

Effects of Long-term Incarceration on the Elderly

David W. Threinen

There have been several studies done on Post-traumatic Stress Disorder (PTSD), but none have included long-term incarceration as a traumatic event that can cause it. Research tends to focus on events such as sexual assault, traffic collisions, warfare or other threats on a person's life as the main causes (e.g. Bisson, 2007). In this paper, I refer to prisoners who have served 30 or more years and that are 65 years of age or older and are still in prison or a prison setting. Instead of applying the term "Post-traumatic Stress Disorder" as a consequence of their lengthy time behind bars, I will instead describe the phenomenon as "Continued Traumatic Stress Disorder" (CTSD), as the population I am referring to continues to be subject to the experience of incarceration.

Although several types of traumatic events can trigger PTSD, the most commonly cited cause is warfare. Seeing others maimed and/or killed in horrible manners or committing of these acts themselves can produce disturbing thoughts, feelings or nightmares related to the events which bring on the symptoms. The same can be said about life in prison. As in war, prisoners are subjected to violence of one kind or another on a daily basis. This violence can be in the form of physical violence, such as getting beaten up, sexually assaulted, bullied, and intimidated by younger prisoners or, in some cases, the prison guards themselves. It is no secret that in prison, like in society, the elderly are one of the main groups targeted (OCI, 2011). When we talk about long-term incarceration, we are talking about some kind of traumatic event happening almost daily for decades with no relief, which bolsters my claim that elderly prisoners are dealing with CTSD.

Under Neuroendocrinology, it states in part, "PTSD symptoms may result when a traumatic event causes an over-reactive adrenaline response, which creates deep neurological patterns in the brain. These patterns can persist long after the event that triggered the fear, making an individual hyper-responsive to future fearful situations" (Sherod, no date). It is safe to assume that in this section they mean that the person the event happened to has been removed and/or received treatment for the original event, but can have it triggered again in the future should something similar happen. Think of someone not being able to get away from, not only where the event took place, but also not able to get away from someone who may have caused the event in the first place, especially, in the event of a sexual assault or a physical assault. They may relive their trauma daily and may

even come into contact with the person who caused it in the first place. In this era where double occupancy cells still exist, it is very likely that the person who caused the event is one's roommate. How does one get away from and deal with that?

The International Statistical Classification of Diseases and Related Health Problems 10 (ICD-10) summarizes the diagnosis for PTSD with the following list of criteria (WHO, 1990). I will go through them one at a time, giving an example of how they apply to the prison setting.

Exposure to a stressful event or situation (either short or long lasting) of exceptionally threatening or catastrophic nature is likely to cause pervasive stress in almost anyone. As previously mentioned, most institutions have been recently built with double occupancy cells. If one's roommate is the aggressor, then the one being victimized is being subjected to long-term abuse and has no way of avoiding it. Even if one manages to escape their aggressor, there is no way of knowing what his next roommate will be like thereby, causing constant severe stress and anxiety (Shook, 2013).

Persistent remembering or "reliving" the stressor through intrusive flashbacks, vivid memories, recurring dream, or by experiencing distress when exposed to circumstances resembling or associated with the stressor contributes to PTSD. Seeing someone being assaulted either physically or sexually in the prison setting is a frequent occurrence. I will admit at this time that although sexual assault does happen, it is rare. Physical assault is a lot more common. Being exposed to the potential of this violence happening daily is stressful. Seeing this type of violence causes someone to live in a perpetual state of anxiety.

Actual or preferred avoidance of circumstances resembling or associated with the stressor (not present before exposure to the stressor) can contribute to PTSD. The only way to avoid circumstances in person is not to come out of your cell. We have far too many seniors who just stay in their cells and become hermits, all to avoid what they may see or be subjected to in the yard or gym. Long-term prisoners also experience other things that contribute to PTSD, including the inability to recall, either partially or completely, some important aspects of the period of exposure to the stressor. They also experience symptoms of increased psychological sensitivity and arousal (not present before exposure to the stressor) because of difficulty in falling or staying asleep, irritability or outbursts of anger, difficulty to concentrate and being frequently startled.

Over the years, there have been several suggestions on how to treat and avoid new occurrences of PTSD. A few notable examples include psychological debriefing and prescribing drugs. Treatment in the context of CSC institutions primarily comes in the form of Cognitive Behavioural Therapy (CBT). We are given CBT programs, which are supposed to help us deal with the problem that brought us to prison (Duguid, 2000). The problem is that we finish these programs and are expected to function while still in the prison setting. CSC cannot seem to comprehend that it is the prison setting, which causes the stressors we are dealing with. After every session, they are sending long-term prisoners back to their confines. It is no different than sending a soldier back to the warzone after treatment. This is why I refer to this phenomenon CTSD.

Some may not agree with my assertion that prison life can be compared to war. Below, are some examples to substantiate this claim.

In 1975, a prisoner named Glen Landers approached and began to climb the perimeter fence surrounding Millhaven Penitentiary. It was mid-day when a single shot was fired and Glen was killed. The perimeter trucks were already present on the opposite side of the fence where Glen began to climb. He was unarmed. Why authorities decided to shoot and kill Glen remains a mystery. The point of mentioning this event is, this took place in full view of over a hundred prisoners', including Glen's brother Bobby. They had to stand and watch while Glen died. Bobby became so traumatized that shortly after this event he committed suicide (Gaucher, 1991).

In the 1980s, in Kingston Penitentiary for men, a fight broke out in the exercise yard. As was common in Kingston at the time, during the summer months, the weight pit was moved in the yard. During this fight, one of the prisoners grabbed a weight bar and beat another man to death. This happened in front of around a hundred other prisoners. The reason nobody tried to step in and stop it are two-fold. One, nobody wanted to get their head beat in and two, the guards held everyone at bay with shotguns until it was over.

In April 1994, in the Prison for Women in Kingston, Ontario, federally sentenced women were complaining about male guards tearing and cutting their clothing off, fondling them and humiliating them by making rude remarks during an intervention. For a whole month, prison staff, including the guards in question, got on national television and denied that it happened. Then the video of events was found and released, and it showed that it was all true. The point in mentioning this tragic, emotional event is that

these were women who had been abused in one form or another all of their lives and were again forced to live through it all. Some of the women who endured this died by suicide (Arbour, 1996).

In 2015, a prisoner named Matthew Hines, known to us as Chubbs, was living with mental health issues and acting up a little – nothing serious. He was attacked by 13 prison guards, was sprayed with mace, beat and kicked unmercifully, had his T-shirt pulled over his face and thrown into a shower (an act which simulated water-boarding), and left to die (Zinger, 2017). The ordeal was also witnessed and heard by prisoners.

These are only four events amongst many that happened over a 40-year period, which clearly show there is extreme violence and death in prison. It should be pointed out that in three of the events the guards were the aggressors and no one was ever held accountable. Imagine experiencing violence for most of your life that sometimes gets to this scale and having to face your tormentors every day. Even as I, a 69-year-old man who has served more than 40 years, sit and write this paper, I come across some of the guards responsible for the death of Matthew Hines on a daily basis. I know that they are upset with my writings, so I am left to constantly wonder when it will be my turn.

Why does the CSC or the federal government for that matter, not acknowledge either PTSD or CTSD of its prisoners? The answer is very simple. If they did, it would render their programs useless. They would also have to acknowledge that they are a big part of the problem. Part of their mandate is to provide a safe and secure environment for all prisoners. As far as seniors go, they are severely lacking a safe and secure environment in that department.

Seniors are a significantly growing part of the prison population and have the highest rates of suicide, physical assault, sexual assault and murder (OCI, 2011). Most seniors constantly display symptoms, such as:

- Jumping at the slightest sound (jingling keys, having cell doors rattled);
- Being panicky (hearing others talk in low voice and wondering if they are talking about them, seeing someone get beat up and wondering if they are next); and
- Displaying extreme nervousness (having been assaulted and then having to leave the cell for something).

I know that there are no easy answers to the problem. To start CSC and the federal government should admit there is a problem and at least create an environment that the seniors can feel safe in. There are hundreds of seniors in prison right now who will never be released. I do not think it is right or humane to make them live out their lives in constant fear.

I write this paper with the hopes that someone will read it and feel outraged by the manner seniors are being treated in prison. We were sent to prison for a crime that we committed and we accept that. What we do not accept is the treatment we receive from others while serving our sentence.

REFERENCES

- Arbour, Louise (1996) *Commission of Inquiry into Certain Events at the Prison for Women in Kingston*, Toronto: Farr Associates Reporting Inc.
- Bisson, Jonathan I. (2007) "Post-Traumatic Stress Disorder", *Occupational Medicine*, 57(6): 399-403.
- Duguid, Stephen (2000) *Can Prisons Work? The Prisoner as Object and Subject in Modern Corrections*, Toronto: University of Toronto Press.
- Gaucher, Robert (1991) "Organizing Inside: Prison Justice Day (August 10th) – A Non-violent Response to Penal Repression", *Journal of Prisoners on Prisons*, 3(1&2): 93-110.
- Office of the Correctional Investigator of Canada [OCI] (2011) "Correctional Investigator Releases 2010-11 Annual Report: Growing Old Behind Bars – Grey Wave Hits Canadian Prisons", Ottawa. Retrieved from < <http://www.oci-bec.gc.ca/cnt/comm/press/press20111101-eng.aspx>>.
- Sherod, Catherine Dlo (no date) *PTSD Break The Silence*.
- Shook, Jarrod (2013) "Debunking Double Bunking in the Correctional Service of Canada: A Critical Qualitative Account", *Journal of Prisoners on Prisons*, 22(1): 64-67.
- World Health Organization [WHO] (1990) *International Statistical Classification of Diseases and Related Health Problems 10*, New York.
- Zinger, Ivan (2017) *Fatal Response: An Investigation into the Preventable Death of Matthew Ryan Hines*, Ottawa: Office of the Correctional Investigator of Canada.