



**Women & Incarceration Project**  
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## **MORE OF THE SAME: THE FLAWED *RIPPLES* PLAN TO INCARCERATE WOMEN**

### **Executive Summary**

This document reviews the “[Strategic Plan for Women Who Are Incarcerated in Massachusetts](#)” submitted by the Ripples Group to the Massachusetts Division of Capital Asset Management and Maintenance (DCAMM) on June 21, 2022. The purpose of this review is to provide policy-makers and the public with a detailed understanding of the Strategic Plan’s shortcomings.

Key problems with the Strategic Plan include:

1. Methodological shortcomings regarding both synthesizing relevant literature and engaging appropriate experts.
2. Superficial understanding of trauma; disregard of critical factors such as racism and structural violence.
3. Failure to consider options other than incarceration.
4. Negligible consideration of assessments and outcomes of current Department of Correction (DOC) healthcare and other programs.
5. Lack of knowledge of relevant state laws.
6. Absence of strategies to overcome institutional obstacles such as ongoing opposition to change on the part of the DOC and the powerful correctional workers union.
7. Little to no elaboration of how crucial parts of the strategic plan would be implemented.

### **Introduction**

In June 2022 the Massachusetts Department of Correction (DOC) along with the Division of Capital Asset and Management (DCAMM) released a “[Strategic Plan for Women Incarcerated in Massachusetts](#)” (hereinafter, “the Plan.”) Prepared by the Ripples Group, a “boutique management consulting firm,” the Plan claims to be an “important undertaking to reimagine women’s incarceration in Massachusetts ... [with a] visionary, future looking approach” (p. 3).<sup>1</sup>

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<sup>1</sup> Ripples was paid [\\$225,000](#) to produce the Report.

The Plan's centerpiece is "a small-scale medium [security] Rehabilitation Center" run by DOC along with "minimum security facilities in partnership with established community providers and with sheriffs, as exists today" (p. 7). The projected cost for the project is 40 million dollars (\$40,000,000). The Plan emphasizes moving some women from the central prison into minimum security prisons or jails; thus, the number of women expected to be incarcerated at the new medium security prison would be substantially smaller than the approximately 160 women currently at MCI-Framingham, the state's only prison for women.<sup>2</sup>

[As scholars and practitioners in the fields of criminal justice, government, sociology, social work and law](#) we undertook this review of the strategic plan in order to provide policy-makers and the public with a guide to making sense of the report together with detailed understanding of the report's shortcomings. Based on decades of research and active work with incarcerated and formerly incarcerated women, we disagree with both the Plan's methodology and its conclusions. While the Plan recommends better conditions for women, it does not clearly show how those better conditions could be achieved. Its lack of both creative vision and critical eye, especially its failure to explore possibilities other than incarceration, are deeply troubling.

We also object to the Plan's superficial understanding of trauma, which disregards critical factors such as racism and structural violence; its cursory review of how DOC currently provides healthcare and other programs; its silence on state laws passed to improve sentencing options and conditions of confinement for women; its lack of strategies to overcome obstacles such as ongoing opposition to change on the part of the DOC and the powerful correctional workers union; and its uncritical reliance on county sheriffs and jails as a solution for moving women out of the state prison.

Though the declared mission of the plan was to "examine the current state of women's incarceration in the Commonwealth from a multiplicity of perspectives and develop evidence based recommendations" (p. 8), too few conversations were held with formerly incarcerated women who have first-hand knowledge of the prison experience and are no longer under the DOC's watchful eye. The content and addendum to the report indicate little input from some of the groups most impacted by incarceration, such as Black women, women with disabilities, and LGBTQ people. This missing perspective emerges clearly in the recent [Prisoners' Legal Services of Massachusetts \(PLS\) report](#) documenting myriad incidents of sexual abuse and racial discrimination faced by women at MCI-Framingham.<sup>3</sup>

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<sup>2</sup> As of [May 2022](#), the MCI-Framingham population was made up of 164 women women serving criminal sentences, 36 women detained before trial, and 2 women who are civilly committed.

<sup>3</sup> The PLS report *A Different Way Forward: Stories from Incarcerated Women in Massachusetts and Recommendations* argues that these problems are underreported because many women fear retaliation or don't think they'll be believed if they come forward.

Finally, we note that recommendations made by the Ripples Group are not consistently evidence-based, and on several occasions the Plan dismisses evidence that is not aligned with its point of view. Throughout, the Plan suffers from lack of broader engagement with current research and with informants who could shed greater light on systemic deficiencies in women's prisons.

### **1. The Plan fails to think outside the carceral box.**

The number of state-sentenced women incarcerated at MCI-Framingham hovers around 160; of those, approximately 15% are sentenced to life without parole (p. 30). The Plan points out that the number of women incarcerated in Massachusetts has steadily decreased over the past decade, a trend that the Ripples Group rightly applauds. The Plan also emphasizes that the large majority of incarcerated women suffer from chronic illnesses with 70% having open mental health cases (p. 19), have been victims of violence, and are suitable candidates for minimum security prisons.

Given recognition of these facts, we are disappointed that the Plan does not address how to release women who are currently incarcerated, or lay out steps to reduce incarceration of women going forward. Indeed, the Plan states, without elaboration, that some women will always need to go to prison under existing state laws (p. 30). In reality, however, there are [many available paths to decarceration](#), some of which the Commonwealth has already embarked upon, such as decriminalizing possession of recreational marijuana, and some of which the Commonwealth has underutilized (e.g. [parole](#), [clemency](#), and [compassionate release](#).)

In line with the Plan's unidimensional focus on carceral approaches, there is little attention to the many alternatives to incarceration that have been adopted in Massachusetts and around the country, which can and should be expanded. [Alternatives to incarceration \(ATI\)](#) used in the United States include a broad array of practices, policies, and programs including home supervision, restorative justice processes, treatment programs, supportive housing, community service, and justice reinvestment in communities.

The Plan states that "having no prison for women was not an option under the existing criminal justice system and legal framework" (p. 30). This observation fails to acknowledge, however, that the term "prison" is nowhere defined, either in the Plan or in [the legal statute governing the DOC. In fact, under the statute the DOC has a great deal of latitude in how it houses people under its jurisdiction](#). Massachusetts law simply defines a prison as "any building, enclosure, space or structure used for the custody, control and rehabilitation of committed offenders and of such other persons as may be placed in custody therein in accordance with law" (Mass. Gen. Laws ch. 125, § 1 (2020)). In other words, the type of "building, enclosure, space or structure" women could be sentenced to in the future could be quite different from what currently exists or what is proposed by the Plan.

## **2. The Plan seems to center on putting some state-sentenced women under the control of sheriffs.**

A key component of the Plan, as noted on pages 7, 31, 33 and elsewhere, is that some women will be sent to what the writer call “pre-release centers”, though no criteria are included for determining who is eligible for these centers, length of stay, conditions in the centers, or release policies. The Plan states that these centers “could be run by DOC or obtained through existing correctional centers under the control of the County Sheriffs across the state, and/or through DOC developing partnerships with established community providers” (p. 31). This rather broad statement does not acknowledge significant distinctions between community providers and “existing correctional centers under the control of the County Sheriffs” – that is, jails. Given research on traumas of incarceration and the Plan’s putative priority to implement a healing environment, failure to address the implications of sending women to county jails is a significant deficit in the Plan.

While the Plan does not explicitly state a preference for sending women to county jails, it does state that, "In practice, minimum-security Pre-release Centers should reflect many of the practices that existed at the South Middlesex Corrections Center [the “mothballed” minimum security prison for women] and currently exist at the newly opened Women’s Pre-release Center in Billerica, operated by the Middlesex Sheriff. Currently, the small facility in Billerica houses fewer than a dozen women and has capacity to go up to twenty" (p. 33).

It should be relevant to the strategic plan to acknowledge that sheriffs in Massachusetts, who are individually elected in each county, function independently with little oversight. The [2018 Criminal Justice Reform Act](#) stressed the need for data collection and detailed the data that sheriffs were required to submit to the Executive Office of Public Safety and Security (EOPSS). This provision was intended to provide some accountability and transparency. Sheriffs did not comply. Four years later, in January 2022, the [report by the Special Commission on Correctional Funding](#) states once again that there is little oversight or accountability of sheriffs in regard to programming, staffing, funding, data collection or policies.

Increasing the number of women under Sheriffs’ control without safeguards and detailed systems of oversight will exacerbate long-standing problems. For example, it took a [federal lawsuit](#) brought by incarcerated and formerly incarcerated women against the Hampden County Sheriff to stop male correctional officers from videotaping women being strip-searched.

The overall vagueness regarding the “pre-release centers” is problematic on many levels. For example, the Plan (p.35) envisions extensive programming in these smaller “pre-release” prisons or jails. This is unrealistic given that, as the writers explain, the DOC struggles to provide programming even at MCI-Framingham. This is at least in part due to the small number of

women incarcerated there – a number that is still larger than the number of women on pre-release status.

### **3. The report emphasizes rehabilitation and “trauma-informed” design, yet it ignores important research on these topics.**

The Plan acknowledges that the majority of incarcerated women have experienced violence throughout their lives, and that these experiences of assault and abuse often are central to the reasons they ended up in prison. In response, the Plan promotes a new women's prison as a place of rehabilitation where women “heal” from trauma. Reiterating many well-known proposals for “dignified, humane care,” the Plan does not address whether it is possible for these “trauma-informed” practices to fit into current policies known to directly traumatize the women subjected to them. For example, there is no discussion of how to minimize or eliminate the use of strip searches, which are especially traumatic for the many incarcerated women who have been victims of sexual abuse.<sup>4</sup> There is no mention at all of solitary confinement (what the DOC now calls “restrictive housing” and the [United Nations considers to be torture](#)), from which [women face specific harms](#). Thus it is not clear if the plan intends to retain, abolish or modify current solitary confinement practices. And especially troubling, there is no acknowledgment or engagement with known complaints regarding ongoing incidents of sexual assaults and misconduct by correctional staff.<sup>5</sup>

More broadly, the Plan does not grapple with the major direction in [current trauma research](#) which emphasizes that trauma is not linear and isolated, but rather a consists of a multitude of dynamic components, some of which can be attenuated through therapeutic interventions but many of which are ongoing [features of the social structure](#) (which sociologists call “structural violence”). “Trauma-informed” approaches to incarceration, though usually well-intended, cannot nullify the traumas of gender violence, racism or incarceration and [do not have lasting benefits](#). Women return to the same world that harmed them to begin with, now saddled with a prison record that makes it even harder to find employment and obtain secure housing. The Plan’s unexamined pathologizing of individual women’s “criminal thinking” (p. 61), without sufficiently addressing the impact of social and environmental factors, demonstrates a shocking lack of understanding of the complex factors that lead to involvement in the criminal legal system.

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<sup>4</sup> On a list of “dignity-based policies” the Plan advises “Use of like-gender staff for searches” which are euphemistically referred to as “physical searches” or “personal searches” (p. 55) and “unclothed search policies” (p. 38), language that obscures the brutal reality of strip searches.

<sup>5</sup> For details see Prisoners’ Legal Services (PLS) report [A Different Way Forward: Stories from Incarcerated Women in Massachusetts and Recommendations](#) which details the traumatic experiences of incarcerated women in Massachusetts at the hands of correctional officers.

The Plan also fails to address the concept of structural racism and identity-based trauma that are central to high rates of incarceration for women of color, transgender women, and disabled women. For example, African American women are arrested, prosecuted, convicted, and incarcerated at a higher rate than white women due to the socioeconomic conditions of racism in the USA. Disparities in incarceration for Black women are noteworthy, considering that many detained and formerly incarcerated Black women face discrimination in work, housing, health care, and education ([Williams et al., 2021](#)). Failure to address these underlying issues, and instead focus entirely on "healing" incarcerated women, will simply prolong a cycle where women who are not provided with appropriate resources continue to be drawn into the criminal legal system.

The Plan similarly neglects to grapple with the structural violence that results in the incarceration of sexual and gender minorities at rates substantially higher than other women. There is only one reference to "lesbian and bisexual women," acknowledging that "Lesbian or bisexual identifying women are incarcerated at disproportionately higher rates and face a harder time in prisons" (p. 12). There is no analysis as to why and how this is the case or how the new medium security prison plan will engage with LGBTQ people in dignified and affirming ways. The only other reference to LGBTQ women is even more fleeting. "[T]he strategy assumes that transgender women and men will be provided responsive services for their special health care needs" (p. 36). Past experience with treatment of individuals who are transgender does not provide a rational basis to assume that going forward DOC will be more responsive.

#### **4. Poor use of data, research, and interviews with experts.**

We are troubled by the lack of rigorous scholarship to frame the (vague) proposal for how a new prison can be therapeutic for women. There is abundant rich and multi-disciplinary research published over the past two decades on women's participation in crime and its relationship to their victimization, women's access to health care in prison, and how prison impacts the well-being of women and their children. While the Plan's appendix does feature some highlights of this work, it is not clear how these sources were used. Instead of citing sources to support specific claims made in the Plan, the authors refer to conversations with unnamed experts. Further, they summarize the research literature in overly simplistic statements that do not assess the expert *consensus* on the needs of system-involved women. Scholars understand that there are often many studies on a specific issue and that results may be mixed. The role of the researcher is to synthesize and critique the literature to understand the most common findings and the research methods that produce them, as well as to understand different findings and interpretations in the research. The Plan does not do this. Rather it cherry picks some sources and ignores or glosses over the rest.

For example, a representative passage states, “One thought leader on trauma claimed prisons can never successfully deal with trauma. Yet a globally acclaimed trauma expert talked about effective trauma-addressing programs at prisons. There is empirical and anecdotal evidence to support both points of view to some extent” (p. 23). If such evidence exists, it should be cited and assessed to determine where the evidence is strongest. Furthermore, if experts are providing their professional opinion in a research report, they should be identified so that their credentials can be assessed.

Similarly, the Plan states, "Not surprisingly, some macro studies have concluded that prisons by their nature increase trauma rather than address it (e.g., by Susan Sered at Suffolk University). But this is not an excuse to exclude trauma-informed approaches" (p. 47). Certainly the authors need to justify why Massachusetts should implement trauma-informed approaches in the face of evidence that incarceration produces its own trauma, on top of the trauma that incarcerated women have already experienced over the course of their lives.<sup>6</sup>

This is particularly important considering the Plan’s use of expert interviews without fact-checking or investigating the impact of the practices it holds up as exemplary. As one example, the Ripples Group interviewed the Alabama state “women’s incarceration director” and states that the women’s division, established in 2014, “has been applying gender responsive best practices, including the NIC’s case management model” (p. 16). The Plan does not note the decades-long history of repeated lawsuits against Alabama prisons for women, including [findings](#) of health care and living conditions so poor as to be unconstitutional, and [sexual abuse](#), including [233 complaints against just one corrections officer](#); the United States Department of Justice sued the Alabama DOC in 2020 because of ongoing sexual violence.

In a “strategic plan” intended to guide policy and budget decisions, it is not sufficient to rely on anonymous experts or present one speaker on each side as though both perspectives are equally supported. The authors state that they did a “deep dive into DOC data and practices” (p. 7), but which data were accessed and how were the data analyzed? The appendix mentions no data. This lack of transparency means that the Plan’s claims regarding DOC data cannot be independently verified. Similarly, the lack of methodological information about the selection of participants for interviews and focus groups makes it impossible to assess the credibility of the results.

## **5. Lack of research regarding quality and outcomes of current programs and health care services**

The report asserts that MCI-Framingham offers “extensive healthcare services” and assumes that this would continue at the new prison: “In general, the aim is for medical, mental health,

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<sup>6</sup> For thorough reviews of the literature see the National Research Council’s “[The growth of incarceration in the United States: Exploring causes and consequences](#)” and the Women’s and Incarceration Project’s “[Ineffectiveness of Prison-based Therapy: The Case for Community-based Alternatives.](#)”

substance use treatment services to continue to meet the general public standards” (p 36). The Plan does not detail what these "extensive healthcare services" are nor how they evaluate whether they meet "general public standards." There is no information regarding how long it takes for women to be seen by doctors, how psychiatric medication regimes compare to those outside of prison, how women's health changes for better or for worse over the course of incarceration, or even how or if any of these measures are assessed.

We are particularly troubled by efforts to justify incarceration as a means of providing women access to treatment. For example, the Plan asserts that women have better access to mental health care at MCI-Framingham than in the community, offering no evidence for this claim (p. 24). However, even *if* incarceration did somehow improve access to mental health care, this would not justify incarceration – rather, it would condemn our lack of investment in community-based care, where women can receive mental health services without being separated from their support networks and subjected to loss of personal freedom. In reality, the U.S. Department of Justice found [“reasonable cause to believe the MDOC \[Massachusetts Department of Correction\] fails to provide adequate mental health care to prisoners in mental health crisis.”](#) including to women in custody.

While mental health challenges receive a great deal of attention in the Plan, there is little attention to physical health even though incarcerated women have high rates of asthma, diabetes, high blood pressure, HIV, and Hepatitis C. There is no substantive discussion of pregnancy (see section 6 below), and no mention of gynecologists, mammograms, or menopause. This lack of attention to health care across the lifespan is troubling, particularly since about a third of the women at MCI-Framingham are over the age of 55. Many of these older women have complex healthcare needs which the Plan does not address in plans for the medium security prison or the county jails.

The women that the Ripples Group spoke with reported lack of access to healthcare in prison: “In focus groups many women complained about barriers to access to healthcare. This was not about having adequate healthcare services but the **perception** of a cumbersome approval process to see a provider” (p. 40, our emphasis). Women also “shared examples of inhuman treatment ... and called their experience “degrading” (p. 23). The report characterizes women's concerns with bureaucracy as a (mis)perception and suggests, again without evidence, that “This appears to be a likely rapid cycle process fix” (p. 40).

The Plan also fails to investigate the quality and outcome of other sorts of programs. The Plan notes that, "MCI-Framingham offers a broad variety of programming options to the women under custody," commenting, “Some of these are truly impressive” (p. 21), yet provides no indication that the quality or outcomes of the programs were investigated. Since the programs cited include a flag and embroidery shop, dog training, and gardening, it is far from clear that

these programs prepare women for the types of well-paying jobs that are widely available throughout the Commonwealth.

## **6. Lack of knowledge of relevant state laws and whether the DOC and Sheriffs adhere to these laws.**

The report is surprisingly silent on the recent history of legislative efforts to reduce the number of mothers who are incarcerated and to improve the treatment of pregnant women in prison and jail. First, as Families for Justice as Healing has noted, the Plan incorrectly states that the Primary Caretakers Act “was not passed” (p. 73). In fact, this law to allow parents responsible for children under age 18 to serve their sentences in the community was enacted in 2018. This is a startling error given the Plan’s focus on women who are parents. If the Plan had gotten this basic fact right, its authors might have investigated why so few mothers have been granted community sentences under the law, and how outcomes could be improved, whether by amending the statute or working with courts and defense attorneys.

Next, the Plan states that one important measure of "gender responsiveness" is having "written policies and procedures" related to pregnancy. However, the Plan fails to acknowledge that in 2014, Massachusetts enacted a broad law to do just this. The law outlines minimum standards for DOC and Sheriffs to follow, including requirements for prenatal and postpartum care, nutrition, appropriate clothing, use of seatbelts, and limits on the use of restraints such as handcuffs, ankle cuffs, and waist chains. Once again, because the Plan omits this important law, it does not investigate whether prisons and jails are adhering to the relevant “written policies and procedures,” or identify areas for improvement. A 2016 report by Prisoners' Legal Services and the Prison Birth Project [documented widespread violations](#) of the statute in both written policy and practice. Because it does not reflect knowledge of the legal landscape the Plan missed an opportunity to shed light on whether those violations have been rectified.

Finally, the House Chair of the Joint Committee on the Judiciary recently [took the DOC to task](#) for undermining the 2018 Criminal Justice Reform Act. Specifically, he identified “what appear to be some disturbing instances of noncompliance with both legal obligations and deadlines as well as outright resistance to clear statutory requirements and policy objectives,” including those relating to the treatment of people in solitary confinement. This well-documented admonishment should give policymakers and the public pause about trusting that DOC will be able, even if so inclined, to run a prison for women with substantially different operating procedures than it now uses.

## **7. Lack of strategies for overcoming known challenges.**

The Plan dedicates pages to what it considers to be innovative practices in the US and globally, with a particular focus on Norway. No space, however, is dedicated to understanding whether or how such a model might be transferable to Massachusetts. While the European model is interesting, the comparison is problematic given the vastly different criminal legal systems (for example life without parole is restricted only to the military) but also because [Norway](#) has among the highest income equality in the world (versus the US is among the countries with the greatest income **inequality** in the world) provides high quality free health care, a broad set of family friendly welfare policies (a flat-rate child benefit; kindergartens are open for 10 hours per day), guaranteed income for many, and a population that is 92% white. How can practices from Norway, which has enormous structural, economic, and social differences be implemented in Massachusetts? Other than lauding Norway, the Plan does not discuss any concrete ways Massachusetts could adopt similar practices given these vast differences.

The Plan does not provide a roadmap or strategic thinking for how DOC can overcome well-established, known challenges. The Plan acknowledges that “virtually every idea in the report had been tried at some point” (pp. 38-39), yet beyond a few general comments none of which are specific to Massachusetts, it fails to provide the critical analysis necessary to understand why these ideas have yet to be established as new forms of practice. How does institutional change actually occur? How can the state facilitate, make, and maintain real behavioral and cultural shifts among the staff and leadership? Do the major challenges have to do with institutional inertia or with pressure on individuals to conform to the punitive culture of the carceral system in order to be able to work in that system? Answers to these questions are critical, especially in light of the existence of a powerful Correctional Officers [Union that has shown itself resistant to change](#). The Plan acknowledges that, “The corrections system displays a strong resistance to change. This is true across the nation, not a local phenomenon. The path ahead must deploy world-class change management approaches, over communicate, and turn every resistance point into a win-win” (p. 39). This is heady language, but the Plan does not include a strategic plan for doing so.

Rather than referring to unrealistic analogues, the Commonwealth would be better served by realism as we strategize for the future. Both DOC and Sheriffs have long histories of obstruction against respecting the legal rights and dignity of the women who are under their control. These policies and practices are entrenched in the DOC system. It currently takes legislation to make even these small changes. As one additional example of the intractability of the problems, DOC does not provide enough menstrual hygiene products to women behind its walls. Importantly, Massachusetts has no menstrual equity law.<sup>7</sup> However, even if Massachusetts passes such a law, recent history suggests that lawsuits would have to be filed in order for the law to be enforced.

## **Conclusion**

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<sup>7</sup> Thirteen other states do. <https://www.aclu.org/report/unequal-price-periods>

The Plan suffers from vagueness on core concepts such as trauma; lack of rigorous engagement with high quality research literature; and an absence of attention to evaluating outcomes. Other than some basic recommendations that have been made for years regarding programming and conditions in the women's prison, and an amorphous plan to shift some women from the custody of the DOC to the custody of county sheriffs, the Plan provides little in the way of new ideas or new information. Despite claims in the Plan, nothing in it will make Massachusetts a model for the rest of the country.

The centerpiece of the Plan is the creation of what the Ripples Group labels a "Rehabilitation Center"; i.e., a medium security women's prison. As scholars and practitioners who have worked in this area for many years, we firmly state that prison is not a rehabilitation center and calling it one doesn't make it so. No matter how the issue is framed, reframed, or named, the experience of incarceration is not restorative, rehabilitative, or healing. A truly transformative strategic plan must think beyond current reliance on the DOC and carceral institutions to solve social and health-related problems.

Rather than building new prisons and jails, an evidence-based approach would use the proposed \$40-50+ million estimated cost of a new prison to help women secure housing where they can be safe from intimate partner violence and sexual coercion. Funding could also fruitfully be directed to community based mental health resources that women could access in an ongoing way; augmenting the approximately \$750 / month Supplemental Security Income (SSI) check that for many women is their sole legal form of income, and which clearly is not enough to live on; developing meaningful job opportunities that are realistic for women who live with chronic health challenges; supporting family unification; and making use of underutilized tools such as diversion, parole, and clemency, which are available now, to move women out of prison.

The cost of incarcerating one woman for one year in Massachusetts was over [\\$161,000 in 2021](#) (that is the ongoing cost, beyond the initial \$40 million for the new building projected in the Report.) As part of a strategic plan, it seems worth asking what kind of life a woman could have if she were given \$160,000 a year. Could she buy quality health and mental health care, secure housing, nutritious food, and education for herself and her children? Would that free her from reliance on partners for money and a place to stay, and even dependence on the substances she might be using to cope? And above all, we must ask whether we intend to continue the status quo of incarceration (albeit with a few tweaks here and there), or do we wish to utilize all the tools available under Massachusetts laws and statutes to make it possible for women to build healthy lives with their families and communities? As the Commonwealth develops a strategic plan that will shape the path our communities will take for many years to come, the goal should be to break cycles of criminalization, not to continue to invest in systems that harm and stigmatize women, their families and communities.

*For more information about women incarcerated in Massachusetts, see the following papers on the [Women and Incarceration Project](#) website:*

*[Decarcerating Women from MCI-Framingham: A Realistic Prospect Today](#)*

*[How Incarceration Harms Women](#)*

*[Ineffectiveness of Prison-Based Therapy: The Case for Community-Based Alternatives](#)*

*[Alternatives to Incarceration](#)*

*This document was prepared by the [Women and Incarceration Project \(WIP\)](#), at the Center for Women's Health and Human Rights, Suffolk University. The WIP is a group of Boston-based academics, attorneys, and social workers who research and write about the costs and harms of incarcerating women. We wish to thank Lois Ahrens, founder of the [Real Cost of Prisons Project](#) for her many contributions.*

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