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-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).
**Older Women Are Not Public Safety Threats**

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

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.

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).

**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).

**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, 2019).

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

<table>
<thead>
<tr>
<th>Prison</th>
<th>Security</th>
<th>Cost per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCI-Framingham</td>
<td>Medium</td>
<td>$235,195.54</td>
</tr>
<tr>
<td>MCI-Norfolk</td>
<td>Medium</td>
<td>$67,301.82</td>
</tr>
<tr>
<td>MCI-Shirley</td>
<td>Medium</td>
<td>$75,368.83</td>
</tr>
</tbody>
</table>