

# Chapter 5

## The Elderly Offender and the Elderly Victim of Crime: A South African Overview



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### Introduction

In this contribution we will sketch an overview of the elderly offender as well as the elderly victim in South Africa. In short very little is written about elderly offenders in South Africa as a very insignificant portion of the prison population is senior citizens. In 2015 only 861 sentenced elderly inmates aged 61 years and older reflected in the South African prison population of 161,984. If one consider gender of the elderly prison population, 822 were male offenders, and only 39 were female offenders in 2015 (Sihlangu, 2016).

In South Africa an “older person” means a person who in the case of a male is 65 years of age or older and in the case of a female is 60 years of age or older (Older Persons Act 13 of 2006). If we consider this legal age demarcation, the elder prison population as stipulated above will be even lesser. The fact of the matter is that when an older person of this age group commits a crime it usually intrigues people as crimes by older people are significantly less compared to the extent of crimes committed by the general population. It is seen as untoward or even impossible for an aged person to commit a crime. If a crime by an elder is reported, it is often believed to be a publicity stunt or even referred to “tongue in cheek”. It is almost seen as an a-typical event. In this regard Bartol and Bartol (2017) also concur that only a very small proportion of elders commit crime. Against this backdrop one should look at the general population profile and statistics regarding the elderly of South Africa to grasp the miniscule portion of crimes they commit. In general the elderly population roughly account for 8.1% of South Africa’s population of 55.91 million (StatsSA, 2017).

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According to Statistics South Africa, between 2002 and 2016, the life expectancy of males in South Africa increased from 53.6 to 59.7 years and for females from 56.6 to 65.1 years. The percentage of persons aged 60 years and older who lived below the upper-bound poverty line decreased from 84.8% in 2009 to 80.9% in 2011 and from 83.4% to 76.2% in the lower-bound poverty line. Many of the aged population currently receive an income (usually a grant) of R1600 [ $\pm$  \$120] or less per month. Only 22.9% of the elderly in South Africa were members of medical aid schemes in 2015. The percentage of persons aged 60 years and older who were covered by a medical aid or medical benefit scheme or other private health insurance was highest among elderly white (73.5%) and Indian/Asian (33.9%) persons. Although black Africans make out a significant majority of the South African population, only 6% of black African elderly persons and 16.6% of coloured elderly persons were members of medical aid schemes. The elderly who are deemed to be in the lower income group has access to a regular social pension income and pensioners are entitled to free treatment at public health-care facilities. However, health care is often unsatisfactory due to poor access and huge demand (Theron, 2014). The elderly in South Africa were more likely to be females than males (60.3–39.7% in 2011 and 59.9–40.1% in 2016).

The Department of Health revealed that a very small number of aged persons (about 4%) live in institutional homes for the aged, which are mostly situated in urban areas. This means that the vast majority of aged persons are living with family or on their own and therefore are not receiving professional geriatric daily care. At the time of writing this chapter, the majority of aged individuals over the age of 85 years have had no formal schooling in their lives. About 23% of the aged community are living with one or more disabilities, which could include loss of sight, loss of hearing, loss of mobility and mental disability (Papp, 2011). Another alarming issue in elderly households where both partners are still alive is intimate partner violence (IPV). Bartol and Bartol (2017) feel that IPV does not suddenly start in old age and that abusing partners often started at a younger age and the IPV continued into old age. The irony of this type of abuse is that it takes place in private settings and usually never comes to the attention of the authorities.

With regard to general fear of crime, elderly headed households compared to general population households in South Africa felt less safe in 2015/2016 when walking around in their areas at night or during the day than in 2011. The media in South Africa is inundated with horror stories of the victimisation of elderly persons which support the reason for this increase in their fear levels. We often hear or read of an elderly couple who have been brutally murdered or tortured during a house invasion or farm attack. It is also not uncommon to hear that an elderly black African woman has been brutally tortured because she was believed to be a witch. In addition, we find that elderly women are represented more often in the rape statistics in recent years. These types of victimisation will be highlighted elsewhere in this chapter.

Stories of the elderly offender are few and far between. The most recent story of an elderly who committed a serious offence in South Africa was reported on 15 August 2017. The newspaper headline read: *Granny set fire to shack in a rage*. The 82-year-old woman, Chuthiwe Dlamini Blom, was arrested after allegedly setting

alight a four-room shack (unauthorised unrefined cabin) erected in the backyard of her property and apparently killing her grandson. She allegedly started the blaze because she believed one of the people living in the shack had stolen her food (Chetty, 2017). In the next section we will take a closer look at the elderly offender population in South African correctional facilities and how the elderly offender eventually becomes vulnerable in prison.

## The Elderly in South African Corrections: From Offender to Victim

Internationally there is a rise in the elderly inmate population, also known as the “greying” offender population. Furthermore, older inmates are regarded as the fastest growing prison cohort (Fazel, Hope, O’Donnell, Piper, & Jacoby, 2001; Williams, 2012; Yates & Gillespie, 2000). South African corrections have also experienced a slight increase in the elderly offender population. In 2010 a total number of 722 inmates (sentenced offenders *and* remand detainees) older than 61 years were incarcerated; this number increased to 744 in 2011, 778 in 2012, 862 in 2013 and 996 in 2014, and in the year 2015, the total number of incarcerated elderly offenders (sentenced offenders and remand detainees) was 1065 (Sihlangu, 2016).

This increase in the elderly inmate population can be ascribed to two factors. Firstly, there is an increase in the general South African elderly population. It is estimated that this population group will double by 2025 from 7.7% in 2015 to 15.4% (World Health Organization, 2015). Another reason for the increase in the older inmate population is the mandatory sentencing practice. For example, in the United States the “Three Strikes and You’re Out” legislation was introduced in 1993. This policy entails that offenders convicted of three felony offenses serve a mandatory life term without parole (Siegel, 2016; Yorston & Taylor, 2006). Similarly, in South Africa the so-called minimum sentence legislation, in terms of the Criminal Law Amendment Act (Act 105 of 1997), was introduced. Accordingly, inmates have to serve a mandatory minimum sentence of imprisonment for serious offences before being considered for parole. This section will provide an overview of the crimes committed by the elderly but will also focus on how the elderly inmate becomes vulnerable to victimisation while being incarcerated.

## Profile of the Elderly Offender

Researchers (Collins & Bird, 2007; Crawley, 2005; Dawes, 2009; Lemieux, Dyeson, & Castiglione, 2002; Older Prisoners, 2009; Stojkovic, 2007; Yates & Gillespie, 2000) identify three typologies of elderly offenders. Firstly, inmates who aged while incarcerated. This group is the so-called lifers who received life or lengthy sentences for a serious crime(s). In South Africa, a life sentence implies serving a minimum sentence of 25 years before being considered for parole. As of 31 March 2015,

there were 128 lifers or 11% of sentenced inmates, in South African correctional centres (Annual Report of the Judicial Inspectorate for Correctional Services, 2014/2015). Between 2003 and 2016, the lifer's prison population increased by almost 400% (Gqirana, 2017). Life sentences are imposed according to the policy that mandates minimum sentences for crimes such as premeditated murder, the murder of a law enforcement official, serial rape, gang rape and child rape (Geldenhuys, 2017). Inmates serving such long sentences may become institutionalised, with the prison becoming their home, and they are likely to die while incarcerated. For these inmates family contact may become less frequent over the years. The second type comprises of career or chronic offenders and they can be regarded as ageing recidivists. They adjust well to prison life but may experience difficulties in resettlement after release. Lastly, those offenders that receive a prison sentence late in their lives with no prior experience of life inside a correctional centre. The transition to prison is challenging for this group, and they are at high risk for self-harm and suicide. This offender group is likely to be victimised by other inmates. An example of such a type of sentenced elderly is Bob Hewitt who was sentenced to 6 years' imprisonment at the age of 75 years. Hewitt, a former Grand Slam tennis champion, was found guilty in 2015 of two counts of rape and one count of sexual assault by the South Gauteng High Court. These sexual offences occurred when he was a tennis coach during the 1980s and the 1990s. Prior to this sentence Hewitt has no previous arrests or convictions. The presiding officer, Judge Bam, commented as follows: "Justice must be seen to be done, even to ageing offenders and even after the expiration of many years after a crime" (Findley, 2015).

South Africa has the largest prison population in Africa and ranks number 9 in the world with 310 inmates for every 100,000 people (Booyens & Bezuidenhout, 2014). In 2015/2016 161,984 offenders were held in South African correctional facilities with a capacity for 119,134 offenders. This means that approximately 43,000 offenders were held in correctional centres without the necessary infrastructure such as toilets, showers and beds (Annual Report of the Department of Correctional Services, 2015/2016). There are currently 243 prisons, including 2 private prisons in South Africa. Of these prisons, 7 are closed for renovation, 9 are for female offenders, 14 are for youth offenders and 129 are for men only (Bezuidenhout & Booyens, 2017). There are currently no separate correctional facilities for elderly inmates.

Sentenced elderly offenders make out only a small percentage, less than 1%, of the total offender population. During 2015 there were 861 sentenced elderly offenders (aged 61 years and older) incarcerated nationally in South African correctional centres, with 822 being male offenders and only 39 female offenders (Sihlangu, 2016). According to the Directorate Offender Profiling from the Department of Correctional Services, the majority of elderly offenders are sentenced for *aggressive crimes* (assault, culpable homicide, murder, attempted murder, robbery), followed by *sexual crimes* (sexual assault, intercourse with a minor, rape, attempted rape), *economic crimes* (car theft, house breaking, fraud and forgery, livestock theft) and *narcotic-related crimes* (possession, distribution and manufacturing of illegal substances) (Sihlangu, 2016).

## The Vulnerability of the Incarcerated Elderly Offender

According to the White Paper on Corrections in South Africa (2005), older inmates are considered a special category of offenders with specific needs. The Department of Correctional Services identifies the needs of older offenders in terms of recreational activities suitable for older persons, facilities catering for physical demands placed on older persons and appropriate medical care. Elderly offenders are considered a vulnerable group due to physical and mental health issues, victimisation, the physical environment and issues concerning release, reintegration and dying inside a correctional facility. Older inmates are more likely to have health problems such as hypertension, diabetes, arthritis, cancer, kidney and heart problems and bladder and prostate problems. It is also postulated that elderly offenders may suffer from an average of three chronic illnesses while incarcerated (Aging Inmate Committee, 2012; Crawley, 2005; Lemieux et al., 2002; Maschi, Viola, & Sun, 2013, p. 545; Stal, 2012). A study conducted by Fazel, Hope, O'Donnell, and Jacoby (2004) found that the most commonly prescribed types of medication for the older offender population were for cardiovascular-, musculoskeletal- and gastrointestinal-related illnesses. Apart from chronic health problems, older offenders are also likely to require the use of reading glasses, hearing aids, wheelchairs, walkers and canes (Human Rights Watch, 2012). Regarding mental health issues, research indicates that older inmates suffer from depression, anxiety, senility and dementia. Accordingly, depression among elderly offenders was found to be three times higher than in younger inmates or elderly in the community (Collins & Bird, 2007; Dawes, 2009; Lemieux et al., 2002; Maschi et al., 2013; Williams, 2012; Yorston & Taylor, 2006).

In the United States, elderly offenders, who are in need of constant medical care, are physically or mentally debilitated from age or illness, are not considered a threat to society, have served half of his or her sentence and are considered to be released on compassionate parole (McCarthy, 2013; Older Prisoners, 2009). In South Africa, Section 79 of the Correctional Matters Amendment Act (5 of 2011) provides for the release of sentenced offenders on medical parole. Accordingly any offender may be considered for placement on medical parole if such an offender is suffering from a terminal illness or condition or if such an offender is rendered physically incapacitated as a result of injury, disease or illness that severely limits daily activity or inmate self-care. Furthermore, medical parole will be considered if the risk of reoffending is low and there are arrangements for the offender's supervision, care and treatment within the community once the inmate is released. An application for medical parole can be lodged by a medical practitioner, a sentenced offender or a person acting on his or her behalf, provided that a written medical report recommend placement on medical parole. Although this particular Section of the Correctional Matters Amendment Act (5 of 2011) does not specifically make provision for the elderly inmate, it can be argued that an elderly inmate with Alzheimer's disease will probably, according to the Act, qualify for medical parole. This interpretation of the law has however never been tested in South Africa. Regarding the risk of reoffending, it is reported that

recidivism, rearrest and reconviction rates decrease as age increases (Maschi et al., 2013; Older Prisoners, 2009).

The Department of Correctional Services is responsible for the provision of a safe and secure environment to all offenders under their care as well as the establishment of an environment aimed at correcting offending behaviour (Annual Report of the Department of Correctional Services, 2014/2015). In South Africa, victimisation of the elderly may be the result of prison overcrowding and custodial staff shortages. If prisons are severely overcrowded and function with only “skeleton staff”, then the safety of inmates becomes compromised and essential services, such as medical treatment, become very difficult (Annual Report of the Judicial Inspectorate for Correctional Services, 2015/2016). Older offenders may be the victims of intimidation and bullying by younger, stronger and more aggressive offenders that deprive the elderly of their physical safety and security (Stinchcomb, 2011). The Aging Inmate Committee (2012) refers to this as the “wolf-prey” syndrome, where the elderly become easy prey to younger inmates. Kerbs and Jolley (2007) completed face-to-face surveys with 65 male prisoners (50 years of age and older) and found that elderly inmates are subjected to psychological victimisation (fake punches, verbal threats), property victimisation (losing money and property by means of extortion or robbery), physical victimisation and sexual victimisation (ranging from sexual harassment to rape). The vulnerability of elderly inmates is also compromised by the physical structure of and conditions inside the prison. South African prisons were designed and built to accommodate young offenders. As a result the elderly offender must learn to adapt and cope with the physical environment, such as climbing stairs to have access to various parts of the centre such as communal or single cells, kitchen or recreational area, slippery tiled shower cubicles without grab rails or antislip mats, no wheelchair ramps and not always being able to sleep on the lower bunk beds (Crawley, 2005; Older Prisoners, 2009; Williams, 2012). The authors argue that due to the costs of renovating or rebuilding existing prisons, to accommodate the unique needs of a small percentage of the prison population is not viable. The Department of Correctional Services should look into other options to accommodate this specific group such as segregating them from the younger general prison population or renovating dilapidated state buildings for this specific purpose. Different authors raise various arguments in favour of and against the separation of elderly inmates. Those in favour of separate units argue that older inmates may be protected from victimisation, special programmes can be developed and presented by specialised staff and separation may encourage identification with peers and stimulate social interaction. Housing medium offenders with maximum offenders in one cell may pose a security risk and that elderly inmates may become further isolated and marginalised making adjustment upon release more difficult. Those against separate units argue that older inmates have a calming effect on other inmates (Older Prisoners, 2009; Williams, Stern, Mellow, Safer, & Greifinger, 2012).

The current dilapidated state of prison infrastructure in South Africa is not beneficial for the health and well-being of the older inmate. It is reported that in many South African prisons the showers and toilets are broken, there is limited or no hot water and there is a dampness in the cells as well as broken window panes which contributes to very cold prison cells especially during winter (Annual Report of the Judicial Inspectorate for Correctional Services, 2015/2016). The overpopulation of prison cells, which is a reality in many South African prisons, dehumanises inmates and contributes to the spread of communicable diseases, prevents adequate supervision of inmates which exacerbates safety concerns such as escapes and violence, encourages sexual relations, leads to frustration and contributes to the transfer of criminal skills (Du Preez, Steyn, & Booyens, 2015). All of these factors impact negatively on the prison experience of the elderly inmate.

Lastly, elderly offenders have unique needs in terms of release and reintegration, such as adjustment to family, housing, employment and health (Stojkovic, 2007). Of special concern is that elderly offenders fear that they have nowhere to go once released from prison as offenders may outlive relatives and friends. Many elderly offenders have used up their savings and do not receive pension (an old age wage) as a result of their incarceration (Stinchcomb, 2011). Individualised preparation, planning and reintegration are important as suicide rates are high among recently released older inmates (Collins & Bird, 2007). A specific fear among older offenders is dying inside a correctional centre, and death anxiety is more commonly reported among older than younger inmates (Maschi et al., 2013).

The elderly offender population is diverse in terms of their socio-economic background, health, crime history, motivations for committing crime, adjusting to prison life and coping with reintegration and release. As a result of this diversity, the Department of Correctional Services must focus on the individualised assessment, rehabilitation and monitoring of this unique inmate population.

## **Elder Abuse in South Africa and the Law**

Although the elderly population only represents a small section of the general population, the elderly population growth is in an upward curve. This implies more elders will be in need of health care and basic services. In addition more elders will need protection. Sadly abuse and neglect of the elderly is also in an upward trend in South Africa. In a report by the South African Human Rights Commission (SAHRC): *Investigative Hearing into Systemic Complaints Relating to the Treatment of Older Persons*, it was stated that physical abuse against the elderly is increasing in South Africa (Mashego, 2015). This sentiment is echoed by Bigala and Ayiga (2014) who insist that elder abuse in South Africa is widespread and must be deemed a serious public health problem. It is also evident that the abuse of the elderly is poorly researched and a global issue. In South Africa it is often treated as an unspoken problem (Kempen, 2012). One reason for this is that knowledge of the prevalence of

elder abuse and its predictors in South Africa is still low mostly because of the stigma associated with the phenomenon and its hidden nature and lack of consensus on the age at which old age begins between different black African cultural and ethnic groups (Ferreira & Lindgren, 2008). In recent years however public campaigns have contributed to an increase in public awareness and people are becoming more aware of this societal ill. Recognition of elder abuse and neglect has increased in recent times and internationally is now deemed so serious that a world elder abuse awareness day has been proclaimed annually on 15 June. The day is in support of the United Nations' International Plan of Action to recognise the significance of the abuse and neglect of older adults as a health and human rights issue. Also the scant criminological interest in the elderly has largely been focussing on the victim and not the elderly offender supporting the awareness in recent times of elder abuse as a growing societal evil (Bartol & Bartol, 2017).

South Africa has one of the most recognised constitutions in the world. It is also deemed as one of the most all-encompassing constitutions in the world to ensure human rights to all the different ethnic and diverse language groups in South Africa. The South African Constitution declares that every South African has the right to dignity and the right to have that dignity respected and protected. Section 9 of the Constitution of South Africa guarantees equality before the law and freedom from discrimination to the people of South Africa (Albertyn & Goldblatt, 2006).

Under the heading "Equality", in Section 9 of the Constitution, the following is proposed:

- (a) Everyone is equal before the law and has the right to equal protection and benefit of the law.
- (b) Equality includes the full and equal enjoyment of all rights and freedoms. To promote the achievement of equality, legislative and other measures designed to protect or advance persons or categories of persons, disadvantaged by unfair discrimination, may be taken.
- (c) The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.
- (d) No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination.
- (e) Discrimination on one or more of the grounds listed in subsection (3) is unfair unless it is established that the discrimination is fair.

The above Section 9 of the Constitution is aimed at ensuring that the elderly participate in community life and take part in societal programmes, structures and associations for older persons. It also allows for them to live in an environment suitable to their changing abilities and needs and grant them access to opportunities that promote their social, physical, mental and emotional well-being. Against this background the Older Persons Act 13 of 2006 was formulated to alleviate the plight of older citizens in South Africa by setting up a framework for their empowerment and

protection. The Act promotes and maintains the rights, status, well-being and safety and security of older persons. On 1 April 2010 the long-awaited Older Persons Act was promulgated (Gazette No. 33075—Regulation 260) (Papp, 2011; Theron, 2014). This piece of legislation aims to give greater protection to the elderly. It is in line with the Bill of Rights enshrined in the South African Constitution and a direct result of a national outcry against elderly abuse that was brought about by the release of shocking video and media footage of elderly persons being abused in homes for the aged. The act in essence aims to:

- Maintain and promote the status, well-being and safety and security of older persons
- Maintain and protect the rights of older persons
- Help older persons to stay in their homes in the community for as long as possible
- Regulate services and residential facilities for older persons
- Combat abuse of older persons

In addition, in Section 25 of the Older Persons Act 13 of 2006, very specific care and protection is stipulated for the elderly. It stipulates that a person who is involved with an older person in a professional capacity and who, on personal observation, concludes that the older person is in need of care and protection must report such conclusion to the Director-General. Those who are not in a professional capacity must report it to a social worker. In terms of Section 25(3) of this Act, the Director-General or the social worker to whom a report has been made must investigate the matter (Kempen, 2012). If such a report is substantiated by a resulting investigation, one of the following action steps may be taken:

- Facilitating the removal of the older person concerned to a hospital, in case of injury, or to a shelter if needed.
- Reporting the abuse to a police official requesting the police officer to act in terms of Section 27 of the Act to ensure the safety of the elderly abused person.
- Also taking additional steps as may be prescribed to ensure adequate provision for the basic needs and protection of the older person concerned.
- If the older person concerned is the victim of an offence or crime, the person must be assisted to see a police official in order to lay a complaint.

It is equally important to know when an older person is in need of care or protection, and this is explained in Section 25(5) of the Act, namely, when he/she:

- Has his/her income, assets or old age social grant taken against his/her wishes or suffers any other economic abuse
- Has been removed from his/her property against his/her wishes or has been unlawfully evicted from any property occupied by him/her
- Has been neglected or abandoned without any visible means of support
- Lives or works on the streets or begs for a living
- Abuses or is addicted to a substance and has no support or treatment for such substance abuse or addiction
- Lives in circumstances likely to cause or to be conducive to seduction, abduction or sexual exploitation

- Lives in or is exposed to circumstances which may harm that older person physically or mentally
- Is in a state of physical, mental or social neglect

In addition, Section 26 of the Older Persons Act places an obligation on anyone who knows about, or suspects, abuse of an older person to report it to the Director-General, social worker or a police official. If anyone fails to do so, it could constitute an offence. Elderly abuse is usually characterised by the infliction of emotional, psychological or physical harm.

According to Action on Elder Abuse South Africa (AEASA) (2017), a non-government organisation, elder abuse can manifest as a single or repeated action or lack of appropriate action that occurs within a relationship where there is an expectation of trust and that causes harm or distress to an older person (Kempen, 2012). AEASA is national organisation who aims to create, raise and sustain awareness of elder abuse in South Africa (Papp, 2011).

## The Nature of Elderly Abuse in South Africa

Although elderly abuse can take a variety of forms, the Older Persons Act 13 of 2006 acknowledges several types of abuse to which the elderly are vulnerable. The Protocol on Management of Elder Abuse (2010) categorises the abuses as follows:

*Physical abuse:* Any physical act that result in injury or even death (e.g. hitting, pushing, physical restraints, administering incorrect or excessive medication or any act that causes injury, physical discomfort, over-sedation or death).

*Sexual abuse:* Any act that result in exploitation for the purposes of sexual or erotic gratification without consent.

*Psychological, emotional and verbal abuse:* A pattern of degrading or humiliating conduct (verbal or non-verbal) which results in impaired psychological and/or emotional functioning (e.g. name-calling or ridicule, rejection, isolation or oppression, deprivation of affection and cognitive stimulation).

*Neglect:* Not providing or reserving care and basic necessities (e.g. no or small portions of food, limited or no shelter, clothing, medication, emotional support and stimulation).

*Financial abuse or exploitation:* Using of elder person's money, stipend, grant, property, valuables and assets without their consent (Alexander, 2004). Financial abuse takes the form of extortion and stealing of possessions and grant or pension money. This also seems to be the most prevalent form of abuse in a domestic setup as well as in institutions in South Africa (Papp, 2011).

*Violation of human rights:* Denying the older person fundamental rights such as dignity, personal privacy, own belief, opinions, speech and movement.

The Elder Abuse Protocol (2012) also refers to self-neglect or *Diogenes syndrome* as a risk factor in abuse. This level of self-neglect is also known as senile

breakdown or senile squalor syndrome. In this situation the elderly refuses to or have the inability to attend to their own health, nutrition, hygiene or social needs. The disorder is characterised by extreme self-neglect, domestic squalor and social withdrawal; shows signs of apathy, compulsive hoarding of garbage or keeping of many animals; and shows a total lack of shame. Sufferers may also display symptoms of catatonia. The person may not have the knowledge or information to improve on their own self-care. Although this is not a form of elder abuse it could rapidly become a risk factor for abuse of an elderly family member. Furthermore, a caretaker at an old age home may not recognise the self-neglect and “punish” the aged person for their “unwillingness” or “stubbornness” to live under conditions that may be deemed inappropriate or unsafe to others (e.g. compulsive gathering of garbage and being messy).

The above forms of abuse are regularly highlighted in the media. The investigative television programme in South Africa *Carte Blanche* has aired several programmes on the abovementioned types of abuse of the elderly in South Africa which confirms the increasing awareness of this growing ill. However certain unique unsettling types of abuse also exist in South Africa.

## **Unsettling Forms of Elder Abuse in South Africa**

In this section the unique types of elder abuse that occur in South Africa will be highlighted. These include the raping of elderly women, the killing of elderly women because they are accused of witchcraft and the attack, assault or murder of elderly people during house invasions or farm attacks.

### **Raping of Elderly Woman**

According to Ferreira and Lindgren (Ferreira & Lindgren, 2008), the rape of older women by sons and grandsons in the home is common in South Africa. This type of abuse is usually done in order to extort the elderly woman’s pension or grant money or as a form of torture or revenge. Warning signs are bruising, bleeding, pain or injury in the abdominal, anal and genital areas, recurrent bouts of cystitis or venereal disease and symptoms of emotional abuse (Alexander, 2004). Some older people are unable to speak out about sexual abuse due to their subordinate position in a household, or a mental disability is often the ones most likely to be targeted.

Also the elderly women who live alone are increasingly in danger (Theron, 2014). In Box 5.1, a topical case of elderly rape in South Africa is featured.

### **Box 5.1 A Youth Raping an Older Woman**

Youth in court for alleged rape of gogo (gogo is a term used in South Africa to refer to an old lady) 25 July 2013.

Ingrid Oellermann [<http://www.news24.com/Archives/Witness/Youth-in-court-for-alleged-rape-of-gogo-20150430>].

An 18-year-old appeared briefly in the Pietermaritzburg Magistrate's Court yesterday in connection with the rape of an 80-year-old woman at Esigodini on Monday. The victim's grandson, who was also arrested in connection with the rape, was released after it was established he was not involved. The youth, who cannot be named until he has pleaded to the charge, was remanded until 31 July, pending arrangements for legal aid and a possible bail hearing.

## **Witchcraft and the Murdering of Elderly *Witches***

South Africa possesses a multi-cultural society also referred to as the rainbow nation where Western and traditional (African) cultures co-exist. One of the most significant challenges facing the post-apartheid government is the tension between the modern world and traditionalism. In the black African ethnic groups, elderly women are mostly accused of witchcraft. People by default take the law into their own hands, and in the majority of cases of witchcraft-related violence, alleged witches have been killed in brutal fashion. In this regard Fuzile (2016) states that many of the women are raped before being shot, strangled, stoned, burnt or hacked to death. Although a man can also be blamed for acts of witchcraft, elderly women are mostly accused of witchcraft, often because people regard older women as unappealing. This can be attributed to their skin complexion, age and looks and because they are more prone to emotional outbursts. These aged women consequently say things that others do not like. It implies that they are more likely to say things that could be interpreted as curses. Widows or women, whose children have died, have also historically been suspected of using witchcraft to kill their husbands and children (Bezuidenhout & Klopper, 2011; Geldenhuys, 2016). Various reasons for witch killings have been put forward and why a community were involved in attacks against witches. Sometimes a bad harvest after a dry season or the death of several individuals (e.g. a bush crash) is enough "proof" that a witch in the village caused this bad luck (a spell) in this village. If a member in a family is suffering, they often look to blame others for their misfortune and unfortunately old women (referred to as "gogos" in South Africa) in rural villages will become soft targets. Youths often get involved in the killing of a witch as young people are often regarded as the main victims of witchcraft. This means that the untimely death of a young person is culturally interpreted as being the result of witchcraft (Geldenhuys, 2016; Petrus, 2009). Certain African cultures create complex problems which government has to deal with. These include issues such as traditional healers, traditional medicine, ritual animal slaughtering and witchcraft. Many African rituals intend to honour the

ancestors, and it is believed that traditional healers have special magical powers that are linked to ancestral spirits. Witchcraft and its meaning should also be acknowledged as being on the same cultural significance as all the other rituals (Petrus, 2009). The biggest challenge is that “witches” are mostly killed without any evidence being tested in a court or without proof. In Box 5.2, an example of witch killing is presented.

### **Box 5.2 Elderly Women and Witchcraft**

Elderly women targeted in Eastern Cape village over witchcraft claims 15 January 2017.

eNCA South Africa Sunday [<http://www.enca.com/south-africa/elderly-women-terrorised-in-escape-village-over-witchcraft-claims>].

Johannesburg: Elderly women in the Mqanduli area of the Eastern Cape are living in fear after two men allegedly killed a 70-year-old woman and injured another, accusing them of witchcraft. Friends and family said farewell to Nosithele Mkhumbini on Saturday after she was attacked by the armed men. The pair, carrying sticks and knives, confronted her while she was tending her garden and accused her of witchcraft. “Seeing this coffin in front of me, I don’t feel at peace at all. I wish it was me in that coffin instead of having to live in constant fear because they said when they’re released from prison they are going to come for me”, said a neighbour during Mkhumbini’s funeral service. The area’s chief, Dalintlanga Mfazwe, said such incidents were on the rise. “This is becoming a more frequent occurrence. Not far from here they killed another old woman, whom we buried three weeks ago”, Mfazwe said.

Social development MEC Nancy Sihlwayi explained the superstitions that some held about older women. “When she’s old she loses some complexion, she loses shape and because she has become disfigured there is a belief that she is now a person who kills under the science that is not known by many people [witchcraft]”. While two suspects have been arrested and face charges of murder, villagers said the men had threatened to come back and deal with other women they accuse of witchcraft.

### **Box 5.3 The Elderly as Victims of Home Invasions and Farm Attacks**

Farmer shot, in hospital after taking on five attackers 28 August 2017.

Hanti Otto [<http://www.news24.com/SouthAfrica/News/farmer-shot-in-hospital-after-taking-on-five-attackers-20170828>].

Mbombela: The 72-year-old farmer who managed to take on a gang of five attackers after a warning from one of his farm workers is in a serious but stable condition in the hospital. Hennie Gerber was shot in the stomach, but

(continued)

**Box 5.3** (continued)

according to police spokesperson Captain Carla Hartley, no vital organs were damaged, Netwerk24 reported. “According to Gerber’s family, his condition is stable”, she said on Sunday. It’s suspected that Gerber, who farms in the Sundra area in Mpumalanga, wounded at least two of the attackers. There was blood around his house and against the fence after they had fled. Hartley earlier said five attackers, two of whom were armed, overpowered 70-year-old farm worker Elias Skosana in his home at about 03:00 on Saturday. Skosana was forced at gunpoint to take them to Gerber’s house and knock on the door. When Gerber started opening the door, Skosana, in spite of the armed men, shouted: “Tsotsis!” A shootout followed. Gerber managed to fire a few shots but was hit in the stomach. Skosana was unhurt. “It isn’t certain who started the shooting, but we suspect that two or more of the attackers were also wounded. It seems as if they fled around the house and over the fence. There is a lot of blood at the scene where they ran [away]”, said Hartley. Gerber’s wife was in their bedroom during the incident. No arrests had been made by Sunday afternoon.

The concept “farm attack” is used to refer to a number of different crimes committed against persons specifically on farms or smallholdings. According to Geldenhuys (2010), most people know what is meant by a farm attack and that several crimes that belong to the different serious crime categories (assault, robbery, rape and murder) are usually committed during a farm attack. Also murders on farms or farm killings have come to haunt the rural communities of South Africa. Very often these attacks are accompanied by extreme violence and torture (gratuitous violence), similar to home invasions. It seems as if perpetrators not only focus on killing the victim but also on inflicting pain and bringing about suffering. In South Africa many farms are owned by elderly citizens. Because of the isolation of farms and the elderly’s frail physical position, they often become victims of farm attacks or murder as they are soft targets. It is also known that repeatedly during attacks on farms, criminals have more time to commit the crime and the perpetrators know no one will hear the agony during the torture and brutality (Bezuidenhout & Klopper, 2011).

During a home invasion the robbers will enter a house forcefully at a time the occupants least expect it. Home invasion differs from burglary since the occupants are at home during a home invasion, whereas the common burglar burglarises a house because of the absence of the occupants. In burglary, violent intent is usually absent, while a home invader usually has some violent intent. A home invasion therefore constitutes the burglarising of a dwelling with hostile intent while the residents are at home. A large portion of the elderly population in South Africa live in their own dwellings which make them extremely vulnerable to home invasions (Bezuidenhout & Klopper, 2011; Zinn, 2010). In Box 5.4 an example of the nature of the brutality during a home invasion is shared.

**Box 5.4 Elderly Couple Tortured with Boiling Water and Hot Oil (17 August 2017)**

*Susan Cilliers* (<http://www.news24.com/SouthAfrica/News/elderly-couple-tortured-with-boiling-water-and-hot-oil-20,170,817>).

Mahikeng: An elderly woman who was tortured with boiling water and hot oil during a robbery on Thursday morning was more concerned about her husband than herself, Netwerk 24 reports. Two robbers overpowered Gwen Cooks, 74, and her 75-year-old husband Vic on their smallholding near Potchefstroom, stripped them naked and assaulted and tortured them while demanding money. Both sustained burn wounds and Vic was stabbed in his hand with a knife. The robbers made off with a revolver and possibly a cell-phone. They hadn't been arrested by Thursday evening. The Cooks couple's son, Cyril, said on Thursday that "things look bad", but son Cyril on Thursday wouldn't elaborate. His parents are being treated in the Potchefstroom Provincial Hospital. They apparently do not belong to a medical aid. Suzette Oosthuizen, a neighbour of the Cooks who is involved in the local neighbourhood watch, said Vic's condition was more serious than Gwen's and he might be transferred to a bigger hospital. "Tannie Gwen [auntie Gwen] is okay, I spoke to her in hospital", said Oosthuizen. "She can talk, but is just very concerned and worried about her husband. The whole community is shocked—there aren't many attacks on the smallholdings. The Cooks are quiet people and have been living on the plot for more than 40 years". Police spokesperson Captain Mvula Chaka said the attack had taken place at about 07:30 on the Cooks' plot in the Haaskraal area. According to him, two young men had overpowered Vic outside the house. "It's suspected that he was stabbed when he tried to fend them off. He was assaulted after that and was forced into the house. They also stripped him. The elderly man lost a lot of blood because of the stab wound". The robbers took off Gwen's clothes in the house. Chaka said the attackers heated water and oil and poured it over the naked couple. The two robbers stole a revolver from a safe and ran away.

## Conclusion

From the preceding discussion it is evident that the elderly community represents a very insignificant sample of the prison population. Most of the elderly in prison eventually end up being victimised. The elderly in South Africa are more at risk of being victimised compared to becoming involved in a life of crime. Although South Africa has specialised legislation to protect the aged, many still fall prey to unscrupulous family members or care givers who treat them in a rough, indifferent and undignified manner. Many elders live a life of isolation and bear the brunt of abuse on their own. Some are sexually abused, while others are emotionally, psychologically or physically abused and neglected. They often suffer post-traumatic stress

and live in constant fear. In South Africa the highest risk for an elder is to be financially exploited by various means. In South Africa all people have a duty to report the abuse of older persons. If an older person is in need of care and protection, this should be brought to the attention of the Director-General; or, at a local level, the abuse should be reported to a social worker or a police official. If it is found that the older person is in need of help, the police officer or social worker must help the older person to gain access to a hospital or shelter, or they should facilitate the removal of an offender from the home of the older person if it is in the older person's best interest. In addition, a case of an abuse should be registered at the relevant police station. The Older Persons Act 13 of 2006 also instructs the Department of Social Development to keep a register of persons convicted of abuse or any crime pertaining to older persons. A person whose name appears in the register is not allowed to operate a residential facility or be employed at any residential facility or provide any community-based care and support service to an older person.

Furthermore increasing societal awareness is evident, and many organisations and individuals are standing up against elderly abuse. For example, in 1997 Paws for People® started with a therapy dog initiative. Paws for People® aims to have an impact on the lives of people who are lonely or suffering from trauma. Many older people have lost contact with their loved ones and are seldom touched or loved. This organisation would visit old age homes and allow the elderly to engage with the dogs. Many old age homes and hospitals in South Africa allow therapy dogs to enter their premises, and some hospitals allow the dogs into the intensive care unit as it is deemed in the best interest of the elderly patient. Many heart-warming stories have been shared about these human-animal encounters between the elderly and the dogs (Geldenhuys, 2015). The cumulative focus on the elderly in recent years has also ensured that many organisations and government departments are focussing on the position of the elderly. For example, the South African Human Rights Commission, the Action on Elder Abuse South Africa and the South African Gerontological Association (SAGA) work towards the prevention of elderly abuse. Also a dedicated Elderly Abuse National Hotline: Halt Elder Abuse Line—Action on Elder Abuse South Africa operates 24/7 in an effort to report and prevent elderly abuse. The question remains: Why are so many elderly discarded and mistreated during their so-called golden years?

## Discussion Questions

1. Discuss how the traditions and culture of South African can contribute to the victimisation of specific elderly women in South Africa.
2. Discuss the Diogenes syndrome as it relates to the victimisation of the elderly in South Africa.
3. Identify and give the characteristics of the different types of older offenders found in South Africa.
4. What does the authors mean by the phrase “The offenders become victims”?

5. Discuss the key provisions in the Older Persons Act 13 enacted in South Africa in 2006.
6. Discuss the victim offender relationships that are often found in the cases of the rapes of older women in South Africa.
7. What are some of the common financial scams offenders use to exploit elderly persons in South Africa?
8. Identify and discuss the several types of abuse of the elderly in South Africa.
9. Discuss the nature of *farm attacks* committed by offenders in South Africa.
10. Discuss the meaning of the *Diogenes syndrome*.

## References

- Action on Elder Abuse South Africa (AEASA). (2017). Retrieved August 25, 2017, from <http://www.actiononelderabusesa.co.za/>
- Aging Inmate Committee. (2012, August–September). Aging inmates: Correctional issues and initiatives. *Corrections Today*, pp. 84–87.
- Albertyn, C., & Goldblatt, B. (2006, March 29). *Section 9 – The right to equality*. Paper for presentation at the Constitutional Law of South Africa Conference, Constitution Hill. Retrieved August 21, 2017, from [http://www.chr.up.ac.za/chr\\_old/closa/chapters/Conference\\_Paper\\_on\\_the\\_Right\\_to\\_Equality.pdf](http://www.chr.up.ac.za/chr_old/closa/chapters/Conference_Paper_on_the_Right_to_Equality.pdf)
- Alexander, C. (2004). Protecting the elderly and dealing with elderly abuse. *Servamus Community-based Safety and Security Magazine*, 97(11), 52–53.
- Annual Report of the Department of Correctional Services for the period 1 April 2014 to 31 (March 2015). Pretoria: Department of Correctional Services.
- Annual Report of the Department of Correctional Services for the period 1 April 2015 to 31 (March 2016). Pretoria: Department of Correctional Services.
- Annual Report of the Judicial Inspectorate for Correctional Services for the period 1 April 2015 to 31 (March 2016). Cape Town.
- Bartol, C. R., & Bartol, A. M. (2017). *Criminal behavior: A psychological approach* (11th ed.). Upper Saddle River, NJ: Pearson.
- Bezuidenhout, C., & Booyens, K. (2017). Corrections and punishment approaches in South Africa. In I. Biao (Ed.), *Strategic learning Ideologies in prison education programs*. Hershey, PA: IGI-Global Publishers.
- Bezuidenhout, C., & Klopper, H. (2011). Crimes of a violent nature (Chapter 6). In C. Bezuidenhout (Ed.), *A Southern African perspective on fundamental criminology*. Cape Town: Pearson.
- Bigala, P., & Ayiga, N. (2014). Prevalence and predictors of elder abuse in Mafikeng Local Municipality in South Africa. *African Population Studies*, 28(1), 463–474.
- Booyens, K., & Bezuidenhout, C. (2014). An exploratory study of sex and rape behind bars in a South African prison. *International Criminal Justice Review*, 24(4), 377–391.
- Chetty, A. (2017, August 15). Granny set fire to shack in a rage. *Herald Live*. Retrieved August 02, 2017, from <http://www.heraldive.co.za/news/2017/08/15/granny-set-fire-shack-rage/>
- Collins, D. R., & Bird, R. (2007). The penitentiary visit—A new role for geriatricians? *Age and Ageing*, 26, 11–13.
- Correctional Matters Amendment Act (5 of 2011). Published in the *Government Gazette*, (34315) Pretoria: Government Printer. Republic of South Africa.
- Crawley, E. (2005). Institutional thoughtlessness in prisons and its impact on the day-to-day prison lives of elderly men. *Journal of Contemporary Criminal Justice*, 21(4), 350–363.
- Criminal Law Amendment Act (105 of 1997). Published in the *Government Gazette*, (18519) Pretoria: Government Printer.

- Dawes, J. (2009). Ageing prisoners: Issues for social work. *Australian Social Work*, 62(2), 258–271.
- Du Preez, J., Steyn, F., & Booyens, K. (2015). Risk factors and circumstances surrounding suicides in correctional centres in Gauteng, South Africa. *Acta Criminologica*, 2015(2), 125–143.
- Elder Abuse Protocol. (2012). Community & home assistance to seniors (CHATS). Revised August 2012. Retrieved August 20, 2017, from <http://www.chats.on.ca/documents/Elder%20Abuse%20Protocol%202012.pdf>
- Fazel, S., Hope, T., O'Donnell, I., Piper, M., & Jacoby, R. (2001). Health of elderly male prisoners: Worse than the general population, worse than younger prisoners. *Age and Ageing*, 30, 403–407.
- Fazel, S., Hope, T., O'Donnell, I., & Jacoby, R. (2004). Unmet treatment needs of older prisoners: A primary care survey. *Age and Ageing*, 33, 396–398.
- Ferreira, M., & Lindgren, P. (2008). Elder abuse and neglect in South Africa: A case of marginalisation, disrespect, exploitation and violence. *Journal of Elder Abuse & Neglect*, 20(2), 91–107.
- Findley, S. (2015). *Bob Hewitt sentenced to six years in jail for raping young girls*. Retrieved August 03, 2017, from <http://www.telegraph.co.uk/news/worldnews/southafrica/>
- Fuzile, B. (2016). *Witch' killings target elderly*. Retrieved September 19, 2016, from <http://www.dispatchlive.co.za/featured/2016/09/19/witch-killings-target-elderly/>
- Goldenhuy, K. (2010). SA farms = war zones? (part 1). *Servamus Community-based Safety and Security Magazine*, 103(4), 8–13.
- Goldenhuy, K. (2015). Therapy dogs: A voice to traumatised children and the lonely elderly. *Servamus Community-based Safety and Security Magazine*, 108(10), 21–23.
- Goldenhuy, K. (2016). When cultural beliefs turn into crime: The witchcraft issue. *Servamus Community-based Safety and Security Magazine*, 109(6), 24–31.
- Goldenhuy, K. (2017). Overcrowded prisons: An unofficial death sentence? *Servamus Community-based Safety and Security Magazine*, 110(4), 14–21.
- Gqirana, T. (2017). *Longer prison sentences on the rise*. Retrieved March 09, 2017, from <http://www.news24.com/SouthAfrica/News/>
- Human Rights Watch. (2012). *Old behind bars: The aging prison population in the United States*. New York: Human Rights Watch.
- Kempen, A. (2012). Community Safety: Protecting the elderly and dealing with elderly abuse. *Servamus Community-based Safety and Security Magazine*, 105(6), 32–34.
- Kerbs, J. J., & Jolley, J. M. (2007). Inmate-on-inmate victimization among older male prisoners. *Crime & Delinquency*, 53(2), 187–218.
- Lemieux, C. M., Dyeson, T. B., & Castiglione, B. (2002). Revisiting the literature on prisoners who are older: Are we wiser? *The Prison Journal*, 82, 440–458.
- Maschi, T., Viola, D., & Sun, F. (2013). The high cost of the international aging prisoner crisis: Well-being as the common denominator for action. *The Gerontologist*, 53(4), 543–554.
- Mashego, P. (2015, June 5). *Abuse against elderly on the rise, government does nothing*. Retrieved August 20, 2017, from <https://www.timeslive.co.za/news/south-africa/2015-06-05-abuse-against-elderly-on-the-rise-government-does-nothing/>
- McCarthy, K. E. (2013). *State initiatives to address aging prisoners*. Retrieved August 01, 2017, from <https://www.cga.ct.gov/2013/rpt>
- Older Persons Act 13 of 2006. (2006). Published in the *Government Gazette*, (9255) Pretoria: Government Printer. Republic of South Africa.
- Older Prisoners. (2009). *Handbook on prisoners with special needs*. New York: United Nations Office on Drugs and Crime.
- Papp, I. (2011). Elder abuse. *Servamus Community-based Safety and Security Magazine*, 104(1), 52–53.
- Petrus, T. (2009). *An anthropological study of witchcraft-related crime in the Eastern Cape and its implications for law enforcement policy and practice*. Port Elizabeth: Nelson Mandela Metropolitan University.
- Siegel, L. (2016). *Criminology: Theories, patterns and typologies* (12th ed.). Boston, MA: Cengage Learning.

- Sihlangu, E. J. (Entwell.Sihlangu@dcs.gov.za). (2016, June 08). Sentenced elderly offenders in DCS facilities 2016. E-mail to K. Booyens (Karen.booyens@up.ac.za).
- Stinchcomb, J. B. (2011). *Corrections: Foundations for the future* (2nd ed.). London: Routledge.
- Stal, M. (2012). Treatment of older and elderly inmates within prisons. *Journal of Correctional Health Care, 19*(1), 69–73.
- StatsSA. (2017, March 29). *Media release: Social profile of older persons 2011–2015 report*. Retrieved August 21, 2017, from <http://www.statssa.gov.za/?p=9698>
- Stojkovic, S. (2007). Elderly prisoners: A growing and forgotten group within correctional systems vulnerable to elder abuse. *Journal of Elder Abuse and Neglect, 19*(3-4), 97–117.
- The Protocol on Management of Elder Abuse. (2010, April). *Department of Social Development*. Retrieved August 24, 2017, from [www.socdev.gov.za](http://www.socdev.gov.za)
- Theron, P. M. (2014). Being treated like “waste” during the “golden years”: Practical theological perspectives. *HTS Teologiese Studies/Theological Studies, 70*(2), 1–9. <https://doi.org/10.4102/hts.v70i2.2636>.
- White Paper on Corrections in South Africa. (2005). Department of Correctional Services.
- Williams, J. (2012). Social care and older prisoners. *Journal of Social Work, 13*(5), 471–491.
- Williams, B., Stern, M., Mellow, J., Safer, M., & Greifinger, R. (2012). Aging in correctional custody: Setting a policy agenda for older prisoner health care. *American Journal Public Health, 102*(8), 1475–1481.
- World Health Organization. (2015). *World report on ageing and health*. Luxembourg: WHO.
- Yates, J., & Gillespie, W. (2000). The elderly and prison policy. *Journal of Aging & Social Policy, 11*, 167–175.
- Yorston, G., & Taylor, P. (2006). Commentary: older offenders – No place to go? *The Journal of the American Academy of Psychiatry and the Law, 34*(3), 333–337.
- Zinn, R. (2010). Inside information: Sourcing crime intelligence from incarcerated house robbers. *SA Crime Quarterly, 2010*(32), 27–35.