

Challenges of Community Reentry for the Geriatric Inmate Population of Onitsha Correctional Centre, Anambra State

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Abstract

Geriatric inmates upon release from the correctional center face severe community reentry challenges, driven primarily by profound social stigma and exclusion, family abandonment, poor health, and lack of financial resources. This study examines Challenges of Community Reentry for the Geriatric Inmate Population of Onitsha Correctional Centre, Anambra State. The research adopted reintegration theory as theoretical framework. The study revealed that geriatric inmates face significant community re-entry barriers which include; stigmatization, homelessness, poor access to healthcare, lack of social and financial support, etc. The study concludes that without deliberate, age-specific interventions, geriatric inmates upon release from correctional centres are likely to face serious challenges which will make their re-entry into their community a herculean task for them. It therefore recommends that the Nigerian Correctional Service should establish transitional housing schemes and geriatric-specific healthcare access programs for geriatric inmates to address the pressing issues of homelessness and medical neglect post-release, amongst others.

Keywords; Community Reentry, Geriatric Inmate, Ex-offenders, Prisons, Correctional service

1. INTRODUCTION

Every constituted body is made with a general and specific function in mind, and the relevance of such body is always measured by its ability to fulfill its expected role (Onwuchekwe, Okafor & Madu, 2020). The prison system (or correctional service system) is a crucial component of a nation's penal institutions, serving as the primary mechanism for securely confining individuals who have been convicted of crimes or are awaiting trial (Ajah&Nweke, 2017). It is a critical segment of the criminal justice system (Aboki, 2007). Ideally, the aim of putting somebody in prison or correctional centre among others is to help the person imbibe new ways of life, hopefully to get reintegrated into society. Prisons or correctional centers are therefore designed to provide a secure and safe place for individuals who have been convicted of a crime, with the hope of rehabilitation and reintegration into society. Historically, imprisonment has evolved as a more humane alternative to other forms of punitive measures, accommodating offenders within structured environments designed for behavioral correction (Feral, 2002). Modern prisons according to Giddens (1991) have their origins not in the jails and dungeons of former times but in workhouses (often referred to as “hospitals”). However despite a prison’s intended rehabilitative function, Idowu and Muhammed (2019); Mohammad (2017) identifies several challenges affecting correctional centers in Nigeria. These include insufficient feeding, inadequate rehabilitation facilities and programs, poor working conditions, overcrowding/congestion, and the failure to separate inmates based on their specific needs. Also, lack of proper planning and provision for geriatric inmates is another big challenge that faces the correctional centers in Nigeria. Most correctional centers in Nigeria are designed only for young and active inmates. For most geriatric inmates they struggle to cope with difficulties in the correctional centres such as long distances, the stairs, top bunks, and dimly lit, cold, or damp environments.

No doubt the challenges faced by geriatric inmates have become an impediment to their full and proper reentry into their communities. Davis et al (2012) noted that the prison environment is markedly different from mainstream society. Therefore, when being released, ex-convicts are plunged into an environment that is quite different from that of the prison and they struggle to cope. Furthermore, given the dynamic and ever-changing nature of society, ex-offenders who spend long periods in prison are released into an environment that is very different from their

former environment before imprisonment. This appears to pose a serious challenge for their smooth reintegration process ((Onwuchekwe, Ibekwe, Ezeh, &Okpala, 2023). Osayi (2015) noted that Nigerian prison has proved dysfunctional, because rather than reconciling the offender with the social order and its laws, the prison has been a center for the dissemination and exchange of criminal influences and ideas, and has usually rendered the prison processed offenders unable to re-integrate into the society.

The reentry of geriatric inmates into the community presents a more complex challenge due to their advanced age, declining health, and lack of social and financial support (Ajah&Nweke, 2017). Also, most geriatric offenders suffer from community rejection upon release from correctional center. According to Lindsey and Beach (2002), individuals do not respond to their environment rather, they respond to the meanings to which they ascribe to social events through their collective sharing of meanings through symbols. Through human interactions within their milieus, they determine what is important and what is not important for them (Nwosu, Abunike, Onwuchekwe &Onuchukwu, 2022). When individuals have the perception that ex-offenders are criminals, they tend to be more reserved in dealing and accommodating them within their environment. Most geriatric inmates upon release form the correctional center face severe community reentry challenges, driven primarily by profound social stigma and exclusion, family abandonment, poor health, and lack of financial resources. In fact, the reintegration of discharged geriatric offenders is often hindered by community perceptions of them as unrepentant criminals. Most of them are denied decent accommodation even in their family houses leading to homelessness. For Onwuchekwe et al., (2023) the manner in which marginalized members of a society is perceived or treated in social interaction seems to shape their wellbeing and subsequent actions. Most geriatric inmates often perceived as evildoers by community members face challenges of accessing genuine community-based support and social welfare upon release from correctional centre. Some of them suffer from loss of familial ties which leaves them isolated and abandoned. There are also instances where some of them are denied access to their personal assets, which has equally resulted cases of extreme poverty among them. Ajah&Nweke (2017) observes that the reintegration challenges faced by ex-convicts are largely shaped by the perceptions held by communities and society at large, which significantly hinder their ability to secure employment post-incarceration. In Nigeria today, it is common practice for employers to

discriminate against individuals with prior criminal convictions, thereby reducing their chances of securing stable employment.

Bebbington et al., (2021) noted that recently released offenders suffer from negative mental health effects due to a lack of a support system and the resources required for reintegration into the community. Geriatric offenders often grapple with severe health challenges, including chronic illnesses, physical disabilities, and cognitive impairments. Studies reveal that approximately 40% of incarcerated individuals aged 55 and above suffer from cognitive impairments, making it difficult for them to navigate post-incarceration life without structured support. The lack of accessible healthcare services upon release further compounds their struggles, leaving them vulnerable to health deterioration, depression, and premature mortality. The case of the Onitsha Correctional Centre in Anambra State highlights the urgent need for structured reintegration programs tailored to the geriatric inmate population. Many geriatric inmates face severe barriers in accessing post-release support services. Given these challenges, there is a critical need to assess the existing community reentry mechanisms and develop policies that will address the unique needs of geriatric inmates.

2. Conceptual Framework

Concept of Geriatric Inmate

According to the Australian Institute of Criminology (AIC) (2011), a functional criterion for older incarcerated adults is 50 years of age or older. Grant (1999) and Hayes et al., (2012) posited that ageing is thought to begin at 50 in the prison population as opposed to 60 in the general population. Human Rights Watch (2012) noted that prison life may be difficult for everyone, but it can be especially difficult for those whose bodies and brains may be affected by changes associated with ageing and may depend more on others and may lose some or all of their autonomy due to ageing. Help Age International (2011) asserts that as we age, our rights do not alter. In addition, as people age, they encounter greater obstacles to involvement, depend more on others, and lose some or all of their autonomy. A geriatric inmate is referred to as an incarcerated person who experiences accelerated aging due to poor health, lifestyle, and the harsh conditions of prison confinement. Geriatric inmates often have higher rates of chronic illnesses (hypertension, diabetes, heart disease) compared to their younger counterparts and the

general population. They frequently suffer from geriatric syndromes such as cognitive impairment/dementia, mobility issues, incontinence, falls, and sensory loss (hearing/vision). Older incarcerated persons also experience isolation and prejudice because their unique medical, social, and educational requirements are not being served (Prison Reform Trust, 2011).

Olaoye (2025) observed that apart from a strong indication of an increasing number of elderly prisoners, there is strong evidence that geriatric inmates in correctional institutions are exposed to a high burden of physical and mental health problems. Up to 90% have at least one moderate or severe medical condition, with more than 50% having three or more forms of health condition (Public Health England, 2017; Olaoye, 2025). Onwuchekwe, et al (2023) noted that irrespective of the circumstances that surround social existence of certain individuals, all human beings aspire to live a fulfilling, satisfying and meaningful life. The author argued that offenders released from correctional institutions could sometimes be confronted by socio-cultural, economic and personal challenges that tend to become obstacles to a crime free lifestyle and reentry process. Some of these challenges might be as a result of the consequences of incarceration and the difficulty of transiting back into the community (Ajala & Oguntuase, 2011; Onwuchekwe, et al, 2023). Ossayi (2015) noted that in Europe and America, a number of after-care initiatives such as Reintegrative Confinement, Structured Transition, Intensive After-care, and Community Correction which include Halfway Houses, Furloughs, Probation and Parole have been developed and implemented to ease the transition problems of released offenders. In Nigeria, the author argues that only while lip-service is paid to the existence of after-care services, also, provision for community based corrections is apparently not in existence.

The issue of geriatric inmates in correctional facilities has emerged as a significant concern, as the aging prison population continues to rise. Many correctional institutions were originally designed for younger offenders, leaving elderly inmates in environments that do not cater to their specific needs. Research highlights the growing medical, psychiatric, and social challenges that this population faces, as well as the policy implications and potential solutions to address these issues. It is concerning that older inmate in Nigeria correctional centers face difficult reentry challenges compared to their younger counterparts. Many geriatric ex-offenders are released into communities without access to stable housing, making them highly vulnerable to homelessness.

Research indicates that formerly incarcerated individuals are ten times more likely to experience homelessness compared to the general population, with older adults being at an even higher risk. Asokhia and Agbonluae, 2013; Chukwudi (2012) observed that in Nigeria, social welfare systems are limited; the absence of structured reintegration programs exacerbates the struggles of elderly ex-inmates. Many of them lack financial resources, making it difficult to secure accommodation or afford basic needs upon release.

Concept of Community Re-entry

According to Okah et al. (2024) community re-entry is the process of facilitating a transition or movement of an offender who has completed their sentence, and rehabilitation programs in a correctional institution back to their family, environment, and community where they belong. Community reentry is the process by which ex-convicts transition back into society and gain acceptance from key stakeholders, including families, employers, and communities (Idowu&Odivwri, 2019). For Laub & Sampson (2003) community reintegration is the process of transitioning from incarceration to the community, adjusting to life outside of prison or jail, and attempting to maintain a crime-free lifestyle. Community reentry is frequently described as reintegration because it involves preparing not only the ex-offender but also the family, community, and victims for the transition process (Stravinskis, 2009). It is one of the most important indicators that determine the success of previously incarcerated individuals' rehabilitation. It contributes to helping one's adaptation to life adversities in the society.

Shajobi-Ibikunle (2014) and Aniekan (2016) observed that the common perception among communities is that little or nothing could be done to rehabilitate or change the behaviour of ex-offenders who they see as dangerous individuals. Thus, formerly incarcerated individuals face significant challenges during community re-entry. These barriers include stigma, difficulty in finding employment, limited access to housing, and lack of educational opportunities (Arevalo, 2020). Many re-entering individuals struggle to access quality re-entry programs, particularly those that address substance abuse and mental health needs. The financial burden associated with reintegration is also a major obstacle, disproportionately affecting marginalized groups, including people of colour and women. Social networks and family relationships further complicate re-entry, as individuals with a history of incarceration often experience strained

relationships with loved ones, which can impact their emotional and financial stability (Weill, 2016). In Nigeria; prisoners are often released without adequate preparation for life outside the prison system. Upon release, they are left to find housing, employment, and basic necessities on their own, often with little to no support. Many ex-convicts experience isolation and alienation due to the absence of transitional case managers who could guide them through this critical period. As a result, they struggle to rebuild their lives and frequently resort to crime out of necessity (Petersilia, 2003; Stravinskas, 2009).

Studies highlight the need for comprehensive discharge planning that includes mental health services, substance abuse treatment, and access to healthcare (Luther et al., 2011). Without proper support, many individuals return to behaviors that led to their incarceration in the first place, increasing their risk of recidivism. According to Iremeka, F.U., Eseadi, C., Ezenwaji, C. *et al* (2021) rational emotive-behaviour therapy (REBT) has shown great promise in helping students manage mental distress. Such therapy can as well be adopted to address the need of geriatric inmates. Also, programs that integrate healthcare services with re-entry planning have been shown to improve long-term outcomes by addressing the root causes of criminal behavior and providing individuals with the tools they need to reintegrate successfully.

3. Theoretical framework

Reintegration Theory

Reintegration theory focuses on the process of re-entering individuals primarily ex-offenders back into society by restoring their social, economic, and psychosocial ties. It emphasizes a transition from a marginalized status to civilian or law-abiding life, requiring community acceptance and the reduction of stigma to lower recidivism rates. Muntingh (2005) noted that the rationale for reintegrating offender is based on two moral premises. Firstly, it is better for people to be in harmony with one another in their community, and secondly, wherever harmony and community are absent, they should be actively pursued. The author further noted that punitive approach stigmatises and belittles offenders. This results in a further breach of community and disruption of harmony in society. To this end, reform and reintegration of offenders should always be the ultimate aim of incarceration. In application therefore, reintegration theory tries to point to societal role in crime perpetration and dissuade the blame game of the community. It

perceives the society as an accomplice in crime commission and therefore must help in treating and rehabilitating the offenders, especially in ensuring that they reintegrate successfully (Onwuchekwe et al, 2023).

Some of the conditions that breed criminals whom many societies create are discrimination against ex-convicts by community members and the assumption that upon released from correctional facilities, the ex-convicts may still go back to reoffending. Many geriatric inmates upon release from correctional centres suffer from community avoidance and stigmatization. The sense of not being welcomed anymore as part and parcel of their community depresses them the more. Therefore, for reintegration theorists, communities should be open minded and show willingness to welcome geriatric inmates back without any form of reservation. They argue that it is only through this that the gains of rehabilitation received by at the correctional service centres would be sustained.

4. Conclusion and recommendation

Geriatric inmates encounter significant community reentry challenges upon release from correctional center due to family and community abandonment, rejection and stigmatization, etc. They are most often stereotyped, labeled, and discriminated against by their own family and community. The stigmas they suffer most times erode their self-esteem and weaken their social cohesion. In most communities in Nigeria, ex-geriatric offenders are most often judged by their past crimes by community members. They are rejected and excluded from participating in key community activities. Most of them are pushed to the margins of society, unable to meet basic survival needs upon their release from the correctional centre. Ahmed (2015) further supports this, noting that harsh prison conditions and societal rejection create a cycle where ex-inmates, especially the vulnerable ones. Indeed, most elderly ex-inmates lacked the necessary support to be able to integrate proper into their community.

Most geriatric inmates of Onitsha correctional centre often leave the centre without having accessed any meaningful training or rehabilitation that will them integrate into their community. Although this study found that some reintegration programs actually exist, their impact on geriatric inmates is moderate and uneven. Idowu and Odivwri (2019) shares this concern in their

study which found that Nigerian correctional facilities often fall short in delivering true rehabilitation, leading to high recidivism rates. Indeed, the geriatric inmates are often overlooked when reintegration services are designed by correctional service centers in Nigeria. They do not actually benefit because most of the programs target younger or more able-bodied inmates. Many of geriatric inmates who need healthcare navigation, housing assistance, and psychological support usually don't get them. In the light of the above, this study concludes that without deliberate, age-specific interventions, geriatric inmates upon release from correctional centres are likely to face serious challenges which will make their proper re-entry into their community a herculean task for them.

Therefore, this paper recommends that:

1. The Nigerian Correctional Service should establish transitional housing schemes **and** geriatric-specific healthcare access programs for elderly ex-inmates to address the pressing issues of homelessness and medical neglect post-release.
2. Correctional facilities like Onitsha should revamp their rehabilitation approach by incorporating age-sensitive vocational training, counseling, and reentry planning that begins early in incarceration and continues post-release, specifically designed for elderly inmates.
3. Communities should be sensitized to accept ex-geriatric offenders back without reservations of any kind.
4. Policymakers should consider adopting a National Geriatric Reintegration Strategy (NGRS) that will target interventions such as micro-grants for ex-geriatric inmates and community reentry programs that will pair ex- ex-geriatric inmates with trained community volunteers.

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