



WHY WE DON'T NEED A NEW WOMEN'S PRISON

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The Commonwealth of Massachusetts is facing a critical juncture as the Department of Correction (DOC) and the Division of Capital Asset Management and Maintenance (DCAMM) move forward with a plan for a new women's prison (Division of Capital Asset Management and Maintenance, 2020). Touted as a "[trauma-informed](#)" and therapeutic facility for women, the prison project has a price tag of at least \$50,000,000.

As academics, attorneys and social workers we are concerned that the proposed prison project is fiscally irresponsible, harmful to women and their families, and inherently unable to meet the project's stated goal of being "trauma-informed." We are further troubled by the lack of transparency and input on whether this prison should be built from [formerly-incarcerated women](#) and other people directly impacted by incarceration, as well as experts who work and conduct research in the criminal justice system, and state and local legislators.

This memo summarizes these issues and provides links to detailed studies and reports.

It is fiscally irresponsible to spend \$50,000,000 on a new women's prison. According to the DOC, the number of people in custody [decreased by 24% over the past decade, and even more sharply for women--by 35%](#)--over the past five years (2014-2019). As of March 1, 2021 [there were 158 sentenced women](#) in the Massachusetts Department of Correction jurisdiction population. In light of national trends, these numbers are [likely to continue decreasing](#).

The [large majority of incarcerated women](#) are poor, have serious health challenges, are victims of gendered violence, and experience homelessness or insecure housing. All of these factors [increase risks of incarceration](#). For \$50,000,000 the Commonwealth could fund significant programs to help women secure safe housing, rise out of poverty and receive ongoing medical treatment--thereby addressing the root causes of incarceration.

Prison is not an appropriate or effective setting for medical, substance use or mental health treatment. Despite vague, unsubstantiated public statements made by DOC that the new prison will be "trauma-informed" and have a "trauma-informed design," [there is no evidence](#) that prisons are effective settings for health care or mental health treatment. To the contrary, involuntary confinement and separation from children and family are more likely to further traumatize women. Even when efforts are made to decorate the common areas and limit the obvious presence of locks and bars, prisons are full of trauma triggers such as unexpected noises, sounds of distress from other people, barked orders, constant threat of punishment for failure to follow rules or obey orders, and pat-downs and strip searches.

In its response to our public records request, DCAMM offered **no** evidence regarding successful outcomes of trauma-informed prison projects. This is also true of the literature provided by HDR--the architectural firm approved by the Designer Selection Board to go on to the next step to win a half-million dollar design contract from DCAMM.

There are multiple points at which women can and should be diverted from incarceration.

[Incarceration is both ineffective](#) in terms of rehabilitation and harmful to the physical and mental health of incarcerated people. Alternatives to incarceration can be implemented at every point in the legal process from arrest to after conviction ([see diagram](#)). For example, women struggling with substance use challenges could be sentenced to probation and receive treatment in the community rather than being sent to prison.

Approximately half of the women currently housed at MCI-Framingham could be released, safely, under existing statutes. Middle-aged and older women [have very low rates of recidivism](#). As of February 8, 2021, 34% of the [women held at MCI-Framingham](#) for a criminal sentence are aged 50 years or older. Most of these women have multiple health challenges and are unlikely to pose hazards to their communities. Many of these women could be eligible for compassionate release or could be released via clemency or released into community supervision.

Women ineligible for release may be relocated to community-based facilities. Massachusetts law has a broad definition of what constitutes a prison, which seems to allow housing women in their communities. Per [ALM GL ch. 125, § 1](#), all that is statutorily required of a prison or correctional facility is a building under the attention of the DOC. Infrastructure requirements for a correctional facility ([105 Code Mass. Regs. 451.020](#)) do not mandate locked doors or any particular form of enclosure or confinement. Thus, many of the [64 women serving mandatory minimums](#) could be relocated to community-based facilities without any change in statute; the DOC has the authority to do this right now. Notably, of women serving mandatory minimum sentences, 55% are aged 50 years or older ([see chart](#)). Of women serving life without parole, 67% are aged 50 years or older ([see graph](#)).

The process to award a design contract has been [deeply flawed from the beginning](#). DCAMM did not comply with the bidding process as required by statute, nor did the process involve any input from the community. DCAMM used bidding procedures that made it difficult for the public to track the process. There is no data analysis that involved the Massachusetts Trial Court for potential points of diversion throughout an individual's legal case from arrest to after conviction. In addition, DCAMM did not involve as part of the RFP other state agencies such as the Department of Mental Health and the Department of Public Health to review available services in the community. In addition, legislators who approve DOC and DCAMM's annual operating budgets were not involved.

Conclusion This is a historic opportunity for Massachusetts to take a leadership role in the country, implement significant fiscal savings, build on the demonstrated achievements of community-based services, and address social and racial inequalities throughout the criminal justice system. Rather than spending \$50,000,000 on a prison, we recommend that the Commonwealth devote resources to supporting families in the community so as to more productively address issues such as poverty and homelessness that have been shown to increase rates of incarceration.

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This document was prepared by a group of scholars, students and social workers who oppose building the proposed \$50,000,000 women's prison in Massachusetts. Based at the Center for Women's Health and Human Rights at Suffolk University, we provide research, consultation, speakers, articles, and other resources to support policymakers who wish to oppose the prison. For more information contact Susan Sered: ssered@suffolk.edu