

## ATTITUDES TOWARD ELDERLY INMATES IN CORRECTIONAL FACILITIES



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### Abstract

Psychological well-being and mental health of elderly inmates are investigated by the international organizations, committees, and researchers. One of the main factors that influence their quality of life, daily mood, and well-being is interpersonal relationship. Numerous empirical data confirm the importance of interpersonal relationship, and attitudes toward aging. A definition of attitude item can be explained as an evaluation of a stimulus as reflected in our cognitive, emotional and behavioral responses to the problem (Fiske & Taylor, 1991). In the field of geriatric psychology, research has focused on the problem of interpersonal relationship between elderly people and workers in prison environments. Prison officers are in interpersonal relationship with inmates and have responsibility for the safety, and security of the prison facility, and also for managing organizational demands (Schaufeli & Peeters, 2000). Some researchers have shown that the health, and wellbeing of prison officers remain poor, and risk of being affected by different mental health problems, as depression, post-traumatic stress disorder (Viotti, 2016).

A systematic review of research and policy papers, articles that published on interpersonal relationship between elderly inmates and officers in correctional facilities, also effective programs outcomes were conducted. The main symptoms of the problem were measured with a special checklist and questionnaires. The quality of life was measured QOL survey that was made based on WHO (World Health Organization) QOL questionnaire. 200 elderly prisoners have been involved in the research from different prison regimes of Azerbaijan correctional facilities between 2019-2020.

A systematic approach in psychological work with elderly prisoners, also officers allows for the transition from a symptomatic to a personality-oriented level of psychological impact. Psychological emotional support can renew their hope on life, influence positive outcomes of the support program. According to the results of repeated psychological research, the patient's condition was characterized by positive dynamics: the level of psychological distress and the intensity of psychological distress significantly decreased, the general internality of the personality increased, as well as the subjective assessment of personal well-being.

It is necessary to focus the attention of specialists on the advisability of using psycho-educational programs in a prison environment, providing information about the aging dynamically. Such programs, used at the initial stages of work with patients, contribute to the creation of motivation for personal psychotherapy and significantly increase its effectiveness.

*“An age-friendly world is possible and will be built by all of us - community by community, city by city, and region by region” –WHO (World Health Organization)*

## 1. Introduction

Giving and receiving social support is one of the important issues of the individual and community lives. Such support is often exchanged within families, learning and working environment, communities, between colleagues and other relationships. Researchers and policy-makers think that offenders need help and support from family, relatives, friends, also formal institutions-criminal justice agencies, correctional facilities, prison officers, social welfare services. Especially elderly inmates are the vulnerable group members who need more care and attention. The International Committee Red Crescent (ICRC) explained older prisoners legal, physical and mental state, and highlighted that older population experience multiple chronic physical and mental health conditions and physical disabilities at relatively young prisoners (ICRC, 2016). They also have suffered stress, or trauma over their lifetimes, have a previous experience of drug using and addiction, homelessness, and limited access to social welfare programs and education (Ron H.Aday, 2003).

Isolation in the prisons and fewer visits can affect their mental health and daily mood. Compared to younger prisoners, older inmates have fewer regular visitors and fewer connections and interpersonal relationships (B.A.Williams et al., 2010). Correctional officers meet this population every day, and they are part of this interpersonal relationship, too. In this situation health and well-being of prison officers remain poor. This fact was examined by Armstrong, Griffin, and other authors. They mentioned that between 30 to 50 percent of prison officers suffer

moderate to high levels of workplace stress (Armstrong& Griffin, 2004; Butler et al., 2019; Kinman et al., 2016; Lambert & Hogan, 2018; Steiner & Wooldredge, 2015). Their mental health problem, as burnout, post-traumatic stress disorder, alcohol use are more than other workers in the general population (Boudouka et al.,2013, Gould et al.,2013, Jaegers et al.,2019, Bierie, 2012). Furthermore, they experience poor physical health, decreased life and work satisfaction (Finney et al. 2013).

In this article, the interpersonal relationship problem between officers and elderly inmates was examined via literature analysis and survey results.

Firstly, the problem was explored based on previous literature materials, then the survey questions were used by inmates and officers. Based on statistics and figures those got from survey procedures, conclusion part of the paper was prepared, and concluded by discussing what kind of social-emotional support techniques officers can use to build effective relationships with older inmates.

## 2. Literature Review

The previous findings mentioned the weak mental and physical health, poor well-being of elderly inmates. House of Common Justice Committee's V report of session 2013-2014 considered older prisoners. Based on that material, and authors examines the following table (Table 1) was used:

**Table 1.** Proportion of prisoners over 60 with most prominent chronic physical health disorders.

	Fazel, et al: 2001	Hayes, et al: 2012	
<b>Disorders</b>		60-64	65-69
<b>Cardiovascular</b>	35%	51%	55%
<b>Musculoskeletal</b>	24%	51%	66%
<b>Respiratory</b>	15%	27%	36%
<b>Psychiatric Disorders</b>	45%	54%	39%

*Data source: Older prisoner, V report of session 2013-2014, House of Common Justice Committee, 2013.*

Older adults experience psychological trauma directly related to their imprisonment. Crawley E. mentioned elderly prisoners' anxious, depressed, or psychologically traumatized emotional state by incarceration (Crawley E., Sparks A., 2006). Lack of social support, family members and relative's fewer visits and poor communication increase their depressed mood, fatigue, worrying, and uncertainty about the future.

Indicators of aging attitudes are affective, cognitive, and behavioral components.

Cullen's concept of social support (1994) was used in this research. That concept consists of three main dimensions in the social support definition: the community, the social network, and intimate and confiding associations (Cullen, 1994). The author differentiated instrumental and expressive support. Instrumental support refers to food, money, housing, and services; while expressive support means emotional side of the problem as giving attention, listening, sharing ideas, discussing problems (Cullen, Colvin, et al., 2002).

Since Cullen (1994) mentioned the importance of social support for criminal justice, some researchers have begun to investigate

interpersonal relationships in prisons (Youngki W.et al.,2015). Meanwhile, this problem - relationship between family ties and inmate behavior has long been examined by researchers (Bales & Mears, 2008; Cochran & Mears, 2013). Visits, receiving calls, and letters by family members and relatives can be differed as an expressive support tool. Bales and colleagues (2008) mentioned that lack of interpersonal support, frequent visitation, while incarcerated, can be reason of some future problems, as recidivism upon release.

Different researches on inmates lend insight to social support problem in prisons. Inmates report the need for safety, support, giving attention, empathy, social stimulation, activity, and other issues (Youngki W.et al.,2015). They often desire “support and structure” (instrumental support), “emotional feedback” (expressive support) within the correctional facilities, too (Youngki W.et al.,2015).

Cognitive component of attitudes means ideas, beliefs, thoughts, attributes, and perceptions about older adults and the aging process. There is a gap between attitudes, some beliefs are negative when some of them are positive. For example, aging might be explained with growth or maintenance some aspects, also wisdom (Handbook of the psychology of aging, 2006). Today our world is becoming “age-friendly”. WHO mentioned the importance of this problem and care to older population? The organization calls the countries, different levels of the governments to join this community.

Negative attitudes are also reflected in behaviors toward older adults. Finding from literature analyzing mentioned stereotypes, also younger adults’ patronizing talk with older individuals. Such patronizing talk is characterized by demeaning emotional tone, clarification strategies, controlling or disapproving messages (Handbook of the psychology of aging, 2006).

Behavioral components can be different due to cultural moments. Religion and moral values can be determined people’s attitude, care and support.

The concept of stereotype threat was invoked by Steele and colleagues (2002) that explain the effects of negative stereotypes on performance. Authors mentioned that situational cues activate these thoughts, which may negatively impact performance due to some issues, including anxiety, arousal, and decreased effort.

Owen (1983) in the USA explored prison culture and relationship with 35 prison officers, Liebling and colleagues (1999) in England studied this problem with 17 prison officers using semi-structured interviews, Cianchi in Australia explored investigated

the same problem in 2009, Lemmergard and Muhr (2012) focused on emotional labor and professional identity problem of correctional officers in Denmark, Ibsen (2013) chose an ethnography to get information about informal favors as social control by prison officers in Norway, Worley (2016) used auto-ethnography in the two prisons of the USA, Ricciardelli, and Perry (2016) used semi-structured interviews with 42 officers in Canada, Halsey and Deegan (2017) explored this problem in Australia.

Exploratory research that realized in Italy, differentiating factors that negatively affect the psychological well-being of correctional officers (Viotti, 2016). The author stressed prison officer’s job stressful, and explained it from different aspects. Relationships with prisoners, solving their daily problems, and needs were the part of the officers’ responsibility. Work content factors, as daily routine duties, schedule, dangers, role conflicts worsened officers’ job satisfaction (Viotti, 2016). So this study brought to light interpersonal relationship problem of Italian penitentiary system. Author mentioned that on average 10 officers who work in prison have committed suicide per year, according to Prati and Boldrin (Viotti, 2016). The high level of responsibility wasn’t the unique cause of the negative attitude. Negative social image by the people influence the officers’ job satisfaction, too. Hygiene, health risk, being contacted with detained who are carriers, attack by inmates, lack of motivation, intellectual and personal development, conflict of values, and other issues were elucidated effectively.

Dodge and colleagues, Trounson & Pfeifer, Davinia R. searched prison officers’ wellbeing, by multiple inter and intrapersonal factors, concerning social factors, describing elements of stressful events (Dodge et al., 2012; Trounson & Pfeifer, 2016; Davinia R., 2021).

Carnevale and colleagues (2018) strongly emphasized that different aspects of the prison environment lead to a lack of job satisfaction (Testoni I. et al., 2021).

The literature reports that prisoners’ mental health affects the mental health of prison staff. Role conflicts, environmental conditions, lack of family and relatives support, stressful events put elderly inmates’ mental health at risk, meanwhile, the officers are faced with these difficulties in their daily lives.

### 3. Method

regimes of Azerbaijan correctional facilities between 2019-2020. Elderly inmates were asked a survey questionnaire and measurement tool to rate their quality of life domains using a 5-point Likert type scale (from 0-not at all to 5-very much).

Officers were experienced to rate their social-emotional skills, and stress coping reactions using questionnaires in August 2021. The statistical issues, regression, also a correlation between variables, were analyzed by using SPSS program versions.

Each of them was asked their permission to participate in the survey based on ethical codes. Using these methods, the main hypothesis and the research questions were investigated:

**H0:** There isn't any correlation between the social support inmates have and their quality of life

**H1:** The more social support correlates the higher level of inmates' quality of life.

#### 4. Results

To examine the quality of life of elderly prisoners and their attitude to this problem began with the elucidation of the definitions.

Definition of QOL (quality of life). Individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, as defined by WHO.

Definition of interpersonal relationship. Individual's interactions with other people: family members, relatives, other inmates, prison workers, etc. in different social situations, in positive and negative aspects.

During the research the items that influenced an individual's perception of the quality of life were gathered as independent variables: age, prison experience, family support (short and long term visits, telephone calls), and prison environment factors, as an officers and inmate's attitude.

Age of the prisoners was defined  $63,6 \pm 4,22$  (Mean:63,60; Std. Deviation:4,22; median:63; Min.55; Max.84; Skewness 1,512; Kurtosis 5,025).

Prison experience: The majority of the participants didn't have any previous prison experience, it was their first arrest, respectively 119 (59,5%) and 81(40,5%).

The first question about family members' connection was "how often do you get family support?". More than 75% of participants declare getting family and relatives' support regularly. The next questions were about short and long-term visits and observed with fluctuation. When 58,5% of them state regularly short-term visits, only 10% of the elderly inmates' family members visited them for a long term (3days).

The officers' and inmates' attitude and their influence on to interpersonal relationship were determined as independent variables.

These figures were described in the following tables (Table 2& 3):

**Table 2.** Family and relatives support

Get family support	Regularly	151	75,5%	Total
	Sometimes	47	23,5%	
	Never	2	1,0%	100%
Short term visits	Regularly	117	58,5%	
	Sometimes	80	40,0%	
	Never	3	1,5%	100%
Long term visits	Regularly	20	10,0%	
	Sometimes	127	63,5%	
	Never	53	26,5%	100%

**Table 3.** Officers and inmate's attitude

Consider Your Age	Sometimes	125	62,5%	Total
	Never	75	37,5%	100%
Officers' Attitude	High	120	60,0%	
	Normal	78	39,0%	

	low	2	1,0%	100%
Inmates' attitude	high	129	64,5%	
	normal	71	35,5%	
	low	-	-	100%

Independent variable: QOL (quality of life) indicators.

Quality of life indicators were measured QOL questionnaire that was made based on WHO QOL measurement scale. The table 4. presents the answers' distribution about quality of life.

**Table 4.** Answer distribution (%)

How would you rate your quality of life?	Valid percent (%)	Cumulative percent (%)
<b>Very poor</b>	2,0%	2,0%
<b>poor</b>	81,5%	83,5%
<b>Neither poor nor good</b>	14%	97,5%
<b>good</b>	2,5%	100%
<b>Very good</b>	-	

Majority of the participant (81,5%) rate their QOL poor, only 2,5% of them mentioned their quality of life well, while 14% of them didn't have any idea about it, they assessed neither good or poor (Mean 2,17; Median 2; Std.deviation 0,482; variance 0.232; min.1; max.4; skewness 1,789; kurtosis 4,346). Test of normality (Kolmogrov-Smirnov) values were 0,473; df=200; p<0,005.

One-sample test values (considering test value=4) t= -53,700; df=199; p<0,005; d=t/ $\sqrt{N}$ = 3,79. This figure let us continue discussion, because of normal distribution (Kolmogrov-Smirnov), and d values.

#### 4.1. The Effect of Increasing Age and Quality of Life

Considering the age factor, we can divide the participants into 2 groups: >60, <60 years.

**H0:** there isn't any correlation between aging and quality of life indicators.

**H1:** the increasing age factor has an impact on the quality of life of prisoners.

Independent t-test for equality of variance and means (F=24,322; df=198, t=-5,808; p<0,005), so we can mention that H0 rejected. The increasing age factor has an impact on elderly inmates' quality of life indicators. The correlation between two factors was detected by the Pearson correlation test (r=-0,359\*\*, p<0,01).

There is a negative correlation between these factors, and it is a statistically significant figure.

To measure the reason and conclusion between increasing age and QOL, had chosen the Durbin-Watson regression test (r square= 0,129; adjusted r square= 0,125, Durbin Watson coefficient was 1,128). The r square and adjusted r square were close to each other's, and the Durbin Watson coefficient was low than { 1,5 - 2,5} so the regression between them was statistically significant (F=29,3; p<0,005).

#### 4.2. The Effect of Prison Experience and Quality of Life

The participants were divided into two groups, those who had previous prison experience, had been arrested before, and the second group members whose imprisonment was the first time. The quality of life indicators between them wasn't statistically significant, so H0 (the previous imprisonment has an impact on QOL of elderly inmates) wasn't rejected (t=0,37; df=198; p=0,714). Based on ANOVA test results, sum of squares between groups was 0,031; total 46,22;  $\eta^2$  =0,0006 (F=0,135; p=0,714). The figures let us say that having any previous prison experience doesn't influence elderly inmates' current comprehension quality of life.

### 4.3. The Family Support and Quality of Life

The survey items about interpersonal relationships with family members and relatives, let us mention that more than 75% of participants got family members and relatives support, more than 50% of them regularly had short term visits, but only 10% had long term visits with their family. If divide them into 3 groups, and compare their QOL indicators, there wasn't any statistically significant coefficient ( $\chi^2= 2,724$ ;  $df=2$ ;  $p=0.256$ ). In this situation,  $H_0$  wasn't rejected, so it was failed to reject. Also, Spearman's correlation coefficient was ( $r=-0,116$ ;  $p=0,10$ ); these figures let us say that there aren't any correlations between these factors.

This coefficient was detected between short-term visits frequency and QOL indicators ( $\chi^2= 5,509$ ;  $df=2$ ;  $p=0.064$ ). Also, Spearman's correlation coefficient was negative ( $r=-0,139$ ;  $p=0,050$ ); these figures let us say that there are weak correlations between these factors.

### 4.4. Correctional Facilities Environmental Factor and QOL

The next independent variables that influence elderly prisoners' QOL are correctional facility accommodation, officers, and other prisoners' attitudes. So the survey items that assess officers' and administration's attitudes to them were determined.

**H0:** the correctional environmental factor and personal relationship in the prison doesn't have an impact on the elderly inmates' QOL

**H1:** the correctional environmental factor and personal relationship in the prison have an impact on the elderly inmates' QOL

The statistical figures let us to continue this discussion and determine relationship between these factors ( $\chi^2= 13,857$ ;  $df=1$ ;  $p=0.000$ ). Spearman's correlation coefficient was positive, and this figure was statistically significant ( $r=0,264^{**}$ ;  $p<0,01$ ).

The next question (how you rate workers' attitude) about a relationship in prison and QOL of inmates was measured by Kruskal Wallis Test ( $\chi^2= 18,167$ ;  $df=2$ ;  $p=0.000$ ), and Spearman's correlation coefficient was positive, and this figure was statistically significant ( $r=0,301^{**}$ ;  $p<0,01$ )

The other prisoners' attitudes and its impact on elderly prisoners' QOL was measured by Kruskal Wallis Test ( $\chi^2= 3,185$ ;  $df=1$ ;  $p=0.074$ ), and Spearman's correlation coefficient was positive, and this figure wasn't statistically significant ( $r=0,127$ ;  $p=0.074$ ). Based on this statistical measurement  $H_0$  was rejected and  $H_1$  (the correctional environmental factor and personal relationship

in the prison have an impact on the elderly inmates' QOL) was approved. However, this is appropriate for officers' approach, this hypothesis wasn't proved statistically for prisoners' attitude factor.

Considering the officers' impact on the aging population in the prison, the next step of the study was to check the officers' social-emotional skills.

On August 20-21, 2021, a seminar training on "Development of social and emotional skills, creation of a supportive environment" was organized with 21 young officers who started their new service in the Penitentiary Service. At the same seminar, officers conducted a "Social-Emotional Skills Self-Assessment Questionnaire". The questionnaire consists of 5 sections: self-awareness, self-regulation, social awareness, social management, and responsible decision-making, 5 questions for each section, a total of 25 questions.

Self-awareness ( $12,62\pm 3,2$ ; min.0, max.15), self-regulation ( $12,43\pm 2,7$ ; min.4, max.15), social-awareness ( $10,76\pm 2,07$ ; min.4, max.15), social management ( $12,43\pm 3,1$ ; min.2, max.15), and responsible decision-making ( $12,19\pm 3,5$ ; min.1, max.15) scores fluctuated between 0-15.

A strong positive correlation was determined between questionnaire sections, and it was a statistically significant result.

*Self-awareness and self-regulation ( $r=0,71^{**}$ ;  $p<0,01$ );*

*Self-awareness and social-awareness ( $r=0,71^{**}$ ;  $p<0,01$ );*

*Self-awareness and social management ( $r=0,81^{**}$ ;  $p<0,01$ );*

*Self-awareness and responsible decision-making ( $r=0,69^{**}$ ;  $p<0,01$ );*

*Self-regulation and social management ( $r=0,76^{**}$ ;  $p<0,01$ );*

*Self-regulation and responsible decision-making ( $r=0,77^{**}$ ;  $p<0,01$ );*

The aging process has an impact on elderly inmates' QOL, although they don't have any previous prison experience, their QOL indicators changed negatively. The relationship and communication have an impact on the aging prison population, however, the interpersonal relationship in the prison influenced their daily mood and quality of life more than personal relationships with family members, and relatives. Officers' attitude and their approach were one of the strong influential factors on elderly offenders. At the same time, officers' self-awareness, self-regulation, social management, and responsible decision-making skills were interrelated with each other.

## 5. Limitation of the study

The attendance at the study was voluntary, so some of the officers and the elderly prisoners didn't want to participate in interviews. This is the first limitation, due to numbers, and there wasn't other culture's member. So the results can be valid and reliable only for that population.

Another limitation is due to variables; during the research limited numbers of variables were chosen and checked the correlation between these factors. Based on these data, in the future, the qualitative study could be realized related to the subjective attitude of participants. In addition, we could pay attention to socio-demographic and professional information about participants to hypothesis correlations with the categories that are identified by this research.

The next limitation of this work's due to gender, so only male prisoners were involved, for future female elderly inmates' need to take into account, too.

Considering this project as a first local experiment, in the future, the study can be focused to other prisons of regions with more participants, and different point of view.

## 6. Conclusion and Recommendation

The main purpose of the research intended to illustrate the aging prison population's psychological well-being, and the role of institutional and family factors in their perception of quality of life.

The literature analyzing elderly inmates lends insight to the importance of social support in prisons. Inmates report the need for safety, structure, support, emotional feedback, social stimulation, activity, and other issues (Youngki W. et al., 2015).

Some of the authors note that visits, furloughs, receiving calls, and letters by family members and relatives can be kind of expressive support tools. Also, the frequent meeting factor is related to the reduction of recidivism after release (Bales and colleagues 2008).

Finding from the literature analysis mentioned prison environment factors as different attitudes, stereotypes, also younger adults' patronizing talk with older individuals. Aging-related attitudes also influence other important social contexts. So that issue had been differentiated as one of the independent variables and included in the survey.

Another side of this interpersonal relationship is focused on officers' attitudes. Although the different studies have been

realized in other countries about prison officers' behavior, (Owen (1983) Liebling and colleagues (1999), Lemmergard and Muhr (2012), Ibsen (2013) Ricciardelli and Perry (2016) Halsey and Deegan (2017)) but this research is the first in our country.

Based on the statistical operation the following significant figures were summarized:

- There is a negative correlation between increasing age factor and elderly inmates' subjective assessment of the quality of life indicators ( $r=-0,359^{**}$ ,  $p<0,01$ );
- Older inmates' (who participate in the research) any previous prison experience doesn't have an impact on their current comprehension quality of life;
- There is a weak correlation between regularly visits by family members and their quality of life indicators ( $r=-0,139^{*}$ ;  $p=0,050$ );
- There is a positive correlation between officers' attitude and quality of life factors of elderly inmates ( $r=0,301^{*}$ ;  $p<0,05$ );
- The correctional environmental factor and personal relationship in the prison have an impact on the elderly inmates' QOL ( $\chi^2=13,857$ ;  $df=1$ ;  $p=0,000$ ;  $r=0,264^{*}$ ;  $p<0,05$ );
- The strong positive correlations were determined between Social Emotional Skills Self-Assessment Questionnaire items, Self-awareness and self-regulation, social-awareness, social management, responsible decision-making ( $r=0,71^{**}$ ;  $p<0,01$ ;  $r=0,71^{**}$ ;  $p<0,01$ ;  $r=0,81^{**}$ ;  $p<0,01$ ;  $r=0,69^{**}$ ;  $p<0,01$ ); also self-regulation and social management, responsible decision-making skills of officers ( $r=0,76^{**}$ ;  $p<0,01$ ;  $r=0,77^{**}$ ;  $p<0,01$ ).

### Recommendation

- Enlightenment about geriatric syndromes (frequent falls, cognitive impairment, dementia, incontinence, sensory impairment, and polypharmacy) should be realized among prisoners and staff personnel. People aging in prisons should receive periodic medical and psychological care to identify new geriatric syndromes as they arise. It was emphasized in the International Review of the Red Cross in 2016.

- Prison staff should be informed about risk factors and warning signs on the risk of self-harm, depression symptoms, and future effects. This can be the main topic of the seminar with officers.

- Psychologists should involve elderly inmates in group therapy to prevent social isolation and make connections with relatives. Social isolation can lead to diminished functional capacity or may be exacerbated by it, putting older adults at a risk for subsequent loneliness and other diseases (Perissinotto, C. M, et al. 2012).

-Prisons can be staffed in part by prisoners-volunteers, who may receive extensive training and mentored experience in hospice

practices as in other countries (Human Rights Watch, Heath C., et al 2011).

- Job satisfaction of the officers need to be learned more detailed and make special program consists of social-emotional skills. The problem has been highlighted in other research, too (Carnevale and colleagues (2018)).

Despite the limitations of the study, it is one of the first steps to our understanding of the aging male prisoners and factors that influence their QOL (quality of life). This research gives literature analysis about elderly inmates, their QOL, interpersonal relationship with family members and relatives, also with the workers and officers in the correctional facilities. The statistical part of the study testifies dependent and independent variables, correlation and regression between them, also social-emotional skills of officers. For future directions, considering the limitation of the study the other variables need to be measured, and support program details could be explored.

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