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Towards a human rights framework to address the 21st century rights of aging people and their families and communities

Purpose: Older adults in prison present a significant health and human rights challenge for the criminal justice system. To date, there is no known study that provides a comprehensive examination or portrait of older persons in prison. The current study attempts to fill a gap in the literature by providing a holistic analysis of a U.S. statewide prison system of adults aged 50 and older in prison. The objectives of this study are to: (1) examine the biopsychosocial, spiritual, and legal factors associated with these prisoners, (2) explore the influence of these personal and social structural factors on recidivism, and (3) examine the role of family and sentence length in bridging older adults to their families and communities while in prison and post prison release. **Methods:** This study provides a cross-sectional, descriptive analysis of biopsychosocial, spiritual, and prison use characteristics associated with a sample of 677 older prisoners, aged 50+, in a state-wide prison system in the United States. The current study is a cross-sectional analysis of a sample of 677 older adult prisoners aged 50 and older (40% response rate) housed in the New Jersey Department of Corrections in September 2010 who completed an anonymous, self-administered mail survey. Data were collected using a modified version of the Dillman, et al. (2009) four-step mail methods strategy. Participants completed a battery of survey instruments, including the Personal and Professional Contact Scale (Maschi, 2010), in which participants described and rated their degree of contact with different services, personal (i.e. family and peers from the community) and professional contacts. Descriptive analysis was used to generate a holistic portrait of older adults in prison.

Findings: Results indicate the extent of diversity within this population based on demographic, clinical, social, legal profiles, prison service use patterns, and professional and personal contacts. As shown in Table 1, participants' ages were evenly distributed between young-old and old; 9% of the sample are among the older and oldest-old, aged 65+. Approximately two thirds of the sample are racial/ethnic minorities; two thirds describe themselves as Christians; and the sample is overwhelmingly male (96%). Clinical profile Roughly 41% reported one or more physical health problems, including serious and chronic illness (e.g., HIV/AIDS, cancer, heart problems and hypertension, lung and breathing problems) and other health issues, such as hearing and vision problems and difficulty walking. Some participants identified themselves as having a mental health problem and a history of alcohol problems (25%), drug problems (44%), or gambling problems (9%). The majority reported experiencing some type of trauma, grief, loss or separation experience, such as being a victim of violence (24%), witness to violence (48%), or combat or war (15%). Many participants reported experiencing other life stressors, such as the unexpected or expected death of a loved one (70%), financial stress (53%), family caregiving stress (25%), and abuse or stress in prison (53%). Social and legal concerns also differed among participants, including family structure, income, occupational and military status as well as prison service use and expectations of parole release.

Implications: Due to the diversity within this population, an interdisciplinary approach is needed to address the complex social and health care needs of an aging prison population and to plan for their reentry. These findings suggest the need for holistic prevention, assessment, and interventions to interrupt the social-structural disparities that foster and support pathways to incarceration and recidivism. The human rights implications for the current treatment of older adults in prison include providing in-prison treatment that promotes safety, well-being, reconciliation, and seamless bridges between prison and community for older adults and their families. The True Grit Program is presented as an example of a humanistic and holistic approach of such an approach.

Biography

Tina Maschi, PhD, LCSW, ACSW is an associate professor of Fordham University Graduate School of Social Service and recipient of the 2010 Geriatric Social Work Faculty Scholars Award funded by the John A. Hartford Foundation and the Gerontological Society of America. She has over 25 years of experience work with diverse age groups of survivors of trauma in correctional and community health and social care. She is the President of the National Organization of Forensic Social Work and the Executive Director of the Be the Evidence Project which brings light to pressing human rights and social justice issue of our times, such as Aging, Trauma, and Elder and Intergenerational Family Justice. She has over 75 publications and local, national and international presentations and workshops in the areas of life course and mental health cumulative trauma, with a specialized focus on abuse and neglect of marginalized older adults in prison in the context of their families and communities.

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