Age and Justice: The Treatment of Younger VS Older Defendants in the Prison and Probation System

Curtis The, University of Exeter
Jody Audley, Catch22

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Introduction

In the terminology of the criminal justice system, incarceration is conceived not only as physical confinement but as a dual-purpose sanction embodying both punitive and corrective functions. It reflects a logic of societal retribution, whereby those who have inflicted harm upon others are themselves subjected to suffering in the name of proportional justice and fairness, but also serves a purportedly rehabilitative role, in which legal punishment both reduces individual recidivism yet also performs as operant punishment, a consequence that diminishes the likelihood of future occurrence of the behaviour on which crime is contingent (Apel & Diller, 2016; Newman, 2017). Prisons, accordingly, are institutions entrusted not only with the custodial care and management of individuals accused or convicted of criminal offences, encompassing both remand populations and those serving custodial sentences, but also with their compulsory detention and its attendant restrictions on liberty and freedom.

The prison and probation system is not age-neutral. Young and elderly defendants arrive with markedly different developmental trajectories, health profiles, criminogenic needs, and social resources, all of which demand individualised, tailored responses. Yet, prison policy and practice too often apply a standardised, unchanging model of custody and supervision, producing avoidable harms; over-punishment, over-discipline, unmet healthcare and wellbeing needs, and missed rehabilitative opportunities for youths and older adults alike (Elger et al., 2016). This review explores the similarities and differences in young and older people in the criminal justice system through how they are treated the same, the differences in treatment they may experience, and how treatment should differ or be consistent between these two cohorts. The aim of this review is to clarify the most effective interventions and facilities to address recidivism across these populations, how morbidity levels in these groups may be related to the existing prison system, and how the system's environment impacts recovery and recidivism for younger and older prisoners.

Elderly Prison Populations

Older prisoners considered 'special needs' by the UNODC (2009), represent the most rapidly expanding demographic within custodial environments. In the U.K., the population of sentenced prisoners aged sixty years and above has risen threefold since 1990 (Hayes & Shaw, 2011; Owers et al., 2008), a figure projected to continue its upward trajectory in the coming years (UNDESA, 2013). This ageing trend is a foreseeable consequence of converging factors: the mass cohorts incarcerated into and throughout older adulthood during the 'tough on crime' era of punitive criminal policies; those who have cycled through the criminal justice system for decades due to persistent recidivism; and individuals newly brought into custody following belated arrest and prosecution for historical offences (Psick et al., 2017)—a pattern sustained and intensified by the continued absence of meaningful reforms promoting rehabilitation and desistance. Rehabilitative provision was not only limited and inconsistently applied but frequently failed to address the underlying psychosocial and behavioural drivers of criminal behaviour, therefore perpetuating cycles of repeated incarceration rather than facilitating sustained changes in conduct. From the early 1970s onwards, rehabilitation itself became publicly and politically discredited, and the sentencing structures that had once formed the "rehabilitative ideal" were progressively dismantled.

This gave rise to increasingly punitive penal practices, including the reintroduction of degrading sanctions, harsher sentencing for young offenders, heightened panic and legislative response to sex and drug-related crimes, and the expansion of high-security facilities. Underpinning this shift, in part, was Martinson's (1974) assertion that "nothing works"; a claim which advanced the argument that imprisonment ought to be decoupled from reformative aims on the premise that offenders would inevitably reoffend regardless of treatment. Consequently, a significant proportion of older prisoners may be understood as a group shaped by decades of inadequate and ineffective intervention, for whom opportunities for early rehabilitation were either absent, missed, or insufficiently realised (Phelps, 2011).

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Age-Related Morbidity in Custodial Settings

All prisoners are entitled to timely access to adequate standards of physical, medical, and mental healthcare, alongside protections from assault, bullying, degradation, harassment, and slavery (Greifinger, 2022; Prison Reform Trust, 2014). Nevertheless, many correctional health and service providers remain ill-equipped to deliver consistent, cost-effective, and high-quality care, particularly for older adults, who constitute a disproportionately large share of the growing demands and expenditures associated with correctional healthcare (Williams et al., 2012). Prisons breed inherently stressful environments, characterised by restricted autonomy, pervasive exposure to violence, and social isolation—all conditions that may induce or intensify chronic stress responses detrimental to both physical and psychological health (Massoglia & Pridemore, 2015). Sustained exposure to such adversity has been linked to neuroinflammation and accelerated biological aging, thereby heightening the risk of cognitive decline and impairment, especially among older individuals (Bisht et al., 2018; Lyons & Bartolomucci, 2020).

Contrasting both younger incarcerated cohorts and age-matched peers in the community, older prisoners exhibited markedly higher rates of physical and psychiatric comorbidities, demonstrating a significantly elevated prevalence of psychosis, personality disorders, major depressive disorder, and dementia (Fazel et al., 2001). Likewise, Fazel and Danesh (2002) found that ~14% of elderly inmates were affected by psychosis or major depression, while ~50% met criteria for antisocial personality disorder—figures representing a two- to four-fold, and ten-fold excess respectively compared with the general population of the same age. When left untreated and unsupported, these disorders constitute profound risk factors for suicide, a vulnerability particularly exacerbated in older prisoners, whose heightened susceptibility to the compounded effects of imprisonment-induced isolation and the pressures of post-release reintegration serves to intensify their propensity toward suicidal ideation (Pratt et al., 2006). Among prisoners aged over 50, rates of hypertension, diabetes and arthritis are double that observed in younger inmate populations, whilst 85% of older prisoners present with at least one chronic condition, most frequently of a psychiatric or respiratory nature (Baillargeon et al., 2000). Colsher et al. (1992) similarly identified markedly higher rates of chronic physical illness and impairments in gross physical functional ability (arthritis, hypertension, stomach or intestinal ulcers, diabetes, myocardial infarction, and emphysema) among inmates over sixty years of age when compared with those aged fifty to fifty-nine. The heightened burden of morbidity in this group may, however, be partially attributable to the significantly greater prevalence of smoking and histories of heavy alcohol consumption documented within the older prisoner population.

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Such morbidities, coupled with the functional impairments that frequently accompany advancing age and physical decline, significantly constrain elderly inmates' ability to independently perform and engage in essential activities of daily living within the prison environment. Tasks such as climbing onto upper bunks, dropping to the floor during alarms, walking while restrained in handcuffs or shackles, standing for extended periods in medication queues, walking to the dining hall, or maintaining cell cleanliness often exceed their physical capacity. Consequently, these limitations heighten the likelihood of adverse incidents, including falls and musculoskeletal injuries, which carry grave implications for an aging and medically fragile population. The severity of this issue is compounded by the inherently inaccessible architecture of correctional institutions, which are constructed with younger, able-bodied inmates in mind rather than those of older age with mobility limitations. As a result, essential assistive adaptations, such as handrails, non-slip flooring, and lower bunk provisions, are frequently absent, rendering the environment ill-suited to the physical realities of an aging penal population (Novisky et al., 2025; Williams et al., 2006). Increased dependence on others for assistance with the most basic aspects of daily life not only exposes geriatric inmates to potential exploitation but also heightens their susceptibility to depressive symptoms and suicidal ideation. As reliance replaces autonomy, many experience a reinforced sense of hopelessness and diminished self-efficacy, feelings further compounded by the emotional and psychosocial strain of estrangement from family and friends resulting from their prolonged confinement (Li et al., 2021).

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The Psychosocial Burden of Imprisonment for Elderly Prisoners

Hayes et al. (2013) identified social connectedness as a major unmet need among elderly prisoners, noting that many have spouses, relatives, and friends who are themselves ageing, and often unable to travel long distances for visits, leaving these inmates increasingly cut off from external support networks. Such circumstances foster a self-perpetuating cycle of social isolation, in which older inmates come to feel detached from community life, perceive little awaiting them upon release, and fear that those they once knew have moved on (Crawley & Sparks, 2005). These ideations frequently precipitate as major depression—a vulnerability compounded by the scarcity of opportunities for meaningful social interaction with similarly aged peers, and further aggravated by exposure to the bullying, exploitation, and overwhelming noise and volatility associated with younger prison populations.

Moreover, Davoren et al. (2014) observed that remand prisoners aged over 60 exhibited notably high rates of psychosis (2%), affective disorders such as major depression and bipolar disorder (40%), neurological illness including seizures, epilepsy, head injury with loss of consciousness, and Wernicke's encephalopathy (27%), as well as cardiac illnesses such as angina, ischemic heart disease, and congestive cardiac failure (14%). In addition, 12% had a documented history of self-harm. Strikingly, 38% of their sample had experienced victimisation in custody through assaults, intimidation, or threats—figures significantly exceeding those observed among younger remands; a particularly concerning finding given that older individuals are likely to be less physically robust and psychologically resilient when confronted with violence and other victimisation.

Experiences of victimisation—whether through physical or sexual assault, attacks involving weapons, accidents in transportation, or neglect whilst enduring life-threatening illness or injury during incarceration—may engender the onset of post-traumatic stress disorder (PTSD). ~33% of elderly defendants exposed to such events have been found to exhibit clinical symptomatology consistent with the disorder (Facer-Irwin et al., 2023; Haesen et al., 2019). However, because the study derived its data from retrospective episodic documentation recorded by prison staff, the true extent of victimisation among elderly inmates is likely to have been underestimated. It is plausible that the actual rates are considerably greater, given that staff cannot continuously observe or document every instance of intimidation or violence occurring within custodial environments, and that inmates are prone to avoid reporting incidents due to fear of retaliation and humiliation (McCorkle, 1993).

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One of the most robust and recurrent findings within criminological research is the inverse relationship between age and both antisocial, criminal behaviour in custody, as well as recidivism following release (Ireland, 2000; Langan & Levin, 2002). With advancing age, inmates tend to rely on passive precautionary strategies, such as keeping to themselves, avoiding areas of the prison associated with younger and more volatile cohorts, spending extended periods within their cells, and disengaging from activities. This contrasts sharply with the aggressive precautionary behaviours commonly adopted by younger prisoners, including displays of toughness, weapon possession, and weight training, through which they align themselves with the violent subculture of imprisonment to attain social standing, psychological gratification, and material advantage (DeLisi, 2003; McCorkle, 1992). In seeking to withdraw from the inmate social order that confers status and authority upon those who employ and orchestrate violence, drug activity, financial schemes, or otherwise exploit, predate and dominate peers, older defendants often inadvertently increase their vulnerability to victimisation. By refraining from such coercive behaviour, they forfeit the deterrent value associated with a demonstrated capacity for aggression and harm—an ability that ordinarily commands respect and provides a measure of safety and survival within the prison hierarchy (Gilligan & Lee, 2006).

Consequently, within the social stratification of incarceration, the older inmate becomes not merely an easy target for victimisation, but also a conspicuous and socially sanctioned one; a fundamental root of the elevated incidence of anxiety, depression and PTSD found within this group (French & Gendreau, 2006). Nonetheless, as maladaptive conduct within prison frequently forecasts disorderly behaviour in the community, this association suggests elderly prisoners are most likely to desist from offending and to derive meaningful benefit from rehabilitative interventions. Older individuals tend to be more profoundly shaped by their interactions with others, salient life events, and the perceived consequences of their choices within their social milieu. Accordingly, elderly offenders are often more inclined to desist and dissociate from criminal identities, behaviours and associations, gravitating and rehabilitating toward prosocial orientations when situated in stable, structured, and routine environments insulated from deviant peers, antisocial influences, and fear of victimisation (Kerbs & Jolley, 2008; Laub & Sampson, 2001).

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Bespoke Support and Interventions for Elderly Defendants

As delineated by Lee et al. (2019), prison hospice services provide end-of-life care, including pain management, comfort, psychological and social care, often coupled with more flexible and frequent visitation from family and prisoner friends (Hoffman & Dickinson, 2010). Empirical findings by Yampolskaya and Winston (2003) suggest that hospice settings not only offer superior pain management relative to mainstream custodial environments but also foster a comforting sense of dignity in dying. Such care may cultivate desistance and remorse among the terminally ill, particularly where opportunities exist to maintain meaningful contact with relatives or surrogate families. Moreover, hospice models appear to generate ancillary rehabilitative benefits; inmates who volunteered in caregiving capacities for the dying elderly demonstrated enhanced empathy, prosocial identity development, and positive attitudinal shifts. In support of this, Evans et al. (2002) and Linder et al. (2002) similarly contend that specialised end-of-life care affords older prisoners solace, rooted in the proven reassurance that they will not face death in isolation, and will receive the medical attention and treatment they require. Also observed were transformative effects for caregiving inmate volunteers. Participation in volunteering enhanced knowledge, cultivated self-esteem, and fostered an emergent sense of moral agency. Acts of compassion undertaken within the hospice context often generate a desire to extend kindness beyond the immediate encounter, thereby nurturing a self-perpetuating cycle of rehabilitative goodwill wherein supportive action induces supplementary prosocial commitment and desistance. However, Maull (1998) indicates that elderly prisoners may experience pronounced fear and suspicion toward custodial staff, particularly in institutional cultures that discourage familiarisation and require officers to engage with all inmates through a lens of uniform caution and wariness. Notably, a number of ageing prisoners express a preference for remaining within mainstream prisons, a decision shaped by greater access to meaningful social connections—significant others, established peer networks, and a broader range of purposeful and entertaining activities, alongside concerns regarding the frequently reported inadequacies of pain medication in terminal care units. In such contexts, trust is often placed less in formal workers and more in prisoner peer supporters, as well as the community and voluntary sector services they perceive as more relational and compassionate. As such, volunteer involvement, together with the presence of external agencies, including organisations such as Catch22, represents a critical, indispensable safeguard ensuring the effective delivery of empathetic, patient-centred psychosocial and spiritual support.

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Lee et al. (2019) further denote purposeful activity—comprising structured programmes and services delivered through both individual and group-based formats—as a key intervention in addressing the psychosocial risks and needs of ageing prisoners. Such interventions encompass daily living skills training, employment preparation, physical, and educational provision, providing both opportunities for social engagement and active involvement in constructive pursuits, fostering capability development and prosocial enterprise, aiming to equip older inmates with the practical and interpersonal competencies necessary for seamless resettlement upon release (Justice Committee, 2024). Kopera-Frye et al. (2013) evaluated the impact of the 'True Grit' structured living programme, delivered to a cohort of geriatric prisoners. The intervention incorporated fitness and movement therapy, wellness and life skills training, participation in Alcoholics and Narcotics Anonymous meetings, stress and anger management components, and peer-support structures, such as veteran-to-veteran support groups for individuals with prior military service. Findings indicated that engagement with the programme produced marked improvements in participants' overall life satisfaction, physical well-being, and capacities for autonomous functioning, and was associated with significant reductions in psychological distress, reflected in decreased levels of anxiety, depression, and somatic symptomatology. Thus, it is implied that the introduction of structured routine, alongside the facilitation of meaningful interpersonal connection enables such interventions to counteract the passivity, isolation, and decline frequently associated with ageing in custody. Moreover, these observations underscore that well-being-oriented approaches are inherently reformative. Improvements in emotional stability, overall contentment, and social engagement foster the development of empathy, respect, and prosocial identity—factors central to the development of maintained desistance.

Youth Prison Populations

Although the number of juvenile arrests in the U.K.—referring to individuals above the minimum age of criminal responsibility, set at ten years, yet below the age of criminal majority at eighteen— and first-time entrants into the youth criminal justice system in the U.K. has been steadily rising (Rowe & Low, 2024), the historical literature concerning young offenders' reintegration into society paints a persistently dismal picture. Historically, criminological accounts often have asserted that youthful offenders are destined for recidivism; that adolescent delinquency presages a lifetime of failure, isolation, and emotional distress; and that such individuals are fated to experience adverse adult outcomes, including chronic unemployment, welfare dependence, and mental health difficulties, ultimately imposing substantial economic burdens on social services and perpetuating an intergenerational cycle of disadvantage and deviance (Blomberg & Cohen, 2003; Farrington et al., 1988). Thus, the juvenile court system has demonstrated a growing commitment to the principles of punishment and retribution, progressively adopting more punitive sanctions and enacting stricter legislation enabling greater numbers of adolescents to be prosecuted as adults (Feld, 1998; Torbet et al., 1996). This shift toward severity has resulted in the imposition of harsher and lengthier sentences, in spite of the sustained and significant decline in serious juvenile offending, the well-established association between prolonged incarceration and elevated risks of reoffending, major depressive disorder and suicidality among young defendants, and the consistent absence of adequate psychiatric services within correctional facilities tailored to meet the unique developmental and psychological needs of juveniles (Barnert et al., 2018).

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Existing Interventions and Supportive Approaches for Young Defendants

Recognising adolescence as a developmental period marked by heightened neuroplasticity, ongoing identity construction, and increased sensitivity to peer influence, effective existing interventions emphasise rehabilitation and the mitigation of criminogenic risk factors, rather than purely punitive responses (Cisneros-Franco et al., 2020). Such approaches align with the Risk-Needs-Responsivity Model, which states that interventions should be selected and calibrated according to an individual's likelihood of reoffending, specific criminogenic needs, and sociocognitive capacities, strengths, motivations, and extenuating circumstances, to best maximise defendant engagement and effectively initiate desistance (HM Inspectorate of Probation, 2018). Focusing specifically on male defendants aged 10-18 involved in sexual offences or harmful sexual behaviour, Sneddon et al.'s (2020) meta-analysis found that the administration of cognitive-behavioural treatment—an approach that assists individuals in identifying and modifying destructive or disturbing thought patterns that negatively influence behaviour and emotion, thereby altering perceptions that legitimise or sustain offending (Hofmann et al., 2012)—resulted in statistically significant reductions in cognitive distortions specifically related to rape, molestation, and social-sexual desirability when compared with treatment-as-usual and untreated controls. This intervention was also associated with greater acceptance of accountability for offending behaviour, enhanced victim empathy, and more positive attitudes towards women.

Comparable cognitive-behavioural programmes, incorporating role-playing exercises, behavioural rehearsal, and reflective discussion designed to enable participants to practice prosocial responses to challenging situations, alongside training in empathy, social perspective-taking, emotional regulation, and problem-solving, have also demonstrated promising outcomes. When coupled with bystander sexual violence prevention initiatives facilitated by male peers to model positive forms of masculinity and helping behaviour, such interventions have been observed to increase self-reported bystander interceding and reductions in rape-supportive attitudes and rape proclivity (Katz & Moore, 2013; Kovalenko et al., 2020).

Likewise, Lardén et al. (2021) examined the effects of an individualised cognitive-behavioural intervention tailored to each participant's unique risk factors and difficulties in conduct. The programme sought to strengthen prosocial competencies through structured practice of newly acquired problem-solving and cognitive self-control strategies for managing everyday life, with these skills hereafter adapted and planned for use following release as part of a relapse-prevention strategy. Implemented amongst a cohort of young male offenders with 4-6 months remaining of an ongoing residential youth care sentence for a non-sexual, violent crime, and who were assessed as presenting a medium to high risk of violent recidivism, the intervention was associated with pronounced reductions in self-reported behavioural issues, aggression, and antisocial cognitions.

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It also corresponded with decreases in criminal reconvictions at both 12- and 24-month follow-up relative to baseline measures, albeit these improvements were comparatively modest when contrasted with results observed in participants receiving treatment-as-usual. Such guided, discussion-based therapeutic approaches have been effectively incorporated into the interventions delivered by Catch22, as exemplified by its Understanding Harm and Impact workbook for young adults. Within, structured reflection on how personal histories and life circumstances may contribute to aggressive behaviour is encouraged, alongside practitioner-supported learning addressing developing strategies for emotional management and impulse restraint. The intervention further implements role-play scenarios drawn from real-world contexts, allowing participants to rehearse constructive responses and effective de-escalation of interpersonal conflict, all of which comprise critical components in encouraging youth desistance.

Youth Offender Morbidity and the Limitations of Traditional Interventions

Teplin et al. (2002) reported that, among a cohort of 1172 male youth offenders, ~60% met diagnostic criteria and demonstrated clinically significant impairment for one or more psychological conditions—including affective disorders (major depression, dysthymia, mania), psychosis, anxiety disorders (separation anxiety, generalised anxiety, panic, obsessive-compulsive), and attention-deficit/hyperactivity disorder—when disruptive behaviour and conduct disorders were excluded. This indicates a substantial burden of psychiatric morbidity among juvenile delinquents, highlighting the urgent need for tailored mental healthcare, therapeutic intervention, and structured guidance to support successful reintegration and sustained desistance from criminal behaviour. Nevertheless, the authors also stated that existing interventions—such as 'Scared Straight' programmes, which expose young offenders to inmates within high-security prisons, and correctional military boot camps premised on the notion that harsh discipline and punitive regimentation yield therapeutic benefits—have consistently been shown to be ineffective in reducing recidivism and fostering lasting desistance, and have been associated with an increased risk of reoffending. Correspondingly, measures such as curfews, probation, and the adjudication of juvenile cases in adult courts have also demonstrated limited rehabilitative value (Petrosino et al., 2013; Wilson et al., 2003). These findings underscore the persistent inadequacies of current custodial and probationary approaches in achieving meaningful rehabilitation among juvenile populations, thereby affirming the urgent need for either systemic reform or the adoption of alternative, evidence-informed interventions by external organisations such as Catch22 (Young et al., 2017).

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The Influence of Prosocial Bonds on Behaviour and Supporting Recidivism

Imprisonment, by its very nature, removes young people from their familial and communal environments, thereby depriving them of the support, guidance, and role modelling offered by significant adults essential to normative psychosocial development. It simultaneously curtails opportunities to cultivate prosocial peer or romantic relationships, as all forms of social interaction within custodial settings occur under strict surveillance, and are limited to contact with other offenders. Furthermore, the disruption and loss of stable, consistent emotional affirmation and acceptance from intimate friends and romantic partners during incarceration may undermine young men's capacity to sustain commitment to conventional life goals and diminish their motivation toward desistance from offending (Hughes, 1998; Wyse et al., 2014). As suggested by Steinberg et al. (2004), facilities housing juvenile offenders could benefit from restructuring their programmes to incorporate on-site activities, such as organised athletic leagues, that foster cooperation, sportsmanship, and collective commitment among residents. Although detained adolescents may be unable to form cherished or enduring relationships with prosocial peers during confinement, such initiatives provide valuable opportunities to internalise the principles of teamwork, mutual support and shared responsibility. By engaging in settings that channel their energy toward collective, collaborative, goal-oriented pursuits rather than interpersonal conflict or aggression, young offenders may develop relational competencies and altruistic values that can be sustained and applied within their personal and community relationships upon release.

The Treatment of Young People in Prison by Staff and the Dynamics of Intra-Inmate Abuse

Abuse during incarceration is pervasive, with most young people in the criminal justice system directly subjected to violence, witnessing the maltreatment of others, or vicariously experiencing it through reports and observations, all of which place them at considerable risk for maladaptive post-release social and emotional functioning. Dierkhising et al. (2014) found that young detainees were not only neglected or deprived of inadequate care but were also actively victimised by the very correctional systems intended to rehabilitate them. Of their sample of formerly imprisoned young offenders, ~97% reported experiencing at least one form of abuse during detention, such as physical assault, sexual exploitation, psychological mistreatment, denial of food, and excessively prolonged solitary confinement, as well as instances of deliberate disregard and wilful inaction by staff in the face of violent conflict and confrontation among inmates. Even after controlling for pre-incarceration histories of child maltreatment, the frequency of abuse exposure during detention was observed to be significantly positively associated with the subsequent prevalence of PTSD, depression, suicidal ideation, and continued recidivism following release. Additionally, abuse experienced during incarceration was identified to be closely linked to prior histories of childhood maltreatment—reported by ~40% of young offenders—suggesting that individuals entering custody with such backgrounds are particularly susceptible and vulnerable to revictimisation.

Angelakis et al. (2019) likewise report that a considerable proportion of young inmates have endured experiences of childhood maltreatment and further demonstrate that such adversity is closely associated with an increased likelihood of suicide attempts. This relationship was found to intensify in proportion to the cumulative severity and multiplicity of abuse—physical, sexual, emotional—and neglect experienced prior to incarceration. Similarly, Geller et al. (2014) document the profound psychological toll of intrusive and discriminatory custodial practices, such as stop-and-frisk encounters, on young people. These interactions, frequently characterised by physically invasive and needlessly forceful tactics, including officers slamming or throwing individuals against walls or onto the ground, accompanied by racial invective or homophobic degradation, humiliate and coerce, undermining one's sense of safety, dignity and bodily autonomy, and strongly correlating with symptoms of PTSD and anxiety, with its severity and persistence increasing in direct proportion to the intensity and recurrence of such events.

The deficiencies in the prison and probation system's treatment of young offenders become all the more troubling in light of findings by Campbell and Abbott (2013), who observed that young people presenting with mental health difficulties, learning disabilities, or social stigma arising from prior offences are frequently dismissed and written off by authorities and correctional institutions as irredeemable 'trouble children'. Such prejudicial labelling results in their systematic neglect, as attention and resources are disproportionately directed toward those perceived as more ready to rehabilitate. Consequently, such vulnerable juveniles are often denied the tailored services and targeted interventions necessary to address the underlying factors contributing to their antisocial, offending behaviour, leaving them at heightened risk of reoffending and less inclined to meaningfully engage with corrective programmes designed to promote desistance. Further, Woodall (2007) illustrates how young offender institutions have evolved into environments saturated with hypermasculine norms, in which detained youths feel compelled to embody displays of bravado, showmanship, dominance and emotional suppression. Within such settings, expressions of vulnerability, such as stress, anxiety, or longing for family and friends, are consciously repressed to avoid violating the prevailing masculine ethos and to prevent being perceived as weak or exploitable by peers, whose acceptance is often viewed as essential to survival in confinement. This culture of repression extends into relationships with staff, where the threat posed by officers who abuse authority, exercising excessive disciplinary control and weaponizing inmates' personal disclosures to exploit, humiliate, demean, and disrespect, impels juveniles into deeper silence and withdrawal. Such dynamics are further exemplified by acts of overt misconduct, including spitting in inmates' food, selectively punishing individuals against whom they hold personal animosity, derisive taunting, and arbitrarily withholding rights and privileges as assertions of authority (Woodall, 2007).

The rarity with which such behaviours are formally addressed, even when substantiated by credible evidence, serves to normalise and perpetuate these abuses, driving young offenders to resolve conflicts through their own means, internalise their distress, distrust institutional support, and increasingly disengage from interventional schemes (Owen & Werner-de-Sondberg, 2025). Moreover, Peterson-Baladi and Koegl (2002) observe that, beyond the direct and blatant use of force, correctional staff may also permit, and at times actively provoke, violence among juveniles as a means of control. Of their interviewed sample, ~50% of the respondents reported that during their most recent period in secure custody they had either witnessed guards employing excessive force against other inmates, observed staff deliberately ignoring imminent acts of peer violence, or experienced situations in which officers had made comments or taken actions that endangered inmates' safety, and ~33% indicated having either witnessed or personally encountered guards offering incentives to young offenders to intimidate or assault fellow inmates, or making implicit requests for such aggression to occur. Nonetheless, it is also acknowledged that not all staff perpetuate this paradigm. Most demonstrate empathy and genuine commitment to rehabilitation, supporting young offenders through educational and vocational initiatives that cultivate trust, self-worth, and the capacity for reintegration.

Third Sector Pathways to Reintegration

By delivering person-centred, trauma-sensitive, and developmentally attuned interventions, Catch22 may promote social reintegration through the cultivation of knowledge, emotional literacy, and practical skill development, whilst simultaneously mitigating the effects of anxiety, depression and PTSD engendered by the carceral environment. For instance, Catch22's Youth2Adulthood (Y2A) mentoring scheme illustrates how the third sector may support young people approaching the transition from the youth justice system into adult probation. As individuals reach the age of eighteen, they frequently encounter a significant, systematic shift from the comparatively welfare-oriented ethos of youth justice services to the more compliance- and obedience-centric structure of adult custody. This can create a disruption in support at a time when many adolescents remain formatively vulnerable and require guidance in navigating early maturity. Programmes such as Y2A, thus, seek to address this gap by providing continuity of relational support during this critical period of life, adopting a holistic approach which recognises the complex circumstances—including histories of adverse childhood experiences, disrupted education, and unstable housing—often present in young people involved in the criminal justice system. They offer a consistent and non-judgemental source of counsel, enabling young people to build trust, strengthen self-efficacy, and maintain engagement with supportive probation services as well as rehabilitative activities. Furthermore, the sustained participation and reflective dialogue implicit in Y2A provide the advice and prosocial modelling necessary to encourage individuals to reassess priorities, explore aspirations, and develop identities not defined by the antisocial, offending norms and behaviours of the peer environments in which they are embedded. In this way, practitioners bridge confinement and community, addressing the psychosocial deficits that underlie offending behaviour across the lifespan, and exemplifying how an approach grounded in humanisation and empathy, rather than punitive control, can restore purpose, agency, and desistance among those marginalised by the criminal justice system.

Conclusion

To conclude, the treatment of both young and elderly defendants within the prison and probation system reveals a fundamental incongruity between the principles of justice and the realities of carceral practice. While imprisonment is intended as both punitive and reformative, the evidence reviewed demonstrates that the systemic neglect, institutional rigidity, and absence of age-tailored accommodations pervasive within the criminal justice system perpetuates a cycle of harm and recidivism detrimental to welfare and rehabilitation. Among older prisoners, the structural inaccessibility, restricted mobility and social isolation intrinsic to incarceration magnifies the vulnerabilities of age through exacerbating physical decline, chronic illness, and psychosocial deterioration, transforming the prison environment into a site of accelerated aging, distress, and morbidity. Conversely, for young offenders, correctional settings saturated with hypermasculine norms, coercive control and endemic violence serve to entrench antisocial dispositions and impede engagement with rehabilitative interventions. These effects are further compounded by enduring histories of abuse and neglect, as well as the exploitative and manipulative behaviour of certain custodial staff. Changes in treatment offered to younger and older offenders are necessary. For younger offenders, their increased susceptibility to peer pressure and the need to conform should be considered to support them in becoming less institutionalised at such a young age. For older offenders, support offered needs to be more tailored to better accommodate typical experiences of someone that is older, whether that is physical, cognitive or social support. Collectively, organisations such as Catch22 are well placed to offer personalised support that can be particular to someone's age and the resulting needs they may have.

The evidence reviewed demonstrates that the systemic neglect, institutional rigidity, and absence of age-tailored accommodations pervasive within the criminal justice system perpetuates a cycle of harm and recidivism detrimental to welfare and rehabilitation.

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