Older Women in Prison: Navigating Vulnerability at the Intersection of Age and Gender

Sílvia Bernardo, University of Beira Interior, Portugal
Amélia Augusto, University of Beira Interior, Portugal
Pedro das Neves, Innovative Prison Systems, Portugal

The European Conference on Aging & Gerontology 2025
Official Conference Proceedings

Abstract

Despite the growing number of older individuals deprived of liberty, research on the specific realities of incarcerated older women remains scarce. This paper explores how age and gender intersect to shape the experiences, needs, and vulnerabilities of older women in prison. Drawing on a scoping review of literature focused on their characteristics, experiences, and institutional responses within the European context, the analysis highlights how prison systems—originally designed for a younger male population—generally fail to address the compounded challenges faced by this group. These include health and healthcare issues, particularly those related to gender-specific and age-related conditions, limited access to age- and gender-sensitive programmes, and social isolation exacerbated by double stigmatization (female gender and older age). Applying an intersectional lens, the study examines how systemic inequalities shape older women's experiences of incarceration. Findings indicate that public (prison) policies and institutional practices often overlook the specific needs of this minority population, reinforcing their invisibility and marginalisation. The paper calls for a shift toward gender- and age-responsive policies and practices to ensure equitable treatment and improved support for older women in prison.

Keywords: gendered ageing, older women, vulnerability, prison, total institution, justice, ageing and imprisonment, intersectionality

iafor
The International Academic Forum
www.iafor.org

Introduction

Over the past two decades, global prison populations have been reshaped by two major trends: the ageing of individuals (Handtke et al., 2015; Wilkinson & Caulfield, 2020) and the growing number women (UNODC, 2025). Older people now form the fastest-growing prison demographic worldwide (Skarupski et al., 2018), largely due to longer sentences, reduced parole, and general population ageing (Aday & Krabill, 2013; Crawley & Sparks, 2006). In prisons, "older" typically refers to those aged 50+, given the accelerated ageing effects of incarceration (Merkt et al., 2020).

In Council of Europe (CoE) countries, 18% of prisoners are aged 50 or older (Aebi & Cocco, 2024), with estimates suggesting over 150,000 older inmates. In some countries, this group exceeds 20% of the prison population. While gender-disaggregated data are lacking, older women in prison remain an overlooked subgroup, despite rising numbers. Since 2000, the global female prison population has increased by 60% (Fair & Walmsley, 2022), and in England and Wales, women aged 50+ have more than tripled over two decades (Ministry of Justice, 2014, 2025). Based on existing statistics (Aebi & Cocco, 2024), we calculate that at least 7,800 older women are currently incarcerated in CoE member states.

This population is diverse, and as Vannier and Nellis (2023) note, old age is a socially constructed category. Nonetheless, older women in prison often face poorer health, lack of social support, and higher vulnerability (Peraire et al., 2022; UNODC, 2009). Many contend with limited education, financial hardship, trauma, and social isolation (Genders & Player, 2020; Silva, 2018; Strimelle, 2022). Imprisonment often exacerbates these disadvantages and disrupts meaningful social roles such as caregiving.

Institutionally, prisons frequently fail to address the specific needs of older women, with regimes shaped by rigid routines characteristic of "total institutions" (Crawley, 2005; Goffman, 1961). Given the scarcity of focused research in Europe, this scoping review aimed to explore how older women in prison are depicted in the literature, what their lived experiences are, and how prison systems respond to their specific needs. Hence, the review addressed the following research questions: 1) How are older (50+) women in prison portrayed in academic literature across CoE states?; 2) What are their experiences of imprisonment?; 3) How do prison systems respond to this minority population? By mapping the existing literature, the review sought to characterise older women in prison, examine their lived experiences; and, identify institutional responses. The analysis prioritised women's own accounts, using author perspectives primarily to expand on her narratives.

This research contributes to addressing a critical knowledge gap and advocates for the development of prison policies and practices that better account for the intersection of ageing and gender.

Methods

The scoping review followed a structured protocol defined in March 2025. Sources were selected based on inclusion criteria covering empirical or conceptual literature focused on women aged 50+ in prison, addressing their characteristics, needs, experiences, or institutional responses within CoE member states. Sources published from 2015 onwards, in English, Portuguese, Spanish, or French, were considered.

Five academic databases were searched (BASE, EBSCOhost, PubMed, Scopus, and Web of Science) using a comprehensive search string combining age, gender, incarceration, and biopsychosocial themes. Grey literature was excluded. Duplicates removed and a two-stage eligibility check (title/abstract, then full-text) was conducted. Inclusion and exclusion criteria were applied systematically, and reasons for exclusion were recorded. The process followed the PRISMA-ScR guidelines (Tricco et al., 2018). A total of 1,626 literature sources were initially identified. After removing 369 duplicates, 1,257 records were screened by title and abstract, leading to the exclusion of 1,011. Of the remaining 246 sources sought for retrieval, 4 could not be accessed, resulting in 242 full-texts assessed for eligibility. From these, 227 were excluded due to geographic or contextual limitations (111), thematic misalignment (98), inaccessible format (9), insufficient detail (5), or duplication (4). The final review encompassed 15 literature sources (most cited in this paper and identified with an asterisk in the *References*).

Data from selected sources were thematically coded using a mixed deductive–inductive approach (Fereday & Muir-Cochrane, 2006). Coding was based on three main domains: characteristics of older women in prison, their lived experiences, and institutional responses. Sub-themes were developed iteratively, and findings were synthesized narratively.

Conclusion

Among the included sources, 20% focused exclusively on older women in prison, while 80% addressed both older women and men. Nearly half of the studies (46.7%) originated from the UK, with Portugal and Switzerland each contributing two (13.3%), and Germany, Ireland, Norway, and Serbia one each (6.7%). Most studies employed qualitative methods (66.7%), with 26.7% using quantitative approaches and one adopting a mixed-methods design. The predominant age threshold for defining “older” was 50+, used in over 73% of sources, though some applied higher thresholds (60–70), depending on national context. One study did not specify an age but aligned with the 50+ benchmark.

This scoping review identified several key dimensions shaping the realities of older women in prison, structured around a) their characterisation; b) their lived experiences; and c) institutional responses to them.

Characteristics of Older Women in Prison

The findings around this theme combine women's own accounts with authors’ analyses.

Health was the most cited theme, with literature consistently portraying older women as facing multiple health challenges. Chronic conditions such as osteoporosis, arthritis, and chronic pain are conditions mentioned by older women in prison (Handtke et al., 2015; Storry, 2022), though some report efforts to stay active (Silva, 2021). In Switzerland, older women have an average of seven chronic conditions—almost double that of older men (Handtke et al., 2015).

Mental health burdens are also significant: anxiety disorders affect 80%, sleep issues 84%, and over 50% experience post traumatic stress disorder or self-harm (Perry et al., 2024; Tverborgvik et al., 2025). Older women tend to experience more severe mental health conditions than older men, though country variations exist (Davoren et al., 2015; Perry et al., 2024).

Despite these challenges, some women reject being labelled as "old" and maintain good health (Pimentel, 2022; Storry, 2022).

On a psychological level, women reported feelings of sadness, guilt, and loss of identity linked to ageing in prison (Annison & Hageman, 2015; Silva, 2021). As Anastasia shared: "I think everything's a bit worse when you're older. You's a bit more resilient, I think, when you're younger" (Storry, 2022, p. 153). Emotional fragility is intensified by disrupted caregiving roles and separation from family (Perry et al., 2024; Storry, 2022). Some cope by working constantly to preserve identity (Storry, 2022). They are often hesitant to express their needs (Pageau et al., 2021).

Strongly defined by caregiving roles and family identity, older women suffer deeply from separation and loss, which characterize their fragmented social aspect. Gwen's account illustrates this: "(…) my mum's 83 and she's bed-bound; I was her carer for her before I come in. [crying]" (Storry, 2022, p. 128). Social disconnection worsens with age and the death of loved ones: "My circle of friends on the outside is now virtually non-existent, there is a possibility that the few left might be in 'homes' or even dead because they are older (…)" (Price, 2024, p. 23). Maintaining family contact is a central emotional need (Handtke et al., 2015; Storry, 2022).

Educational disadvantage is common. In Switzerland, up to 61% had high school level or less (Handtke et al., 2015). In Portugal, illiteracy is a reality for some (Silva, 2021). Mafalda stated: (…) I have difficulty not knowing how to read. (...) I didn't take any courses here (...)" (Silva, 2021, p. 146), while Beatriz noted: "I didn't have the headspace" to continue school (Silva, 2021, p. 147).

Some older women reveal moments of spiritual engagement. Their narratives tell how faith and spirituality offer coping tools. Sara shared: "God gave me discernment to take care of myself" (Silva, 2021, p. 143), while Alda pleaded: "I feel like I'm going to die here. (…) I think I'm dying (…). And I pray to God to let me stay and let me go to my family [crying]. I ask for mercy (…) no one deserved this [crying]" (Pimentel, 2022, p. 128). Prison can also become a space of spiritual resilience and personal reflection (Annison & Hageman, 2015).

Pathways to/Through Prison: Older women in prison are diverse, including first-time offenders, repeat offenders, and those ageing in place (Annison & Hageman, 2015). Many serve long sentences for violent or drug-related offenses—e.g., 54% convicted of violent crimes in Switzerland (Handtke et al., 2015) and high rates of drug trafficking in Portugal and Norway (Pimentel, 2022; Tverborgvik et al., 2025). A trend of late-onset incarceration emerges, for example in Norway in a studied sample 89% were first imprisoned after age 50 (Tverborgvik et al., 2025).

Compounded Vulnerabilities: The intersection of age, gender, health, and social exclusion contributes to heightened vulnerability, yet intersectionality itself, as concept, is absent in the literature reviewed. Older women are seen as challenging societal norms and expectations: "Older female offenders violate traditional expectations and attitudes of society towards older women" (Handtke et al., 2015, p. 7). They face systemic neglect within prison regimes designed for younger men (Annison & Hageman, 2015; Easton, 2018).

Low visibility, limited agency, and cumulative disadvantage—such as histories of violence or housing insecurity—compound their marginalisation (Easton, 2018; Storry, 2022). Prison

systems often overlook these characteristics and realities, reinforcing cycles of social exclusion.

Older Women's Experiences of/in Prison

Five main themes emerge regarding older women's prison experiences: *Institutional and Structural Barriers, Healthcare and Wellbeing, Social Relations and Belonging, Agency, Coping and Resistance*; and a smaller theme of *Exceptions* (rare positive accounts).

Institutional and Structural Barriers

Older women report limited suitable activities, e.g., yoga classes not adapted to their pace (Pageau et al., 2021), and low gym participation with a preference for artistic activities (Perry et al., 2024). Work experiences are mixed but often valued as purposeful (Storry, 2022). Poor cell conditions, noise, and placement with younger inmates harm wellbeing (Handtke et al., 2015; Storry, 2022). Uniform treatment ignores specific needs, exemplified by neglecting menopausal symptoms: "I would prefer a lethal injection and die with dignity, rather than suffer years of slow mental and physical abuse and torture" (Price, 2024, p. 34).

Dismissive staff attitudes and penalization of complaints deepen distress (Handtke et al., 2015; Storry, 2022).

Healthcare and Wellbeing

Older women consistently report inadequate healthcare within prison institutions, with long waits and poor access to specialists (Handtke et al., 2015; Storry, 2022). Nutrition is often unhealthy, worsening chronic conditions (Handtke et al., 2015; Price, 2024). Menopause care is insufficient, with one woman stating: "The best healthcare can offer is a poster listing symptoms and an 18-month waiting list for a clinic" (Price, 2024, p. 27).

Experiences of dismissal and infantilisation by medical staff cause distrust, with some avoiding prison healthcare altogether (Handtke et al., 2015; Storry, 2022). Fear of dying due to neglect is voiced: "I am scared I will die in prison - due to medical neglect..." (Price, 2024, p. 28). Poorly managed health worsens dependence and hampers emotional wellbeing, with suicide overrepresentation noted (Opitz-Welke et al., 2019; Robinson et al., 2025).

Social Relations and Belonging

Older women in prison endure profound rupture, isolation, and emotional distress stemming from disrupted social ties and caregiving roles.

Separation from family is one of the most painful aspects affecting their wellbeing: "I can't live without my family (...) My heart belongs to my children" (Handtke et al., 2015, p. 6).

Loss of caregiving roles, particularly both young adult children and parents, also deeply impacts both the women and their relatives: "They expected me to help look after them (…) So, it's kind of wrecked their life as well as mine" (Storry, 2022, p. 128).

In-person visits provide fleeting comfort but often increase sadness, worsened by distance and long sentences, leading women to feel their families have "gone on without them" (Price,

2024, p. 16). Older women in prison tend to express more distress about these losses than older men in the same context (Perry et al., 2024; Storry, 2022).

Social isolation, exclusion, and withdrawal dominate older women experiences in/of prison. Many withdraw to protect themselves from an environment they perceive as hostile and in which sociability is forced: "(…) not becoming too close friends with anybody, then you don't run into danger. (…)" (Handtke et al., 2015, p. 5).

Age and personality often reinforce withdrawal, with some relying on books or objects for companionship (Handtke et al., 2015). Generational divides within the prison setting marginalise older women further: "(…) we are the oldies, the mammies. You are really shoved away; (…) In sports (…) they don't want us, because with us they cannot win. You're simply shut out" (Handtke et al., 2015, p. 6). The constantly noisy environment of prison prompt some to avoid participation (Silva, 2021).

Older women often experience a fractured identity but seek alternative connections, sometimes emotionally attaching to staff or surrogate familial roles (Easton, 2018; Storry, 2022). Personal objects like photographs act as vital emotional anchors (Pimentel, 2022).

Agency, Coping and Resistance

Older women often feel reduced to "just another prisoner" (Storry, 2022, p. 142), with the institution diminishing their identities. They express how younger staff exacerbate feelings of humiliation and frustration, as Selina vented: "(…) they're 20, 22, 24. And you go, 'excuse me, miss miss', and its like 'oh god!', I'm old enough to be her bloody mum! […] They make you feel so stupid!" (Storry, 2022, p. 143).

Some moments of recognition bring brief affirmation (Storry, 2022). Women lament lost productive lives and call for age-appropriate activities including dedicated exercise times, creative workshops, and social groups (Pageau et al., 2021; Perry et al., 2024).

Older women usually resort to work, solitude, education, and creative activities to cope in prison. Some conceal aging signs and focus on cognitive growth (Handtke et al., 2015; Perry et al., 2024; Storry, 2022). They seek meaningful roles such as mentoring (Price, 2024).

Strict prison routines strip autonomy and the extent of institutional control is perceived as total, as one older woman explained: "(…) Everything is said here (emphasized). Here you will be told when to take your tablets. Any responsibility will be taken away from you (…)" (Pageau et al., 2021, p. 5). Transition from independence to dependency is deeply felt: "I have been a working mum with a house to run, bills to pay, mouths to feed. (…) Here I am unable to do anything independently [...]" (Price, 2024, p. 16).

Fears about reintegration are common, despite the capabilities and willingness to contribute of many of these women (Storry, 2022). Small freedoms like gardening outside offer dignity (Handtke et al., 2015).

Exceptions

A few women report positive experiences, praising compassionate staff (Handtke et al., 2015) or describing prison as predictable and manageable (Storry, 2022).

Institutional Responses

This scoping review identified three types of institutional responses to older women in prison, revealing a generally fragmented and inadequate approach. Specific targeted initiatives, reported in less than a third of the reviewed sources, are rare and exclusively documented in the UK. These small-scale efforts are usually led by individual prisons in partnership with charities, addressing the intersection of age and gender through healthcare, social inclusion, and practical support. Examples include age-specific social groups offering quizzes, arts and crafts, and private gatherings (Annison & Hageman, 2015; Easton, 2018; Storry, 2022), wellbeing activities such as coffee mornings (Perry et al., 2024), dedicated units for those over 50 providing gym and yoga sessions (Easton, 2018), menopause support including clinics and hormone replacement therapy (Storry, 2022), and individualised care involving coordinated health and social services alongside practical accommodations like thicker mattresses and dietary adjustments (Easton, 2018; Storry, 2022).

In contrast, there are several sectional prison responses, addressing either older people (mostly men) or women, rarely both, resulting in fragmented interventions. Symbolic or non-binding policies acknowledge older people in prison rights but often overlook older women specifically (Davoren et al., 2015). In England and Wales, frameworks such as the Model for Operational Delivery have been criticised as raising awareness without translating into actionable measures (Storry, 2022), and recent recommendations for gender-sensitive healthcare remain largely unimplemented (Robinson et al., 2025). Fragmented programmatic responses occur in countries like Portugal, where older individuals have technically open access to programmes but these lack tailoring or adaptations whatsoever, leading older women to self-exclude (Pimentel, 2022; Silva, 2021). In the UK, prisons with larger older populations offer tailored day centres, and additional physical assistance is usually provided (Easton, 2018; Storry, 2022). Nevertheless, some specific measures, such as cervical cancer screening, lack adequate information and support, and broader needs like family contact are acknowledged but not structurally supported, often depending on staff discretion and resulting in inconsistent support (Robinson et al., 2025; Storry, 2022).

The most prevalent response, reported in the great majority of the literature sources included in this scoping review, is one of generalist, absent or even detrimental institutional approach. Older women face systemic neglect, institutional unpreparedness, and invisibility in policy. Prison infrastructure and regimes are typically designed for younger populations, making them unsuitable for older women, who lack dedicated units and opportunities to socialise with peers of similar age, sometimes leading to tensions and unfair treatment (Annison & Hageman, 2015; Handtke et al., 2015; Pageau et al., 2021; Price, 2024; Storry, 2022). The distance from home – because there are few prison institutions for women – disrupts family contact and undermines reintegration (Storry, 2022). Preventive healthcare is grossly insufficient; only around a fifth receive breast cancer screening (Robinson et al., 2025), menopause support is limited and symptoms are often exacerbated by the prison environment (Robinson et al., 2025; Storry, 2022), and other age-related health concerns such as chronic conditions and mental health problems are poorly addressed (Opitz-Welke et al., 2019; Price, 2024). The dual marginalisation of older women in the carceral context, both as women and as older adults, remains largely unacknowledged in policies often designed around younger male populations (Easton, 2018; Handtke et al., 2015; Pimentel, 2022; Silva, 2021). Despite some earlier efforts in the UK, such as the House of Commons Justice Committee's call for an intersectional approach and Prison Service Order 4800, older women have been omitted from the most recent Women's Policy Framework (2018) and no comprehensive or strategic

policy exists, resulting in fragmented and inconsistent practices (Price, 2024; Storry, 2022). Resistance from staff to broader age-specific policies, citing individual differences, further perpetuates inadequate support, while a lack of systematic data collection hinders evidence-based planning (Robinson et al., 2025; Storry, 2022).

Concluding Remarks

This scoping review examined the characteristics and experiences of older women in prison, as well as institutional responses, with a focus on Council of Europe member states. The existing literature is predominantly UK-centred and largely qualitative in methodology. Notably, older women in prison are generally studied within the broader research on older individuals in the custodial setting. The findings indicate that prisons are ill-prepared to address the intersectional complexities faced by older women, including the interplay of age, gender, biopsychosocial factors and diverse social determinants. There is an urgent need to rethink prison environments, programmes, and policies to better serve this growing minority, incorporating adaptations for physical accessibility, wellbeing, and social inclusion.

The data highlight a significant gap in institutional responsiveness, revealing systemic failures that exacerbate the multidimensional deterioration experienced by older women in prison and emphasising the necessity for age- and gender-specific reforms. However, a major obstacle remains the lack of reliable data on this population (Robinson et al., 2025).

While the findings of this review may not fully capture the characteristics, realities, and institutional responses to older women in prison across Europe, especially given the heterogeneity of this population and the review's limitations, this work nonetheless contributes to illuminating a relatively neglected area within prison studies from a social sciences perspective.

Any measures to support this minority must be evidence-based, and there is a clear demand for more comprehensive research on and with older women in prison. As Powell and Wahidin (2006) observed, failing to research this minority population in prison represents an implicit form of ageism that perpetuates their systemic neglect.

This scoping review has several limitations. The search strategy was refined iteratively but didn't involve a professional information specialist/librarian. Although five major scientific databases were used, the unavailability of criminology- or interdisciplinary social science–specific databases such as *Criminal Justice Abstracts* or *Sociological Abstracts* through the lead author's institution may have constrained access to context-specific literature. The study selection and data coding were carried out solely by the lead author, supervised but without a second independent reviewer, which could introduce bias. Additional limitations include potential publication bias, language restrictions, and the exclusion of grey literature, which may have omitted relevant viewpoints. As a scoping review, the study aimed to map existing literature rather than critically appraise study quality or methodologies. Nonetheless, it provides a structured and meaningful overview of a relatively underexplored topic, laying the groundwork for future systematic research.

Acknowledgments

This research was conducted as part of the lead author's PhD studies, funded by the Portuguese Foundation for Science and Technology (www.fct.pt) through the State Budget under fellowship reference 2024.00964.BDANA.

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* (pp. [chapter pages if available]). SAGE Publications. https://doi.org/10.4135/9781452275444.n7

Aebi, M. F., & Cocco, E. (2024). *SPACE I 2023 – Council of Europe annual penal statistics: Prison populations*. Council of Europe & University of Lausanne. https://wp.unil.ch/space/files/2025/04/space_i_2023_report.pdf

Annison, J., & Hageman, C. (2015). Older women prisoners and The Rubies project. In J. Annison, J. Brayford, & J. Deering (Eds.), *Women & Criminal Justice: From the Corston Report to Transforming Rehabilitation (pp. 137–151)*. Policy Press.

Crawley, E. (2005). Institutional thoughtlessness in prisons and its impacts on the day-to-day prison lives of elderly men. *Journal of Contemporary Criminal Justice, 21*(4), 350–363. https://doi.org/10.1177/1043986205282018

Crawley, E., & Sparks, R. (2006). Is there life after imprisonment? How elderly men talk about prison and release. *Criminology & Criminal Justice, 6*(1), 63–82. https://doi.org/10.1177/1748895806060667

Davoren, M., Fitzpatrick, M., Caddow, M., Cunniffe, R., Fitzpatrick, C., & Kennedy, H. G. (2015). Older men and older women remand prisoners: Mental illness, physical illness, offending patterns and needs. *International Psychogeriatrics*, 27(5), 747–755. https://doi.org/10.1017/S1041610214002348

Easton, H. (2018). Older prisoners, gender and family life. In B. Clough & J. Herring (Eds.), *Ageing, Gender and Family Law (pp. 142–158)*. Routledge.

Fair, H., & Walmsley, R. (2022). *World female imprisonment list (5th ed.): Women and girls in penal institutions, including pre-trial detainees/remand prisoners*. Institute for Crime & Justice Policy Research. https://www.prisonstudies.org/sites/default/files/resources/downloads/world_female_imprisonment_list_5th_edition.pdf

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1), 80–92. https://doi.org/10.1177/160940690600500107

Genders, E., & Player, E. (2020). Long sentenced women prisoners: Rights, risks and rehabilitation. *Punishment & Society, 24*(1), 3–25. https://doi.org/10.1177/1462474520933097

Goffman, E. (1961). *Asylums: Essays on the Condition of the Social Situation of Mental Patients and Other Inmates*. Anchor Books.

Handtke, V., Bretschneider, W., Elger, B. S., & Wangmo, T. (2015). Easily forgotten: Elderly female prisoners. *Journal of Aging Studies*, 32, 1–11. https://doi.org/10.1016/j.jaging.2014.10.003

Merkt, H., Haesen, S., Meyer, L., Kressig, R. W., Elger, B. S., & Wangmo, T. (2020). Defining an age cut-off for older offenders: A systematic review of literature. *International Journal of Prison Health, 16*(2), 95–116. https://doi.org/10.1108/IJPH-11-2019-0060

Ministry of Justice. (2014). *Prison population by type of custody, age and sex, 2002 to 2014: Table A1.5* [Data table]. In *Prison population: 2014* (Annual statistics release). UK Government. https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-january-to-march-2014

Ministry of Justice. (2025). *Prison population data tool: 31 March 2025* [Data set]. UK Government. https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-october-to-december-2024

Opitz-Welke, A., Konrad, N., Welke, J., Bennefeld-Kersten, K., Gauger, U., & Voulgaris, A. (2019). Suicide in older prisoners in Germany. *Frontiers in Psychiatry, 10*, 154. https://doi.org/10.3389/fpsyt.2019.00154

Pageau, F., Cornaz, C. D., Gothuey, I., Seaward, H., Wangmo, T., & Elger, B. S. (2021). Prison unhealthy lifestyle and poor mental health of older persons—A qualitative study. *Frontiers in Psychiatry, 12*, 690291. https://doi.org/10.3389/fpsyt.2021.690291

Peraire, M., Pérez-Sánchez, E.-J., Pérez-Pazos, J., de Gomar-Malia, J. M., & Tort-Herrando, V. (2022). Relevance of psychogeriatrics in the prison setting: A systematic review. *Revista Española de Sanidad Penitenciaria, 24*(3), 101–109. https://doi.org/10.18176/resp.00058

Perry, A. E., Moe-Byrne, T., Knowles, S., Schofield, J., Changsiripun, C., Churchill, R., Williamson, K., Marshall, D., & Parrott, S. (2024). Utilising survey data and qualitative information to inform a logic model to support older people in custody with common mental and physical health problems: Addressing the physical and mental health needs of older prisoners (the PAMHOP study). *International Journal of Law and Psychiatry, 95*, 102002. https://doi.org/10.1016/j.ijlp.2024.102002

Pimentel, A. C. M. (2022). *Envelhecimento, reclusão e COVID-19: Um olhar pluridimensional de vivências, experiências e percepções.* [Ageing, incarceration and COVID-19: a multidimensional look at experiences and perceptions.] [Master's dissertation, Universidade do Minho]. Universidade do Minho RepositoriUM. https://hdl.handle.net/1822/79530

Powell, J. L., & Wahidin, A. (2006). Rethinking criminology: The case of 'ageing studies'. In A. Wahidin & M. Cain (Eds.), *Ageing, crime and society* (pp. 197–210). Willan Publishing.

Price, J. (2024). *Growing old and dying inside: Improving the experiences of older people serving long prison sentences*. Prison Reform Trust. https://prisonreformtrust.org.uk/wp-content/uploads/2024/08/Growing-old-and-dying-inside.pdf

Robinson, L., O'Neill, A., Forsyth, K., Heathcote, L., Barnett, K., Senior, J., Gutridge, K., Robinson, C. A., & Shaw, J. (2025). Older women in the criminal justice system: A brief report from a nominal group. *The Journal of Forensic Psychiatry & Psychology, 36*(1), 24–36. https://doi.org/10.1080/14789949.2024.2437447

Silva, R. A. D. (2018). *Envelhecer e viver na prisão: As vivências prisionais de reclusos/as idosos/as.* [Ageing and living in prison: Prison experiences of older prisoners.] [Doctoral thesis, Universidade do Minho]. University of Minho Repository. https://repositorium.sdum.uminho.pt/handle/1822/62179

Silva, R. A. D. (2021). As atividades prisionais vistas por reclusos(as) idosos(as). *Revista Inclusiones, 8*, 136–152. Editorial Cuadernos de Sofía. https://repositorium.sdum.uminho.pt/handle/1822/69225

Skarupski, K. A., Gross, A., Schrack, J. A., Deal, J. A., & Eber, G. B. (2018). The health of America's aging prison population. *Epidemiologic Reviews, 40*(1), 157–165. https://doi.org/10.1093/epirev/mxx020

Storry, M. (2022). *'There's lots of suffering in here, but some people are suffering more': Age, gender and the pains of imprisonment* (Doctoral dissertation, University of Kent). Kent Academic Repository. https://doi.org/10.22024/UniKent/01.02.96692

Strimelle, V. (2022). Le service correctionnel canadien face au vieillissement carcéral : problématiser l'invisible et répondre à l'impensé (1994-2020). *Champ pénal/Penal field, 27*. https://doi.org/10.4000/champpenal.13908

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., ... Straus, S. E. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine, 169*(7), 467–473. https://doi.org/10.7326/M18-0850

Tverborgvik, T., Stavseth, M. R., Lokdam, N. T., Jordan, A., & Bukten, A. (2025). The burden of mental health and somatic disorders among people experiencing incarceration later in life: A 13-year cohort study. *Social Science & Medicine, 373*, 118007. https://doi.org/10.1016/j.socscimed.2025.118007

UNODC. (2009). *Handbook on prisoners with special needs*. https://www.unodc.org/pdf/criminal_justice/Handbook_on_Prisoners_with_Special_Needs.pdf

UNODC. (2025). *Prison matters 2025: Global prison population and trends; A focus on rehabilitative environments.* United Nations.

Vannier, M., & Nellis, A. (2023). 'Time's relentless melt': The severity of life imprisonment through the prism of old age. *Punishment & Society, 25*(5), 1271–1292. https://doi.org/10.1177/14624745231154880

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

Contact email: silvia.bernardo@ubi.pt