

## Policy Brief



# Making the Corrections Master Plan Work for Women

## Effectively Integrating Women's Needs into the System Master Plan for Massachusetts Corrections:

Recommendations regarding the Division of Capital Asset Management Executive Office for Administration and Finance's 2012 Corrections Master Plan

### Executive Summary

The Corrections Master Plan aims to identify the most cost-effective ways to meet projected needs through 2020. This Policy Brief intends to expand awareness of the broader context of women's lives pre- and post-release while offering fiscally sound policy recommendations. This Policy Brief reviews the Plan's impact on women, identifies the most valuable elements of the Plan for women, identifies elements of the Plan that do not yet adequately address women's particular needs, and recommends policies to rectify deficiencies and further improve the Plan.

Recommendations are made regarding Families and Children; Education of, and Dialogue with, Men; Housing; Volunteer Work Opportunities; Physical Autonomy; and Evaluation of Existing Programs and Policies.

## Our Expertise

The authors are Suffolk University faculty, whose research for the past three decades has focused on the health and well-being of women inmates, formerly incarcerated women, women in prostitution, elderly women, and women living with chronic illness.

The research that forms the basis for this Policy Brief includes:

- A five-year qualitative study (2008-2013) that follows the experiences of a cohort of 48 women who were released from custody in Massachusetts between March 2007 and July 2007.
- A quantitative study of the 816 women released from Massachusetts Correctional Institution (MCI) in Framingham, Massachusetts in 1995.

## The Special Circumstances of Women Inmates:

1. The large majority of women inmates live with mental health challenges. According to the DOC, in January 2012, 63% of women inmates were open mental health cases with 56% on psychotropic medication (as compared to 22% and 17% of men). Similarly, 85% of participants in our five year study have been diagnosed with a mental health disorder (typically PTSD, bi-polar disorder, depression and/or anxiety disorder).
2. According to the DOC data from 2007, 86% of women reported histories of substance abuse. Our research supports the prevalence of substance abuse among women inmates. All of the 48 participants in our five-year study have misused or overused alcohol, street drugs or prescription painkillers or psychiatric medication.
3. According to the DOC data, 65% of women entering correctional facilities have minor children and 64% lived with their minor children prior to incarceration. Similarly, of the 48 participants in our five-year study 77%, have children and all but two of the mothers are involved in their children's lives. Several women in our study also care for grandchildren or provide care for elderly parents or sick relatives.
4. Most women inmates are awaiting trial or are incarcerated for probation violation or non-violent crimes.

## Major Strengths Regarding Women of the Master Plan

The Master Plan addresses many of the serious problems women inmates face within the correctional system. Especially laudable are the Master Plan's goals to:

- Move civil commitments out of correctional facilities and into appropriate mental health and public health facilities.
- Move women out of MCI-Framingham and into regional facilities that allow women to maintain contact with their children and families.
- Provide comprehensive health care services to women awaiting trial.
- Co-locate sub-acute medical and mental health beds within the same complex.
- Expand the use of electronic medical records.

## Major Gaps Regarding Women in the Master Plan

1. **The Plan pays little attention to alternatives to incarceration or to specific measures that may actually reduce rates of incarceration and recidivism.** For example, the Plan calls for measures to “more cost-effectively provide better access to effective programs for women to reduce recidivism” (p. 104) but does not spell out what those programs are or how they can become more cost-effective. Specific plans for reducing recidivism are of critical importance. Of the 816 women released from MCI-Framingham in 1995, 20 were returned to state prison and over 325 were returned to custody at the House of Corrections.
2. **Using recidivism as the sole measure of outcomes provides an incomplete (and therefore inaccurate) picture.** Especially since many women are re-incarcerated on old warrants or probation violations, recidivism rates do not account for what may be more meaningful measures of success; e.g. re-connecting with and taking responsibility for raising children, decrease in drug use, attending school, etc. Further, some women may have disappeared from the correctional system for reasons other than desistance from crime. For example, of the 816 women released from MCI-Framingham in 1995, at least 103 were dead by 2011 (the average age at death was 43).
3. **The Plan does not adequately address the immense physical health challenges of women inmates.** The large majority of the participants in our five-year study live with a chronic physical illness or disability that impacts their daily functioning (e.g. arthritis, Hepatitis C, asthma, impaired hearing, chronic back pain.) It is critical to recognize the extremely high rate of illness and disability both in order to reconfigure bed spaces as well as to adjust expectations that women will find employment and become financially independent post-release.
4. **The plan does not question the appropriateness of prescribing psychotropic medication to more than half of women inmates.** The fact that 56% of women inmates are on psychotropic medication suggests the need to address fundamental questions: Are correctional medical systems over-medicating women inmates? Is the Commonwealth over-incarcerating mentally ill women?

## Policy Recommendations for the Master Plan

### Families and Children:

As the Commonwealth considers the Master Plan for building and renovating facilities, the needs of mothers and children must be taken into account. Among the women of our study, the desire and determination to care for their children is the single greatest factor motivating efforts to stay “clean and sober” and out of prison. Unfortunately, many or most incarcerated women cannot rely on family members to bring children for regular visits. While holding women in four County facilities rather than MCI-Framingham will help some women to maintain contact with their children, for many women – especially those whose families are located outside of the Boston metropolitan area served by the MBTA – a County facility may not be any more accessible than MCI-Framingham. Thus, the Plan must:

- 1. Expand opportunities for low-risk offenders to keep babies and young children with them in correctional facilities.**
- 2. Expand visiting hours for children.**
- 3. Ensure that the particular County facilities chosen to house women are reliably accessible by public transportation (including on weekends when family members may be more available to bring children to visit).**
- 4. Provide sufficient areas of appropriate visitation space for children.**

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### Education of, and Dialogue with, Men:

Almost all of the women in the correctional system struggle with men who may be unsupportive, controlling or even violent. We applaud the classes, groups and therapy aimed at helping women understand their personal patterns of involvement with problematic men. However, most women will return to the same communities with men who continue to exhibit negative attitudes and behaviors. Unfortunately, there seem to be far more programs aimed at teaching women not to be victims than teaching men not to be perpetrators.

- 1. Develop intensive and extensive programs for men aimed at reducing violence against women and children.**
- 2. Develop programs that engage men and women in dialogue about critical gender-based issues.**

## Policy Recommendations for the Master Plan

### Housing:

Far too many women are released from jail or prison to homelessness, insecure housing or marginal housing. As a result, reunification with their children may be delayed. Further, women may struggle with caring for their children in a variety of shelters (including scatter shelters located far away from their communities and support systems.). Our research clearly indicates that homelessness increases a woman's risk of incarceration, while obtaining stable housing decreases risks of incarceration. Women who are homeless are at greater risk of assault, more likely to turn to prostitution, and less likely to avoid substance abuse. It is critical to prepare inmates for living in the community; it is equally important to prepare the community to provide housing for former inmates.

- 1. Work with local housing authorities, community agencies and landlords to develop housing opportunities for former inmates.**
- 2. Develop and implement a system of community-based housing advocates who will work with women in prison as well as post-release. Advocates can help women sign up for housing lists, obtain paperwork that they need in order to establish eligibility for housing, appeal exclusion from public housing, liaise with local housing authorities, and begin working with programs that provide housing support to homeless individuals and families (e.g. Hope Found, Home Start).**
- 3. Re-examine policies that disqualify women convicted of non-violent offences for public housing.**

## Policy Recommendations for the Master Plan

### Volunteer Work Opportunities:

Among the women of our study, fewer than 5% have held a full-time job for longer than six months during the past four years. This is despite the fact that most of the women attended a variety of job-training programs and classes while in prison (for example, desk-top publishing). Reasons for the low rate of employment include: employers' reluctance to hire an applicant with a drug-related CORI, women's failure to show up at work on a consistent basis (typically because of health or childcare crises), and women's sense of feeling "disrespected" or "yelled at" in the types of low-wage jobs that are available to them (for example, fast-food restaurants). While paid employment in the mainstream economy is a noble goal, it is not realistic for the majority of women former offenders. While some women may eventually go on to paid employment, for many women volunteer work opportunities would offer a more feasible path for positive growth and reintegration into society. The majority of women of our five year study cite "generosity" and "sociability" as their best character traits, suggesting that they would be open to volunteer work in the community. We recommend:

- 1. Develop opportunities for women to volunteer in return for a stipend. This would encourage the development of self-esteem through helping others as well as provide activities to address their feelings of boredom and disconnectedness.**
- 2. Begin these opportunities while women are still incarcerated, and coordinate with community agencies in order to allow women to continue volunteering post-release.**
- 3. Identify and develop volunteer opportunities on-site within the correctional building (for example, preparing packages for soldiers or assisting disabled inmates).**
- 4. Identify and develop volunteer opportunities off-site (for example, cleaning and repairing playgrounds, serving meals to the elderly).**

## Policy Recommendations for the Master Plan

### Physical Autonomy:

Given the very low rates of violent offenses among women inmates and their very high rates of histories as victims of abuse and coercive control, we recommend that plans to renovate and reconfigure jails and prisons for women allow for more physical autonomy. Extended confinement in the cell may be especially counter-productive for women who have experienced intimate partner violence or control. (Studies show that abusers frequently lock victims in closets or other small spaces.)

- 1. Reduce extended confinement in cells.**
- 2. Eliminate solitary confinement unless an inmate presents clear danger to other inmates or prison personnel.**
- 3. Immediately cease the shackling of pregnant, laboring and post-partum women, in accordance with criminological best practices.**

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### Evaluation of Existing Programs and Policies

Both the needs of women inmates and the budgetary needs of the Commonwealth are better addressed when the outcomes of particular policies and programs are evaluated methodically. While evidence-based practices have increased in popularity, we recommend expanding areas of evaluation to include specific outcomes. For example, do the job readiness and job training programs made available to inmates actually result in post-incarceration employment? Do parenting programs actually result in improved parenting post-incarceration? Do the physical and mental health services provided in jail and prison actually result in improved health status of inmates? And, perhaps most importantly, does incarceration out-perform alternatives to incarceration in terms of reducing recidivism? In order to improve evaluation of programs and policies we recommend:

- 1. Design studies that track the intended goals of programs (rather than measure completion of the program, as is the current usual standard).**
- 2. Coordinate with health care and social service agencies in order to track outcomes post-release.**
- 3. Develop assessment tools that track outcomes beyond recidivism (e.g. health, housing, family reunification).**

## Conclusions

The Master Plan pays informed attention to the unique needs of women inmates, yet can be strengthened significantly by more closely considering the current research on women and incarceration. This Policy Brief provides summaries of that research and corresponding policy recommendations. By reducing recidivism, these recommendations should prove cost-effective to the Commonwealth. The authors are available for consultation or to answer questions about their research and recommendations as the Commonwealth moves forward to refine and implement the Master Plan.

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