

Women Aging Behind Bars: A Massachusetts Fact Sheet



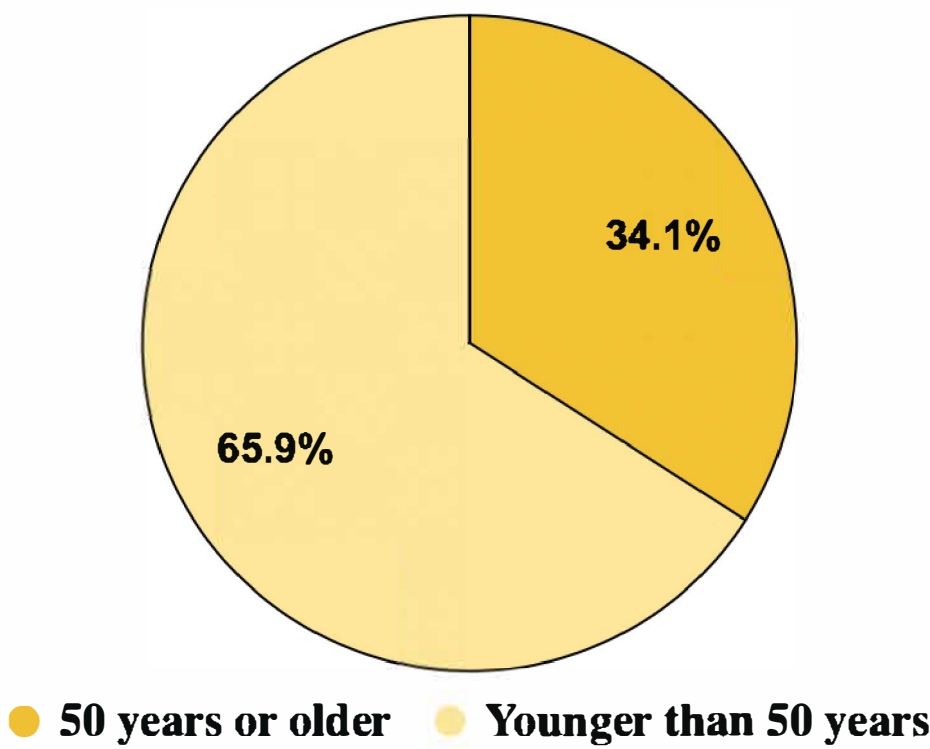
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Older women make up a disproportionately large cohort at the Massachusetts state prison for women: MCI-Framingham. This fact sheet highlights the health-related challenges and public costs of incarcerating this cohort. In light of evidence showing extremely low rates of involvement with the criminal legal system among older women, the new Administration should implement policy changes aimed at facilitating and expediting the release of elderly women from prison.

Older Women Incarcerated at MCI-Framingham

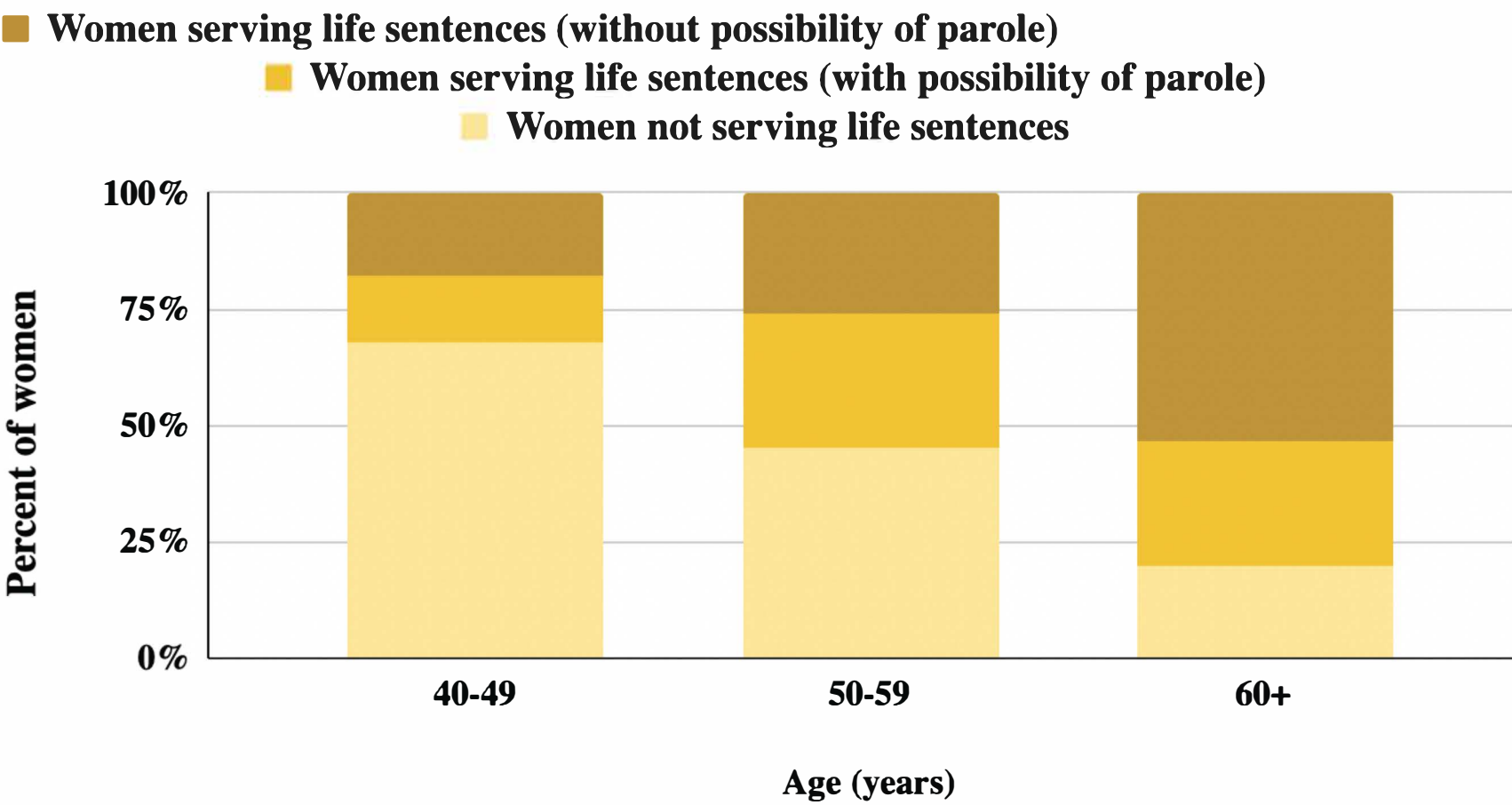
As of February 8, 2021, there were 135 women serving state sentences at MCI-Framingham. Approximately one third of the 135 women were 50 years old or older.

Figure 1: Age distribution of women serving sentences at MCI-Framingham, Feb. 8, 2021 (Source: MA DOC 2021)



Older women account for a large share of women serving life sentences. While 32.2% of women between the ages 40-49 are serving life sentences, 54.8% between the ages of 50 and 59 are serving life sentences, and a full 80% of women ages 60+ are serving life sentences.

Figure 2: Age distribution of women serving life sentences with or without the possibility of parole at MCI-Framingham, Feb. 8, 2021 (Source: MA DOC 2021)



Age and Barriers to Functioning: Navigating the Prison Environment

More than half of older women report great difficulty carrying out prison-related activities of daily living such as dropping to the ground for alarms, getting on a top bunk, and standing in the pill line (Aday 2022; Barry 2016; Williams 2012). According to Aday (2022), 50% of incarcerated older women reported having had a fall within the previous year; this high rate of falls is especially dangerous for older women whose bones become more fragile after menopause.

Age-related physical and cognitive difficulties interfere with the ability to hear and immediately understand and comply with prison rules. They may also make older women easy targets of victimization (Courtney & Maschi, 2013). In a study of women aged 55 and up in California prisons, participants “reported a pervasive fear of abuse, from both fellow prisoners and staff,” and listed “personal safety and abuse” as a top fear about growing old in prison (Strupp and Willmott, 2005, p. 36).

Older Women Are Not Public Safety Threats

Releasing elderly women presents little threat to public safety. The U.S. Sentencing Commission reported a mere 3.2% recidivism rate among women past the age of 60 (USSC, 2017). The number of women released from prison in Massachusetts in any given year is too small for percentages to be meaningful. Of the women released in 2015, only 3 women over the age of 55 and 8 women ages 50 to 54 were re-incarcerated for any reason, including technical violations of parole, such as missing a meeting with a parole officer (MA Executive Office of Public Safety and Security 2020).

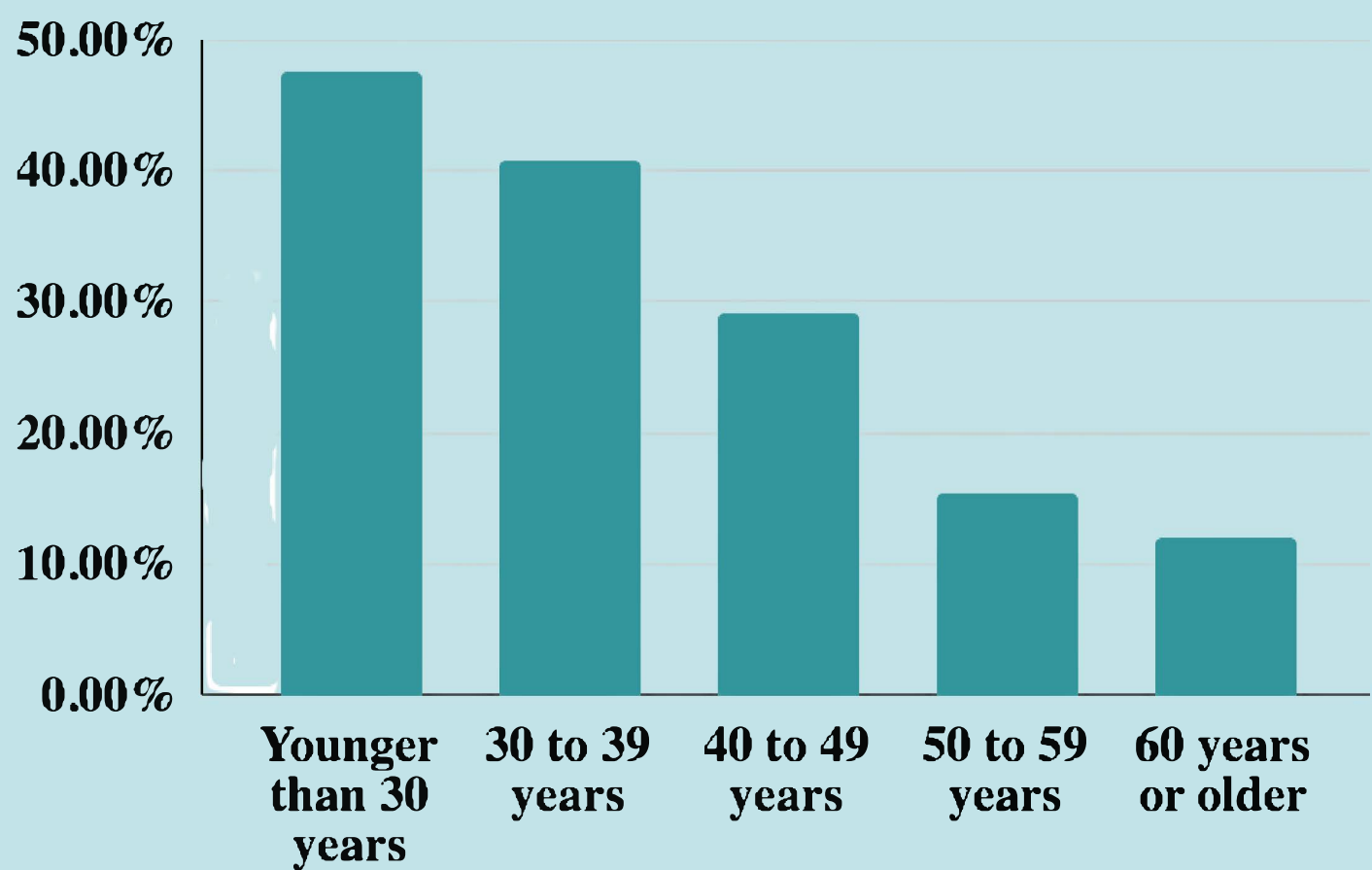
Notably, women of all ages serving sentences for violent offenses have even lower rearrest rates (10.8%) than those serving sentences for property (39.1%) or drug offenses (43.2%) (Deschenes, Owen, & Crow, 2006; cf. Snyder et al 2016 and Rakes, 2018; Blowers, 2015 for similar trends). In a Maryland study, recidivism rates were 3% among a cohort of approximately 200 elderly people serving life sentences (i.e., sentences for violent crimes) who were released en masse in the wake of a court ruling (Justice Policy Institute, 2018).

Deschenes, Owen and Crow conclude: “The risk represented by women is not to public safety but instead is a risk for reincarceration...Women’s recidivism is for lower level crimes rather than a risk to community safety” (2006, p.58).

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Older Women Are Not Public Safety Threats

Figure 3: Rearrest rate for women by age at release (Source: US Sentencing Commission 2017)



Accelerated Aging: Physical and Mental Health Challenges

Adults who have been incarcerated experience age-related health deterioration 10–15 years earlier than other adults; age 50 is elderly in prison (Greene et al., 2018; Williams et al., 2012; Blowers, 2015). This phenomenon, known as accelerated aging, is attributable to lifetime experiences of poverty, homelessness, substance use and victimization as well as exposure to trauma and deficient living conditions during incarceration (Massoglia 2015; Sered and Norton-Hawk 2015; Wolff 2009).

Older incarcerated women report an average of four illnesses and take on average three medications daily (Aday 2018). Studies report particularly high rates of hypertension, asthma, diabetes, cancer, depression, anxiety, impaired vision, impaired hearing, memory loss, cognitive decline, and incontinence among incarcerated older women (Aday & Krabill 2022; Bavafa & Mukherjee, 2017; Leigey 2012; Binswanger et al., 2010; Aday & Farney, 2014, Barry 2019; Leigey & Hodge, 2012; Williams, 2006). Some of these conditions put women at high risk for COVID-19 infection.

Barriers to Appropriate Health Care

Older incarcerated women report barriers to health care, including not receiving appropriate medications in a timely manner, as well as delayed or denied access to health screenings and treatment, including colonoscopies, vision screenings, mammograms, medically indicated nutritional supplements, and support for symptoms of menopause (Kraft-Stolar, 2015; Aday 2018, 2022; Bedard 2017; Temple 2021).

Researchers at a Massachusetts hospital found that incarcerated patients, both men and women, reported “acute and chronic medical conditions that required immediate intervention, but were unavailable to the patients” (Jreige et al. 2021).

Financial Costs

Corrections departments across the country report that health care for older people costs between four and eight times the cost for younger people (Ollove 2016).

According to the Massachusetts Department of Correction (DOC), the annual cost to incarcerate one person is two to three times higher at the State’s medium security women’s prison (MCI-Framingham) than at comparable State medium security men’s prisons (See Figure 4). While this disparity likely reflects a variety of factors, the burden of medical illness and disability reported by older incarcerated women may contribute to this difference in costs (Bedard 2017; Office of Inspector General, 2015).

Recommendations

The longer women are held in jails and prisons the more complex, and expensive, their challenges during and after incarceration become. In light of evidence showing extremely low rates of arrest among older women, we recommend that all women over the age of 50 be reviewed individually and considered for parole, medical parole or clemency. Other states have implemented a variety of models of elder parole and compassionate release for people with disabilities (Upton 2014). Massachusetts is in a position to build on and expand these models both through better implementation of current state statutes and through proactive leadership on the part of the newly elected Governor.

The Criminal Justice Reform Act of 2018 established medical parole, through which a terminally ill or permanently incapacitated person can be granted compassionate release from prison or jail. Women with dementia, advanced cancer, severe mobility limitations or long-standing and intractable mental illness could qualify for medical parole under the provisions spelled out in this law. However, in 2020, only 29 people were released through medical parole—and all were men. In addition to creating an avenue for medical parole, the Legislature in December 2020 and again in July 2021 instructed the DOC to “release, transition to home confinement or furlough individuals in the care and custody of the department who can be safely released, transitioned to home confinement or furloughed with prioritization given to populations most vulnerable to serious medical outcomes [from COVID-19]” (MA FY21 and FY22 State Budgets, section 8900-0001.) Among those considered especially vulnerable to infection, severe illness and death from COVID-19 are individuals who have disabilities and chronic health conditions – as is the case for many incarcerated women. Yet despite ongoing waves of infection and new variants of COVID-19, the DOC has released almost no one because of COVID.

The Massachusetts Constitution gives governors the power to grant clemency; yet in the 20 years between 2001 and 2021, only three women have been released through clemency (WIP 2021, esp. note 26). We encourage newly elected Governor Healey to appoint progressive administrators to the Executive Office of Public Safety and Security (EOPSS), DOC, and individual prisons; to select new Parole Board members with expertise in mental illness, substance use, and other drivers of incarceration; and to write clemency guidelines that provide a meaningful chance of achieving clemency.

The Legislature has a role as well, both in oversight of DOC and EOPSS and in amending or passing new sentencing laws that bring us in line with peer nations that eliminate or minimize the use of life without parole sentences.

As Massachusetts, like the rest of the country, grapples with the moral and financial costs of incarceration, releasing older women from prison presents a safe, compassionate and fiscally-responsible step forward.

Table 1: Annual Costs to incarcerate at Massachusetts’ medium-security women’s prison compared to medium-security men’s prisons

Prison	Security	Cost per person
MCI-Framingham	Medium	\$235,195.54
MCI-Norfolk	Medium	\$67,301.82
MCI-Shirley	Medium	\$75,368.83

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