanctions rather than incarceration. Costs for the array of alternative sanctions are less than those of incarceration. House arrest, probation, reporting probation, intensive reporting probation, day reporting, and fines are more cost efficient than shouldering the costs of incarceration. By using these and other types of sanctions society does quench its thirst for retribution at a cheaper cost to the system. The costs for some of the above-mentioned sanctions can be recouped by the criminal justice system. The cost of house arrest is approximately seven to ten dollars a day. This cost can be ordered to be paid by the convicted person as part of the sentence. Instead of a short sentence for a misdemeanor, strong fines can be levied to those who are gainfully employed and those fines can be used to help finance the system.

Medical costs can be lowered through the use of alternative sanctions. Many of the elderly that are engaging in deviant criminal behavior have been gainfully employed when they were younger. They often have third-party medical insurance. If they are not wards of the state, third party insurance will cover medical expenses.

The problem of the elderly is an issue that must be addressed by the criminal justice system. The age specific problems appear to be most problematic for correctional system. Through multi-agency and multi-disciplinary approaches, the elderly and age specific problems can be addressed.

### FUTURE RESEARCH

There are many issues that need to be studied in the future to address the growing elderly population. There is research that is general population age specific, but very little that is specific to the age problems in the criminal justice system. The typology developed and advocated in this study identifies at three quadrants where future research is needed. Each quadrant has a different group of the inmate population. The first quadrant identifies the typical inmate or the majority of inmates. These inmates enter this quadrant by the traditional methods of adjudication from the court systems and the majority of programs, policies, and procedures are formulated to relate to this cohort group. Research has been done relating to this group which has resulted in many of the current policies, procedure, and programs. But because of the lack of research related to inmate age specific problems, here the typology can be used to identify issues that may or may not become inmate age related issues.

Society knows that there must be an allocation of resources as related to the criminal justice system. By identifying where the major allocation of resources there is a need for to determine if the allocation percentage is equal to the percentage of elderly inmates and if the percentage of increases is in line with the

percentage of growth in that population.

The list of possibilities of future research is almost exhaustive. But the use of the typology will allow specific areas to be identified and specific research can then be conducted to measure not only current issues and solutions, but future issues and solutions.

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Appendix A  
Respondent Summaries

Respondent A

On March 13, 1997, this interview was conducted at a Southeast State Reformatory. Respondent A is a Deputy Warden and was interviewed during a tour of this State Correctional Facility.

The purpose of this State Reformatory is to promote public safety by separating convicted felons from the community at-large. In doing so a secure and humane environment is maintained for the inmate population within the institution.

This correctional facility maintains and operates organized bed care and services for inmates formally admitted for a period of 24 hours or more. It is operated for the express or implied purpose of providing skilled nursing care for persons not in need of hospitalization. This nursing care facility housed up to 58 inmates, 50 in two-person rooms, and an eight-bed isolation. Because this Reformatory has been designated as the medical facility for all of the other eleven correctional institutions throughout the State, inmates from other institutions are frequently transferred to the nursing care facility for pre and post op care.

This State Reformatory has constructed a new 90 bed convalescent unit that houses chronically ill inmates. It is an extension of the nursing care facility which is connected to the old unit via a common corridor and is considered a "step down" unit for the close monitoring of inmates with on going medical needs. A large number of the inmates assigned to this unit are confined to wheelchairs, mobility impaired requiring the aid of walkers, and those deemed to be medically fragile.

The Reformatory is an intense clinical operation with counselors, classification treatment officers, psychologists, and offender rehabilitation specialists. The role of the Reformatory is to perform initial treatment intervention for an incarcerated population with psychiatric, medical, or substance abuse problems. The goal is to stabilize each individual to make progress toward a living environment which is the least restrictive necessary. Currently there are more than 300 beds designated for mental health inmates.

This interviewer had the opportunity to tour this facility and especially its nursing care facility. What was observed was a unit that cannot be mistaken for an extended care facility, but is definitely a prison setting. When entering this unit, there are pod areas with inmate rooms and a common recreation area. The common recreation area contained a television area, tables for meals, chairs and a weight lifting machine in the center of the area. This interviewer observed at least ten inmates that appeared to be elderly housed within this pod. Some were watching television and some were just sitting in wheelchairs. The unit appeared to be one designed for security purposes rather than having an environment conducive to the care and treatment of the elderly. I also observed two elderly male inmates sitting in wheelchairs with little response to their environment. One of the male inmates was an amputee with his left leg and right hand missing.

Further down the corridor there were rooms that appeared to be hospital rooms with hospital beds and equipment that would be needed in a hospital environment. There were also examination rooms located in this area.

The Respondent provided the following information concerning elderly inmate care to this interviewer. He disclosed that this unit was the only unit of its kind to provide any type of care to the elderly in the State Correctional System and that all inmates that are housed in this unit are referred by one of the other institutes located throughout the State. Any inmate referred was not sent there upon first classification, but needed some type of medical, physical, or a psychological problem to be assessed at the institution that the inmate was remanded to because of security classification.

Respondent then disclosed that after an inmate is sent to this facility, that inmate will be assessed, treated, and then sent back to his/her original institution to serve the rest of their sentence, and that all inmates within the State's Reformatory System must be referred to this unit from the inmates home institution to be transferred to this institution.

Another statement made by Respondent was that each inmate is classified according to security classifications and sent to respective institutions based on the type of crime committed and the inmate's criminal historical background.

This interviewer was informed by Respondent that this institution was not an institution that catered to the elderly, and most of the elderly housed there were either sent by classification or referred for some type of problem and would be returned back to their respective institution when any problems were under control.

## Respondent B

The respondent was interviewed on August 15, 1998, at a County Jail located in northeastern Ohio. The respondent has informed this interviewer that he or she wishes that respondent's name, address, and position with the County Sheriff's Department remain unknown other than the fact that the respondent is responsible for the security of inmates housed within the facility.

Prior to the interview, the respondent was shown a chart showing the interviewer's four quadrant model of age/sentence length and was explained the concept of the four quadrant model. Having an understanding of where and how inmates fit within this model and what the parameters of the questions were, the interview was conducted and the following responses were obtained.

The Justice Model was the topic discussed, and the respondent stated that even though sentencing guidelines did not affect those housed here, he or she believes that through discussions with inmates that are facing long imprisonment terms, an opinion can be given. The respondent stated that many of the elderly believe that these long sentences are essentially a death sentence. The inmate does think that given long sentences, they will never come out of prison alive. The respondent states that even though the public does perceive that violent and heinous crimes are only committed by the young. But if a crime is committed by an "old" person, that person should be sent to jail or prison for long extended periods of time. A somewhat of a retributive attitude on the part of the public. Not being involved with the parole or parolee aspect of the system the respondent

did not have an opinion of this area.

When administrative topics were discussed, the respondent was truthful and gave honest opinions and statements. The respondent stated that he or she does not have any specialized training or education that would allow he/she to be able to recognize any special problems that could affect the elderly. The respondent stated that the only training that he or she has had is the 120 hour correction's course that is required by the Ohio Peace Officer Training Commission. This is a basic corrections training course and, in the respondent's opinion, really pertains to the care, custody, and keeping of inmates. Most of the training is directed to handling of younger inmates. By not having the ability to recognize types of problems that would be age specific, the respondent stated that usually a nurse would be called to check the inmate and make any decisions that would them.

Given the type of training and experience that the respondent has, the respondent stated that security is the most important issue in where an inmate is housed within the facility. This housing decision is made by the classification officer and the respondent wants to know only what type of background that the inmate has, e.g.: what type of crime that the inmate is in jail, felony or misdemeanor, if it is a crime of violence, and what type of behavior the inmate has exhibited either in the past or present.

The respondent does believe that if training is offered and the costs absorbed by the employer that everyone should be trained, but security is a



dominant factor and specialized units may be the answer for special inmates.

There seems to be a rising number of elderly inmates, but the main concern according to the respondent is the younger inmates. It appears that the elderly, since they are only a small number, get lost in the system unless there is a health problem and those are then referred to the medical unit. The respondent could not identify any specific problems being age specific.

The respondent did not understand or relate to any administrative theories that would affect the treatment of the elderly.

There are no policies or procedures that are elderly specific and any problems or concerns of the elderly would be referred to the medical staff.

As for resource allocation, the respondent stated that most programs are geared to the younger inmate. Most of the participation in programming is by the younger inmate. The recreation programs or policies are directed to the younger with sports being the main activity being engaged in by all inmates. Elderly inmates do not usually participate in these types of activity programs.

The respondent stated that inmates over the age of 60 should be considered elderly. The respondent could not give a reason why, except that in the general population someone that is younger is not considered elderly, in the respondent's opinion.

The respondent gave the status of the elderly a 2.5 rating because an elderly inmate is seen as just an inmate, not being any more or less important in the institute but would be considered a little lower in the community because the

elderly are “old” and do not contribute as much as a younger person.

The last area of concern is behavior. The respondent stated that the elderly inmate is integrated into the general population because of classification, which is based on prior criminal behavior, type of crime committed, and any behavior patterns exhibited during incarceration.

There is no age specific circumstances accounted for in behavioral problems of the elderly. Any and all behavioral problems are treated the same as younger inmates and dealt with accordingly. Most adverse behavior is considered just that, a behavioral problem and a continuum of action are used for sanctions based on the type of behavior.

The respondent stated that a majority of elderly inmates just try to keep to themselves or usually communicate or associate with those of their own age group. Most inmate groups are racial, nationality, or neighborhood specific. Again the elderly inmates tends to stay by themselves only becoming part of a group if there is or has been an association with others on the outside. The respondent had no opinion on the staff perception of the elderly.

The only pressing issues that the respondent stated was the fact that it is possible that the elderly could become victims to the younger inmates. The respondent believed that a younger inmate could through the use of force or the threat of force, an elderly inmate may be forced to into compliance to the dominance of the younger inmate.

The respondent did believe that it could be possible to segregate the elderly

inmate, but stressed that if a crime was committed the elderly inmate should be treated as such and not afforded any special treatment because of age.

(Note\*. When interviewing a task specific respondent, it must be noted that because of the collective bargaining agreement, each employee has the right to bid on a position or task according to seniority. A housing officer may work as a booking officer, housing officer, or in any position that is available according to task bidding and any specific training directed to age specific problems would be cost prohibited.)

## Respondent C

The respondent was interviewed on November 11, 1998, at a restaurant located near her home. The respondent wishes not to be named, but agrees to allow certain information. The respondent is a white female and works as a Deputy Sheriff assigned to the corrections division. She has worked as a housing deputy, float deputy, and as a deputy assigned to security of the medical unit of county correctional facility. The respondent has a degree in Sociology with a minor in Criminal Justice from a University in Ohio.

Prior to the interview, the respondent was shown a chart showing the interviewer's four quadrant model of age/sentence length and was explained the concept of the four quadrant model. Having an understanding of where and how inmates fit within this model and what the parameters of the questions were, the interview was conducted and the following responses were obtained.

The respondent states that she has limited experience with sentencing guidelines and since the county correctional facility is a short term incarceration and jail sentencing guidelines would not have a factor in her job. But does state that the elderly should be viewed the same as younger inmates convicted of crimes and given like sentences.

Public perception of the elderly criminal, according to the opinion of the respondent is one of some more ductile people. She sees the elderly inmate as having a grandmother type of personality that the elderly inmate needs to be taken care of. The respondent goes on to state that as one grows older they lose their

status and that there must be an interjection of a care giver. This is because the elderly are viewed as not only ductile, but weak and would be prone to being prayed upon as a victim of the younger inmates aggressions to further the power or authority of that younger inmate.

Since the only interaction the respondent has had with inmates are the care and custody of inmates, not parole or probation violations, the respondent states that she has no opinion of any differences between younger parolee and older parolees in respect to violations.

The respondent does believe that she has more training/education than other deputies assigned to the corrections division because of her bachelor's degree in Sociology. She stated that there is no specialized training available to corrections staff that would allow them to recognized special needs or problems of the elderly. She also stated that in her experience with interaction with elderly inmates in a correctional environment, there is a need for specialized training, but only states that there should be limited training for the whole staff. She states that a specially trained unit would be the best alternative, with a unit or pod being used to house elderly inmates.

A special need's classification system should be established to address the problems of the elderly that is age specific. Even though security needs, past criminal history, and patterns of violent behavior are primary factors in classification, special problems that affect the elderly because of the natural aging process must be considered in the classification process. But again, training and

education is not criteria in making job assignments in the correctional system at the county correctional facility. The current collective bargaining agreement considers this position as one that would need to be posted for any and all employees to bid on. Thus seniority would usually prevail in assignment as a classification deputy.

The respondent is a proponent of specialized units to address the elderly and problems that would affect them because of the natural aging process. Training is needed on different levels based on different interactions with the elderly. Low level training is needed for the entire staff so they can differentiate between normal/abnormal behavior and the causes of that behavior. Specialized training is needed to care and to recognize the age specific problems that will occur within an aging population. This would allow for a more constant approach to age specific need of elderly inmates.

The respondent believes that the elderly population is growing and changing within the correctional institution. The population of the United States is not only growing older but is changing demographically and those changes are starting to show in the Jail and will become an increasing factor in the criminal justice system. The treatment of the elderly inmate is different from the treatment of younger inmates only in respect to her personal treatment of elderly inmates as it refers to work details, meals, recreation, and some types of discipline. The major philosophy behind a direct supervision style of management of inmates is consistency. There should be consistent treatment of inmates by all staff members. If one housing deputy treats an inmate differently or if policies and procedures are

not enforced unilaterally there can be some conflict arising between the inmates and staff. The respondent believes that an elderly inmate should be treated or interactive with compassion and exhibits that style. But others believe that all should be treated just the same. This would include work details and recreational activities. If an inmate refuses to participate some would believe that an adverse behavioral report should be completed.

There is no age specific policies or procedures that would pertain to the elderly inmates at the county correctional facility.

The respondent stated that, in her opinion the majority of resources are allocated to the young. Most of the programing that is court ordered is ordered for the young and not the old. The elderly may participate but only on a volunteer basis. Recreational equipment is and recreational activities are only allocated to those activities that the young may participate in. Basketball, weight lifting, and volleyball are the main activities that are offered to the inmates. There is no age specific activities offered at this facility. Cards, checkers, and chess are some activities that could be considered age specific, but they are only used as a behavioral tool. These activities are only offered to stop the inmates from having idle time while incarcerated. This allows the housing deputy to achieve a compliant quiet population within their housing units.

The respondent believes that an age for considering elderly should have parameters and criteria, depending on the physical and mental well being of the inmate. She places that age at being somewhere between 50 and 60 years old.

Again the respondent refers to the treatment of elderly as different because of the compassion factor. But this is only her treatment of the elderly inmate.

Staff procedures for dealing with behavioral problems are the same as dealing with any inmate that exhibits adverse behavior. The interjection of the medical staff will only occur if there is an injury that has happened during an adverse behavior episode.

The respondent believes that the only conflict that occurs or could occur as respect to age would be a conflict of ideas or patterns of the elderly as it relates to differences to normal accepted norms between the elderly and the young. Accepted behavioral norms are different depending on the norms and abnorms that have been socialized during the periods of socialization that was prevalent at the time of that socialization.

The respondent rates the elderly as having a three or mid range status within the community, but that depends on the financial status of the elder inmate at the time of incarceration. This status usually filters over into the institution. The status that is preceded by the inmate population is usually internalized by the staff by observation of the status treatment of other inmates.

The respondent has a yes/no attitude concerning integration into the general inmate population. She believes that yes they should be segregated, if the elderly inmate would exhibit a diminished mental, physical, or social condition but should not if the inmate does not exhibit any diminished conditions.

Adverse behavior is addressed in the same manor as would be used in



dealing with any inmate that exhibits adverse behavior. Any age specific physiological or psychological causes for aggression are not recognized because of a lack of training to understand those age specific causes. The respondent stated that a “bad attitude is a bad attitude” whoever has it and that she cannot be recognized age specific causes.

As a female housing deputy, the respondent has observed a certain acceptance of the elderly into the population group. Usually the elderly female inmate assumes the role of a mother for the other inmates. She believes that females tend to identify with some one older as a mother figure, given the fact that a majority of female inmates have not had a mother figure in their lives in the past.

In the female housing units, the respondent has observed a lack of interaction with the entire group in reference to activities. The elderly female inmate tends to withdraw from any physical activity and does not join the group. This could be caused from the inability to engage in physical activity based on chronic condition that sometime effect the elderly. She stated that if there were more activities that were directed to the elderly, it would be more likely that a younger inmate would participate and possibly could lead to more enhance social interaction. Usually the elderly does not have much in common with the interests, likes, and dislikes of a younger inmate, thus creating an atmosphere of social not interaction rather than a social interaction.

The most pressing issue of concerns that the respondent expressed was the issue of improper classification and lack of training. She believes that with proper

classification and training many of the age specific problems of the elderly can be addressed in a proper manner.

## Respondent D

The respondent was interviewed on July 7, 1998, at his office located in northeast Ohio. The respondent is an Adjunct Professor at several Universities in Ohio, teaching Sociology and Gerontology. Respondent is the former owner a Gerontology Services and the current owner of a Educating Systems LTD. He is also a mental health consultant specializing in elderly long-term care institutions. Respondent has a Master Degree in Sociology specializing in Social Gerontology and Psychology of Aging from a University in Ohio.

Prior to the interview, the respondent was shown a chart showing the interviewer's four quadrant model of age/sentence length and the interviewer explained the concept. Having an understanding of where and how inmates fit within this model and what the parameters of the questions were, the interview was conducted and the following responses were obtained.

Respondent stated that he has no opinion or has had no experience in sentencing guidelines.

He did respond to the idea of public perception and stated when discussing the criminal justice system and the elderly, especially in teaching students at the university level, the perception is that the elderly are victims of crimes and not criminals. His view on the elderly as a threat to society is that the elderly criminal is of a nonviolent, passive not aggressive type of individual. He stated that this was the consensus of his classes when he taught chapters on crime and the elderly.

Respondent stated that he would have no knowledge of the treatment of

young or elderly parolees.

Training is an essential part of addressing age related problems of the elderly. Respondent stated that he would not have any knowledge on what type of training is offered to deputies in the correctional field, but does believe that any and all deputies that have contact with elderly inmates should have at least a limited amount of training to recognize and refer those inmates that would exhibit symptoms of age specific problems. He believes that those who would have prolonged contact should have at least a small background in Gerontology.

Respondent did express a belief that security and threat are a factor in classification, but there are primary factors in age specific problems that should outweigh security and threat factors. If age specific factors are considered as primary factors, proper assessment and treatment of those factors could reduce the security and threat factor in properly classifying inmates. Respondent then stated that if proper assessment and treatment were first administered it could be possible that those elderly inmates could be released to ensure proper care.

Specialized units for the care and custody of elderly inmates, according to Respondent, would be the best alternative to integration into the general inmate population. But he does believe that each person on the correctional staff should have limited training for proper assessment upon an intake of an elderly inmate.

Respondent addressed the problem of a growing older and changing population by stating that there are parallels with the outside community. It would stand to reason that if the whole population is changing and growing older, than

those institutionalized in a correctional institution would also experience the same demographic changes. Respondent could not give an opinion on problems within the correctional institution other than to say that “if there is age specific problems outside the institution there would be inside the institution.”

Policies and procedures should be in place in a correctional institution that address age specific problems, and if there are not, a serious problem exists on the horizon.

A problem with resource allocation exists in the general community in addressing the elderly according to Respondent. Given the recent media coverage of funding losses, Respondent believes that the most of the resource allocations are directed to the younger. Respondent parallels institutionalization of inmates with institutionalization of the elderly as a cohort group in general. When funding is lost or cut, the first things to be scaled down are programs for the elderly.

Physiological and the psychological state of an elderly person is the determining factor in establishing age parameters of who is or who is not considered elderly.

Respondent had no opinion on treatment of elderly inmates or on staff procedures for dealing with adverse behavioral problems.

In addressing social conflict, again Respondent believes that there is a type of discrimination of the elderly, both by the younger and by the elderly themselves. This, according to Respondent is an age stratification where there is social status attached to age groups.

Respondent stated that historically there is a low status attached to the elderly because of the young now control the resources and the power to make the decisions of the distribution of those resources. But as the number of elderly grows there appears to be a separate status system established among this cohort group.

Respondent stated that inmates should be segregated into age group units when addressing the elderly inmate. This would allow for appropriate institutionalization, socialization, and care of those who are experiencing age specific problems. This would also allow for the housing deputy to be come proactive to the needs of the elderly inmate rather than being reactive and addressing any problems after they occur.

When addressing any problem that can occur the housing deputy must be able to recognize later life issues that are associated with the elderly such as concussion or chronic pain.

Respondent could not identify the issues of group or family clusters, isolation, withdrawal from activities or social interactions or if there were any pressing issues with the correctional institutions.

What should be done with elderly inmates was addressed by Respondent in a belief that there should be age sensitive programs and alternate sentencing could be used to help to alleviate the financial burden of care if special needs and age specific problems are addressed first. The trend in today's society is leaning toward a specialization and individualization of programming and care in order to

facilitate maximum appropriate rehabilitation.

## Respondent E

On June 18, 1998, this interview was conducted at county correctional facility located in northeast, Ohio. The Respondent requested not to be identified, but agreed to participate in this interview. The respondent has been involved in the classification of inmates at the correctional facility, and has requested that the interview only address classification.

The placement of inmates into a four-quadrant model has been explained to the respondent and he or she understands the direction of the interview.

The respondent does believe that the elderly population is growing because the number of elderly that is being arrested and incarcerated in the correctional facility is increasing.

Classification is a policy and procedure that allow the correctional facility to properly house inmates that are incarcerated in either the main correctional facility or the Minimum Security Jail.

The respondent stated that the County Sheriff's Department has standard operating procedures (SOP) that are used in classifying inmates. The classification procedure contains 5 sections, SOP 109.00 Classification of Prisoners, 109.01 Classification Forms, 109.02 Classification of Prisoners (part two), 109.03 Administration Segregation, and 109.04 Suicidal Prisoners (see Appendix C).

Even though the definition of a classification specialist states that this position is filled by a specially trained officer, there is no training provided or required for the classification officer to recognize problems that would be special



to the elderly inmate. The respondent stated that he has no special training that would allow him/her to recognize special problems of the elderly that would allow him/her to consider elderly inmate issues in the work procedure. The only training that he or she has is the 120 hours required correctional training and the training required by the state of Ohio to become a police officer. The respondent is a "peace officer," but to work in a correctional facility in the State of Ohio, only the 120 hours of correctional training are required. The training that is provided allows the deputy to follow the procedure of classifying all inmates and is a standardized policy that conforms with the jail standards of the State of Ohio and the American Correctional Association. The respondent stated that the classification policy was written to comply with those set standards.

The respondent explained the process of classification. Classification separates adult males, adult females, juvenile males, and juvenile females. By using the classification form a determination is made as to the housing unit that the inmate is assigned to. There are different types of housing units based on the charges at the time of arrest. If an inmate is sentenced to a prison, they are then reclassified and sent to a special security unit to await transport to the prison. The form is filled out using a point system. The higher total points the tighter, the security of the unit that the inmate is assigned to. There are two different areas of concern as to serious violent, violent, misdemeanor and nonviolent against a person/public, other nonviolent, and traffic and lesser concerning the crime that the inmate has been arrested currently. The next area is the same but concerns criminal

history and charges that have been listed in for the last 7 years and only the serious previous and documented convictions are considered. The next considers assaultive history, with/without weapons, serious physical harm, non-compliant, cooperative with no history of incarceration and cooperative with history of prior incarceration with cooperative harm. Other questions concern membership in security threat groups, married, own home, and level of education. Sexual preferences, suicidal risks, and escape risks are other issues that are included in the classification process.

The respondent gave the interviewer a copy of the classification policy for the county correctional facility. The policy for SOP 109.02 states:

All prisoners will be classified by a set criteria after being admitted into the Justice Center in order to preserve security and order within the jail. There will be no discrimination by race, color, creed or national origin, political affiliation or religion. Prisoners classified will be housed in their proper classified housing area.

This policy does not address age anywhere in the language of the policy. When asked about the policy the respondent stated that this is the way all inmates are classified at the Jail. The interviewer cannot find any indication that there is any special classification procedures for the elderly. The respondent confirmed this.

The respondent stated that he or she only addresses the issues that are set out in policy and follows that procedure for classification. Age is not a factor in classification and is not a factor in standards of the State of Ohio or The American Correctional Association. Security and threat of violence is the main concern of classification.

Training issues do not address any issues that would allow a classification officer to be able to recognize any special type of age specific problems. Even if age specific problems were included in training, the classification policy does not contain age specific classification issues.

Appendix B  
Interview Prompts

## UNSTRUCTURED INTERVIEW PROMPTS

Please give your experiences of the mandatory sentencing guidelines as it relates to the elderly and/or the aging in place of inmates.

Do you believe that the public perception of the criminal has an age bias?  
(The older the criminal the less threatening the crime)

Are parole violations treated differently between the older parolee vs. the younger parolees?

Have you experienced any training that would or could allow you to recognize the special problems of the elderly within the institution?  
And do you believe that there is a need for any type of specialized training that would help correctional professionals identify problems that could only be specific to the elderly.

Do you believe that security and threat should be the only determining factor in the classification of inmates?

Do you believe that all staff should be trained to deal with the growing elderly inmate population, or should there be specialized units for the elderly?

Is the elderly population in criminal justice institutions changing/growing?  
What are the problems (in your opinion) regarding elderly inmates as it relates to staff treatment and interactions between staff and other inmates?

What type of administrative theory do you believe is or should be used in the care and treatment of the elderly?

Are there any policies and procedures that pertain only to the elderly? If so what are they, if not do you believe that there should be?

In regards to resource allocations, where do you believe the largest part of the institutions resources are allocated to in respect to age?

What age do you believe that an inmate should be considered elderly?

Are elderly inmates treated the same in respect to programs, policies, procedures, and treatments?

What are staff procedures for dealing with behavioral problems of the elder inmates?

Do you believe that there is any social conflict among inmates with respect to age?

In a rating from 1 to 5 with 1 being low and 5 being high what is the status (in your opinion) of age or the elderly in the community, in the institution, among the staff, and other inmates?

Are older inmates integrated into the general population or are they isolated into elder age groups? Should they be? Why or why not.

When dealing with behavioral problems of the elderly, are any physiological and/or psychological causes for aggression that are specific to the elderly or the natural aging process taken into account?

Does the elder inmate tend to cluster into families or groups? In a nonage integrated setting is the role of the elderly tend to be patriarchal?

Do older inmates tend to withdraw from activities and social interaction?

What is/are staff perception of the elderly?

What (in your opinion) are the pressing issues within the institution regarding the elderly inmate?

What do you believe should be done with the elderly inmate?

Appendix C  
Classification Policies

Amends or	MAHONING COUNTY SHERIFF'S DEPARTMENT	SOP# DET 109 00
Supersedes:		Page 1 of 3
<u>NEW</u>	STANDARD OPERATING PROCEDURES	Date _____
		Rev. _____

SUBJECT: Classification of Prisoners

INDEX: Classification

REFERENCE:  
Ohio Standards: 5120:1-8-02  
ACA Standards: 3-ALDF-4B-01, 3-ALDF-4B-03, 3-ALDF-4B-04

1.0 POLICY: All Prisoners that are housed by the Mahoning County Sheriff's Department will be housed with prisoners reasonably close in age, personality, and propensity for violence. It is the intent of the Classification Officers to insure that all prisoners under the jurisdiction of the Sheriff are safe and not the prey of the predators of our prisoner population. There will be no discrimination by race, color, creed or national origin, political affiliation, or religion.

2.0 SCOPE: The following procedure will apply to all Classification and Booking Officers.

3.0 DEFINITION:

3.1 Classification Specialist: An officer that has been specially trained for the purpose of classification and records keeping for classification. These officers are accountable for the placement and record maintenance of all prisoners housed in by the Mahoning County Sheriff's Office.

3.2 Prisoner Permanent File: An accurate file on a prisoner that is kept in the Classification Office for the prisoner's entire stay in at the Justice Center or MSJ. All paperwork that is generated in reference to the prisoner will be kept in this file.

4.0 GENERAL INFORMATION:

4.0 At no time will prisoners of the following classifications be allowed to be permitted together in the same housing area:

4.1.1 Adult male

4.1.2 Adult female

4.1.3 Juvenile male (unless court ordered)

4.1.4 Juvenile female (unless court ordered)



- 4.2 The classification form will be used to determine the proper housing unit for the prisoner being admitted. The classification officer will be fill out the form in its entirety.
- 4.3 All prisoner housing concerns and transfers from a housing unit or cell to another must be addressed by a classification specialist. At no time will a housing unit officer re-assign a prisoner to another housing cell or housing unit.
- 4.4 A prisoner must be re-classified whenever the prisoner goes to court, has a additional charge, a charge deleted, or any other action is taken pertaining to his or her charges.
- 4.5 If the prisoner has a disciplinary write-up; a hold from another department; a medical, mental, or suicidal problem; is a threat of escape; or any other facility security threat, a re-classification must be done.
- 4.6 After each classification has been completed, a prisoner placement form must be completed. This form, as well as each addition re-classification form, will be kept in the prisoner's hard file logged by the prisoner's PID#.

#### 5.0 PROCEDURE:

- 5.1 Prisoners will complete the booking process in its entirety and will be given an opportunity to secure release. If the prisoner fails to secure release, they will be sent to Classification Housing on the 2nd floor as determined by their charge(s) at the time of arrest.
- 5.2 Female Prisoners will be sent to Housing Unit "D" or "K" as determined by the following criteria:
  - 5.2.1 Charge(s) at time of arrest is an "A" or "B" offense = Housing Unit "K"
  - 5.2.2 Charge(s) at time of arrest is a "C," "D," or "E" offense = Housing Unit "D"
- 5.3 Male prisoners will be placed either Housing Unit "F" or "G" as determined by the following criteria:
  - 5.3.1 Charge(s) at time of arrest is an "A" or "B" offense = Housing Unit "F"
  - 5.3.2 Charge(s) at time of arrest is a "C," "D," or "E" offense = Housing Unit "G"
- 5.4 Within 120 hours of being processed into the Justice Center, a Classification Specialist will interview the prisoner and will assign a housing unit and cell using the classification code that has been determined to best fit the new prisoner.

5.5 The Classification Specialist will complete the following tasks in the classification of prisoners:

5.5.1 Determine if the prisoner previously has been incarcerated by the Mahoning County Sheriff's Department. If the prisoner has been in the Mahoning County Jail system previously in the past ninety (90) days, the Records Division will be contacted; and, the prisoner's permanent file will be obtained. If the prisoner has not been in the system, a new file pertaining to the prisoner will be initiated.

5.5.2 A Prisoner Personal Sheet (JC-004) will be initiated for the prisoner's current incarceration. This form will be sent to the prisoner's assigned housing unit and will be completed by the housing unit deputy as per policy.

5.5.3 A Classification form will be filled out in its entirety as per policy by the Classification Specialist. This form will stay in the prisoner's permanent file.

5.5.4 Following classification, the prisoner will be escorted from Classification Housing to their assigned housing unit by a float deputy. A frisk search and positive identifying of the prisoner as well as an inspection of the housing cell will be completed prior to the prisoner being placed in their assigned housing cell.

5.5.5 Upon the release of the prisoner, the entire file must be sent to the Records Division. In the case that the prisoner is arrested on another charge and should be returned to the Justice Center within ninety (90) days, the file will then be returned to the Classification Office, and the process starts over.

5.5.6 In the case a prisoner is found guilty of charge, and is required to be sent

To a Federal or State Prison. The prisoner will be classified to a security unit

Specifically for prisoners that are to be sent to Prison.

Amends of	MAHONING COUNTY SHERIFF'S DEPARTMENT	SOP#	DET-109 01
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<u>NEW</u>	STANDARD OPERATING PROCEDURES	Date	_____
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SUBJECT: Classification Form

INDEX: Classification Form

- 1.0 POLICY: The classification form that is done by the classification officer after intake is designed to be easy to follow and only requires the placing of a checkmark in the appropriate box and a number for points as where required. After a criminal history check is completed, the full form may be completed. Leave all spaces where the answer would be "no" blank.
- 2.0 SCOPE: The following procedure applies to all Classification Specialists.
- 3.0 PROCEDURE:
- 3.1 The top of the form will be filled out with the prisoner's name and personal identification number. The prisoner's correct sex code will be circled.
- 3.2 In Question #1, the Classification Specialist will review all current charges that have been levied against the prisoner at the time of classification. Charges will be "A," "B," "C," "D," or "E" offense. Charges are listed in "Appendix One" of this policy. For coding purposes, the Classification Specialist will select the most severe offense from the chart (see the appendix), and document the proper code and points in the space provided on the classification form.
- 3.2.1 Serious Violent - Code A (20 points)
- 3.2.2 Violent - Code B (15 points)
- 3.2.3 Mis. & Non-Violent - Code C (10 points) [against person/public]
- 3.2.4 Other Non-Violent - Code D (5 points)
- 3.2.5 Traffic and Lesser- Code E (0 points)
- 3.3 In Question #2, the Classification Specialist will obtain a Criminal History Check and will only consider charges that have been listed in the past seven (7) years. The Classification Specialist will only consider the most severe previous and documented convictions.
- 3.3.1 Serious Violent - (4 points)
- 3.3.2 Violent - (3 points)
- 3.3.3 Mis. & Non-Violent - (2 points) [against person/public]
- 3.3.4 Other Nonviolent - (1 point)

## 3.3.5 Traffic and Lesser- (0 points)

3.4 In Question #3, the Classification Specialist will make observation of the prisoner's behavior during their interview and check for any housing unit deputy notes that indicate the prisoner's propensity for violence or compliance. If the prisoner has been incarcerated before in the Mahoning County Jail System, their prior behavior and any write-ups will be a factor in their classification.

3.4.1 Assaultive (4 Points)- History of prior or current assaults involving weapons resulting in serious physical harm.

3.4.2 Assaultive (3 Points)- History of prior or current assaults without weapons resulting in physical harm.

3.4.3 Non-Compliant (2 Points)- Current behavior gives reason to believe that prisoner may become violent, or the prisoner is verbally aggressive and non-compliant with requests of the jail staff.

3.4.4 Co operative (1 Point )- Cooperative, with no history of incarceration.

3.4.5 Co-operative (-1 Point)- Cooperative, with history of prior incarceration with co-operative behavior.

3.5 Question #4, "Is the prisoner a member or associate of any security threat group?" will be answered "yes" or "no." Is in reference to gangs, hate groups, and organizations that are thought to be plotting against the government. If the answer is "yes" then the security threat group shall be identified in the space provided, and the Security Threat Group Coordinator should be advised. Three (3) points will be added if the prisoner is a member of a security threat group.

3.6 Question #5, "Is the prisoner married?" will be answered with a "yes" or "no." If the answer is "yes" put the number of years that the prisoner has been married to the same spouse in the space provided. Subtract one (1) point if the prior has been married over seven (7) years.

3.7 Question #6, "Does the Prisoner own his or her own home," will be answered with a "yes" or "no." This question is designed to show stability in the community. If prisoner does own their own home, subtract one (1) point from their score.

3.8 If the prisoner does not own their own home, but has lived at the same address for more than five (5) years, subtract one (1) point from their current score.

3.9 Question #7, "What is the current level of education completed by the prisoner?" will be answered and the following points will be subtracted by level completed:

3.9.1 Did not complete High School or GED - 0 points

- 3.9.2 Completed High School or GED - -1 point
- 3.9.3 Current enrollment College or Trade - -2 points
- 3.9.4 Honorably discharged from Military - -2 points

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- 3.9.5 Completed College or Trade School - -3 points

3.10 In Question #8, the Classification Specialist will take into account the age of the prisoner and fill in the proper age in the space provided.

- 3.10.1 Under the age of 26 years old - 0 points
- 3.10.2 26 years old through 42 years - -2 points
- 3.10.3 43 years old or above - -3 points

3.10 Question #9 is a very important one. The life of the prisoner could depend on how well you question the prisoner at his juncture. If the prisoner has persons that they are to be kept separately from, correctly list them. After their name, list their housing unit.

3.11 Question #10 is to identify any special needs that a prisoner may have. A special need can be because of a physical handicap, or a mental problem. List all special needs that would cause the prisoner to need special equipment or special housing needs.

3.11 Question #11 is in reference to the prisoner's mental state regarding the possibility of a suicide attempt, include any past history of incarceration, and any new data, also take into consideration the disposition of the prisoner at the time of evaluation.

3.12 If the prisoner has a history of attempted escape, or has escaped in the past ten years, or if the Classifying officer detects any sign that points to an escape risk, Question #12 must be checked.

3.13 If the prisoner admits to being a homosexual, or the prisoner has been involved in homosexual activity in an institution in the past, Question #13 must be checked.

3.14 Questions #14 and #15 will be checked as applicable.

3.15 After the form has been completed, check the attached point assignment sheet and do the following:

- 3.15.1 The classification is in five sections and appears as:

CLASSIFICATION:      1    2    3    4    5

- a. In space 1, place an (M) for male and (F) for female.

- b. In space 2, total questions three through eight, using the point values on the attached sheet and place the total in the space.
- d. In space 3, if the prisoner has known enemies that the prisoner should be kept separate from place (E) in the space. If the prisoner has no separation need, place (O) in the space.

- e. In space 4, if the prisoner has special needs, place (W) in the space, if the prisoner is a suicide risk, place (S) in the space. If the prisoner is an escape risk, place (X) in the space. If the prisoner is homosexual, place (Z) in the space. It is possible to have a suicidal, escape risk, that is homosexual. In that case, space 4 would read (SXZ). If the prisoner has none of the problems for this section, place (O) in the space.
- f. In space 5, the Classification Specialist will note the legal status of the prisoner in accordance with the following codes:
1. Pre-sentenced Felon - Code PF - Charged with a felony offense but still within the court system.
  2. Sentenced Felon - Code SF - Charged with a felony offense sentenced to the Mahoning County Jail System or is awaiting transportation to an institution.
  3. Pre-sentenced Misdemeanor - Code PM - Charged with a misdemeanor offense but still within the court system.
  4. Sentence Misdemeanor - Code SM - Charged with a misdemeanor offense and is sentenced to the Mahoning County Jail System.

3.16 A housing unit will be assigned using the completed classification form and housing unit chart (Appendix Three). The classification chart will be used to find the housing unit that best fits the class of like prisoners. The assignment will be recorded on the Prisoner Personal Sheet (JC-004), with all the other required information. The completed sheet will be forwarded to the housing unit officer where the prisoner is assigned.

3.17 If the Classification Specialist determines that no beds are available in a prisoner's housing unit or overflow, the specialist will relocate another prisoner who is more compatible to house with others of less severe classification. All possibilities will be utilized to ensure that a prisoner is not housed in a range that they do not classify to.

3.17.1 If the above is not feasible, the immediate supervisor will be contacted to decide on an appropriate non-designated overflow location.

3.17.2 Proper notations will be made in the comments section of the classification form.

3.17.3 If a prisoner can not be housed in their assigned housing unit due to exigent circumstances, it shall be noted in the

comments section of the classification form.

- 3.18 After a prisoner has been properly classified, and the admissions procedures are complete, a float deputy shall escort the prisoner to their assigned housing unit. At no time should a prisoner be allowed in the Justice Center outside the secured housing unit, unless escorted by a deputy.



3.19 Federal and Military Prisoners will be afforded the same treatment as any prisoner housed in the Mahoning County Jail and will be classified according to their charge(s).

3.20 Prisoners who are high risk and/or have special needs will be classified as per separate policy.

3.21 Throughout the prisoner's incarceration, their classification will be reviewed and updated to make adjustments with information that might be received after intake, court proceedings, medical examinations, or following disciplinary action for a major rule violation.

3.22 Once adjustments have been using the appropriate classification form, the prisoner will be re-classified and placed in their new housing unit. The Classification Specialist will make the necessary adjustments in the computer, prisoner count board, etc.

#### 4.0 CLASSIFICATION PREREQUISITES TO THE MSJ:

4.1 The prisoner must be a sentenced misdemeanor or a non-violent sentenced felon with a court commitment paper.

4.2 Prisoner must be free from other department holds.

4.3 The following forms must be copied and sent to MSMJ with the prisoner:

4.3.1 Mahoning County booking card and Court commitment

4.3.2 Property inventory sheet

## Appendix One (Classification of Offenses)

### Code A- Serious Violent [20 points]

Aggravated Murder  
Murder  
Voluntary Manslaughter  
Involuntary Manslaughter  
Felony Assault  
Kidnapping  
Rape  
Aggravated Arson  
Aggravated Robbery  
Inciting to Violence  
Aggravated Riot

### Code B-Violent [15 points]

Aggravated Assault  
Assault on a Police Officer  
Abduction  
Child Stealing  
Extortion  
Sexual Battery  
Cross Sexual Imposition  
Felony Sexual Penetration  
Arson  
Disrupting Public Services  
Robbery  
Aggravated Burglary  
Burglary  
Riot  
Inducing Panic  
Endangering Children  
Intimidation  
Escape  
Aiding Escape or Resistance to Authority

### Code C-Non-Violent and Lesser Violent [10 points]

Negligent Homicide  
Aggravated Vehicular Homicide  
Vehicular Homicide  
Aggravated Vehicular Assault  
Assault  
Negligent Assault  
Aggravated Menacing  
Menacing  
Menacing by Stalking  
Hazing  
Unlawful Restraint  
Child Enticement  
Coercion  
Sexual Imposition  
Compelling Prostitution  
Pandering Sexually Orientated Matter Involving Minors  
Breaking and Entering  
Forgery  
Personating an Officer

Interference With Custody  
Domestic Violence  
Resisting Arrest  
Using Weapons While Intoxicated  
Corrupting Another with Drugs  
Engaging in Organized Crime  
Making False Alarms  
Bribery  
Perjury  
Obstructing Justice  
Conveyance of Weapon/Drug into a Facility  
Impersonating a Peace Officer  
Carrying Concealed Weapon  
Having Weapon Under Disability  
Corrupting Another With Drugs

### Code (D) Other Non-Violent [5 points]

Corruption of a Minor  
Importuning  
Voyeurism  
Public Indecency  
Promoting Prostitution  
Procuring  
Soliciting/Prostitution  
Pandering Obsenity  
Vandalism  
Criminal Damaging or Endangering  
Criminal Mischief  
Endangering Aircraft or Airport Operations  
Criminal Trespass  
Theft  
Unauthorized Use of Vehicle or Property  
Passing Bad Checks  
Unlawful Credit Practices  
Criminal Simulation  
Defrauding a Livery or Hostelry  
Tampering With Records  
Trafficking in Food Stamps  
Illegal Use of Food Stamps  
Insurance Fraud  
Receiving Stolen Property  
Gambling  
Contributing to the Delinquency of a Child  
Telephone Harrassment  
Disorderly Conduct  
Failure to Disperse  
Non-Support of Dependents  
Falsification  
Dereliction of Duty  
Using Weapons While Intoxicated  
Improper Handle of Firearms in Vehicle  
Possessing Criminal Tools

All Other Drug Offenses

Code (E) - Traffic and Lesser Crimes

{0 points}

All Traffic Offenses

All Building Code Violations

Misconduct at an Emergency

Misconduct a Public Transportaion  
System

Appendix: Two (Offenses of Violence)

2903.01 Aggravated Murder  
2903.02 Murder  
2903.03 Voluntary Manslaughter  
2903.04 Involuntary Manslaughter  
2903.11 Felonious Assault  
2903.12 Aggravated Assault  
2903.13 Assault  
2903.21 Aggravated Menacing  
2903.22 Menacing

2905.01 Kidnaping  
2905.02 Abduction  
2905.11 Extortion

2907.02 Rape  
2907.03 Sexual Battery  
2907.12 Felonious Sexual Penetration

2909.02 Aggravated Arson  
2909.03 Arson  
2909.04 Disrupting Public Services  
2909.05 Vandalism

2911.01 Aggravated Robbery  
2911.02 Robbery  
2911.12 Burglary

2917.01 Inciting to Violence  
2917.02 Aggravated Riot  
2917.03 Riot  
2917.31 Inducing Panic

2919.25 Domestic Violence

2921.03 Intimidation  
2921.34 Escape  
2921.35 Aiding Escape or Resistance to Authority

2923.12 Carrying Concealed Weapon  
2923.13 Having Weapon Under Disability

Appendix Three (Housing Unit Placement Chart)

<u>CLASSIFICATION CODE</u>	<u>HOUSING UNIT</u>	<u>OVERFLOW</u>
M, F - 12 Hour Holding (Booking)	Housing Unit A	-----
F - Infirmary	Housing Unit B	**
M - Infirmary	Housing Unit C	**
F - C, D, E - 00 thru 16 - PF, SF, PM, SM	Housing Unit D	Unit K
F - C, D, E - 00 thru 18 - SM	Housing Unit E	Unit D
M - A, B - Classification Housing	Housing Unit F	Unit G
M - C, D, E - Classification Housing	Housing Unit G	Unit F
M - C, D, E - 00 thru 10 - PF, SF, PM, SM	Housing Unit H	Unit T
M - Administration Segregation	Housing Unit O	Unit O
F - Admin. Segregation/Discipline	Housing Unit J	Unit E
F - A, B, C - 10 and above - PF, SF, PM, SM	Housing Unit K	Unit D
M - A - 20 and above - PF, SF, PM, SM	Housing Unit P	Unit L
M - A, B - Special Needs	Housing Unit N	Unit O
M - C, D, E, - Disciplinary	Housing Unit O	Unit N
M - A, B - 15 and above - PF, SF, PM, SM	Housing Unit Q	Unit L
M - A, B, C - 12 and above - PF, SF, PM, SM	Housing Unit L	Unit Q
M - C, D - 8 thru 12 - PF, SF, PM, SM	Housing Unit R	Unit U
M - C, D - 5 thru 10 - PF, SF, PM, SM	Housing Unit U	Unit R
M - C, D, E - 00 thru 6 - PF, SF, PM, SM	Housing Unit S	Unit T
M - D, E - 00 thru 6 - PM, SM	Housing Unit T	Unit S
M - D, E - 00 thru 10 - SM	MSMJ Unit A/B	MSMJ C/D
M - D, E - 00 thru 10 - SM	MSMJ Unit C/D	MSMJ A/B

\*\* Medical Staff will designate overflow housing for Infirmary prisoners.

Amends or	MAHONING COUNTY SHERIFF'S DEPARTMENT	SOP# <u>DET-109-02</u>
Supersedes:	Edward P. Nemeth, Sheriff	Page <u>1</u> of <u>2</u>
<u>NEW</u>	STANDARD OPERATING PROCEDURES	Date _____ Rev. _____

SUBJECT: Classification of Prisoners

INDEX: Classification

REFERENCE: Ohio Standards: 5120:1-8-02 (A) (B) (C) (D)  
ACA Standards: 3-ALDF-4B-01, 3-ALDF-4B 03, 3-ALDF-4B-04

- 1.0 POLICY. All prisoners will be classified by set criteria after being admitted into the Justice Center in order to preserve security and order within the jail. There will be no discrimination by race, color, creed or national origin, political affiliation, or religion. Prisoners classified will be housed in their proper classified housing area.
- 2.0 SCOPE: the following procedure applies to all Classification Specialists.
- 3.0 PROCEDURE
- 3.1 At no time will prisoners of the following classifications be allowed to be permitted together in the same housing area:
- 3.1.1 Adult male
  - 3.1.2 Adult female
  - 3.1.3 Juvenile male (unless court ordered)
  - 3.1.4 Juvenile female (unless court ordered)
- 3.2 The classification form will be used to determine the proper housing unit for the prisoner being admitted. The classification officer will fill out the form in its entirety.
- 3.3 Gender - the classification officer will designate the proper sex of the prisoner.
- 3.4 The Classification officer will review all current charges. The officer will check mark each offense that the prisoner is charged with, and document the proper points in the space provided on the classification form.
- 3.5 Previous Offense- The classifying officer will consider past charges after completing a criminal history check and check mark all offenses and document the proper points in the space provided.

- 3.6 In custody behavior - The classifying officer will observe the prisoner's behavior and indicate their propensity for violence or compliance. If the prisoner has been incarcerated before in the Mahoning County Justice Center, their prior behavior will be a factor in classification.
- 2.7 The classifying officer will take into account the age of the prisoner and fill in the proper age in the space provided.
- 2.8 The Classification Officer will add the total points for all pertinent questions, and place the total in the space provided on the classification form.
- 2.9 The classification officer will note in the appropriate space, if the prisoner is a pre-trial detainee (misdemeanor or felon/violent or non-violent) or a sentenced prisoner (misdemeanant or felon).
- 2.10 Federal and Military Prisoners will be afforded the same treatment as any prisoner housed in the Mahoning County Jail and will be classified according to their charge(s).
- 2.11 If the classifying officer determines that no beds are available in a prisoner's housing unit or overflow, the classifying officer will relocate another prisoner who is more compatible to house with others of less severe classification. All possibilities will be utilized to ensure that a prisoner is not housed in a range that they do not classify to.
- 2.11.1 If the above is not feasible, the immediate supervisor will be contacted to decide on an appropriate non-designated overflow location.
- 2.11.2 Proper notations will made in the comments section of the classification form.
- 2.11.3 If a prisoner can not be housed in their assigned housing unit due to exigent circumstances, it shall be noted in the comments section of the classification form.
- 2.12 After a prisoner has been properly classified, and the admissions procedures are complete, a float deputy shall escort the prisoner to their assigned housing unit. At no time should a prisoner be allowed in the Justice Center outside the secured housing unit, unless escorted by a deputy.
- 2.13 A prisoner will be deemed High Risk if:
- 2.13.1 Prior escape or attempt
- 2.13.2 Any prisoner charged with O.R.C. 2903.01 or 2903.03
- 2.13.3 Known affiliation with gangs or gang related activities.
- 2.14 A High risk code will not cause any change in a prisoner housing assignment. It will, however, alert personnel to possible risks that a prisoner may pose to the security of the jail. Although there is a potential to escape or assaults for all prisoners, those who have attempted escape or assaults will be regarded as a greater threat to security.

2.15 If a prisoner has needs that fall into any of the following categories, the medical staff shall be notified, so it can be determined if special housing is required. If medical staff is not available, the supervisor will make a determination to place the prisoner in special housing or general population.

- 2.15.1 Suicide risk
- 2.15.2 Mental health problems
- 2.15.3 Communicable disease
- 2.15.4 Physically handicapped
- 2.15.5 Dependency on drugs and/or alcohol

2.16 A prisoner must be a sentenced non-violent misdemeanor with a court commitment paper to be housed in the MSMJ. The prisoner must be free from other department holds.

2.17 Criminal history check will be conducted by Records Division personnel. Prisoner must have no past convictions for a crime of violence or no past jail discipline problems in order to be housed at the MSMJ.

2.18 The prisoner must sign agreement to be housed in MSMJ and the MSMJ classification form must be completed.

2.19 The following forms must be copied and sent to MSMJ with the prisoner:

- 2.19.1 Mahoning County booking record
- 2.19.2 Completed MSMJ agreement and classification forms
- 2.19.3 Court commitment
- 2.19.4 Medical screen sheet
- 2.19.5 Criminal history check
- 2.19.6 Property inventory sheet

### 3.0 RE-CLASSIFICATION:

3.1 Throughout the prisoner's incarceration, their classification will be reviewed and updated to make adjustments with information that might be received after intake, court proceedings, medical examinations, or following disciplinary action for a major rule violation.

3.2 Once adjustments have been made on the classification form, the prisoner will be reclassified and placed in the appropriate housing unit.

3.3 If a prisoner is moved from one housing unit to another, the classification officer will make the necessary adjustments in the computer, prisoner count board, and on the booking card.

**Appendix A (Offenses of Violence)**

2903.01 Aggravated Murder  
2903.02 Murder  
2903.03 Voluntary Manslaughter  
2903.04 Involuntary Manslaughter  
2903.11 Felonious Assault  
2903.12 Aggravated Assault  
2903.13 Assault  
2903.21 Aggravated Menacing  
2903.22 Menacing  
2905.01 Kidnaping  
2905.02 Abduction  
2905.11 Extortion  
2907.02 Rape  
2907.03 Sexual Battery  
2907.12 Felonious Sexual Penetration  
2909.02 Aggravated Arson  
2909.03 Arson  
2909.04 Disrupting Public Services  
2909.05 Vandalism  
2911.01 Aggravated Robbery  
2911.02 Robbery  
2911.12 Burglary  
2917.01 Inciting to Violence  
2917.02 Aggravated Riot  
2917.03 Riot  
2917.31 Inducing Panic  
2919.25 Domestic Violence  
2921.02 Intimidation  
2921.34 Escape  
2921.35 Aiding Escape or Resistance to Authority  
2923.12 Carrying Concealed Weapon  
2923.13 Having Weapon Under Disability



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<u>NEW</u>	STANDARD OPERATING PROCEDURES	Date _____
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SUBJECT: Administrative Segregation

INDEX: Administrative Segregation

REFERENCE:  
Ohio Standards: 5120:1-8-15  
ACA Standards: 3-ALDF-3D-24

- 1.0 POLICY: All prisoners housed in the Justice Center who require a higher degree physical control and supervision through out their incarceration will be provided secure and safe housing away from the prisoner general population. Administrative Segregation will not be used as punitive penalty.
- 2.0 SCOPE: The following procedure will apply to all Classification Specialists and Corrections Division personnel.
- 3.0 PROCEDURE:
- 3.1 A prisoner may be classified to Administrative Segregation during intake or at any time during their incarceration.
- 3.2 A prisoner may be confined in Administrative Segregation for any of the following reasons:
- 3.2.1 The prisoner presents a chronic inability to adjust to the general population
  - 3.2.2 The prisoner poses a dangerous threat to himself/herself or others or the security of the Justice Center
  - 3.2.3 The prisoner requests protection or is deemed by staff to require protection
  - 3.2.4 Medical/Mental isolation when medical housing is not available
  - 3.2.5 The prisoner, in the judgement of the staff, has determined that administrative segregation is necessary and in the best interests of the prisoner, staff, or security of the facility
  - 3.2.6 The prisoner is awaiting disciplinary action and is a threat to himself or other prisoners.
- 3.3 The classifying deputy or the staff requesting that a prisoner be moved to administrative segregation, will document the conditions and reasons for the move to administrative segregation.
- 3.4 Male prisoners (up to six) who require segregation will be placed in

housing unit "D." Female prisoners (up to six) will be placed in "K."

- 3.4.1 All prisoners will be dressed in normal jail uniforms.
- 3.4.2 Prisoners in the segregated units will be provided normal jail meals based on the standard menu unless on a medical or religious diet.
- 3.4.3 Segregation unit prisoners will have the opportunity to maintain an acceptable level of personal hygiene and will be provided toilet tissue, a wash basin, a toothbrush, soap, shampoo, etc.
- 3.5 Prisoners who disagree with the administrative segregation decision will be given an opportunity to express their views to the Assistant Warden of Operations, at his earliest convenience, who will review and issue a ruling on the decision.
- 3.6 Prisoners who are placed in administrative segregation for medical/mental reasons will be reviewed daily by medical personnel to determine the need for continued administrative segregation.
- 3.7 The classification officer will keep a record of the date the prisoner is placed in administrative segregation. If a prisoner is held in Administrative Segregation for thirty consecutive days, they will receive a review by the classification officer. Subsequent reviews will be conducted every thirty days.
- 3.8 Prisoners placed in Administrative Segregation will receive all privileges and rights afforded to the general population unless they pose a serious threat to the security of the facility or the health and welfare of the prisoner.

Amends or	MAHONING COUNTY SHERIFF'S DEPARTMENT	SOP# <u>DET-109.04</u>
Supersedes		Page <u>1</u> of <u>1</u>
<u>NEW</u>	STANDARD OPERATING PROCEDURES	Date _____ Rev. _____

SUBJECT: Suicidal Prisoners

INDEX: Suicidal Prisoners

REFERENCE: Ohio Standards: 5120:1-8-02

- 1.0 POLICY: All prisoners who are deemed to be potentially suicidal by the classification officer may be placed in a close supervision status in the infirmary or administrative segregation depending on available space. In such cases, additional, direct supervision will be provided until evaluated by medical personnel to determine if the supervision is necessary and is to be continued.
- 2.0 SCOPE: The following procedure applies to all Classification Specialists and Corrections Division personnel.
- 3.0 PROCEDURE:
- 3.1 A classification officer shall consider prisoners a suicide risk if they possess any of the risk factors outline in policy XXX and state that they:
- 3.1.1 Have a history of recent or recurrent suicide attempts
- 3.1.2 Have seriously contemplated suicide in the past
- 3.2 The classification officer shall then classify the prisoner to the infirmary or administrative segregation housing unit until the medical staff can evaluate the prisoner and determine if the suicide watch is warranted.
- 3.2.1 The Health Administrator after conferring with the Warden will develop specific reporting, mental health intervention, and supervision requirements for all such cases.
- 3.3 The classification officer shall notify the medical staff of the prisoner as well as the housing unit deputy who shall administer a close watch on the prisoner as per policy.
- 3.4 A prisoner will not be placed in the housing unit without clothing, a mattress, blankets, and a pillow, except when prescribed by on duty medical personnel for medical or psychiatric reasons. If a prisoner is so seriously disturbed that he or she is likely to destroy clothing or bedding or create a disturbance that would be seriously detrimental to others, medical staff will be notified immediately and a regimen of treatment and control will be instituted with the concurrence of the Health Administrator or on call doctor.

DET-109 SERIES

CLASSIFICATION

SOP NUMBER

SUBJECT

109.00	Classification of Prisoners
109.01	Classification Forms
109.02	Classification of Prisoners (part two)
109.03	Administration Segregation
109.04	Suicidal Prisoners