Older Adult Inmates:  
The Challenge for Social Work  
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Older adult inmates have grown both in proportion and in number due to the confluence of a number of factors. This aging of the prison population has created a host of policy and practice issues that encompass justice considerations, cost containment issues, and biopsychosocial care needs. The older prisoner's physical, social, and psychological needs are complex and necessitate gerontologically based service delivery systems. The intent of this article is to help in the preparation of social work practitioners who can engage in older adult prison advocacy work by familiarizing them with a review of pertinent literature. Topics discussed include the following: the characteristics of older adult inmates, the special needs of older offenders and accompanying service delivery issues, and the use of selective decarceration as one strategy for addressing the problem of prison overcrowding. The authors conclude the article with a summary of key challenges social workers face in assisting this population.

KEY WORDS: criminal justice; gerontology; inmates; older adults; prison community

Truth-in-sentencing laws, mandatory minimums, and three-strikes-and-you’re-out rules established over the past several decades are keeping more offenders confined in prison for longer periods of time (van Wormer & Bartollas, 2007; Yorston & Taylor, 2006). These laws have created a “stacking effect,” whereby older adult inmates have grown both in proportion and in number due to sentencing statutes that hold inmates long into their geriatric years (Kerbs, 2000b; U.S. Department of Justice, 2004). This trend has converged with the fact that, like other segments of the population, inmates are living longer. In addition, the number of older adults who are being prosecuted as first-time offenders is increasing (Kerbs, 2000a).

This aging of the prison population has created a host of policy and practice issues that encompass justice considerations, cost-containment issues, and biopsychosocial care needs (Mara, 2004; Yates & Gillespie, 2000). The older prisoner's physical, social, and psychological needs are complex and necessitate gerontologically based service delivery systems (Kerbs, 2000b).

CHARACTERISTICS OF OLDER ADULT INMATES

No clear consensus has arisen in terms of defining an age beyond which one is considered old in terms of criminological research (U.S. Department of Justice, 2004). Studies vary as to the age at which researchers deem an inmate to be old, but for many investigators the cutoff begins at 55. This lower bound age for defining an elderly offender is considerably different than what is used in the general population. The main reasons for this are the shorter life expectancy and lower health status of criminal offenders (Auerhahn, 2002; Williams & Rikard, 2004).

In 2006, the adults age 55 and older comprised 5.5 percent of the total U.S. male prison population and 3.5 percent of the total female population (Bureau of Justice Statistics [BJS], 2007). Although the number of older female prisoners is increasing (van Wormer & Bartollas, 2007; Wahidin, 2004; Williams & Rikard, 2004), 92 percent of older prisoners are male (BJS, 2007). The majority of aging female inmates are serving first-time, long-term sentences for nonviolent crimes that are drug- or property-related (Aday, 2003). Only about one-third of older prisoners are married (Aday, 2003). The majority of older inmates test at a sixth-grade level, and over one-third of the older female population tests at an IQ level below 70 (Aday, 2003). Few inmates have marketable employment skills or sufficient literacy to maintain gainful employment upon release; one-third of all prisoners were unemployed at the time of their most recent arrest (Petersilia, 2003).

The majority of offenders age 55 and over currently housed in state and federal prisons are non-Hispanic white individuals. However, the older
prisoner population includes a disproportionate number of African Americans (Kerbs, 2000b). Using recent incarceration tabular data from the BJS (2007), which provides a breakdown of numbers of prisoners by age, race, and gender, we have calculated that 53.1 percent of male inmates over age 55 are white, 27.8 percent are black, and 14.9 percent are Hispanic. For older female inmates, 59.5 percent are white, 21.6 percent are black, and 13.5 percent are Hispanic. Furthermore, southern states typically incarcerate a greater proportion of African Americans than do states in other regions of the country. For example, of the 4,054 older prisoners incarcerated in Georgia prisons, 51 percent are African American, 48 percent are white, and 1 percent are Native American (Georgia Department of Corrections, 2004).

Older inmates are a diverse group that might first be differentiated as geriatric and nongeriatric. Geriatric inmates include those with functional impairments who require assistance with activities of daily living (ADL) such as eating, bathing, or using the toilet; they are sometimes housed in separate units to accommodate their extensive long-term care needs (U.S. Department of Justice, 2004). A second group of geriatric offenders is composed of inmates who need extra assistance but are not totally dependent. They may require environmental supports such as ramps and elevators that will aid in their mobility. Nongeriatric offenders are older adults who may have health ailments and other special needs but are still able to function independently; they are typically housed with the general population.

SPECIAL NEEDS AND SERVICE DELIVERY ISSUES

Health
On average, older adult offenders require more attention in the areas of chronic illness, nursing, diet, medication, and physical therapy than younger inmates (Mara, 2002; U.S. Department of Justice, 2004). Having typically entered the prison environment from a disadvantaged background, the onset of serious health problems appears earlier among older adult inmates when they are compared with aging individuals in the general population (Yorston & Taylor, 2006). Such health problems often require physical therapy, skilled nursing care, special diets, and other supportive services (U.S. Department of Justice, 2004). With an increase in the onset of these types of health-related issues, correctional facilities will have to expend more fiscal resources as geriatric inmates struggle with declining health, ADL, and impending death.

Older inmates may have limited mobility and thus require special equipment, such as walkers, wheelchairs, prosthetic devices, and special shoes, to help overcome ambulatory impairments. Yet older prisons were not structurally planned to meet the needs of aging inmates and typically present architectural impediments such as narrow doorways that do not accommodate wheelchairs and an absence of handrails or grab bars (Mara, 2002). In addition, most prisons are not constructed to permit barrier-free access to bathrooms, minimize falls, and permit short walks to the dining hall (Kerbs, 2000b). Because of geriatric inmates’ physical limitations, prison medical facilities should be retrofitted to accommodate them, or new long-term geriatric wings should be constructed. Some prisons are attempting to contain the costs associated with these issues by outsourcing geriatric inmates to other institutions, such as state nursing homes. Arguably, geriatric health care is expensive in any setting, but its costs are compounded in a prison that is incurring added expenditures such as security (Yates & Gillespie, 2000).

As more aging offenders die in correctional facilities, it becomes a pressing priority to develop effective end-of-life care programs (Granse, 2003). Having suffered long-term isolation from the outside world, offenders often fear dying alone and experience shame from dying as a prisoner (Wahidin, 2004). Terminally ill inmates, typically, lack access to visitors as well as to estate planning, hospice, advance directives, and do-not-resuscitate orders (Yates & Gillespie, 2000). Only a few prisons are experimenting with introducing such end-of-life care programs for terminally ill inmates (Granse, 2003). Others make use of compassionate release programs, also referred to as medical parole, which allow an inmate to die in a community health care facility or home care setting (Yates & Gillespie, 2000).

Prison Hospice Services
Medical providers and social workers who use hospice services to provide compassion and comfort for their terminally ill patients often find themselves at odds with the rigid security concerns and procedures of the correctional institutions in which they work (Aday, 2003). Social worker Barbara Granse (2003) described from firsthand experience the challenges of end-of-life care in a total institution. Correctional officers, wary of dying patients’ need
for pain medication, subjected sick inmates to constant, demeaning body cavity searches after a visit to the medical unit. The only amenities provided to the inmates served by the hospice agency for which Granse worked were basic nursing and medical care. However, social work roles are crucial in providing emotional care to terminally ill inmates and building a situation of trust within a highly punitive setting. Granse’s recommendation was for compassionate release into a home care setting or community health care facility.

An excellent example of a model, patient-friendly hospice program is found at the maximum-security prison at the Louisiana State Penitentiary at Angola. This hospice program serves about eight to 10 inmates at a time and gets enthusiastic reviews from hospice experts (McMahon, 2003). Consistent with the hospice philosophy, inmates are trained as volunteers. A significant, unanticipated consequence of the prison community care provided at Angola is that it has transformed the lives of many hospice volunteers. Often, at the end of life, hospice social workers from outside the prison, and fellow inmates, help make up for the absence of family members, many of whom have died or long abandoned the terminally ill inmates.

**Restricted Opportunities for Social Engagements**

Historically, aging inmates held a higher status within the prison hierarchy than they do now because of their experience with crime and advancing age (Kerbs, 2000b). But, over the past few decades, the proliferation of gangs has eroded the older adult inmates’ quality of life because of the perceived and real threat of victimization by stronger, younger inmates (U.S. Department of Justice, 2004). A primary factor that disturbs the psychological health of inmates is fear of other prisoners (Krabill & Aday, 2005). Some older inmates cope with their fear by avoiding the prison yard and restricting their participation in other activities. Thus, fear of victimization often reduces the older adult inmate’s physical movement, thereby increasing feelings of isolation.

Over time, social isolation is compounded by the fact that many of the older inmate’s friends and family members typically cease being an outside source of support (Kerbs, 2000b). Incarceration creates tremendous strain on the family members left behind, and marital relationships frequently end in divorce during a prison term (Travis & Waul, 2003). Issues that families commonly struggle with involve dealing with the shame and social stigma of a family member being incarcerated, having fewer financial resources, and needing to realign the support network to handle child care responsibilities. Families typically need to travel long distances to reach the correctional facility; visiting hours are usually during the day, when spouses are working and children are in school; and the visiting procedures themselves are often humiliating. Such obstacles make it difficult for the offender to maintain family ties. More than half of all mothers and fathers never receive a personal visit from their children while in prison (Travis, 2005). Some incarcerated parents do not want their children to visit them, believing that such visits will be too emotionally painful (Hairston, 2003). Lynch and Sabol (2001) found that as prison terms get longer, the frequency of family contacts of all kinds, such as visits, letters, and phone calls, decreases.

**Special Programming and Housing Units**

Educational, recreational, and rehabilitation programs need to be designed to meet the needs of older adult inmates. It has been suggested that separate basic education courses would allow for varying the pace and delivery of material in a way that would better accommodate older adult learners; this would also help them deal with the embarrassment of not being able to keep up with their younger counterparts (Formby & Abel, 1997). Also, the provision of texts with larger print would help those with vision problems. Recreational programs should involve activities that take into account the physical abilities and preferences of older adult inmates by offering pursuits such as board games, movies, and music. Physical activities such as shuffleboard, walks, and horseshoes are popular among older adults and can assist them in overcoming a sedentary lifestyle (Fromby & Abel, 1997).

Because older adult inmates comprise a smaller percentage of the overall prison population, they are often overlooked in terms of their special programming needs; activities are typically geared for the majority population, which is younger and more able-bodied. For example, recreational activities frequently involve physically taxing sports programs that are most suitable for younger inmates (Kerbs, 2000a). Similarly, counseling programs are most frequently targeted toward rehabilitating younger offenders rather than assisting older inmates who
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are dealing with different life-span issues such as impending death, chronic illness, isolation, loss, depression, and institutional dependence (Aday, 2003; Kerbs, 2000a). At the same time, older inmates who could benefit from typical program offerings are often not encouraged to participate.

Although it is unsettling to hear that prison programs typically have little relevance for aging offenders, it is even more disturbing to hear that correctional staff frequently denies them access to the programs that have been designed for younger inmates (Kerbs, 2000b). According to both the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA), older adult inmates have the legal right to access programs, services, and other activities (Kerbs, 2000b). The ADA prohibits discrimination against disabled inmates. Failure to comply with this act can result in a wave of court-ordered decrees requiring services to inmates with special needs. Perhaps because of this or because of greater awareness of the unique needs of the expanding elderly inmate population, correctional systems increasingly are providing separate living facilities for the elderly inmates.

For example, Ohio houses more than 3,000 inmates who are 51 years of age or older in five specialized institutions (U.S. Department of Justice, 2004). The Hocking Correctional Facility is a medium-custody housing unit for older male inmates. A variety of special programs and services are offered, including chair aerobics, adult basic education, college-level courses, recreational programming, job training, and GED classes. One highly popular wellness program is the Jogger/Walker Fitness Program. All residents have job assignments congruent with their capabilities. A case manager assists inmates with tasks such as applying for Social Security benefits, completing Medicaid and Medicare applications, and writing wills.

The Ohio Reformatory for Women is the only prison in the state that houses female offenders. It has developed an assisted-living unit that offers recreation activities, special programs, and a centrally located dining hall expressly for meeting the needs of geriatric inmates (Williams & Rikard, 2004). Those with severe medical problems are teamed with an H.O.T. (Helping Others Together) partner. H.O.T. partners are other inmates who serve in staff positions and who perform any activity that assists with the geriatric inmate's daily living needs. Older Resourceful Women (O.R.W.) provides the more able-bodied residents with opportunities to make quilts and other craft projects to finance the unit's various programs. The Central Ohio Area Agency on Aging sponsors a series of 14 educational programs on a variety of topics relating to age. In addition, there is a five-day-a-week recreational program that is designed specifically for the needs of all the facility's aging inmates.

**SELECTIVE DECARCERATION OF OLDER ADULT INMATES**

With the problem of prison overcrowding, it has been noted that "it's no longer a question today of whether or not somebody is going to be released—the question is who" (Lundstrom, 1994, p. 158). Several states have enacted emergency release programs to deal with prison overcrowding, and there is a renewed interest in using scarce and costly prison space for the high-risk offender—a practice known as selective incarceration (Kerbs, 2000a). The reverse side of selective incarceration is selective decarceration (Kerbs, 2000a)—the early release of inmates considered to be of less risk to society. One such group of inmates consists of older adult offenders. On average, it costs three times more to maintain older adult inmates compared with their younger counterparts (Williams & Rikard 2004). These costs relate to the complex, chronic, and serious nature of health problems that are often so debilitating that geriatric offenders are no longer considered a security risk. Thus, prison administrators are now increasingly considering transferring their low-risk older adult inmates to less-expensive community-based programs, such as state nursing homes, group homes, or congregate care facilities.

Yet it has been observed that community-based programs are often unwilling to accept older multiproblem inmates with health-related limitations (Curran, 2000). This situation requires trained social workers who can broker the needed resources and placements for decarcerated older adult inmates.
Numerous legislative acts, such as the Older Americans Act of 1965, can be used by social workers to dismantle discriminatory procedures and policies that create barriers that prevent decarcerated older adults from receiving community services.

THE CHALLENGE FOR SOCIAL WORK

Social workers should be prepared to work at many system levels and fill an array of roles as they assist older adult inmates. At the legislative level, they will be required to advocate for the development and implementation of policies that will enable them to develop the special programs that members of this vulnerable population require to meet their many needs. They must also be prepared to offer services that help prisoners and their families stay connected. Social workers can play an integral role in providing both prerelease rehabilitative programming, including discharge plans to the community, and follow-up services after the older adult inmate’s release. Similarly, social workers can help in the discharge planning and coordination of needed community services for inmates who are being released on medical parole. In addition, social workers can advocate for the creation of special diversion programs that serve as an alternative to incarceration for older adults, particularly those who are first-time offenders.

A key difference between older adults in prison and those in the outside world is that there are few advocacy groups lobbying for the former’s special needs. Social workers can help to bridge this gap by raising public awareness that, as a society, we have both an ethical and a legal responsibility to provide this most vulnerable population with essential care. In the ADA, prisons now have a legal mandate to accommodate the needs of disabled and elderly inmates (Yates & Gillespie, 2000). In addition, in Estelle v. Gamble (1976), the U.S. Supreme Court ruled that prisons are required not to act in “deliberate indifference” to prisoners’ medical needs. And recent lower court rulings indicate that federal courts are prepared to make prisons take steps to ensure that offenders have a proper environment for accommodating their medical needs.

As older adult inmates increase in number, their special needs will become increasingly difficult to ignore; social workers can use this demographic imperative and the aforementioned legal mandates as an opportunity to intensify the implementation of specialized programs to meet those needs. These needs are considerable, encompassing such areas as the following: mental, physical, and preventive health care; educational, recreational, and vocational activities; physical exercise and rehabilitation programming; dietary care; and long-term geriatric nursing. Prison staff will require training programs to learn how to address these areas (Cianciolo & Zupan, 2004). In addition, prison staff should be familiarized with the normal process of aging; they can begin to establish empathy in training sessions that make use of glasses that blur the vision, wheelchairs, bandages, and other props that simulate the physical disabilities older adult inmates experience. Staff feelings about the aging process and personal fears about growing older also need to be addressed (Curran, 2000). Training modules should include instruction in the communication skills needed with older adult inmates as the process of aging can affect both the clarity and the speed of speech as well as thought processes.

Social workers should play a role in helping society mindfully assess its policy of increasing the number of geriatric inmates by its implementation of harsh and inflexible sentencing laws (Mauer, 2002); our society’s current penchant for long incarcerations ultimately restricts the public funds that could be used for other social programs. Social workers can also help build public awareness that we are at a period in history wherein prison overcrowding is forcing the early release of inmates. This overcrowding typically has resulted in the release of violent young offenders who are far more likely to harm society upon discharge than their elderly counterparts (Yates & Gillespie, 2000). Only recently have prison officials begun to recognize that older offenders might be better candidates for early release because of their low recidivism rates. But it has been noted that correctional personnel often find it frustrating to make arrangements for older inmates who are reentering the community, particularly if an inmate has no community ties (Huggins, Hunter, & Moore, 1992). It is during the prerelease planning phase that correctional facilities need to intensively network with available community resources that provide supportive programs and services for older adult inmates as they transition out of prison.

Social workers could play a key role in providing prerelease rehabilitative programming as well as discharge plans to the community and follow-up services after the older adult inmate’s release. Follow-up services are critical, because even those agencies
designed expressly for working with ex-convicts often work ineffectively with older adults because their services are geared toward assisting younger offenders who typically have more living family and friends, a shorter history with the criminal justice system, and the physical health to pursue employment opportunities. The Project for Older Prisoners (POPS) is one of the most prominent programs seeking the early release and social reintegration of older offenders (Aday, 2003). POPS identifies older adults who are no longer deemed to be a threat to society and helps them transition back to the community by brokering needed resources. POPS remains a fledgling program that is not adequately funded and not available in many states.

Social workers help in the discharge planning and coordination of needed community services for inmates who are being released on medical parole. For both practical and humanitarian reasons, many states have created statutory provisions for parole for the terminally ill inmate—commonly known as medical parole or compassionate release. In addition, social workers can advocate for the creation of special diversion programs for older adults, particularly those who are first-time offenders. Rather than remanding the older adult to the correctional system, such programs seek to divert elderly offenders back into society after they are arrested and have appeared in court for sentencing.

Numerous studies have found that recidivism rates are lower among prisoners who maintain family ties during imprisonment when compared with those who do not (Visher & Travis, 2003). Families play a powerful role in serving as a buffer against the many challenges newly released inmates encounter. But there are several barriers to maintaining family relationships during incarceration, such as long travel times to the facility, inconvenient visiting hours, the high expense of collect phone calls, and humiliating security procedures within the prison complex. These are all challenges that can strain even the strongest family relationships (Travis & Waal, 2003). Given that we live in an era wherein the Internet and teleconference hookups can be used to maintain communication across geographic barriers, such technology can be harnessed to help maintain prisoners' familial relationships (Travis, 2005). Social workers can play a key role in lobbying the public and elected officials to acknowledge that correctional facilities bear a responsibility for providing programming that helps bridge the divide that incarceration erects between inmates and their families.

In addition to fulfilling these many roles, social workers need to be skilled in working with diverse groups of older adult inmates. One group of prisoners is first-time offenders who were incarcerated during older adulthood—they constitute about 50 percent of the older adult inmates in prison, and a majority were older than 60 when incarcerated (Smyer, Gragert, & LaMere, 1997). Because this group's family and community ties are more likely to have remained intact, members of the group have a better chance of placement in prison prerelease or community release programs. Another group of offenders includes those who have aged in prison because of lengthy sentences for serious offenses. Much of their time may have been served in maximum-security institutions that provided minimal opportunities for socialization (Smyer et al., 1997). The final group comprises repeat offenders who return to prison in later adulthood; they typically have been in prison sporadically across the life span. These later two groups pose a problem for release as their ties to family and community are often tenuous or severed (Kerbs, 2000b). Furthermore, the skills these groups have used to survive in prison environments are frequently antithetical to those required for successful adaptation in the outside world (Smyer et al., 1997).

For example, because prisons are inherently dangerous places, inmates learn to continually monitor the environment for signs of risk to their personal safety (Haney, 2003). Some inmates attempt to create safe physical and psychological havens by becoming as inconspicuous as possible as they disconnect from the people and events around them—drawing deeply into themselves. Furthermore, signs of weakness or vulnerability are discouraged in the prison culture; men's prisons in particular tend to promote a type of hypermasculinity in which dominance and violence may be glorified as essential components of status and self-respect (Haney, 2003). People who internalize too many of these types of prison values may find themselves seriously handicapped when trying to forge or reestablish personal relationships upon release. In addition, prisoners serving lengthy sentences frequently become dependent on the constraints of prison to provide them with a sense direction and balance—a process known as prisonization (Aday, 2006). Once the external structure is removed upon release, severely prisonized
inmates may find that they no longer know how to cope with the outside world because they have become excessively dependent on the institution's rigid routines to regulate their behavior. Hence, the psychological effects of an inmate's attempts to adapt to prison life may raise significant barriers to postprison adjustment.

To counter the adverse psychological effects of prison, social workers must work at many system levels. They must address prison policies and conditions of confinement that lead to prisonization by providing pockets of freedom that give inmates opportunities to exercise real autonomy and personal initiative (Haney, 2003). Prison environment safety must be ensured, thereby removing the need for pervasive hypervigilance and distrust. An emphasis on maximizing visitation and fostering contact with the outside world needs to be promoted to discourage social withdrawal. Counseling services for ex-convicts and their families should be made available. Most important, the reentry process must begin well in advance of a prisoner's release as postrelease success often depends heavily on the quality and nature of services available within the community to which the inmate is being returned.

CONCLUSION

Older adult inmates have grown both in proportion and in number because of the proliferation of harsh sentencing statutes that hold young inmates long into their geriatric years. Meeting the special needs of this growing prison population is expensive, and it requires the delivery of gerontologically informed services. The revision of current, harsh sentencing laws that have led to an increase in the proportion of older adult inmates is one way to address cost-containment issues. Reducing the actual number of older adults currently in prison is another means of containing these costs. Prison administrators currently have several options for accomplishing this goal: the use of special diversion programs for first-time elderly offenders, the use of medical parole to outsource the high cost of care required by extremely sick and terminally ill older adult inmates, and the engagement of early release programs that seek to free older adult inmates no longer considered a threat to society. Social workers can become key players in the provision and evaluation of services for each of these program options. Social workers should also help society mindfully assess its implementation of harsh and inflexible sentencing laws, which have contributed to an increase in the proportion of geriatric inmates and the overcrowding of prisons.

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