**Milena Milićević***
**Ljeposava Ilijić****

# AGEING OF THE PRISON POPULATION – CHARACTERISTICS, ISSUES AND PERSPECTIVES[1]

*One of the major topics in contemporary prison studies refers to the worldwide ageing of the prison population. Generally, prisons are designed for younger people and consequently overlook the characteristics of the elderly. This literature review presents distinctive characteristics of this population and key research issues and perspectives, relying on the findings of the prison studies. As a result of a comprehensive search, 1256 publications were identified. The selection process resulted in 46 studies published in the last two decades. A wide range of issues was confirmed, primarily those related to the specific needs of health care and treatment, special preparations for release, challenging contact with family and the outside world, and the infrastructure that does not meet the movement restrictions or reduced functional mobility. Examples of good practice include specific interventions and resources, with future perspectives on the needs of convicts and possibilities of adapting the prison conditions and provided content.*

***Keywords:*** *convicts, older prisoners, vulnerable prisoners, adapted programs, health and social needs*

* PhD, Institute of Criminological and Sociological Research, Senior Research Fellow, mileninaadresa@gmail.com

** PhD, Institute of Criminological and Sociological Research, Research Fellow, lelalela_bgd@yahoo.com

[1] This research was supported by the Science Fund of the Republic of Serbia, Grant No. 7750249, Project title: Assessment and possibilities for improving the quality of prison life of prisoners in the Republic of Serbia: Criminological-penological, psychological, sociological, legal and security aspects (PrisonLIFE).

## Introduction

Across the world, the prison population is ageing. Older prisoners became the fastest-growing age group in prison (Doron & Love, 2013; Forsyth et al., 2015; Wilkinson & Caulfield, 2020; B. A. Williams et al., 2012). There is considerable evidence to indicate that the growth of the older prisoner population, both in absolute terms and as a proportion of the prison population, has been much greater than that of the general population in many countries: France, Australia, Japan, the United Kingdom, Canada, and New Zealand (Baidawi et al., 2016; Combalbert et al., 2017; Stevens et al., 2018; Wilkinson & Caulfield, 2020).

In the USA, the number of older prisoners increased by 181% between 2000 and 2010, in contrast to the overall prison population which increased by only 17% (Bureau of Justice Statistics, 2011). As presented, 19% of the current US prison population is aged over 50 years (Wilkinson & Caulfield, 2020). When data on older offenders (55+ years) in the USA from 1971–2004 were explored, the 55–64 age group showed an increase in the number of violent, property and drug crime arrests during 2000–2004 (Gross, 2007). In the same period, property and drug crime rates remained relatively stable for those aged 65+, and the violent crime rate decreased slightly for this age group (Gross, 2007). In France, the prisoners aged 50–59 and those over 60 represent 7.7% and 3.5% of the general prison population, respectively (Combalbert et al., 2017). In England and Wales, the number of prisoners aged over 55 years increased by 200% in the decade before 2018. Additionally, the number of prisoners aged 40–49 increased by around 75% (Ministry of Justice, 2018). In Australia, the number of prisoners aged 50 and over increased by 37% between 2000 and 2010, with the greatest growth among those aged over 65 whose proportion rose 142%, in contrast to the increase in the general prison population by 36% (Baidawi et al., 2011). In Serbia, official statistics show that convicted persons aged over 50 accounted for 14.7% of the total number of convicts admitted to serving their sentences in 1999, 18.8% in 2006, 19.1% in 2015 and 20.1% in 2020, which represents an empirical increase in their percentage representation (Statistical Office of the Republic of Serbia, 2004, 2011, 2016, 2022).

The increase in the number of older prisoners can be explained by the lengthening of prison sentences and the increase in the number of criminal acts committed by individuals aged 50 and over (Combalbert et al., 2017). Similarly, changes in prosecution and sentencing laws and practices, mandatory minimum sentencing and reduced chances for early release might have contributed (Baidawi et al., 2011). Moreover, a comparison of

the proportion of the older persons in the general population and the prison population ruled out general ageing as a cause of this increase (Baidawi et al., 2011).

The most expanding portion of the prison population is composed of older prisoners. Their number is doubled during the last two decades (Turner et al., 2018). However, their complex health and social care needs resulting from ageing and frailty and poor physical and mental health are characteristics that make them differ considerably from young inmates (Hayes et al., 2012). As noted by Turner et al. (2018), these needs are less visible, even unnoticeable, compared to violence and disruption and present a far-reaching problem to health and justice. Moreover, an exponential rise in the number of older prisoners challenges not only the criminal justice system but state economies and communities to which older former prisoners should return at one point in time (B. A. Williams et al., 2012).

When referring to individuals in the criminal justice system, the meaning of the term "older prisoner" varies considerably (Baidawi et al., 2011; Chiu, 2010; Stevens et al., 2018; Trotter & Baidawi, 2015; Wilkinson & Caulfield, 2020). In one literature review, which included 24 original research, it was found that the definition of older prisoners ranged from 45 years and older to 65 years and older, with 50 years and 55 years and older as the most common age thresholds given (Baidawi & Totter, 2016). In particular, the functional definition refers to "older prisoners" as being 50 years of age and over (Kerbs & Jolley, 2007; Stojkovic, 2007). The discrepancy between the overall health of prisoners and that of the general population is the main underlying reason for this gap in the implied age thresholds (Aday & Krabill, 2013; Baidawi et al., 2011). It is important to understand that some key features in prison accelerate the ageing process. Greene and Gibson (2012) mentioned low levels of self-care, high psychiatric conditions, social and emotional affects, victimization, cut-off contact to reduce their suffering, and negative self-reflection of their lives. More precisely, the physical and overall health of prisoners aged 50 to 59 years and their social needs are comparable to that of those aged over 60 years (Hayes et al., 2012). In other words, prisoners are functionally older concerning their chronological age, which can be attributed to their previous lifestyle, lack of medical care, and the experience of incarceration in general (Omolade, 2014; Stevens et al., 2018; Trotter & Baidawi, 2015; Veković et al., 2021).

Consequently, the ageing of the prison population is a contemporary phenomenon that has opened various issues, questions and challenges for experts and scholars in prison study. This paper aims to identify and present distinctive characteristics and key research

issues and perspectives related to older prisoners and the ageing of the prison population by conducting an extensive literature review and synthesizing the findings in this field.

## Methods

An extensive literature search was performed to identify relevant studies conducted to explore different aspects, topics and issues related to the ageing of the prison population and the characteristics and needs of older prisoners. The comprehensive search was performed by using Google Scholar – Advanced Scholar Search. Scholarly manuscripts published in English since January 1, 2000, were included. The following keywords were used with multiple combinations: "older", "elderly", "ageing", "geriatric" combined with "prisoner", "convict", "offender" and "inmate". Next, studies citing detected research were explored further at the level of titles and abstracts. The following studies were considered eligible: studies focused on characteristics and issues related to ageing in prisons; published in English; including males, females, or both; and original, peer-reviewed articles or doctoral dissertations. The literature search resulted in 899 citations, and an additional 357 were screened at the title and abstract level. Using the above criteria, and after excluding the duplicates, 46 studies were included in this literature review. The search was completed in May 2022.

## Characteristics and specific needs of older prisoners

Considering their characteristics, older prisoners represent a heterogeneous population (Solares et al., 2020). Within this prison population, there are additional differences in the needs, physical, psychological and mental abilities of older prisoners. Therefore, older prisoners often represent a group that is additionally endangered in the prison institution (Jovanić & Ilijić, 2015).

Following previous studies, three subgroups of older prisoners are identified (Baidawi, 2016). One subgroup includes prisoners who first enter prison at an older age and comprise less than half of the total geriatric prison population. They are more likely to commit violent crimes, including murder or sexual offences against another person compared to the other prisoners (Aday & Krabill, 2013). Another group consists of prisoners who arrive at a prison before age 50 and grow old while incarcerated for long terms (twenty or more years). These prisoners experience complex problems related to external and internal relations, lack of social skills and resources needed for successful community transition, fear of dying in prison, inability to make decisions due to mental health disorders such as dementia, lack of self-esteem and fulfilment of life purpose

(Aday & Krabill, 2013). The third group includes ageing chronic offenders or multiple recidivists who enter and exit prison and spend a significant amount of life in prison, usually due to crimes similar to those of a younger offender (Aday & Krabill, 2013).

On the other hand, the Prison Reform Trust (2016, as cited in Turner et al., 2018) presented a different approach. According to this classification of distinct characteristics of older prisoners, there are four subgroups: repeat prisoners, grown old in prison, first-time prisoners given a short sentence, and first-time prisoners were given a long sentence. The first subgroup of repeat prisoners includes those in and out of prison, usually convicted for less serious offences, who return to prison at an older age. The second subgroup of prisoners who grow old in prison are those convicted of a long sentence before turning 50 and aged in prison. The last two groups consist of first-time prisoners given a short sentence and first-time prisoners given a long sentence, for example, high profile celebrities sentenced for the first time at an older age for sexual offences (Turner et al., 2018).

A recent systematic literature review noted a lack of clear understanding of older prisoners and their characteristics, although the ageing of the prison population is an international issue (Wilkinson & Caulfield, 2020). Previous studies stated some contradicting conclusions about older offending patterns in general as either being relatively stable over time or increased in certain types of crime committed by older people (Wilkinson & Caulfield, 2020).

Highlighting some main characteristics of older homicide perpetrators, Hunt et al. (2010) explained that these offenders had high rates of affective disorder and were more likely to be mentally ill at the time of the offence, and the victim was more often a female and a family member or spouse. Reutens et al. (2015) later confirmed this finding. When it comes to older first-time sex offenders (65+ years), a systematic review conducted by Chua et al. (2018) revealed that their victims were often vulnerable, such as minors or with intellectual disabilities.

According to Curtice et al. (2003), the majority of older prisoners (65+ years) were first-time offenders with no previous history and no diagnosis of mental disorder, yet with confirmed alcohol or drug use history. It is noteworthy that older homicide perpetrators (60+ years) were less likely to have a prior violence offence record than adults (25–59 years) and more likely to commit suicide at the scene (Block, 2013). Earlier, one comprehensive and critical review indicated that older prisoners tended to be unmarried

white men, employed before incarceration and never graduated from high school (Lemieux et al., 2002).

Overall, homicide offending by older people is rare (1.7%) (Block, 2013). Evidence to date suggests that in the case of older people committing a homicide, the victim is most likely their intimate partner, acquaintance or friend (Block, 2013; Wilkinson & Caulfield, 2020).

Based on this 11-year survey of referrals to regional forensic psychiatric services, sexual offending was the most common offence, followed by violent ones, murder or manslaughter and attempted arson (Curtice et al., 2003). When data on older people (60+ years) in police custody were examined, the majority of suspected crimes were related to physical assaults, including domestic violence, drunk driving or driving without a license, traffic accidents, threats, thefts or robberies and sexual assaults (Beaufrère et al., 2014). Minor offences and alcohol-related violations also dominated trends in older prisoners (55+ years) crime rates over 25 years (Feldmeyer & Steffensmeier, 2007). When career criminals and older prisoners without previous criminal offending (60+ years) were compared, older homicide perpetrators with previous criminal offending had higher rates of alcohol abuse and were diagnosed more often with a personality disorder (Putkonen et al., 2010).

Generally, older prisoners have a high prevalence of chronic health conditions (Merten et al., 2012). Dementia was the most common diagnosis among older prisoners (65+ years), followed by depression, schizophrenia, and mild learning disability (Curtice et al., 2003). According to Overshott et al. (2012), almost half of older perpetrators (65+ years) suffered from depression at the time of the offence, whereas rates of schizophrenia and alcohol dependence were low.

The studies included in the review paper published by Booth (2016) were summarized to highlight the characteristics of older people who have sexually offended. The authors noted that these individuals experienced issues and difficulties solving interpersonal situations and had a high prevalence of psychiatric disorders, dementia and cognitive impairment, and severe mental illness, including depression, schizophrenia and bipolar illness. Moreover, two types of older first-time sex offenders (65+ years) were recognized: repeat offenders but not detected until later life and late offenders with a higher proportion of neurocognitive disorder (Chua et al., 2018). Screening or psychological and cognitive assessments of these older offenders were occasional, revealing physical disorders such as mobility problems, chronic respiratory failure,

difficulties in verbal communication, and urinary incontinence. Psychiatric diagnoses included dementia, depression, vascular dementia, Alzheimer's disease, frontal lobe dysfunction and chronic schizophrenia (Chua et al., 2018). More importantly, communication deficits may restrict the participation of older offenders (50+ years) in prison activities that could prevent, in return, their cognitive decline (Combalbert et al., 2018).

Similarly, Putkonen et al. (2010) found that older homicide perpetrators (60+ years) were more often diagnosed with dementia and physical illnesses and less often with drug dependence and personality disorders compared to their gender-matched younger homicide offenders. In general, older homicide perpetrators (55+ years) were more likely than younger ones to have cognitive impairment or psychotic illness (Reutens et al., 2015). Earlier, Fazel and Grann (2002) explained that dementia or affective psychoses were more likely diagnosed in older prisoners (60+ years) and schizophrenia or personality disorder in younger prisoners.

In a systematic review with a meta-analysis that included 55 publications, a higher risk for physical health outcomes among older prisoners (50+ years) was confirmed (Solares et al., 2020). These were hypertension, cardiovascular, respiratory, and arthritis diseases. The most frequently reported mental health problems were alcohol and substance abuse, depression, personality disorders, anxiety, psychotic disorders and dementia (Solares et al., 2020). The health-related quality of life in the physical health domain is lower in older prisoners and is associated with several health conditions (Togas et al., 2014). Perceived health and quality of life of older prisoners (50+ years) are lower than the health and quality of life of the comparison men of similar ages in the general population (Combalbert et al., 2018). Health-related quality of life of imprisoned middle-aged and older persons with higher education levels, family support, and high-quality medical care is higher than average among prisoners (Kosilov et al., 2019). Other findings suggested that older prisoners were more satisfied with their quality of life and well-being in an open prison regime than in training and high security (De Motte, 2015).

**Unconformity of treatment and prison living conditions for older prisoners**

Many international conventions and declarations guarantee certain standards of behaviour and treatment for all people, especially persons deprived of their freedom (Jovanić & Ilijić, 2015). Respect for human dignity is a basic principle, mentioned in all the most important international documents since World War II (Obradović, 2020). More precisely, the right to human dignity is formulated in all international documents related

to human rights. Following the most important domestic legal act, the Constitution of the Republic of Serbia,[2] protection of persons deprived of liberty is provided through the provisions relating to human rights and freedoms (Obradović, 2020). Furthermore, a whole series of international provisions and legal acts[3] regulate the standardization of living and working conditions in prison, the maintenance of hygienic needs, nutrition and health care, and working and educational training (Pavlović, 2020, p. 54). However, the protection of a person‘s dignity while serving a sentence and the context of the execution of criminal sanctions are particularly challenging fields that lead to a re-examination of the limits of respect for human dignity (Pavlović, 2020). The defined rights are often present at the declarative level only, that is, without guarantees of humane treatment and adaptation of treatment in accordance to the needs and abilities of a specific category of convicts, especially older ones.

Among the crucial issues, some authors identified diverse healthcare needs, end-of-life care, social security and medication provision, wills, trusts and probate planning, deteriorating cognitive impairment, guardianship and elder abuse (Greene & Gibson, 2012). The main social and custodial needs of older adults in prison are accommodation, social contact, activity, and transitions in custody (Hayes et al., 2013). However, the ageing prisoners are often referred to as “the most care demanding and expensive group to house in prison” (Doron & Love, 2013, p. 322). Provision of different health care services is challenged since chronic diseases, physical disabilities, and cognitive impairments require long-term care or mental and hospice care (Kakoullis et al., 2010). Additionally, comprehensive data on older offenders are often not available, which makes planning and organizing adequate services and addressing their specific needs inadequate and less achievable (Ginn, 2012). Access to different services is reduced, not available or missing, including access to mental health, physical disability, and incontinence services, in contrast to the availability and adequacy of similar services to older people outside of prison (J. Williams, 2013).

For older persons, prison is a “difficult place in which to be old” (Ginn, 2012, p. 2). The prison regime, treatment and rehabilitation programs are not sufficiently modified to their abilities, needs and capacities (Jovanić & Ilijić, 2015). This position is supported by the

[2] The Constitution of the Republic of Serbia, Official Gazette of the RS, nos. 98/06.

[3] The Standard Minimum Rules for the Treatment of Prisoners is a document made at the UN level that defines the necessary level of conditions for achieving the goals or aims of penal policy with an obligation to treat all prisoners with respect for their inherent dignity and value as human beings, and to prohibit torture and other forms of ill-treatment.

claims of numerous authors that prison environments are designed for healthy men of a younger age (Baidawi et al., 2011; Wilkinson & Caulfield, 2020).

The prison environment, either social or physical, is often not prepared or adapted to the particular cognitive, functional or motor disabilities and needs of older persons, for example, those who require help with activities of daily living (Ginn, 2012). Prison treatment programs and actions should be adapted to meet specific needs regarding health and medical care and education opportunities, work engagement and meaningful participation in leisure activities (Jovanić & Ilijić, 2015, p. 163). Contradictorily, older prisoners are often described as unwilling or unable to participate in correctional, criminal or probation programmes (Greene & Gibson, 2012).

Adaptation of the surroundings, provision of a more active role of the older persons, social and cultural inclusion and participation, along with the understanding of the needs and respecting the rights and specificities of older persons are characteristics of intergenerational solidarity in society (Solarević & Pavlović, 2018). Comparable to the prison environment, the regimes and treatment programmes are managed and organized following the needs of younger people as the prevailing subgroup of the prison population (Veković et al., 2021). Accordingly, vocational training, education and recreation should be the centre point of treatment programs to contribute to reducing the recidivism rate. However, social, educational and recreational programs are suitable for younger prisoners. Older prisoners are usually not interested in developing new work skills or reaching higher education levels due to their general unemployment. On the other hand, their poor physical and mental health and complex care needs, including frailty and reduced functional mobility, may limit, reduce or restrict their engagement in physical activities and recreation. Some of the factors to consider when creating a program are as follows: the personality of older prisoners, their age, health and other specific needs, and the length of the sentence (Veković et al., 2021, p. 180–181).

Due to institutionalization and the lack of skills for independent living, loss of family ties and contacts or loss of possessions while incarcerated, the release is often described as a complex and challenging process that requires timely multi-disciplinary planning (Forsyth et al., 2015; Ginn, 2012). Lack of formal communication and continuity of care after release is a reported cause of high anxiety levels (Forsyth et al., 2015). Prison conditions and family contacts are recognized dimensions of the quality of prison life (Ilijić et al., 2020; Liebling et al., 2012).

Another challenging circumstance for older prisoners is the loss of family ties and contacts, especially for those who have spent many years in prison (De Motte, 2015). Limited contact with friends and family is listed as one of the major unmet needs of older prisoners (Hayes et al., 2013). The loss, restrictive or limited contact with family or friends, including grandchildren, leads to reduced satisfaction with the quality of life and well-being of the older prisoners (De Motte, 2015). In other words, maintaining contact with important persons outside the prison environment is one of the starting points in preserving the dignity of older prisoners. Therefore, it is necessary to note that contact with family can restore a personal sense of dignity and has a beneficial effect on their rehabilitation and reintegration into society after release, with a far-reaching impact on the prevention of recidivism (Testoni et al., 2020; Tucker et al., 2021).

Contact with friends and family is essential because social support and care for older persons are based on strengthening cohesion between the generations and family members (Solarević & Pavlović, 2018). Factors affecting the maintenance of family contacts are mentioned in the literature. For instance, type of crime since domestic violence or crime against a family member(s) results in the absence of family visits. Among others, the age of family members, place of residence, socioeconomic status, and the availability of material and financial resources for travelling from the place of residence are often listed (Veković et al., 2021).

## Key issues and perspectives for promoting treatment and health and social care for older prisoners

Humane, dignified and professional incarceration should be guaranteed to prisoners of all ages, while rehabilitation, education and recreation programs should be built according to individual characteristics, such as physical condition, disability, mental status, or risk to self or others (Doron & Love, 2013). One of the main dilemmas concerning the treatment and health care for older prisoners is whether the prison environment should be age-segregated or integrated (Doron & Love, 2013; Kerbs & Jolley, 2007). Overall, both the integrated and segregated prison environment has limitations and advantages (Danely, 2022).

Kerbs and Jolley (2007) found that a majority of older prisoners (50+ years) supported the use of age-segregated living arrangements to prevent victimization by younger prisoners. As further noted, proponents of segregation consider age-segregated units and facilities safer, more accommodating and necessary to improve older prisoners' physical safety and security, justifying by the older prisoners' vulnerability and preferable living

with the same-age inmates (Kerbs & Jolley, 2007; Stojkovic, 2007). Next, this could help to target services and medical care programs (B. A. Williams et al., 2012) and provide centralized, cost-effective healthcare for the older prisoner (Kerbs & Jolley, 2009). Finally, an age-segregated prison environment improves rehabilitation by promoting treatment opportunities (Kerbs & Jolley, 2009).

Critics of the idea of a segregated setting indicate that unjustified segregation could lead to various problems, including indifference, exclusion from different programs such as mental health services, rehabilitation, employment, and education, and denial of services to older prisoners (Doron & Love, 2013; Stojkovic, 2007), highlighting that it could mean ignoring their preferences (B. A. Williams et al., 2012). One study showed that older prisoners and prison staff were reluctant to segregation as they assumed those prisoners would automatically be labelled as sex offenders (De Motte, 2015). Furthermore, Doron and Love (2013) argued that an integrated prison environment might provide opportunities for breaking down prejudices, negative stereotypes, attitudes and biases towards the oldest members of the community and the old age itself, that is, ageism. Such an approach has starting points in the concept of social inclusion and participation and intergenerational solidarity in society (Solarević & Pavlović, 2018).

The expert meeting held in 2011 and which included a group of specialists in correctional health care, academic medicine, geriatrics, nursing, and civil rights, resulted in guidelines for improving practice (B. A. Williams et al., 2012). Their main goal was to identify priority areas and knowledge gaps and propose a series of actions to improve the care of older prisoners. The main recommendations were focused on the nine-priority areas for a policy agenda related to older prisoners.

First, the term “older prisoner” should be defined as 55 years or older, or in case of cognitive or functional impairments in activities of daily living, younger than 55 years. Second, correctional staff training is recommended, with programs focused on familiarizing with the common age-associated conditions, age-related clinically diagnosed cognitive conditions and the challenges that such conditions can pose in the custodial setting and ways to identify prisoners who need assessment by a health care provider. Third, prison-based functional impairments and activities of daily living that are necessary for independence in prison should be defined because they might be different from those fundamentally required in the community. Fourth, cognitive impairments should be recognized and assessed, with specific attention focused on potential adverse effects of screening, including stigma, vulnerability or parole denials associated with a cognitive deficit. Fifth, the needs of older female prisoners should be

identified to recognize their unique health and social issues. Sixth, it is relevant to create uniform policies for geriatric housing units and facilities, as available to older prisoners but not mandatory. Seventh, identifying challenges for older adults upon release is needed to understand the role of transitional programs in improving outcomes after release, especially for older prisoners with cognitive impairments. Eighth, it is imperative to improve medical early release policies, particularly to address the procedural barriers related to accessing the early release application process. Finally, enhancing the prison-based palliative medicine programs should be encouraged (B. A. Williams et al., 2012).

The organization of training programs, capacity building, provision of adequate support in the prison environment and sensitization of employees, primarily treatment officers and members of security services, has already been recognized as elemental for prisoners with disabilities (Milićević & Ilijić, 2022). Although correctional officers often present a connection between prisoners and the healthcare system, research shows that officers' assessment of disability in their assigned geriatric prisoners still needs improvement (B. A. Williams et al., 2009).

## Conclusion

Older prisoners are noticeably the fastest-growing subgroup of the prison population. Since incarceration has far-reaching consequences on all prisoners, worsening of the health and social outcomes of older convicts and additional requirements and costs are not unexpected. The complications are further deepened by taking into consideration the specificities of the older prison population. The challenges imposed by the contemporary increase of the older prisoner population provide further support to the proposition that examining the different characteristics of this population as distinct phenomena is justified. This literature review presented some of the characteristics of this population and main research issues and perspectives, including various dilemmas, questions and challenges for experts and scholars in prison study.

Based on the presented findings, it can be concluded that there is an evident need to differentiate more clearly the age limit of ageing in the prison environment compared to ageing in the general population. Additionally, a transitionary period should be taken into consideration, as well. Next, older prisoners have a complex set of health and social needs, and there are two distinctive approaches to overcome the resulting difficulties and complications – an age-segregated or integrated prison environment, each of which has its own limitations and advantages. Finally, the training of correctional staff and officers should be intensified and include awareness of older prisoners' needs.

## References

Aday, R. H., & Krabill, J. J. (2013). Older and Geriatric Offenders: Critical Issues for the 21st Century. In L. Gideon (Ed.), *Special Needs Offenders in Correctional Institutions* (Issue January 2013, pp. 203–232). SAGE Publications, Inc. https://doi.org/10.4135/9781452275444.n7

Baidawi, S. (2016). Older prisoners: Psychological distress and associations with mental health history, cognitive functioning, socio-demographic, and criminal justice factors. *International Psychogeriatrics*, *28*(3), 385–395. https://doi.org/10.1017/S1041610215001878

Baidawi, S., & Totter, C. (2016). Psychological Distress Among Older Prisoners: A Literature Review. *Journal of Forensic Social Work*, *5*(1–3), 234–257. https://doi.org/10.1080/1936928x.2015.1075166

Baidawi, S., Trotter, C., & Flynn, C. (2016). Prison Experiences and Psychological Distress among Older Inmates. *Journal of Gerontological Social Work*, *59*(3), 252–270. https://doi.org/10.1080/01634372.2016.1197353

Baidawi, S., Turner, S., Trotter, C., Browning, C., Collier, P., O'Connor, D., & Sheehan, R. (2011). Older prisoners-A challenge for Australian corrections. *Trends and Issues in Crime and Criminal Justice*, *426*(August), 1–8. https://search.informit.org/doi/epdf/10.3316/informit.711433717814344

Beaufrère, A., Belmenouar, O., & Chariot, P. (2014). Elderly arrestees in police custody cells: implementation of detention and medical decision on fitness to be detained. *Forensic Science International*, *241*, 15–19. https://doi.org/10.1016/j.forsciint.2014.04.031

Block, C. R. (2013). Homicide Against or by the Elderly in Chicago 1965-2000. *Homicide Studies*, *17*(2), 154–183. https://doi.org/10.1177/1088767913478596

Booth, B. D. (2016). Elderly Sexual Offenders. *Current Psychiatry Reports*, *18*(4), 34. https://doi.org/10.1007/s11920-016-0678-1

Bureau of Justice Statistics. (2011). *Prisoners Series: 1990–2010*. Retrived from https://bjs.ojp.gov/library/publications/list

Chiu, T. (2010). *It's About Time: Aging Prisoners, Increasing Costs, and Geriatric Release*. Vera Institute of Justice.

Chua, J., Cheung, G., Friedman, S. H., & Taylor, S. (2018). What are the characteristics of first time older sexual offenders? *International Psychogeriatrics*, *30*(5), 647–662. https://doi.org/10.1017/S1041610217002186

Combalbert, N., Ferrand, C., Pennequin, V., Keita, M., & Geffray, B. (2017). Troubles mentaux, santé perçue et qualité de vie chez des détenus âgés en France. *Geriatrie et Psychologie Neuropsychiatrie Du Vieillissement*, *15*(1), 99–108. https://doi.org/10.1684/pnv.2017.0654

Combalbert, N., Pennequin, V., Ferrand, C., Armand, M., Anselme, M., & Geffray, B. (2018). Cognitive impairment, self-perceived health and quality of life of older prisoners. *Criminal Behaviour and Mental Health*, *28*(1), 36–49. https://doi.org/10.1002/cbm.2023

Curtice, M., Parker, J., Schembri Wismayer, F., & Tomison, A. (2003). The elderly offender: an 11-year survey of referrals to a regional forensic psychiatric service. *Journal of Forensic Psychiatry & Psychology*, *14*(2), 253–265. https://doi.org/10.1080/1478994031000077989

Danely, J. (2022). What Older Prisoners Teach Us About Care and Justice in An Aging World. *Anthropology & Aging*, *43*(1), 58–65. https://doi.org/10.5195/aa.2022.395

De Motte, C. (2015). *Understanding older male prisoners' satisfaction with quality of life and wellbeing* [Nottingham Trent University (United Kingdom)].

Doron, I. I., & Love, H. (2013). Aging Prisoners: A Brief Report of Key Legal and Policy Dilemmas. *International Journal of Criminology and Sociology*, *2*(January), 322–327. https://doi.org/10.6000/1929-4409.2013.02.31

Fazel, S., & Grann, M. (2002). Older criminals: a descriptive study of psychiatrically examined offenders in Sweden. *International Journal of Geriatric Psychiatry*, *17*(10), 907–913. https://doi.org/10.1002/gps.715

Feldmeyer, B., & Steffensmeier, D. (2007). Elder Crime: Patterns and Current Trends, 1980—2004. *Research on Aging*, *29*(4), 297–322. https://doi.org/10.1177/0164027507300802

Forsyth, K., Senior, J., Stevenson, C., O'Hara, K., Hayes, A., Challis, D., & Shaw, J. (2015). "They just throw you out": Release planning for older prisoners. *Ageing and Society*, *35*(9), 2011–2025. https://doi.org/10.1017/S0144686X14000774

Ginn, S. (2012). Elderly prisoners. *BMJ*, *345*(oct15 4), e6263–e6263. https://doi.org/10.1136/bmj.e6263

Greene, E., & Gibson, S. C. (2012). The Experiences of Older Adults in the Legal System. In *Stress, Trauma, and Wellbeing in the Legal System* (pp. 149–174). Oxford University Press. https://doi.org/10.1093/acprof:oso/9780199829996.003.0007

Gross, B. (2007). Elderly offenders: Implications for corrections personnel. *Forensic Examiner*, *16*(1), 56–61.

Hayes, A. J., Burns, A., Turnbull, P., & Shaw, J. J. (2012). The health and social needs of older male prisoners. *International Journal of Geriatric Psychiatry*, *27*(11), 1155–1162. https://doi.org/10.1002/gps.3761

Hayes, A. J., Burns, A., Turnbull, P., & Shaw, J. J. (2013). Social and custodial needs of older adults in prison. *Age and Ageing*, *42*(5), 589–593. https://doi.org/10.1093/ageing/aft066

Hunt, I. M., Nicola Swinson, A. B., Flynn, S., Hayes, A. J., Roscoe, A., Rodway, C., Amos, T., Kapur, N., Appleby, L., & Shaw, J. (2010). Homicide convictions in different age-groups: a national clinical survey. *Journal of Forensic Psychiatry & Psychology*, *21*(3), 321–335. https://doi.org/10.1080/14789940903513195

Ilijić, L., Milićević, M., & Pavićević, O. (2020). Approaches and methods in the quality of prison life assessing – Measuring social and moral climate in prisons. In G. Nedović & F. Eminović (Eds.), *Approaches and models in special education and rehabilitation: thematic collection of international importance* (pp. 85–96). University, Faculty of Special Education and Rehabilitation, Publishing Center of the Faculty.

Jovanić, G., & Ilijić, L. (2015). Diskriminacija starih osoba u zatvorskom sistemu. In V. Boranijašević (Ed.), *Tematski zbornik naučnog skupa pod nazivom "Pravni sistem i zaštita od*

*diskriminacije"* (pp. 157–167). Pravni fakultet Univerziteta u Prištini sa privremenim sedištem u Kosovskoj Mitrovici.

Kakoullis, A., Le Mesurier, N., & Kingston, P. (2010). The mental health of older prisoners. *International Psychogeriatrics*, *22*(5), 693–701. https://doi.org/10.1017/S1041610210000359

Kerbs, J. J., & Jolley, J. M. (2007). Inmate-on-inmate victimization among older male prisoners. *Crime and Delinquency*, *53*(2), 187–218. https://doi.org/10.1177/0011128706294119

Kerbs, J. J., & Jolley, J. M. (2009). A Commentary on Age Segregation for Older Prisoners. *Criminal Justice Review*, *34*(1), 119–139. https://doi.org/10.1177/0734016808324245

Kosilov, K., Kuzina, I., Kosilova, L., Gainullina, Y., Kuznetsov, V., Ivanovskaya, M., & Prokofyeva, A. (2019). Health-related quality of life and socioeconomic status of imprisoned middle-age and elderly persons. *Social Theory and Health*, *17*(1), 75–88. https://doi.org/10.1057/s41285-018-0069-2

Lemieux, C. M., Dyeson, T. B., & Castiglione, B. (2002). Revisiting the Literature on Prisoners who are Older: Are we Wiser? *The Prison Journal*, *82*(4), 440–458. https://doi.org/10.1177/0032885502238680

Liebling, A., Hulley, S., & Crewe, B. (2012). Conceptualising and Measuring the Quality of Prison Life. In *The SAGE Handbook of Criminological Research Methods* (pp. 358–372). SAGE Publications Ltd. https://doi.org/10.4135/9781446268285.n24

Merten, M. J., Bishop, A. J., & Williams, A. L. (2012). Prisoner Health and Valuation of Life, Loneliness, and Depressed Mood. *American Journal of Health Behavior*, *36*(2), 275–288. https://doi.org/10.5993/AJHB.36.2.12

Milićević, M., & Ilijić, L. (2022). Osobe sa intelektualnom ometenošću i kršenje zakonskih normi – o pojedinim karakteristikama populacije i izazovima u izvršenju kazne zatvora. *Zbornik Instituta za kriminološka i sociološka istraživanja*, *41*(1), 41–53. https://doi.org/10.47152/ziksi2022013

Ministry of Justice. (2018). *Offender management statistics quarterly: January to March 2018*.

Obradović, D. (2020). Respect for the right to human dignity of victims of criminal offenses during criminal proceedings in Serbia. In Z. Pavlović (Ed.), *YEARBOOK. No. 3, Human rights protection: the right to human dignity* (pp. 217–237). Provincial Protector of Citizens – Ombudsman and Institute of Criminological and Sociological Research.

Omolade, S. (2014). The needs and characteristics of older prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) survey. In *Analytical Summary 2014*. Ministry of Justice.

Overshott, R., Rodway, C., Roscoe, A., Flynn, S., Hunt, I. M., Swinson, N., Appleby, L., & Shaw, J. (2012). Homicide perpetrated by older people. *International Journal of Geriatric Psychiatry*, *27*(11), 1099–1105. https://doi.org/10.1002/gps.2739

Pavlović, Z. (2020). Personal dignity and challenges of imprisonment. In Z. Pavlović (Ed.), *YEARBOOK. No. 3, Human rights protection: the right to human dignity* (pp. 43–60). Provincial Protector of Citizens – Ombudsman and Institute of Criminological and Sociological Research.

Putkonen, H., Weizmann-Henelius, G., Repo-Tiihonen, E., Lindberg, N., Saarela, T., Eronen, M., & Häkkänen-Nyholm, H. (2010). Homicide, Psychopathy, and Aging-A Nationwide Register-

based Case-comparison Study of Homicide Offenders Aged 60 Years or Older. *Journal of Forensic Sciences*, *55*(6), 1552–1556. https://doi.org/10.1111/j.1556-4029.2010.01488.x

Reutens, S., Nielssen, O., & Large, M. (2015). Homicides by older offenders in New South Wales between 1993 and 2010. *Australasian Psychiatry*, *23*(5), 493–495. https://doi.org/10.1177/1039856215579525

Solares, C., Dobrosavljevic, M., Larsson, H., Cortese, S., & Andershed, H. (2020). The mental and physical health of older offenders: A systematic review and meta-analysis. *Neuroscience & Biobehavioral Reviews*, *118*, 440–450. https://doi.org/10.1016/j.neubiorev.2020.07.043

Solarević, M., & Pavlović, Z. (2018). Aging and human rights: human dimension of statistics and legislation in Serbia. In Z. Pavlović (Ed.), *YEARBOOK. No. 1, Human rights protection: From unlawfulness to legality* (pp. 51–68). Provincial Protector of Citizens – Ombudsman and Institute of Criminological and Sociological Research.

Statistical Office of the Republic of Serbia. (2004). *Adult perpetrators of crime, 1999–2003*. https://publikacije.stat.gov.rs/G2004/Pdf/G20041243.pdf

Statistical Office of the Republic of Serbia. (2011). *Adult perpetrators of crime in the Republic of Serbia, 2010*. https://publikacije.stat.gov.rs/G2011/Pdf/G20111201.pdf

Statistical Office of the Republic of Serbia. (2016). *Adult perpetrators of crime in the Republic of Serbia, 2015*. https://publikacije.stat.gov.rs/G2016/PdfE/G20161189.pdf

Statistical Office of the Republic of Serbia. (2022). *Adult perpetrators of criminal offences, 2021*. https://publikacije.stat.gov.rs/G2022/PdfE/G20221189.pdf

Stevens, B. A., Shaw, R., Bewert, P., Salt, M., Alexander, R., & Loo Gee, B. (2018). Systematic review of aged care interventions for older prisoners. *Australasian Journal on Ageing*, *37*(1), 34–42. https://doi.org/10.1111/ajag.12484

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. https://doi.org/10.1300/J084v19n03_06

Testoni, I., Marrella, F., Biancalani, G., Cottone, P., Alemanno, F., Mamo, D., & Grassi, L. (2020). The value of dignity in prison: A qualitative study with life convicts. *Behavioral Sciences*, *10*(6), 95–105. https://doi.org/10.3390/bs10060095

Togas, C., Raikou, M., & Niakas, D. (2014). An Assessment of Health Related Quality of Life in a Male Prison Population in Greece Associations with Health Related Characteristics and Characteristics of Detention. *BioMed Research International*, *2014*, 1–9. https://doi.org/10.1155/2014/274804

Trotter, C., & Baidawi, S. (2015). Older prisoners: Challenges for inmates and prison management. *Australian and New Zealand Journal of Criminology*, *48*(2), 200–218. https://doi.org/10.1177/0004865814530731

Tucker, S., Hargreaves, C., Cattermull, M., Roberts, A., Walker, T., Shaw, J., & Challis, D. (2021). The nature and extent of prisoners' social care needs: Do older prisoners require a different service response? *Journal of Social Work*, *21*(3), 310–328. https://doi.org/10.1177/1468017319890077

Turner, M., Peacock, M., Payne, S., Fletcher, A., & Froggatt, K. (2018). Ageing and dying in the contemporary neoliberal prison system: Exploring the 'double burden' for older prisoners. *Social Science & Medicine*, *212*, 161–167. https://doi.org/10.1016/j.socscimed.2018.07.009

Veković, V. V., Ćulafić, V., & Veković, M. V. (2021). Elder prisoners – a significant group , a marginalized minority or a challenge for the prison system. In N. Koropanovski (Ed.), *Thematic conference proceedings of international significance / International Scientific Conference "Archibald Reiss Days", Belgrade, 9-10 November 2021* (pp. 177–184). University of Criminal Investigation and Police Studies.

Wilkinson, D., & Caulfield, L. (2020). A systematic review of the characteristics and needs of older prisoners. *Journal of Criminal Psychology*, *10*(4), 253–276. https://doi.org/10.1108/JCP-06-2020-0023

Williams, B. A., Lindquist, K., Hill, T., Baillargeon, J., Mellow, J., Greifinger, R., & Walter, L. C. (2009). Caregiving Behind Bars: Correctional Officer Reports of Disability in Geriatric Prisoners. *Journal of the American Geriatrics Society*, *57*(7), 1286–1292. https://doi.org/10.1111/j.1532-5415.2009.02286.x

Williams, B. A., Stern, M. F., Mellow, J., Safer, M., & Greifinger, R. B. (2012). Aging in Correctional Custody: Setting a Policy Agenda for Older Prisoner Health Care. *American Journal of Public Health*, *102*(8), 1475–1481. https://doi.org/10.2105/AJPH.2012.300704

Williams, J. (2013). Social care and older prisoners. *Journal of Social Work*, *13*(5), 471–491. https://doi.org/10.1177/1468017311434886