

A Different Way Forward: Stories from Incarcerated Women in Massachusetts and Recommendations

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**PRISONERS' LEGAL SERVICES
OF MASSACHUSETTS**

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The recommendations offered in this report are solely those of Prisoners' Legal Services of Massachusetts and do not reflect the views or opinions of others who contributed to this report.

Dedication

This report is dedicated to all women who have survived and continue to survive the traumas of incarceration.

Trigger and Content Warning

This report includes in-depth descriptions of sexual and physical violence against women, harassment, and overt and systemic racism. Please exercise caution and self-care when reading.

A Note about Language

- People frequently use the terms “prison” and “jail” interchangeably, but they are not the same type of facility. In Massachusetts, prisons are state-run correctional facilities which operate under the authority of the Massachusetts Department of Correction (DOC), an executive agency. Jails (and houses of correction) are county-run correctional facilities which operate under the authority of county sheriffs’ offices.
- This report will use person-first terminology where possible. Terms such as “inmate,” “offender,” “convict,” and “criminal” are harmful and dehumanizing because they reduce people in prisons and jails to their incarcerated status, and this dehumanization normalizes harm toward people trapped in carceral systems. This report may utilize quotes that use harmful terminology because that terminology is so pervasive, but will otherwise use person-first language.
- This report will use the term “solitary confinement” to refer to any form of restrictive confinement outside the general population. DOC and county sheriffs’ offices often utilize such terms such as “segregation” and “restrictive housing,” but this language sanitizes the reality that all of these forms of confinement are harmful and isolating.

Executive Summary

Prisoners' Legal Services of Massachusetts (PLS) is the sole state-wide legal services provider specifically for incarcerated people in the Commonwealth of Massachusetts and is one of a small handful of organizations doing prisoners' rights advocacy in the state. The Women's Incarceration Conditions and Reentry Project (the Women's Project) is a special project at PLS which aims to bring attention to unique experiences of incarcerated women throughout Massachusetts. The Women's Project was made possible by an Equal Justice Works fellowship generously funded by General Electric Company and Choate Hall & Stewart.

The Women's Project interviewed 22 women and anonymously surveyed¹ 10 women, both cisgender² and transgender,³ incarcerated throughout Massachusetts regarding their experiences prior to and during incarceration. All women interviewed were also sent surveys, so it is possible that some survey responses are from women who were also interviewed. Incarcerated women throughout Massachusetts shared their stories around violence and trauma, mental health, and identity-based discrimination.

With regard to violence and trauma, 19 women interviewed and six women surveyed reported that they had either experienced or witnessed sexual misconduct or harassment by correctional or other staff. Three women interviewed reported experiencing physical violence by prison staff, and two others reported that prison staff threatened them with physical violence. Transgender women incarcerated in men's prisons reported sexual misconduct from both correctional staff and from incarcerated men. Eight women interviewed and five women surveyed reported that they had experienced physical and sexual violence prior to incarceration. Women also reported experiences and conditions in Massachusetts correctional facilities, in addition to sexual violence and harassment, that have exacerbated mental illness, and that mental health care is woefully inadequate to virtually non-existent.

Transgender women incarcerated throughout Massachusetts reported a lack of access to gender-affirming health care and gender-affirming resources and programming, and reported spending extended periods of time in solitary confinement. Transgender women also reported undergoing unclothed searches conducted by male officers, despite having specified their preference to have female

¹ The survey sent to incarcerated women is attached to this report as Appendix A.

² According to Yale Medicine's Gender Project, [cisgender](#) is an "[a]djective used to describe a person whose gender identity is congruent, in a traditional sense, with the sex assigned to them at birth."

³ According to the National Center for Transgender Equality, "[\[t\]ransgender people](#) are people whose gender identity is different from the gender they were thought to be at birth."

officers conduct unclothed searches on them. Transgender women reported experiencing harassment from both officers and other incarcerated people based on their status as transgender women.

Notably, the harm that both cisgender and transgender women face at the hands of correctional staff is in contravention of law, and yet continually occurs with impunity. For example, women describe staff sexual misconduct as ubiquitous in spite of and without any recourse through the [Prison Rape Elimination Act \(PREA\)](#),⁴ which was meant to address exactly these issues, and experience retaliation for reporting staff misconduct [in contravention of DOC policy](#). Moreover, Massachusetts law requires that the [gender identity of correctional staff](#) performing unclothed searches on transgender incarcerated people be consistent with transgender incarcerated people's request, and [restricts the use of solitary confinement](#) to protect incarcerated people from harm by others. Even so, transgender women report undergoing unclothed searches conducted by male officers and being placed in solitary confinement when they experience sexual violence.

Incarcerated women also reported issues of racism. Some women reported that officers engaged in overtly racist behavior, including using racial slurs. The Women's Project partnered with PLS's [Racial Equity in Corrections Initiative \(REICI\)](#)⁵ to learn about the experiences of Black, Indigenous, and people of color (BIPOC) incarcerated women, specifically. BIPOC incarcerated women reported experiencing job discrimination, and worse medical and mental health care as compared with White incarcerated women. BIPOC incarcerated women with English as a second language reported struggling to be heard, understood and addressed due to inadequate interpretation services. Black incarcerated women reported that the canteen does not carry hair, skin, and hygiene products appropriate for their skin, hair, and health.

Violence and trauma are intrinsic to incarceration. The very act of placing a person behind bars is violent, and the surveillance inherent to incarceration, particularly when exercised by men with state sanctioned authority over women in custody, is traumatic. There is no form of prison, jail, or system of incarceration that will be responsive to trauma women undergo in their lives. To adequately respond to and remedy the harm women face in these systems, we must reduce reliance on punishment, and shift resources to community-based systems of care that are equipped to support

⁴ This law is detailed further in "Section 1: Incarcerated women experience sexual trauma prior to and during incarceration."

⁵ REICI aims to "build awareness, solutions, and leadership to combat institutional racism and the discriminatory treatment of black and brown prisoners in day-to-day correctional operations through client and legislative advocacy; community building and education; internal efforts designed to increase staff understanding of racial equity work and an anti-racist policy; and litigation."

human dignity. PLS's Women's Project recommends the following actions, fleshed out in more detail in the recommendations section, to respond to trauma women face in criminal and carceral systems:

- 1) **Establish independent oversight.** The fact that incarcerated women face retaliation when they report sexual misconduct and other misconduct by officers is evidence that the prison system often operates with impunity and that DOC cannot effectively oversee itself and hold itself accountable. We must establish an independent oversight body that will increase accountability and transparency without increasing the footprint of our carceral system.
- 2) **Decarcerate.** Release women from prisons and jails using parole, medical parole, clemency, ending pre-trial confinement, ending cash bail, and ending life without parole sentencing.
- 3) **Facilitate women's reentry.** Women released from prisons and jails will need resources to smoothly reintegrate into their communities and avoid becoming reincarcerated, so funding reentry resources created by formerly incarcerated women is critical. It is also important to facilitate reentry on a human level, meaning that communities must come together in solidarity to support women reentering and facilitate healing.
- 4) **Reduce reliance on incarceration.** Multiple legal mechanisms exist to divert women away from incarceration but are currently under-utilized. The Commonwealth could also adopt policies and change funding streams to reduce people's contact with police, and to discourage needless arrest and prosecution.
- 5) **Fund communities and community responses to harm.** Underfunding communities is a root cause of harm and behaviors penalized through incarceration. However, responding with incarceration furthers that harm, rather than alleviating it. Instead, the Commonwealth should fund communities to prevent harm, and fund community responses to harm for when harm does happen.

Section 1: Incarcerated women experience sexual trauma prior to and during incarceration.

Many studies show that incarcerated women often face serious and systematic sexual violence and abuse prior to their incarceration, and in some cases, the criminal charges that resulted in their incarceration stemmed from the state's failure to provide resources to community systems of care and safety.⁶ During incarceration, women are subjected to further violence, abuse, and trauma, directly created and often sanctioned by the state. These experiences result in [complex trauma](#), which is “a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts.”

According to the American Civil Liberties Union (ACLU), nearly 60% of women in prison in the United States “have a [history of physical or sexual abuse](#), and their involvement in the justice system leaves many incarcerated women vulnerable to revictimization.” Additionally, government surveys of people incarcerated in state and federal prisons estimate that between 43% and 57% of incarcerated women have [experienced physical or sexual abuse at some point in their lifetimes](#).⁷ [The Sentencing Project](#), a non-profit organization which “advocates for effective and humane responses to crime that minimize imprisonment and criminalization of youth and adults by promoting racial, ethnic, economic, and gender justice,” conducted a national survey of people serving life without parole sentences for crimes the state prosecuted them for as children. The survey found that 80% of women respondents had [experienced physical abuse](#), 77% had [experienced sexual abuse](#), and 84% had [witnessed violence at home](#), prior to becoming incarcerated.

Smaller, more in depth studies reflect the same patterns and, in some cases, find much higher percentages. For example, a study of a maximum security prison for women in New York State found that 94% of the women incarcerated there had [experienced severe physical or sexual abuse](#) at some point in their lifetimes. A 1992 study of 400 women undergoing prosecution in the New Haven, Connecticut court system found that one-third of the women either [experienced physical abuse or witnessed physical abuse](#) toward their mothers and siblings during childhood. A 2021 secondary study

⁶ Community systems of care and safety can include, but are not limited to, quality education and job training, equitable access to well-paying jobs, medical and mental health care, trauma-informed services, affordable housing, child care, and public transportation.

⁷ In addition, one 1999 report from the United States General Accounting Office found that between 40 and 57% of incarcerated women in the US reported [physical or sexual abuse prior to incarceration](#). Another 1999 study of 150 incarcerated women found that 82% of the women had [experienced abuse as children](#) and 75% of the women had [experienced abuse by an intimate partner as adults](#). Finally, a Bureau of Justice Statistics study of incarcerated people and people on probation found that 32 to 46% of women respondents had [experienced abuse prior to incarceration](#).

of 1,118 participants in a trauma-specific program in two California prisons found that 67% of the women had [experienced physical abuse, intimidation, or sexual abuse](#) during childhood.

Women in jails suffer many of the same experiences. A 2012 Bureau of Justice Statistics report found that 47% of women in jails [experienced childhood sexual abuse](#) and 40% of women in jails [experienced childhood physical abuse](#). The [Vera Institute of Justice](#) is a non-profit organization working “[t]o end the overcriminalization and mass incarceration of people of color, immigrants, and people experiencing poverty.” A 2016 study by the Vera Institute of Justice found that 86% of women in jail [experienced sexual violence](#) in their lifetimes, 77% [experienced partner violence](#), and 60% [experienced caregiver violence](#). Even the [American Correctional Association \(ACA\)](#), an accreditation organization for the correctional industry which seeks to “champion[] the cause of corrections and correctional effectiveness,” acknowledged that incarcerated women experience trauma prior to incarceration. One [article](#) cited the ACA and two other studies in stating that “[o]ne-third of incarcerated women report child sexual abuse and 20% to 34% report abuse by an adult intimate partner; they have multiple abuse histories and are three to four times more likely than male prisoners to have abuse histories.”

For many women in prisons and jails, the violence they face in their lifetimes leads to incarceration. For example, according to a 2020 national survey of women incarcerated for murder and manslaughter convictions, 30% of women were [protecting themselves or a loved one](#) from violence, 33% of women were convicted of committing the crime [with a male partner](#), and 13% of women were convicted of committing the crime either [with an abuser or under duress from an abuser](#). Another survey of incarcerated women found that, of those who reported abuse by an intimate partner, 43% were incarcerated for subsequently [killing that partner in self-defense](#). These women may face harsher sentences than their abusive counterparts. According to [Survived and Punished](#), a grassroots organization that supports incarcerated survivors of violence, “[w]omen who defend themselves from [men in the context of domestic violence](#) are more likely to do so using weapons like guns and knives than men who commit domestic homicide. This makes them more vulnerable to receiving weapons sentencing enhancements.”

Once incarcerated, many women continue to experience sexual violence and harassment, often from prison staff. One study found that about [one in three victims of sexual abuse](#) in prisons and jails are women, despite the fact that women represent under 15% of the incarcerated population. According to a Jurist article, [46% of sexual abuse victims](#) in the state prison population are women, despite the fact that women represent only 7% of the state prison population.

Furthermore, intersecting marginalized identities, such as gender identity, increase women’s risk of experiencing sexual violence during incarceration. According to the National Center for Transgender Equality, [transgender women housed in men’s prisons](#) are particularly vulnerable to sexual abuse. A study in California found that transgender women housed with men were [13 times more likely to experience sexual assault](#) than cisgender men in the same prisons and jails. In addition to gender identity, the intersection of race and gender is also critical to consider. A survey of 180 incarcerated women found that [over half the women who experienced rape by staff were Black women](#), staff were [less likely to investigate Black women’s reports](#), and where staff did investigate Black women’s reports, they were [more likely to find their reports to be unsubstantiated](#). Notably, although intersectionality is critical, too few studies have teased out race and gender identity when studying sexual violence among incarcerated populations. This makes it more difficult to address and prevent sexual violence among the most marginalized populations.

The [Prison Rape Elimination Act \(PREA\)](#) is a 2003 law aimed at ending sexual violence in correctional settings. The law established a commission to study and report on issues of sexual violence in correctional settings. In 2009, the commission published a [report](#); among the findings was that [women in jails were more likely](#) than men in jails to experience sexual victimization. As part of research for the report, the commission reviewed various surveys and studies from across the country. According to these surveys and studies, [19% of women](#) in one women’s prison in the Midwestern United States reported experiencing sexual victimization while incarcerated, and [17% of women](#) incarcerated in a large prison in the Southern United States reported experiencing sexual victimization while incarcerated. Additionally, according to a 2014 Bureau of Justice Statistics study, [women represented 7%](#) of all people incarcerated in state and federal prisons, but accounted for [33% of victims of sexual violence by staff](#).

Pursuant to PREA, the DOC promulgated [policies](#) for the prevention of sexual violence in its prisons. Under these policies, DOC officials investigate all allegations of staff sexual misconduct, meaning that the system is self-policing. The policies include three potential outcomes for incarcerated people who report sexual misconduct: [\(i\) substantiated; \(ii\) unsubstantiated; and \(iii\) unfounded](#). A finding of “substantiated” means that DOC investigated the allegation and determined it to have occurred. A finding of “unsubstantiated” means that DOC investigated the allegation and “the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.” A finding of “unfounded” means that DOC investigated the allegation and determined that it did not occur. A finding of unsubstantiated and a finding of unfounded carry the same consequence for any involved staff members: none. The Massachusetts Correctional Institution in Framingham (MCI-F) is the women’s prison in Massachusetts. According to DOC’s annual PREA reports, [in 2020](#), seven

instances of staff sexual misconduct were reported in MCI-F and, of those seven, investigators concluded that two were substantiated, one was unsubstantiated, and four were unfounded; in the same year, one instance of sexual harassment by a staff member was reported in MCI-F, and investigators concluded that the allegation was unfounded. [In 2019](#), five instances of staff sexual misconduct were reported in MCI-F and, of those five, investigators concluded that two were unsubstantiated and three were unfounded.

Pursuant to the [Massachusetts public records law](#), the Women's Project requested records⁸ of the [five PREA investigations](#) into staff sexual misconduct at MCI-F from 2019 and conducted a thorough review of them. This review revealed what appeared to be a disturbing pattern of DOC officials disbelieving incarcerated people who report staff sexual misconduct. In some cases, where investigations consisted of the incarcerated person's word against the staff's word, investigators concluded that the allegation was unsubstantiated. More disturbingly, in some cases, where investigations consisted of the incarcerated person's word against the staff's word, investigators concluded that the allegation was unfounded. This self-policing system, therefore, appears to treat the staff's word as proof that the incident did not occur. With conclusions of both unsubstantiated and unfounded, there is no consequence for the staff member. With a conclusion of unfounded, the door is open for [disciplinary sanctions](#) against the person who made the allegation. A conclusion of unfounded is supposed to be reserved for instances where there is clear [evidence to the contrary of the allegations](#) but the 2019 PREA investigations showed that MCI-F routinely concludes that allegations are unfounded in instances where it is an incarcerated person's word against the staff. It appears that, as long as a staff person is clever enough to sexually abuse women outside of the eye of cameras or witnesses who will come forward and be believed, the way in which MCI-F treats PREA allegations against staff members does not allow for accountability or just outcomes, and could result in unfair disciplinary action against incarcerated people who report misconduct. This system for addressing sexual misconduct, compounded by retaliation and the inability to escape from one's abuser, creates a clear chilling effect against coming forward and reporting abuse.

⁸ Pursuant to [law](#), DOC redacted the names of the alleged incarcerated victims in the copies of the PREA investigation records it provided. Due to these redactions, the Women's Project was unable to contact those women to ask whether they were willing to have their specific stories featured in this report. The Women's Project seeks to respect incarcerated women's privacy and dignity, and because the project does not have permission to feature these five women's stories, the actual records will not be included in this report. However, these investigations are matter of public record, so readers who seek to review these records may request them from DOC pursuant to the [Massachusetts public records law](#). The Commonwealth provides a [guide](#) on public records requests, and requests can be submitted through DOC's public records request [website](#).

In connection with this report, the Women’s Project interviewed 22 women and anonymously surveyed 10 women, both cisgender and transgender, incarcerated throughout Massachusetts regarding their experiences with sexual and other trauma prior to and during incarceration. All women interviewed were also sent surveys, so it is possible that some survey responses are from women who were also interviewed. To protect anonymity, women who were interviewed are assigned random letters A-V, and women who responded to the survey are assigned random letters AA-JJ.

Incarcerated women experience sexual harassment and sexual assault during incarceration.

This section reviews incarcerated women’s reports of sexual harassment and sexual assault during incarceration. Of the 22 women the project interviewed, 19 reported that they had either experienced or witnessed sexual harassment or sexual violence during incarceration. Officers frequently use misogynistic language when referring to incarcerated women, calling them “bitches,” “whores,” and “cunts.” Officers also use their positions of power to leer at and comment on incarcerated women’s bodies in a sexual manner. Incarcerated women report that officers have become verbally and physically abusive during unclothed searches. Officers often engage in sexual misconduct against incarcerated women, and incarcerated women often face retaliation when they report that misconduct to correctional officials. Transgender women incarcerated in men’s prisons face sexual harassment and sexual assault from incarcerated men, and transgender women throughout Massachusetts experience sexual harassment from officers.

Interview responses:

- “A” is currently incarcerated at MCI-F and reported that staff has called her a “cunt.”
- “B” was previously incarcerated at MCI-F and is currently incarcerated at a county house of correction. She reported that, at MCI-F, there was an officer who would say “Daddy’s home” when entering the unit. She further reported that officers called incarcerated people “whores” and “fucking bitches,” and that male officers would watch incarcerated people as they undressed. In addition, “B” reported sexual misconduct between two prison employees and was punished for it. She noted that women who do not receive visits from family and friends from outside the prison are more likely to be subject to sexual harassment and that if women “don’t advocate for [themselves, they] are done.”
- “C” is currently incarcerated at MCI-F and reported that an officer who monitored the yard engaged in voyeurism—she observed that his physical position allowed him to see down incarcerated people’s clothing and she witnessed him do so. “C” also reported that there is “often” sexual activity between incarcerated people and prison staff, and that prison administrators frequently ignore such behavior.

- “D” was previously incarcerated at MCI-F and has since been released. She reported that, during a strip search, two officers raped her with a flashlight. As a result of the rape, “D” bled and was unable to walk correctly. Staff did not take her to a hospital until a week later. At the hospital, doctors prescribed cream for her vaginal injuries; this was the first treatment she received. She reported the incident and gave an interview to internal investigators but reported that she was not aware of any investigation. One of the officers who assaulted her retaliated against her by yelling at her and refusing to give her the medicine she needed. Other officers yelled at her and told her that they “hate” her. She later asked investigators to view the video of the rape, and after that, she no longer saw the officer who retaliated against her. “D” also reported that officers have called her a “bitch.”
- “E” was previously incarcerated at MCI-F and has since been released. She reported that she experienced an abusive strip search in which officers left her naked and bent over for half an hour, while also leaving the door to the room she was held in slightly ajar. She reported the incident, but internal investigators deemed her report unfounded. She further reported that officers call women “bitches,” “whores,” and “cunts,” and also tell women they “hate” them. “E” has been aware of relationships between officers and incarcerated people in the past. She knows of one officer who lost his job because he was caught “messaging around” with one of the women, and after this officer was terminated, there were purportedly pictures of him spending time with women who were formerly incarcerated at MCI-F. “E” also heard that an officer showed an incarcerated person his genitals, and that an officer kissed an incarcerated person in a closet.
- “F” is currently incarcerated at MCI-F and reported that MCI-F uses PREA to punish incarcerated people for having consensual relationships with each other. While “F” has not experienced sexual harassment or violence from staff herself, she reported that an officer had sexual relations with one incarcerated woman, and the officer then proceeded to harass that incarcerated woman. “F” also reported an incarcerated woman was punished by being transferred to another unit and losing her job when she reported to prison officials that an officer had a sexual relationship with her. “F” reported that officers will sometimes harass incarcerated people who have had sexual relationships with officers by calling them by the officer’s name, rather than their own.
- “G” was previously incarcerated at MCI-F and has since been released. She reported that the prison does not ensure incarcerated people privacy when they are changing their clothes and showering. Some staff intentionally conduct rounds while women are taking showers, even if they do not need to conduct rounds at that time. Some staff members tell the women to “cover” after staff have already looked in the showers, such that women are not able to cover themselves in time. “G” knows of one woman who was very uncomfortable while receiving an

ultrasound from a male technician at Lemuel Shattuck Hospital (LSH) because he was “playing with the machine” in a way that went beyond what was necessary for medical treatment. As a result of this occurrence, “G” would not see any male ultrasound technicians at LSH. Further, “G” reported that at LSH, men and women return to respective prisons and jails from medical appointments in the same vehicle, and during these rides, physical sexual acts may take place and conversations of a sexual nature often occur.⁹

- “H” is a transgender woman currently incarcerated at MCI-F. She reported that, during an investigation, an officer asked her about her genitals and how they work when she has sex. Previously, she was held at Bristol County Jail and House of Correction (Bristol), which holds men and women. “H” was held on the male side of Bristol. While being held at Bristol, male officers routinely strip searched her. In addition, an incarcerated man she shared a cell with raped her. She was also previously held at South Bay House of Correction in Suffolk County (South Bay), where men with whom she was in custody sexually assaulted her. “H” spent some time in solitary confinement in South Bay and had an abusive boyfriend who would protect her. On one occasion at South Bay, a male sergeant stood by while a female officer strip searched “H,” and when “H” asked that he leave, he threw her on the bed and left her in handcuffs for a half an hour. “H” also reported that one officer in South Bay was sexually intimate with her.¹⁰
- “I” is a transgender woman currently incarcerated at MCI-F. She reported that “legacy rules” are informal rules that officers put in place, and one “legacy” rule is that women are not permitted to wear white t-shirts because officers felt that women wore them in a “flirtatious” manner. “I” further reported that, when she was held at the Massachusetts Correctional Institution in Norfolk (MCI-N), a men’s prison, transgender women held there would often experience sexual violence and staff refused to acknowledge or credit their complaints. They often faced retaliation for reporting sexual violence.
- “J” is currently incarcerated at MCI-F and reported that she has found COVID-19-related lockdowns and social distancing protocol helpful in terms of giving staff less access to incarcerated people. The lockdowns and social distancing requirements have also made it more difficult for staff to move incarcerated people to places without cameras. According to “J,” there are lots of “blind spots” (meaning areas that are not easily visible by camera or observation) throughout the prison where sexual misconduct can and does occur. The informal practice among people in MCI-F is to call out and announce themselves before

⁹ A later interview with an incarcerated woman this report calls “S” suggests that these interactions are not always consensual.

¹⁰ “H” described this encounter as consensual. However, under [PREA](#), there cannot be consensual sexual contact between incarcerated people and correctional staff because of the power dynamics at play being inherently coercive.

turning a corner to ensure that they do not witness any sexual activity that could lead to them being involved in an investigation.

“J” further reported that she once tried to attend her recreation time with a white t-shirt on, which was permissible under MCI-F’s official rules, but the officer monitoring the recreation area would not allow her into the space unless she wore something over the shirt because he claimed he could see “J’s” bra through her shirt. “J” reported that, as an explanation for this action, the officer stated “I’m a guy—if I see a bra, I’m going to look.” “J” also reported that male officers find incarcerated women who reject their sexual advances as especially attractive. She recounted one officer who would harass her when she would go to shower, commenting on the color of her robe and saying that her legs reminded him of “dinner he would eat that night.” When she reported this officer to MCI-F with other incarcerated people corroborating her story, MCI-F only spoke to the officer, and did not remove him from having contact with “J.” “J” eventually had to change her shower time so she would not have to deal with the officer.

“J” reported that two maintenance workers at MCI-F had sexual relations with incarcerated women in exchange for providing those women with material items. One of the maintenance workers approached “J” to offer her the same arrangement; “J” refused and reported the maintenance workers. MCI-F removed one of the maintenance workers from having further contact with incarcerated people but did not remove the one who propositioned “J”. MCI-F administrative staff then placed “J” in the Intensive Treatment Unit (ITU), which functions similarly to solitary confinement. One administrative staff member told “J,” “you need to learn your place.” At one point, the maintenance worker who propositioned her was briefly in the unit and taunted her saying “Hi ‘J,’ I’m still here.” DOC eventually issued “J” a disciplinary report for allegedly lying about the incident.

- “K” is a transgender woman currently incarcerated at North Central Correctional Institution (NCCI), a men’s prison in Gardner. She reported that an incarcerated man once raped her and physically assaulted her by hitting her in the eye with a soda bottle. When she reported the incident, NCCI placed her in solitary confinement. She further reported that incarcerated men try to pursue her, try to “cop a feel,” and also catcall her, saying things like “what’s up baby girl.”
- “L” is a transgender woman currently incarcerated at MCI-Norfolk. She reported that she has often faced threats of violence from other incarcerated people when they wanted to have sexual relations with her. She noted, “you couldn’t say no.”

- “M” is currently incarcerated at MCI-F and reported that an officer subjected her to an abusive strip search. The officer had “M” bend over multiple times, which was difficult for “M” due to her back problems. The officer ordered “M” to “show me pink,” in reference to “M’s” vaginal opening.
- “N” is currently incarcerated at MCI-F and reported that when officers have been “walked off” (terminated) for having sexual relations with incarcerated women, prison staff then treat the incarcerated woman as though it were her fault. Further, she stated that housing units are “ran by men” and that incarcerated people “have no dignity.” “N” reported that women officers “are placed everywhere else” but that “they don’t work in the units.” Incarcerated people have windows in their rooms and prefer to cover the windows when undressing, after getting out of the shower, and when using the toilet, but incarcerated people are told to remove the covering because “the administration comes down on [the officers]” if they permit window covering.¹¹ “N” noted that, “as a woman, it’s like, where’s the dignity” and that the male guards “have hella opportunity to look at us [incarcerated people] all day.”
- “O” is currently incarcerated at MCI-F and reported that she had a male radiologist perform an intravaginal ultrasound on her, stating “it was creepy.” In her experiences receiving medical care, she has been transported to LSH and would be shackled the entire time, seated in one position, and always chaperoned by an officer. Despite this, officers perform three separate strip searches for hospital visits: (i) when the individuals leave MCI-F; (ii) when they arrive at LSH; and (iii) when they return to MCI-F. “O” stated that strip searches “are very uncomfortable” and that she “find[s] it very uncomfortable” that there are three strip searches for hospital visits, even though incarcerated people are shackled and chaperoned the entire time. With regard to privacy at MCI-F, “O” spoke about how there used to be a partition where the toilet is, so officers would see feet and ask to show your face or raise your hand, but otherwise your privacy would be protected. “O” reported that the partitions were eliminated sometime between 2016 and 2019. “O” stated that “it’s bad enough we have no privacy and the toilet is the only real intimate area you need to be,” and wondered “why do they [officers] need to see I’m sitting on the toilet.”
- “P” is currently incarcerated at MCI-F and reported that while she has not personally experienced sexual harassment or sexual violence while incarcerated, she has witnessed officers who had sexual relationships with incarcerated people who then experienced harassment afterwards. She noted that, where officers engage in sexual conduct with incarcerated people, it is almost universally the incarcerated person who is blamed and punished for the conduct, despite the fact that this behavior is an abuse of power on the part of the officer. “P” outlined

¹¹ Pursuant to [103 DOC 430.24](#), blocking windows is not permitted.

three such instances. In one case, the officer was transferred elsewhere, but “P” believes that he is still working within the prison system. In another case, an incarcerated woman sought recourse through the formal grievance process, and the officers tried to make her seem like the “bad person;” despite this, she would not drop the complaint and the officer eventually faced discipline for his conduct. “P” explained that many women avoid filing reports through the formal grievance system because, “if [someone] writes a grievance, you can see who wrote it [and] it’s not confidential, so people are scared of retaliation.” She described how the woman in the above case who used the formal grievance system faced subsequent retaliation, saying “I’ve seen with my own eyes [officers] flip¹² her room for no reason [and] tell her she’s not going out today.” In the third case, which “P” noted was the most recent of the three, the involved officer voluntarily left before facing any kind of formal disciplinary action, but the incarcerated person is experiencing significant harassment from other officers. For example, officers prevented the involved woman from continuing with education programs in which she had previously participated, including a certificate program through Boston University. Officials then used the fact that the woman was not participating in any kind of educational program to take away her job because, based on “P’s” understanding, participation in an educational program is mandatory in order to hold a job. “P” noted that officers have also issued the woman tickets and punished her for incidents in which her roommate got into trouble, even though she was not involved. “P” also noted that she was in a same-sex relationship with another incarcerated person at one point and experienced abusive behavior from officers that she believes stemmed from the relationship, including officers making vulgar and homophobic remarks, and frequently placing “P” in solitary confinement.

- “Q” is currently incarcerated at MCI-F and reported that MCI-F often uses PREA against consensual partnerships between incarcerated people, and that those incarcerated people must spend time in solitary confinement during the course of investigation, which can take days.
- “R” is currently incarcerated at MCI-F and reported that in 2018, an officer continuously made comments about the street in Worcester she “used to walk on to make a living.” The officer would call her “Main South Whore” or refer to her as a “prostitute.” He would also “jiggle his pocket” and “offer [her] 25 cents.” “R” then learned that this officer went to a Worcester police officer “R” knew and spoke to him about her. The officer said that the police officer had “nothing but nice things to say about [her].” “R” kept asking the officer to stop making these comments because he was making her uncomfortable and that she was “not that person anymore,” and told the officer that, if he continued, she would take action against him.

¹² “Flip” is a term that some incarcerated people use to describe prison staff aggressively searching an incarcerated person’s cell.

“R” finally went to Internal Affairs (IA), wrote a statement, and had her statement recorded. She understood that her complaint went to the prison superintendent, but “R” was told there was nothing more to be done about her complaint. Of the situation, “R” observed “I am an inmate with a number, and there is nothing I can do.” After “R” reported the officer to IA, the officer called her a “rat.” Recently, the officer started targeting her with harassment again. “R” was in the medication line, and the officer said to her, “don’t forget, 25 cents.” A female officer was with him at the time and laughed in response to the officer’s comment. “R” reported the incident to the new IA officer, but it was not a formal report. “R” observed: “It is COs against an inmate. I feel like nothing will be done.” She believes the matter is still open but has not heard from IA further about it. Between these incidents, the officer had not commented about her being a “prostitute,” but did continue to call her a “rat” and a “teller.” He also told her she “owed him one” because he thought she was “cheeking” her medication [hiding medication in the mouth]. He gave “R” extra work duty and she fears continued retaliation.

- “S” is currently incarcerated at MCI-F and reported that women are transported to LSH with men. The male prisoners “can get fresh and can be inappropriate.” The men and women are placed together at LSH with only curtains to separate them. When asked if she has experienced sexual violence or harassment while in prison, “S” responded that she has experienced sexual harassment and “lots of verbal abuse.” In these instances, she did not feel comfortable. About five years ago, “S” worked in the clinic area and had cleaning responsibilities. An officer was “very friendly” with her and a “little too nice.” She recalled going to the showers to get water to mop the floors. She had a white t-shirt on, and the officer asked her if she was “going to have a wet t-shirt contest.” She was “shocked” and did not answer him. She later quit her job. When she saw the officer again, he continued to make similar remarks. He told “S” that she reminded him of his ex-wife, “little and cute.” She wrote a grievance about the incident, and the officer involved became upset and refused to acknowledge his harassment. Whenever “S” interacted with the officer, he “didn’t give in, got mad, treated me bad[ly], and would not treat me well.” More women later complained about him, and he was moved to the “bubble,” where he guarded the doors and operated the loud speaker. He no longer works at the prison. Other officers joke around with incarcerated people, but “it is not funny.” Officers call women “bitches” and other names and say “fuck you.” “S” generally does not report this type of behavior. When she filed a grievance against the officer described above, the officer became quite angry. She observed: “Is it really worth me going through this when nothing will happen? I weigh [the] pros and cons. It feels like it never will end.” She observed that there is no real mechanism to address these issues. “S” is aware of issues with officers and incarcerated people having relationships. “S” observed that “it is still rape because he is in a position of power.”

Survey responses:

- “AA” is a transgender woman currently incarcerated at NCCI-Gardner, a men’s prison. She reported that she felt “very uncomfortable” being restrained for medical exams. In addition, a sergeant once told her to go tell a lieutenant the sergeant wanted a “BJ” as a joke. “AA” has also experienced months in solitary confinement for reporting sexual violence and harassment.
- “BB” is a transgender woman currently incarcerated at NCCI-Gardner. She has experienced sexual violence and sexual harassment from staff at NCCI-Gardner. In one instance, she was showering downstairs and an officer from the maintenance department entered that space while she was showering despite being informed not to do so. He then returned upstairs and said “hey it smells like my wife down there” to his coworker. As part of retaliation for reporting this incident, the Gardner administration moved her to a cell with someone with whom she did not feel safe. “BB” also reported being constantly groped and harassed with bribery for sexual favors by other incarcerated people, and strip searched by male officers although female officers are available.
- “CC” is a transgender woman at MCI-Norfolk, a men’s prison, and reported that she has experienced sexual misconduct by officers and medical staff.
- “DD” is a transgender woman at the Massachusetts Treatment Center, a men’s prison, and reported that she has experienced sexual misconduct from both other incarcerated people and officers. She has had someone of a different gender perform medical evaluations and procedures on her and the experiences have made her feel uneasy, particularly with officers watching. In addition, a female Inner Perimeter Security¹³ officer once told “DD” that she has to simply accept harassment because of her gender.
- “HH” is currently incarcerated at MCI-F and reported that she once had a male nurse at Metrowest Hospital perform an EKG on her for which she needed to show her breasts. She reported that she “just didn’t say anything” about it.
- “JJ” is currently incarcerated at MCI-F and reported that she once had to receive a transvaginal ultrasound at LSH’s radiology department. She stated that the technician was “a creepy male,” and she felt that it should have been a woman.

¹³ [Inner Perimeter Security \(IPS\)](#) is a group of correctional staff members which, according to DOC, is “responsible for maintaining safety and security for both inmates and staff.” IPS [primarily engages](#) in “the elimination of contraband and other illicit activities,” and is also responsible for [investigating alleged PREA violations](#).

Incarcerated women experience general harassment and physical abuse during incarceration.

This section reviews incarcerated women's reports of general harassment and physical abuse during incarceration. Officers routinely bully incarcerated women, use demeaning and derogatory language towards them and insult their appearance. This behavior is explicitly prohibited by DOC's own policies. 103 DOC 400.01(2) states that "[t]he superintendent shall... ensure that communication between staff and inmates remain courteous and professional." The Women's Project performed administrative advocacy in response to one MCI-F officer's harassment towards a number of people incarcerated in MCI-F, and MCI-F responded by stonewalling that advocacy.¹⁴ Officers also physically abuse, intimidate, and threaten incarcerated women.

Interview responses:

- "A" is currently incarcerated at MCI-F and reported that an officer has told her "I hope you drop dead and I am the one to bury you." She has also had an officer spit on her shoe. "A" feels that certain officers come to MCI-F with an attitude of "who do I abuse today?" She has also faced harassment on the basis of her age and disability. On at least two occasions, officers criticized her for doing her assigned tasks, such as bringing out the trash or cleaning the hall. In one instance, she asked an officer for keys to the office to enable her to do her assigned task; he replied "do you think I don't have anything better to do?" and then smashed the window to the office. Another officer forced her to stand when he gave her meals, even though he did not force any other incarcerated women to stand when receiving meals. When she began refusing to stand, he threw the meal at her.
- "B" was previously incarcerated at MCI-F and is currently incarcerated at a county house of correction. She reported that the administration at MCI-F treated women "like animals." Officers would throw items on the floor and then tell women to pick up the items, and officers would also berate women.
- "C" is currently incarcerated at MCI-F and reported that staff members make comments to or about incarcerated women, including comments about their children or the crime for which they are sentenced. Officers also make vulgar comments about incarcerated people's race or bodies, including calling women "fat" or otherwise mocking their appearance. Officers who do not insult incarcerated people will often still laugh and go along with the insults. "C" heard one officer call an incarcerated person a "Dominican monkey."
- "D" was previously incarcerated at MCI-F and has since been released. She reported that an officer once made hand motions indicating that he would hurt her, and another officer yelled

¹⁴ The advocacy and MCI-F's responses are attached to this report as Appendix B.

at her for helping another incarcerated person on the elevator. One officer yelled at her continuously and made her cry every day, and “D” reported that prison staff members also yelled at her in the medication line.

- “F” is currently incarcerated at MCI-F and reported that officers will often remove incarcerated people from their jobs as part of retaliation for reporting officer misconduct, including sexual misconduct, which results in incarcerated people losing their income source and not having anything to do to fill their days.
- “K” is a transgender woman currently incarcerated at NCCI Gardner. She reported that officers will sometimes make inappropriate jokes towards her, like saying “here comes the leprechaun,” when she walks by.
- “O” is currently incarcerated at MCI-F and stated, in reference to many officers’ attitudes, “if you don’t like being a social person, why come to work with a nasty attitude.”
- “Q” is currently incarcerated at MCI-F and reported that one of the officers “had it out” for her, would house her with people she did not feel safe with, and “mess with [her] however he could.” She stated that other officers noticed this conduct, and she heard that he called her an “asshole” behind her back. “Q” thought about writing him up, but never did. She noted that incarcerated people are afraid of retaliation from officers if they file grievances and that “even if they don’t like each other” officers stick together. The officer is now on a different shift so can’t “mess with [her]” anymore
- “R” is currently incarcerated at MCI-F and reported that an officer once kicked her foot when they were in a blind spot in the trauma room.
- “T” was previously incarcerated at MCI-F and is currently incarcerated at a county house of correction. She reported that, at MCI-F, “you’re not treated like a person.” She recalled one officer who would say things like “how about you animals get back in your cage.” This same officer once told her “how about I punch you in the throat and you turn around and cuff up.” Officers at MCI-F have also called her and other women “fat,” “ugly,” and “stupid.”
- “U” is a transgender woman who was previously incarcerated at Old Colony Correctional Center and has since been released. She reported that an officer once threw her and it impacted her teeth and that an old superintendent used to “beat the shit out of people.”

Survey responses:

- “HH” is currently incarcerated at MCI-F and reported that an officer was harassing her for a short period of time.

Incarcerated women experience violence, including sexual violence, prior to incarceration.

This section details the violence, including sexual violence, which incarcerated women have experienced prior to becoming incarcerated. This violence is relevant because it contributes to the multilayered trauma incarcerated women experience in their lifetimes and illustrates why incarceration, which adds to and exacerbates this trauma, is not responsive to the violence women experience. There is a relationship to be explored between the state sanctioned violence that women experience during incarceration, and the intimate and interpersonal violence women experience in the community. When the state responds to violence with violence, it contributes to a culture of sexual abuse, rape, and harassment. Many women the Women's Project interviewed and surveyed reported experiencing sexual violence as children. By way of example, one woman explained that she became incarcerated because she was defending herself from someone who was trying to sexually assault her, and another woman explained that she committed the unlawful acts that led to her incarceration under duress from an abusive partner.

Interview responses:

- "H" is a transgender woman currently incarcerated at MCI-F. She reported that, when she was 11-years-old and living in a Department of Children and Families home, a 16-year-old boy molested her.
- "J" is currently incarcerated at MCI-F and reported that her children's father was physically abusive towards her during their relationship.
- "M" is currently incarcerated at MCI-F and reported that someone raped her when she was 16 years old, and that she has experienced multiple instances of sexual abuse since she was 13 years old. Of these experiences, "M" observed, "this was not my fault. I was just a kid."
- "N" is currently incarcerated at MCI-F and reported that the reason she is incarcerated is because she killed someone who tried to sexually assault her.
- "O" is currently incarcerated at MCI-F and reported that she experienced sexual violence prior to incarceration.
- "T" was formerly incarcerated at MCI-F and is currently incarcerated at a county house of correction. She reported that, as a child, she was raped on two separate occasions. She is currently incarcerated due to an abusive relationship in which her partner would force her to pick up his controlled substances for him under threat of him coming to her workplace, hitting her, stealing her car, or threatening her family. "T" stated that she picked up her partner's controlled substances so she could "sleep easy without being hurt on any given day." When the state was prosecuting "T," the judge told her the abuse she experienced was not a defense because she never went to the police or to the hospital.

- “U” is a transgender woman who was previously incarcerated at Old Colony Correctional Center and has since been released. She reported that her probation officer raped her. He threatened her that, if she said no, then he would tell the court that she violated her probation.
- “V” is currently incarcerated at MCI-F and reported that her husband once raped her and that someone from whom she purchased controlled substances once raped her.

Survey responses

- “BB” is a transgender woman currently incarcerated at NCCI Gardner. She reported that a live-in family member sexually abused her as a child, and someone raped her when she was a child.
- “CC” is a transgender woman currently incarcerated at MCI-Norfolk and reported that a man once forced her to have sex with him by threatening her with violence if she refused.
- “DD” is currently incarcerated at MCI-F and reported that her children’s father abused her throughout their four-year relationship.
- “HH” is currently incarcerated at MCI-F and reported that, when she was 13 years old, her 18-year-old boyfriend raped her. Further, when she was in her 20s, a manager continually harassed her and then raped her.
- “JJ” is currently incarcerated at MCI-F and reported that, at a young age she was molested by a family friend and a cousin “JJ” was also sexually assaulted by an ex-boyfriend.

Section 2: Incarcerated women experience high rates of mental illness and inadequate mental health care.

According to a 2012 Bureau of Justice Statistics (BJS) report, [more women in prison \(66%\) than men in prison \(35%\)](#) had a history of mental health concerns. [Serious psychological distress \(SPD\)](#) “includes mental health problems severe enough to cause moderate-to-serious impairment in social, occupational, or school functioning and to require treatment.” The 2012 BJS report cited above found that more women in jails (32%) met the threshold for SPD than men in jails (26%), and that women in jails (68%) were more likely than men in jails (41%) to have a mental health professional tell them that they had a mental disorder. The Marshall Project found that “[a]lthough women make up only 7 percent of the prison population, [66 percent of women in prison reported having a history of a mental disorder](#), almost twice the percentage of men in prison. And one in five women in prison had recently experienced serious psychological distress, while one in seven men had.” DOC reports similar numbers: [of those identified as female in its records](#), 70% had open mental health cases, 67% had a serious mental illness (SMI), and 63% were on psychotropic medication as of December 31, 2020.

In November 2020, the United States Department of Justice (DOJ) released a [report](#) finding that DOC’s treatment of incarcerated people it places on mental health watch¹⁵ violates the 8th Amendment of the United States Constitution. Specifically, DOJ found the following:

“MDOC [Massachusetts Department of Correction] fails to provide adequate mental health care to prisoners in mental health crisis. During a time when prisoners are most in need of treatment, MDOC fails to properly treat suicidal prisoners and prisoners who self-harm. And when treatment must entail more than segregation, MDOC instead places prisoners in segregated restrictive housing.” (p. 1)

“MDOC’s use of prolonged mental health watch under restrictive housing conditions, including its failure to provide adequate mental health care, violates the constitutional rights of prisoners in mental health crisis. MDOC’s mental health watch involves restrictive, isolating,

¹⁵ [Mental health watch](#) is a mental health status DOC used for incarcerated people “whose behavior is deemed concerning enough to warrant some level of increased observation” because the prisoner (i) is actively suicidal, (ii) expresses suicidal ideation, or (iii) acts in a manner that indicates the potential for self-injury. Correctional staff remove incarcerated people from their housing units and place them in a suicide resistant mental health watch cell, and then observe incarcerated people either constantly or at 15-minute intervals. The cells are small, measuring [on average 93 square feet](#), and incarcerated people’s access to [property and human interaction is minimal](#). Initially DOC places incarcerated people in smocks and only allows them access to books, radio, or recreation at the discretion of staff. Incarcerated people receive, at most, a daily 10-15 minute daily assessment by a mental health professional, sometimes conducted through the crack of the cell door.

and unnecessarily harsh conditions. It is restrictive housing. MDOC subjects prisoners who are in mental health crisis to restrictive housing for prolonged periods of time, which places them at a substantial risk of serious harm.” (pp. 1-2)

DOJ likens DOC’s use of prolonged mental health watch to “restrictive housing” which, as discussed in the “A note about language” section, this report will refer to as “solitary confinement.” MCI-F purports to not use solitary confinement, but still has a very restrictive unit called the [Intensive Treatment Unit](#) (ITU). The ITU is [not part of general population](#), and houses people incarcerated at MCI-F for [mental health watch and for disciplinary detention](#). Incarcerated people held in the ITU are subject to [solitary confinement-like conditions](#), including punitive treatment, limited privileges, and restricted access to their property. How long people can be held in the ITU is essentially up to the [discretion of staff](#). The [2018 Criminal Justice Reform Act](#) (CJRA) includes protections for incarcerated people held in solitary confinement, which it describes as being confined to a cell for 22 or more hours per day. The ITU is one of many units throughout DOC that [seek to skirt these protection requirements](#) by confining incarcerated people to their cells for just under 22 hours per day. A bill sent to study in the state legislature, [S.1578/H.2504](#): An act to provide criminal justice reform protections to all prisoners in segregated confinement, would have ensured that all units that are segregated from the general population were protected by the provisions of the CJRA, regardless of how they are defined. The [bill](#) would have also established a 72-hour cap on mental health watch, after which time an incarcerated person would be transferred to an outside hospital for further treatment, if needed. The legislature should act in the next session to end solitary confinement and near-solitary confinement in all its forms, and establish minimum entitlements to meaningful out of cell time, programming, education, and vocational training for all incarcerated people.

Through the Women’s Project interviews and surveys, women incarcerated throughout the Massachusetts correctional system reported experiences and conditions in prisons and jails that, in addition to sexual violence and harassment, have exacerbated mental illness. They have further reported that mental health care is woefully inadequate to virtually non-existent.

Incarcerated women undergo experiences during incarceration that cause and exacerbate mental illness.

This section details some experiences women undergo during incarceration that, alongside the harassment and violence described in the previous section, cause and exacerbate mental illness. Women described separation from family and its collateral consequences, as well as stresses inherent to prison life, like nightly room checks and dehumanization, as factors contributing to mental illness.

Interview responses:

- “B” was previously incarcerated at MCI-F and is currently incarcerated in a county house of correction. She reported that, at MCI-F, she “felt lower than a dog,” and like the “lowest form of a person.” She stated that the anger she felt there was “astronomical.”
- “C” is currently incarcerated at MCI-F and reported that the experience of incarceration causes women a lot of emotional harm. She noted that depression and what she termed “separation anxiety” from families, children, or the outside world in general is prevalent and increased significantly since the start of the COVID-19 pandemic.
- “I” is a transgender woman currently incarcerated at MCI-F. She reported that her post-traumatic stress disorder is triggered by hourly room checks at night while she is trying to sleep; officers shake the room door handle and shine light into the room.
- “Q” is currently incarcerated at MCI-F and reported that she “lost her daughter to MS [multiple sclerosis] right around Thanksgiving.” When her daughter was nearing the end of her life and in the hospital, MCI-F’s superintendent approved a phone call between “Q” and her daughter. Staff came and got her from her unit and she was brought to a room with two officers. She called her daughter and prison staff “put [her] on speaker phone.” “Q” was very upset that the officers were standing in the room with her listening to her conversation with her daughter as she was “saying goodbye to her.”

Survey responses:

- “BB” is a transgender woman currently incarcerated at NCCI Gardner. She reported that she experiences “psychological turmoil” from the “constant threat of sexual assault.”

Incarcerated women receive inadequate mental health care in prisons and jails.

This section describes incarcerated women’s reports of inadequate mental health care in prisons and jails. Women report that correctional staff routinely place them in solitary confinement when they report mental health concerns, and mental health staff do not provide meaningful care. Additionally, one incarcerated woman at MCI-F reported that at least one member of the mental health clinical staff believes that incarcerated women are simply seeking medication.

Interview responses:

- “D” was previously incarcerated at MCI-F and has since been released. While she was incarcerated, she reported that she tried to stay in her room because she was depressed and once cut her wrists because she did not want to live. She further reported that she was moved to a unit for people who have “behaved badly,” even though she had not behaved in a way that

would justify that move; however, she had discussed depression with a mental health clinician prior to being moved to that unit.

- “E” was previously incarcerated at MCI-F and has since been released. She reported that the mental health care provider at MCI-F is a nurse practitioner, rather than a psychiatrist, and this nurse practitioner believes that the women at MCI-F are “med[ication]-seeking.”¹⁶
- “I” is a transgender woman currently incarcerated at MCI-F and reported that women are placed in solitary confinement when they complain of mental health concerns.
- “L” is a transgender woman currently incarcerated at MCI-Norfolk. She reported that mental health staff stopped seeing her during the COVID-19 pandemic.
- “M” is currently incarcerated at MCI-F and reported that she is not getting mental health care, particularly for her thoughts of suicide, and she is not receiving any medications for her bipolar disorder or depression. Of MCI-F she stated, “[t]his place does not care.”
- “T” was previously incarcerated at MCI-F and is currently incarcerated in another facility. She reported that mental health was not a priority at MCI-F. She stated that if she got a counselor, they would disappear within a month and a half so she could never make connections with anyone.
- “U” is a transgender woman who was previously incarcerated at Old Colony Correctional Center and has since been released. She reported a lack of rehabilitative resources like counseling, therapy, and programming.

¹⁶ Medical staff use the term “medication-seeking” to imply that incarcerated people are not truly experiencing the pain they report experiencing and are instead feigning symptoms to gain access to medication for misuse. The tendency to disbelieve incarcerated people about their pain and presume intent to misuse medication is rooted in [stigma against substance use disorder](#). Notably, medical professionals’ tendency to disbelieve people about their pain is also racialized. Evidence suggests that medical professionals take Black people’s physical pain less seriously than White people’s physical pain, which leads to [treatment disparities](#).

Section 3: Transgender incarcerated women face unique challenges.

Transgender people are far more likely than cisgender people to experience incarceration. The 2015 U.S. Transgender Survey, which surveyed 28,000 transgender adults, found that [2% of respondents had been incarcerated](#); this is over twice the rate of incarceration in the general population, which faces incarceration at a rate of .87%. Notably, the incarceration rate was significantly higher among transgender people of color and low-income respondents. For example, a staggering [9% of Black transgender women](#) had been incarcerated, which is approximately ten times the rate of incarceration in the general population.

Patterns of discrimination lead to transgender people becoming incarcerated at higher rates than the general population. For example, due to pervasive discrimination, transgender people report being [unable to find and maintain gainful employment](#). As a result, they have higher rates of unemployment. When transgender people are able to find employment, they are less likely to be promoted, and are more likely to have their employment terminated. According to one [report](#) detailing the results of a 2011 survey of transgender people, 26% of respondents reported that they lost a job due to their gender identity, and 16% reported that they were “compelled to work in the underground economy for income (such as engaging in sex work or selling drugs).” Many transgender women feel that [sex work is their only option](#) because they experience difficulty securing lawful employment.

Transgender people are also more likely to face housing discrimination than the general population. For example a [2017 study based in Washington, District of Columbia](#) found that public housing providers were less likely to tell individuals who disclosed their transgender identity about available units. The combination of unemployment and housing discrimination leads to many transgender people becoming unhoused, and law enforcement frequently targets unhoused people for enforcement of [quality of life, broken windows, and zero tolerance policing](#). Law enforcement [targets transgender women](#), in particular, for enforcement of anti-sex work laws. One [report](#) powerfully summarized the experiences that lead transgender women, specifically, to becoming incarcerated: “[l]aws regulating drug use and sale, prostitution, homelessness, immigration, and HIV [human immunodeficiency virus] define unhoused transgender women’s survival and earning strategies as crimes, and their race and gender identities as criminal.”

Once incarcerated, transgender people—including transgender women—continue to face systematic discrimination. [Black and Pink](#) is a grassroots abolitionist organization seeking to liberate LGBTQ+ people and people living with HIV/AIDS (human immunodeficiency virus/acquired

immunodeficiency syndrome) from criminal and carceral systems. In 2015, Black and Pink conducted a [survey](#) of 1,118 LGBTQ+ incarcerated people across the United States. 44% of transgender, nonbinary gender,¹⁷ and Two-Spirit¹⁸ respondents reported being denied access to hormones they requested, and 40% of transgender, nonbinary gender, and Two-Spirit respondents reported being denied access to gender affirming surgeries they sought. Only 21% of transgender, nonbinary gender, and Two-Spirit respondents reported access to undergarment and cosmetic needs that matched their gender. 15% of all respondents reported being barred from programs offered because they identified as LGBTQ+, and only 20% of all respondents reported having access to LGBTQ+ affirming books.

Prisons and jails often use solitary confinement as a response to transgender women's safety needs. 85% of all respondents to the Black and Pink survey reported that they had been in solitary confinement at some point during their sentences, and about half reported that they had spent two or more years in solitary confinement. Transgender women were among those put into solitary confinement against their will at the highest rates. Many prisons and jails [do not commit the resources necessary](#) to create safe housing for transgender incarcerated people, so a common means of supposedly protecting them is [classifying them for administrative solitary confinement](#), which means that they are placed in solitary confinement for administrative reasons, rather than disciplinary. However, the [result of administrative solitary confinement is the same as disciplinary solitary confinement](#)—it restricts incarcerated people's ability to participate in programming or job opportunities and limits them to very little time out-of-cell. It is also known to cause serious [psychological](#) and [physical harm](#) and to lead to higher rates of [mortality and reincarceration](#) post release.

Transgender women incarcerated throughout Massachusetts reported many of these same experiences, including a lack of access to gender-affirming health care and gender-affirming resources and programming, and spending extended periods of time in solitary confinement. Transgender women also reported undergoing unclothed searches conducted by male officers, despite having specified their preference to have female officers conduct unclothed searches on them. This practice is in contravention of law.¹⁹ Transgender women reported experiencing harassment from both officers and other incarcerated people based on their status as transgender women.

¹⁷ According to the National Center for Transgender Equality, "[non-binary](#)" means "[p]eople whose gender is not male or female."

¹⁸ According to Re:searching for LGBTQ2S+ Health, "[\[t\]wo-spirit](#)" refers to a person who identifies as having both a masculine and a feminine spirit, and is used by some Indigenous people to describe their sexual, gender and/or spiritual identity."

¹⁹ Mass. Gen. Law. c. 127 §32A states, "A prisoner of a correctional institution, jail or house of correction that has a gender identity... that differs from the prisoner's sex assigned at birth, with or without a diagnosis of gender dysphoria or any other physical or mental health diagnosis, shall be:... (iii) searched by an officer of the same gender identity if the search requires

Interview responses:

- “B” was previously incarcerated at MCI-F and is now incarcerated in another facility. She reported that, when she was at MCI-F, transgender women were subjected to verbal abuse and routinely put in solitary confinement.
- “G” was previously incarcerated at MCI-F and has since been released. She reported that she has observed that staff members treat transgender people with a lack of respect. She has observed that staff will make offensive comments to transgender people in order to upset them, and then use their upset reaction as a reason to place them in solitary confinement.
- “H” is a transgender woman currently incarcerated at MCI-F. She reported that she has been unable to receive gender-affirming surgery or electrolysis treatment for facial hair. Officers make comments about her being transgender, and some officers continue to refer to her with masculine pronouns, even though she has used the prison grievance system to complain about it. One officer told other incarcerated women about “H’s” genitalia. Further, she has been in solitary confinement for a total of four months since arriving at MCI-F. The prison also reduced her hormone medications by half and made treatment contingent on remaining free of disciplinary reports. “H” met with the LGBTQ Commission, which was created by the CJRA. A DOC behavioral specialist was on the committee and she asked “H” in front of the committee whether “H” had tried to make another incarcerated person pregnant. “H” felt very uncomfortable and explained that this was not possible. She further observed that the prison treated her as an aggressor.
- “I” is a transgender woman currently incarcerated at MCI-F. She reported that experiencing strip searches is particularly humiliating for transgender people.
- “K” is a transgender woman currently incarcerated at NCCI Gardner. She reported that transgender people at Gardner have to wear a green shirt identifying them as transgender people, and she feels that “[i]t’s almost like wearing a scarlet letter.”
- “L” is a transgender woman currently incarcerated at MCI-Norfolk. She reported that she is losing her hair and used to be able to use Rogaine to maintain it, but no longer is because the prison does not provide it to her. She is also unsure whether she will ever be able to get gender-affirming surgery as she is approaching the cutoff age, and she has not seen an endocrinologist in two years. “L” reported that there was no programming or information for trans folks. She reported that transgender people at Norfolk have to wear a green shirt identifying them as transgender people. Like “K” above, she stated that the green shirt is like a “scarlet letter;”

an inmate to remove all clothing or includes a visual inspection of the anal cavity or genitals; provided, however, that the officer’s gender identity shall be consistent with the prisoner’s request...”

people refer to her as a “green shirt.” Staff have thought she was crazy and have called her a “freak” and a “f*ggot.” Some officers still call her by her birth name even though she has changed her name as part of her transition. “L” observed that if transgender women speak with men, it is presumed that they are “fooling around” with them.

- “U” is a transgender woman who was previously incarcerated at Old Colony Correctional Center (OCCC) and has since been released. She reported that one of the officers calls her a “queer” and a “freak” and that, generally, officers are “very mean to transgender people.” She also reported that she only gets about two pairs of gender-appropriate underwear every few months, and had to fight hard to receive hormones. “U” observed that there is a general lack of rights for transgender people at OCCC as compared to MCI-Norfolk because there are a lot more transgender people at Norfolk.

Survey responses:

- “BB” is a transgender woman currently incarcerated at MCI-Norfolk. She reported that she has had “male persons” present while undergoing a strip search despite there being female officers available to conduct the strip search.
- “EE” is a transgender woman currently incarcerated at MCI-F. She reported that prison staff target and harass transgender women more than the rest of the population. She stated that staff are homophobic, discriminate against transgender people, treat them unfairly, and talk down to them.

Section 4: BIPOC incarcerated women face racial discrimination.

Criminal and carceral systems target and disproportionately impact Black, Indigenous, and people of color (BIPOC), and this disparate outcome is [deeply rooted in historical systems of racism](#). Activism around the disproportionate racial impact of criminal and carceral systems usually focuses on BIPOC men. These systems also disproportionately impact BIPOC women, but BIPOC women are often left out of the narrative. According to a [Bureau of Justice Statistics report](#), the incarceration rate for Black women (88 per 100,000) in 2018 was 1.8 times the rate of incarceration for White women (49 per 100,000). The incarceration rate for Latina women was also much higher than that of White women (65 per 100,000). In [2020 in Massachusetts](#), Black women made up 19% of the women in DOC custody despite comprising only 8% of the women in Massachusetts.

Law enforcement uses [quality of life, broken windows, and zero tolerance policing](#) to target BIPOC individuals. Many of the same patterns of discrimination that result in BIPOC men's incarceration also lead to BIPOC women's incarceration. For example, in [New York City in 2013](#), 55.7% of men stopped by police were Black, and 53.4% of women stopped by police were Black, despite the fact that only 27% of New York City residents that year were Black. Further, 29.3% of men stopped by police were Latino, and 27.5% of women stopped by police were Latina. New York City police racially profiled BIPOC men and women at very similar rates, but the narrative and activism around racial profiling in police stops tends to focus on BIPOC men, thus erasing the experiences of BIPOC women and the collateral consequences of those experiences, including incarceration. BIPOC women also experience [disproportionate rates of police traffic stops](#)—analyzing national traffic stop data at the intersection of race and gender reveals that police stop Black women for traffic violations at the same disproportionate rate that they stop Black men.

One systemic driver of BIPOC women's incarceration is poverty. Generally, [women are more likely than men to face poverty](#), and that financial inequality becomes even starker when broken down by race. Single Black women have a [median wealth](#) of about \$100 and single Latina women have a median wealth of about \$120, while single White women have a median wealth of about \$41,500. Poverty can lead to becoming unhoused or otherwise having unstable housing, and [being unhoused significantly increases the risk of becoming incarcerated](#). Poverty also [hinders BIPOC women's ability to pay bail costs](#), resulting in the state holding them in custody before trial. Pre-trial detention detrimentally impacts a person's [ability to defend themselves](#) and also [coerces plea bargaining](#). Evidence also suggests that people held on bail [receive worse plea deals and sentences](#).

BIPOC women also experience patterns of harm, discrimination, violence, and trauma unique to women that lead to their incarceration. The policing of sex work disproportionately impacts BIPOC women. Law enforcement often perceives BIPOC women through racialized and gendered stereotypes that [frame BIPOC women, including BIPOC transgender women, as highly sexualized](#) and profiles them as street-based sex workers. Law enforcement then uses [vaguely-worded laws](#), such as those prohibiting loitering, public nuisance, and disorderly conduct, to arrest and charge BIPOC women. Black women and girls ages 12-years-old and older are [more likely](#) than White women and girls to experience sexual violence. Sexual violence and other forms of abuse frequently result in women's incarceration, as women often [commit offenses under duress from their abusers](#) or are criminalized when they [defend themselves and others from abuse](#). Moreover, many of the most common offenses for which young girls are arrested, such as running away, substance use, and truancy, are [common responses to experiencing abuse](#). One [report](#) on the experiences of BIPOC girls' in Boston public schools and New York City public schools found that BIPOC girls' discomfort with the presence of law enforcement and security personnel in their schools [discouraged them from attending school](#). The report also found that the schools' focus on discipline did not adequately address sexual harassment in schools and zero-tolerance policies [penalized girls for defending themselves](#) from sexual harassment. Given that [BIPOC women are more likely than White women to experience violence](#), the criminalization of responses to violence disproportionately results in BIPOC women's incarceration.

The [Racial Equity in Corrections Initiative \(REICI\)](#) at PLS aims to “build awareness, solutions, and leadership to combat institutional racism and the discriminatory treatment of black and brown prisoners in day-to-day correctional operations through client and legislative advocacy; community building and education; internal efforts designed to increase staff understanding of racial equity work and an anti-racist policy; and litigation.” REICI has surveyed hundreds of incarcerated BIPOC, including several women, and has found a number of patterns of discrimination and harm that BIPOC women face during incarceration. BIPOC women at MCI-F who responded to the REICI survey reported the following:

- BIPOC incarcerated women are rarely offered the best-paying jobs²⁰ at MCI-F, as compared to White incarcerated women.
- MCI-F canteen does not carry hair, skin, hygiene, and food products appropriate for Black incarcerated women's bodies and health. Examples of products that should be available to support Black women's appearance, health, and dignity include shea butter to properly

²⁰ Having lower-paying jobs may negatively impact BIPOC women's ability to support themselves while incarcerated, support their families in the community, and save money for reentry.

moisturize skin, brushes and combs appropriate for the various hair textures Black women have, and low sodium food to avoid high blood pressure.²¹

- MCI-F provides inadequate translation services, so BIPOC women who have English as a second language struggle to be heard, understood, and addressed.
- MCI-F routinely ignores BIPOC incarcerated women’s mental health needs and denies their requests for mental health services, even more so than White incarcerated women.
- A Black incarcerated woman and a White incarcerated woman each had an asthma attack. MCI-F offered the White incarcerated woman medical assistance and medication but told the Black incarcerated woman to sit down until her breathing returned to normal and did not offer her medical intervention.
- One woman’s race was listed incorrectly.²²

Systems of racism and sexism intersect to create unique harms for BIPOC women pulled into criminal and carceral systems. These unique experiences and the intersectionalities that shape BIPOC women’s experiences in these systems are deeply complex and nuanced. Some incarcerated women the Women’s Project interviewed discussed instances of individualized racist acts by correctional officials, and those instances are described below. However, these occurrences barely scratch the surface of the systemic harms BIPOC women face prior to, during, and after incarceration in Massachusetts, and more focused research on these matters is needed.

Interview responses:

- “C” is currently incarcerated at MCI-F and reported that she once heard an officer refer to an incarcerated person as a “Dominican monkey.”²³ She also reported that she has heard officers make vulgar comments about incarcerated people’s race.
- “D” was previously incarcerated at MCI-F and has since been released. She reported that she has faced discrimination based on being Hispanic and having Spanish as a first language. She described situations in which she is unable to express something in English but the prison does not give her an interpreter. She is occasionally given an interpreter during medical visits. She stated that officers are racist and treat her poorly because she does not understand or speak English very well. They yell at her and search her person often. Two officers in particular treat

²¹ Black individuals are more likely than White individuals to have [high blood pressure \(hypertension\)](#) due to historical and systemic factors.

²² According to reports from BIPOC individuals incarcerated throughout the Commonwealth, DOC’s practice is to have correctional staff determine incarcerated people’s race, rather than have incarcerated people report their own race.

²³ This instance of harassment is also noted above in “Section 1: Incarcerated women experience sexual trauma prior to and during incarceration.”

her badly and also instructed her former roommate not to help her with translation or anything else.

- “T” was previously incarcerated at MCI-F and is currently incarcerated in another facility. She reported that, when she was incarcerated at MCI-F one of the officers would use the n-word against a Black transgender woman incarcerated there.
- “U” is a transgender woman who was previously incarcerated at Old Colony Correctional Center and has since been released. She reported that an officer at OCCC “hates Black and Spanish people and says so.”

Section 5: Recommendations

Violence and trauma are intrinsic to incarceration. The very act of placing a person behind bars is violent, and the surveillance inherent to incarceration, particularly when men with state sanctioned authority use that authority against women in custody, is traumatic. There is no form of prison, jail, or system of incarceration that will be responsive to trauma women undergo in their lives. To adequately respond to and remedy the harm women face in these systems, we must reduce reliance on punishment, and shift resources to community-based systems of care that are equipped to support human dignity. PLS's Women's Project recommends the following actions, fleshed out in more detail below, to respond to trauma women face in criminal and carceral systems:

- 1) **Establish independent oversight.** The fact that incarcerated women face retaliation when they report sexual misconduct and other misconduct by officers is evidence that the prison system often operates with impunity and that DOC cannot effectively oversee itself and hold itself accountable. We must establish an independent oversight body that will increase accountability and transparency without increasing the footprint of our carceral system.
- 2) **Decarcerate.** Release women from prisons and jails using parole, medical parole, clemency, ending pre-trial confinement, ending cash bail, and ending life without parole sentencing.
- 3) **Facilitate women's reentry.** Women released from prisons and jails will need resources to smoothly reintegrate into their communities and avoid becoming reincarcerated, so funding reentry resources created by formerly incarcerated women is critical. It is also important to facilitate reentry on a human level, meaning that communities must come together in solidarity to support women reentering and facilitate healing.
- 4) **Reduce reliance on incarceration.** Multiple legal mechanisms exist to divert women away from incarceration but are currently under-utilized. The Commonwealth could also adopt policies and change funding streams to reduce people's contact with police, and to discourage needless arrest and prosecution.
- 5) **Fund communities and community responses to harm.** Underfunding communities is a root cause of harm and behaviors penalized through incarceration. However, responding with incarceration furthers that harm, rather than alleviating it. Instead, the Commonwealth should fund communities to prevent harm, and fund community responses to harm for when harm does happen.

Recommendation 1: The fact that incarcerated women face retaliation when they report sexual misconduct and other misconduct by officers is evidence that the prison system often operates with impunity and that DOC cannot effectively oversee itself and hold itself accountable. We must establish an independent oversight body that will increase accountability and transparency without increasing the footprint of our carceral system.

This report details multiple examples of DOC's inability to properly monitor itself and hold itself accountable, including the systematic harassment and violence incarcerated women face from officers, retaliation when incarcerated women report sexual misconduct by officers, DOC's mistreatment of incarcerated people on mental health watch and the resulting [report](#) from the United States Department of Justice, and disturbing patterns of racism. The stories that women shared with the Women's Project evidence serious patterns of misconduct that are clearly barred by statute and regulation, such as the PREA law, the Criminal Justice Reform Act, and the Department of Correction's rules for professionalism. But stories of accountability are few and far between, and when they occur they are largely individualized, without touching on any systemic or structural causes for the harms being wrought.

Over the last few years, other examples of the correction system's inability to oversee itself have surfaced. For example, DOC has failed to meet its own benchmark in approving incarcerated people's grievances. According to a [Boston Globe investigation](#), between 2018 and 2021, incarcerated people at six of the largest state prisons in Massachusetts submitted 1,500 grievances, and DOC fully corroborated nine claims, and partially approved 69 others. DOC's [internal benchmark](#) is to fully or partially approve about 20% of grievances, and between 2018 and 2021, DOC partially or fully approved about [7% of all grievances](#) concerning staff abuse. Grievances are one of the only means incarcerated people have to advocate for themselves and DOC's failure to meet its own benchmarks indicates that they are not being reviewed with seriousness and care.

One of the most egregious examples of lack of accountability is the January 2020 [retaliatory force campaign](#) by staff against incarcerated people at Souza Baranowski Correctional Center (SBCC). Notably, this use of force [targeted Black and Latino](#) incarcerated people at SBCC. This targeted violence resulted in [calls for independent oversight](#) of DOC by advocates, the United States Attorney for the District of Massachusetts, and Massachusetts state legislators.

The harms and abuses women face inside should inspire the same calls to action—an independent oversight body for DOC and county sheriffs must be established to increase transparency and hold them accountable. This oversight body must be truly independent, meaning that it should not include

individuals currently or formerly associated with DOC or county sheriffs' offices, and should not include law enforcement. The oversight body should have a strong presence of currently and formerly incarcerated people and community members, and should include prisoners' rights activists and advocates. The oversight body should have (i) the authority to investigate and hold DOC, county sheriffs, and individual correctional staff members accountable through fines, fees, restitution, and discipline; (ii) the authority to monitor conditions of confinement, including unfettered access without notice, to hold public hearings, and to make policy and budget recommendations; (iii) a mandate to ensure meaningful community and impacted involvement through a community advisory council or something similar; and (iv) a mandate to ensure that incarcerated people at every prison and jail have the ability to organize into councils that can work with the oversight office and help address and escalate complaints and grievances.

Recommendation 2: Decarcerate. Release women from prisons and jails using parole, medical parole, clemency, ending pre-trial confinement, ending cash bail, and ending life without parole sentencing.

Incarceration is not responsive to the traumas and harms women face during their lifetimes, and instead adds to those traumas and harms, so the state should work toward releasing as many women as possible from prisons and jails. Some mechanisms for releasing women from confinement include granting parole and medical parole, clemency, releasing women held pre-trial, ending cash bail, and ending life without parole sentencing. The incarceration rate in Massachusetts is at a [35-year low](#), having [decreased 40%](#) between 2012 and 2021. The time is ripe for the Commonwealth to continue this downward trend by decarcerating and reinvesting the taxpayer funds saved by incarcerating fewer people into community systems of care and safety.

The Commonwealth should use parole to release women from prisons and jails. The parole board should grant parole, limit the amount of time people are under parole supervision, limit the harsh conditions of parole, and not reincarcerate people for technical violations of parole.

[Parole](#) is a legal mechanism by which incarcerated people can be released, with conditions, prior to completion of their sentences. Incarcerated people seeking parole must petition the [Massachusetts Parole Board](#) (the parole board) and present arguments for release in a hearing. Massachusetts's parole system is a [failing one](#). There are long delays in the process to obtain parole, and once paroled, some people are [still not released](#). [Conditions of parole can include](#): (i) finding and maintaining employment; (ii) maintaining a permanent residence; (iii) refraining from using certain substances; (iv) staying within a certain area; (v) making any child support payments; (vi) refraining from associating with those who have a criminal record; (vii) attending alcohol or substance education classes; (viii)

reporting to a parole officer on a regular basis; and (ix) [paying \\$80 each month in supervision fees](#). The parole board [routinely denies requests to end supervision](#), which can result in people remaining under the harsh conditions of parole for several years, or even their whole lives. People who violate conditions of their parole are [typically reincarcerated](#). Notably, between 2017 and 2019, nearly 90% of people on parole that the Commonwealth returned to custody were [returned for technical violations](#) of their parole conditions. The parole board [approved just over half of all applications](#) in 2021, and [primarily granted parole to men](#) between 2018 and 2021. One woman the Women's Project interviewed reported that she was denied parole because she did not complete enough prison programming, despite having completed every program MCI-F offered. Several women reported that programming is largely unavailable, especially as compared to programming available for men. Right now, the parole system feeds into mass incarceration, and does not facilitate release or support reentry. The Commonwealth should instead use parole to release women from prisons and jails. The parole board should presumptively grant parole, limit the amount of time people are under parole supervision, limit the harsh conditions of parole, and not reincarcerate people for technical violations of parole.

The DOC Commissioner should not only approve more medical parole petitions, but DOC itself should petition for medical parole for terminally ill and permanently incapacitated individuals.

[Medical parole](#), also known as compassionate release, is a legal mechanism by which the Commissioner of DOC can release incarcerated people who are terminally ill or permanently physically or cognitively incapacitated from incarceration prior to completion of their sentences. Incarcerated people can [have an attorney, advocate, or family member submit a petition](#) on their behalf, they can submit a petition [on their own behalf](#) if they are able, and [DOC can also submit petitions](#) on incarcerated people's behalf. Over 15% of incarcerated people in Massachusetts are [aged 55 and over](#). Between 2017 and 2021, the number of people incarcerated in Massachusetts prisons [aged 60 and over increased by 5%](#). As of 2021, [14% of people in DOC custody were over the age of 60](#). Incarcerated people [age more rapidly than the general population](#) given pre-existing inequities in health care access and because living conditions inside prisons and jails are hard on physical and emotional health. Thus, despite the fact that old age in the general population is typically defined as 65 years old and over, old age for incarcerated people [commences around the ages of 50 to 55 years old](#). Many people in Massachusetts prisons [suffer severe health issues](#). Despite this, DOC has [approved fewer than 10% of petitions](#) for medical parole and, notably, [does not provide those data by gender](#) in its annual report. The DOC should be using medical parole to release aging and incapacitated women from prison. The DOC Commissioner should not only approve more medical parole petitions, but DOC itself should petition for terminally ill and permanently incapacitated individuals.

The Commonwealth should use clemency to facilitate women's release from prisons and jails.

[Clemency](#) is a legal mechanism by which the state can relieve a person convicted of a criminal offense of their sentence or other punitive measure, either by a pardon or by a sentence reduction. In Massachusetts, the [governor's office and Parole Board hold the power](#) to grant clemency. Massachusetts recently [granted clemency to two men](#), and the Parole Board has since [granted both of those men parole](#). This is a step in the right direction and the Commonwealth should do the same for women. [Families for Justice as Healing](#) (FJAH) is a grassroots abolitionist organization led by currently and formerly incarcerated women, and its mission is to end the incarceration of women and girls. FJAH has been advocating for years for the Commonwealth to [grant clemency to women](#), but the Commonwealth has not made any steps toward granting clemency for women in the same way it has for men. The time is ripe for the Commonwealth to grant clemency to women as FJAH has been advocating.

The Commonwealth should release people, including women, held pre-trial and end cash bail.

In 2020, 30 of the 135 people held in MCI-F were [held there pre-trial](#), meaning that the state had not convicted them of a criminal offense. Several other women are [held pre-trial](#) in county jails and houses of correction. Frequently, people are held pre-trial because they are [unable to afford cash bail](#). Cash bail is an [amount of money that people pay as collateral](#) to ensure that they return to court for trial; however, [people frequently cannot afford bail](#), and this issue disproportionately impacts [poor people and BIPOC](#). This means that people can spend [months, and even years](#), in prison or jail—without ever having been convicted of a crime. Cash bail [criminalizes poverty](#) and can result in [people losing](#) their employment, housing, and even custody of their children. The Commonwealth should release people, including women, held pre-trial and end cash bail.

The Commonwealth should end life without parole (LWOP) sentencing.

[One out of every six women](#) incarcerated in Massachusetts is serving a life without parole sentence. Notably, LWOP sentencing [disproportionately impacts BIPOC women](#)—59% of people serving LWOP sentences in Massachusetts are BIPOC, but BIPOC make up only 28% of the Massachusetts population. The rise of the [tough on crime era](#) and the abolition in many states, including Massachusetts, of the death penalty led to an increase in the use of LWOP sentencing as a supposed moral alternative to the death penalty. However, like people sentenced to the death penalty, people serving LWOP sentences are confined to prison until they die and never given a second chance. In Massachusetts, over half of the people serving LWOP sentences are [over the age of 50](#), despite numerous studies showing that [people begin to age out of behaviors that result in incarceration](#) starting in their mid-twenties, with sharp declines in such behaviors by the time they reach their thirties and forties. In the 2021-2022 legislative session there was a bill, [H.1797 An Act to reduce mass](#)

[incarceration](#), which would have ended LWOP sentencing and made people serving life sentences eligible to apply for parole after serving 25 years. The bill was sent to study but is likely to be filed again, and the Commonwealth should pass it into law.

Recommendation 3: Facilitate women’s reentry. Women released from prisons and jails will need resources to smoothly reintegrate into their communities and avoid becoming reincarcerated, so funding reentry resources created by formerly incarcerated women is critical. It is also important to facilitate reentry on a human level, meaning that communities must come together in solidarity to support women reentering and facilitate healing.

Throughout the country, reentry resources for women are [severely lacking](#), and the few programs that do exist are [not adequately gender-responsive](#). The same is the case in Massachusetts—the Women’s Project interviewed four formerly incarcerated women regarding their experiences, observations and recommendations around women’s reentry:

- **Leslie Credle** is the founder of [Justice 4 Housing](#), a grassroots organization committed to ending housing discrimination and homelessness for people involved with the justice system and impacted by domestic violence and incarceration through direct services to impacted people and advocating for policy change.
- **Romilda Pereira** is the founder of [Project Turnaround](#), a grassroots organization that provides holistic services to Bostonians returning from incarceration through a “one-stop” model that brings together traditionally separated reentry and social services.
- **Stacey Borden** is the founder of [New Beginnings Reentry Services](#), a grassroots organization dedicated to reducing recidivism by advocating for and providing reentry services to women reentering local neighborhoods and communities.
- **Jasmin Borges** works for the [Massachusetts Bail Fund](#), an organization which pays bail in Massachusetts so that low-income people can stay free while resolving their cases, allowing individuals, families, and communities to stay productive, together, and stable.

Ms. Credle, Ms. Pereira, Ms. Borden, and Ms. Borges each had unique stories and perspectives to share, but they all were clear that the current reentry system that exists for women is woefully inadequate. Some common issues they shared included: (i) the information packets women receive upon reentering are out-of-date; (ii) there are barriers to obtaining government identification; (iii) women reentering face discrimination when seeking housing and employment; (iv) probation and parole officers often hinder women’s successful reentry; (v) many women struggle with technology after being incarcerated for extended periods of time; (vi) women have insufficient funds to reenter

successfully; (vii) women, as primary caregivers, often face unique challenges relating to motherhood; (viii) women struggle to access health care; (ix) trauma-informed therapeutic services are largely unavailable; and (x) women's reentry is not sufficiently funded. Below are more details regarding these issues, and recommendations informed by Ms. Credle, Ms. Pereira, Ms. Borden, and Ms. Borges's expertise.

All Commonwealth entities involved with reentry, including the Department of Correction and Executive Office of Public Safety and Security, should maintain comprehensive, up-to-date, organized information (such as a packet or booklet) on available reentry services and resources for women and ensure that women have access to that information prior to and upon release. The Commonwealth should also dedicate resources and personnel to help women create individualized reentry plans prior to release in partnership with communities.

Ms. Credle and Ms. Borden both mentioned that, upon release, they received a packet of information regarding reentry resources. However, both stated that the packet was unhelpful. Ms. Credle reported that the list of organizations and services was largely out-of-date. When she sought out the services listed in the packet, she frequently found that places and programs on the list no longer existed, that services were available only a few times a year and that she had missed the deadline, or that there were long waitlists for services. Ms. Borden reported that the few programs that were available were only for a few hours a day and not adequately responsive to her needs. To properly facilitate women's reentry, all Commonwealth entities involved with reentry should maintain comprehensive, up-to-date, organized information (such as a packet or booklet) on available reentry services and resources for women and ensure that women have access to that information prior to and upon release. Ms. Borden's organization, New Beginnings Reentry Services, has created one such [comprehensive guide](#) that the Commonwealth can use as a model. The Commonwealth should also dedicate resources and personnel to help women create individualized reentry plans prior to release in partnership with communities. This work may include interviewing women regarding their needs, facilitating contact with appropriate service providers, family, and community members, assisting with finding employment and housing, and obtaining health care and social services.

"I did my time already. Can I get some resources?" - Stacey Borden

The Commonwealth should amend its policies to allow formerly incarcerated people to use their prison and jail identification cards as a means to prove their identity to obtain government identification.

Ms. Credle, Ms. Borden, and Ms. Borges all mentioned that obtaining government identification is especially challenging for formerly incarcerated people. Ms. Credle stated that, because incarceration leads to people losing access to their personal belongings, including forms of identification like birth certificates and social security cards, many people are unable to prove their identity in order to obtain government identification upon release. Both Ms. Credle and Ms. Borden suggested that prison and jail identification cards should be accepted as a means to prove identity when seeking to obtain government identification. The Commonwealth should amend its policies to allow this.

The Commonwealth should adopt policy changes to eliminate discrimination based on having a criminal record when seeking to obtain employment and housing and actively assist formerly incarcerated people seeking employment and housing.

Ms. Credle, Ms. Pereira, Ms. Borden, and Ms. Borges all discussed the challenges around finding employment and housing, especially while facing discrimination based on having a criminal record. Ms. Pereira recounted that she was able to take a job with the City of Boston because the then-Mayor of Boston signed a waiver so that she could work for the city despite having a criminal record. Ms. Borges recalled how she was able to work for a tool and die company because the company owners were sympathetic to formerly incarcerated people. Ms. Borden recalled how grateful she was to be able to live with family upon release and noted that many formerly incarcerated people do not have that opportunity. Ms. Credle reported that many formerly incarcerated people are unable to live with family due to Housing Authority rules. Formerly incarcerated people, including women, [face pervasive discrimination when seeking housing and employment](#). The Commonwealth should adopt policy changes to eliminate discrimination based on having a criminal record when seeking to obtain employment and housing and actively assist formerly incarcerated people seeking employment and housing. Ms. Credle's organization, [Justice 4 Housing](#), is currently working to pass [S.866/H.1779](#) "An Act relative to homes for all," which would prevent owners and managers of publicly assisted, multiple dwelling, or contiguously located housing accommodations from conducting criminal background checks going back further than three years.

***"Using somebody's [criminal record] against them is a life sentence for folks."
- Leslie Credle***

The Commonwealth should limit the time during which people are under parole supervision and probation, and parole and probation officers should assist people with reentry, rather than hindering it.

Ms. Credle reported that parole and probation officers often hinder, rather than help, formerly incarcerated people. She reported that these officers frequently require people under supervision to report to parole and probation offices to complete drug tests during the middle of the workday, and also appear at people's workplaces and announce themselves. These practices undermine incarcerated people's ability to maintain employment which, as discussed above, is frequently a condition of parole. Maintaining employment is also critical for formerly incarcerated people so that they can earn money. Ms. Borden mentioned how lucky she was to have a probation officer who offered her help and advice when she was reintegrating. The Commonwealth should limit the time during which people are under parole supervision and probation, and parole and probation officers should assist people with reentry, rather than hindering it. Parole and probation officers can do this, for example, by scheduling check-ins at times that do not conflict with formerly incarcerated people's work schedules.

The Commonwealth should provide training in technology literacy leading up to release to better equip people with the necessary skills upon reentry.

Ms. Credle reported that, after being incarcerated for extended periods of time, people are often unfamiliar with current forms of technology, which can impair their ability to obtain employment, housing, health care, and access to social services. Ms. Credle shared her own personal experience with this issue. Prior to becoming incarcerated, she worked as a network administrator and has a degree in information technology, but upon returning home after five years of incarceration, Ms. Credle was intimidated by the new models of cellphones. The Commonwealth should provide training in technology literacy leading up to release to better equip people with the necessary skills upon reentry.

The Commonwealth should provide meaningful, sufficient stipends to people reentering.

Ms. Credle and Ms. Borges both reported that not having enough money upon reentry is a major obstacle to reentering smoothly. Ms. Credle named the cost of transportation, obtaining a government identification, and health care costs. Ms. Borges named the cost of fines and parole and probation fees. The Commonwealth should provide meaningful, sufficient stipends to people reentering.

“The system isn't set up to help you succeed once you come home.” - Jasmin Borges

The Commonwealth should do everything in its power not to separate mothers and children, including not incarcerating women and releasing women who are incarcerated. As women reenter, the Commonwealth should facilitate women's access to legal services, housing, employment, and accessible childcare.

Ms. Credle, Ms. Pereira, and Ms. Borges all shared the unique experiences related to motherhood that many women have upon reentry. Ms. Credle reported that, if women are able to regain custody of their children, many struggle to find affordable childcare. Ms. Pereira spoke of how her children are an inspiration to her to stay out of prison. Ms. Borges discussed both the emotional difficulty and rewards of getting to know her daughters again after twelve years of incarceration. The Commonwealth should do everything in its power not to separate mothers and children, including not incarcerating women and releasing women who are incarcerated. As women reenter, the Commonwealth should facilitate women's access to legal services so that they can regain custody of their children; facilitate women's access to housing and employment so that they can care for their children; and provide free or affordable childcare services.

The Department of Public Health should partner with the Department of Correction to ensure that all people reentering have access to health insurance.

Ms. Credle, Ms. Borden, and Ms. Borges all mentioned challenges around accessing health care upon reentry. Ms. Credle and Ms. Borden both pointed out that health care available in prisons and jails is woefully inadequate, and Ms. Borden mentioned that women need gender-specific health care upon reentry. The Department of Public Health (DPH) should partner with the DOC and its medical contractors to ensure that all people reentering have access to health insurance. DPH and DOC should also ensure continuity of care by helping people identify appropriate providers in the community and schedule appointments prior to release, calling in prescriptions for medications so that they are ready at community pharmacies upon release, transferring records, and ensuring continuity of any treatment plans, including treatment plans for substance use disorder.

The Commonwealth should ensure that women reentering have access to trauma-informed therapeutic services, and organizations of all kinds providing services to formerly incarcerated women should ensure that their services are trauma-informed.

Ms. Pereira, Ms. Borden, and Ms. Borges all discussed the trauma they experienced, both prior to and during incarceration. Ms. Pereira shared how access to therapy has been instrumental in her own healing journey, and Ms. Borden named the need for trauma-informed therapeutic services upon reentry. The Commonwealth should ensure that women reentering have access to trauma-informed therapeutic services, and organizations of all kinds providing services to formerly incarcerated women should ensure that their services are trauma-informed.

The Commonwealth should fund reentry resources created and run by formerly incarcerated women. Women who have themselves experienced the trauma of incarceration and struggles of reentry know best what women need when returning home from prisons and jails. Ms. Credle, Ms. Pereira, and Ms. Borden have each founded reentry resources that the Commonwealth should fund:

- Ms. Credle’s [Justice 4 Housing](#) is committed to ending housing discrimination and homelessness for people involved with the justice system and impacted by domestic violence and incarceration through direct services to impacted people and advocating for policy change.
- Ms. Pereira’s [Project Turnaround](#) provides holistic services to Bostonians returning from incarceration through a “one-stop” model that brings together traditionally separated reentry and social services.
- Ms. Borden’s [New Beginnings Reentry Services](#) (NBRs) is dedicated to reducing recidivism by advocating for and providing reentry services to women reentering local neighborhoods and communities. NBRs just opened a reentry home in the Dorchester neighborhood of Boston, Massachusetts for women returning home from prisons and jails.

Importantly, Ms. Borges emphasized that improving women’s reentry is not only about funding and resources, but also about humanity. She stressed that entire communities, including business owners and property owners, must come together to do their part to support women’s reentry. The Women’s Project agrees—doing right by women who have experienced immense trauma prior to and during incarceration is a collective responsibility shared by all.

“In my community, we have prisons and jails, and they’ll promote that before they promote Harvard to us... they’ll sit us down with somebody inside a prison for a ‘scared straight’ program... before [they’ll] sit [us] down with a woman at Simmons [College] and talk about social work” - Romilda Pereira

Recommendation 4: Reduce reliance on incarceration. Multiple legal mechanisms exist to divert women away from incarceration but are currently under-utilized. The Commonwealth could also adopt policies and change funding streams to reduce people’s contact with police, and to discourage needless arrest and prosecution.

Research shows that high rates of imprisonment “[break down the social and family bonds](#) that guide individuals away from crime, remove adults who would otherwise nurture children, deprive communities of income, reduce future income potential, and engender a deep resentment toward the legal system.” There is also evidence that, at the individual level, spending time in prison or jail actually

[increases a person's future risk](#) of engaging in behavior that would result in incarceration.

Incarceration contributes to cycles of violence and is thus ineffective in upholding public safety. Using resources in this way is ineffective, does not make communities any safer and, in fact, adds to the harm women already experience. The Commonwealth should take immediate action to reduce reliance on incarceration.

The Commonwealth should use the primary caretakers law to keep women out of prison and jail.

One underutilized mechanism for keeping women out of prison and jail is the [primary caretakers law](#), which the state legislature passed in 2018 as part of the omnibus criminal justice law. FJAH wrote this groundbreaking legislation and was instrumental in leading the charge to ensure that it was included in the omnibus bill. The law requires the court, upon motion by the defense, to [consider a convicted person's status](#) as a primary caretaker of a dependent child before imposing a sentence. The Commonwealth should use the primary caretakers law to keep women out of prison and jail.

The Commonwealth should divert women away from incarceration and towards existing community resources.

Allowing women to remain in the community promotes public safety by [keeping family structures together and strong](#). Children of incarcerated women are at high risk of [entering the foster care system](#), and incarcerated women face high risk of the state [terminating their parental rights](#). Further, children who have an incarcerated parent or who enter foster care are [more likely to be involved in the criminal system](#) during their lifetimes, making the harm of incarceration cyclical. The Commonwealth should divert women away from incarceration and toward existing community resources. Examples include, but are not limited to, allowing women suffering substance use disorder to access substance use treatment in the community, and allowing women suffering domestic violence to seek safety with family members and friends, and in community-led safe spaces. FJAH leads an organizing coalition in Massachusetts called [Building Up People Not Prisons](#) (BUPNP), which consists of currently and formerly incarcerated people, women, and their families. BUPNP created a chart²⁴ detailing various opportunities available to the Commonwealth to divert women away from incarceration.

²⁴ The chart is attached to this report as Appendix C.

District Attorneys should decline to prosecute people for minor offenses, and the Commonwealth should decriminalize minor offenses, including offenses related to sex work and other laws that target women.

District Attorneys (DAs) enjoy broad discretion in the prosecutorial process, including the discretion not to prosecute. Rachael Rollins, who currently serves as the [United States Attorney](#) for the District of Massachusetts, previously served as the [Suffolk County District Attorney](#) in Massachusetts. During her campaign for DA, Attorney Rollins stated that she would [decline to prosecute](#) a number of charges:

- Trespassing
- Shoplifting (including offenses that are essentially shoplifting but charged as larceny)
- Larceny under \$250
- Disorderly conduct
- Disturbing the peace
- Receiving stolen property
- Minor driving offenses, including operating with a suspended or revoked license
- Breaking and entering — where it is into a vacant property or where it is for the purpose of sleeping or seeking refuge from the cold and there is no actual damage to property
- Wanton or malicious destruction of property
- Threats – excluding domestic violence
- Minor in possession of alcohol
- Drug possession
- Drug possession with intent to distribute
- A stand-alone resisting arrest charge
- A resisting arrest charge combined with only charges that all fall under the list of charges to decline to prosecute

All DAs in Massachusetts should decline to prosecute these charges. Along with the charges above, DAs should decline to prosecute in all instances where an accused person is acting under threat of an abuser and also decline to prosecute sex work charges. DAs should also believe women, and use their discretion to decline to prosecute in instances where an accused person is trying to protect themselves or someone else from abuse or harm. Additionally, relying on prosecutorial discretion alone to keep people out of prison and jail is not sustainable, precisely because it is a solution that relies on discretion. The Commonwealth should also take steps to decriminalize the minor offenses listed above, and offenses related to sex work and other laws that target women.

Recommendation 5: Underfunding communities is a root cause of harm and behaviors penalized through incarceration. However, responding with incarceration furthers that harm, rather than alleviating it. Instead, the Commonwealth should fund communities to prevent harm, and fund community responses to harm for when harm does happen.

Investing in communities has proven to be extremely successful in reducing violence and the risk of incarceration. A recent study showed that community nonprofits focused on crime prevention, neighborhood development, substance use disorder, workforce development, and youth had a “[substantively meaningfully negative effect](#)” on violence and other forms of harm. In addition, community-led responses to harm have proven successful in other states. One city in Oregon has a civilian response program called the “[Crisis Assistance Helping Out on the Streets \(CAHOOTS\)](#),” which sends a medic and a crisis worker to respond to 911 and non-emergency calls involving mental health, homelessness, and substance use. These teams provide crisis intervention, counseling, basic emergency medical care, transportation, and referrals to services. CAHOOTS’s annual budget is \$2 million, but has [saved the city an estimated \\$8.5 million](#) annually in public safety costs, all while [diverting thousands away](#) from criminal and carceral systems. Notably, however, the Oregon city where CAHOOTS is located is [80% White](#). It is necessary to provide funding for community resources and community responses to harm in BIPOC communities, which are more likely to be harmed and destabilized by criminal and carceral systems.

The Commonwealth should pass the moratorium bill.

MCI-F is the [oldest women’s prison](#) in the United States. DOC has [neglected to maintain](#) it properly and, as a result, [MCI-F is in disrepair](#). DOC has previously explored remedying its neglect by building a new women’s prison, funded by [\\$50 million in taxpayer money](#). More recently, the Division of Capital Asset Management and Maintenance (DCAMM) has indicated that it may be trying to build a [\\$40 million new women’s prison](#). No matter how well intentioned, any new prison built today will become a site of neglect, environmental degradation, and toxicity in the future. FJAH has been leading the movement for the passage of [S.2030/H.1905](#): An Act establishing a jail and prison construction moratorium (the moratorium bill). This bill would place a five-year pause on prison and jail construction and expansion, without impacting the Commonwealth’s ability to make repairs to prisons and jails. The Commonwealth should pass the moratorium bill and invest the tens of millions of dollars it is exploring spending on a new prison into community systems of care and safety.

The City of Boston should pass FJAH’s “The People’s Budget.”

The Commonwealth should fund communities to prevent harm, and fund community responses to harm for when harm does happen. FJAH crafted “[The People’s Budget](#),” an in-depth plan for \$41.4

million community fund for the City of Boston, “to be distributed through a community-led participatory budgeting process.” This budget is based on a [listening tour](#) FJAH conducted with 150 women from Dorchester, Roxbury, and Mattapan, and [details a plan](#) based on their stories for investing in communities, preventing violence, and responding to harm that occurs without furthering that harm. Specific opportunities for investment include dignified housing and food access, job creation and training, public education, community centers, and infrastructure, [among many others](#). The budget also highlights a number of [Black-led organizations](#) already doing violence-prevention work in Boston communities. The Commonwealth is exploring spending [\\$40 million on the construction of a new prison](#); undoubtedly, those taxpayer funds could be invested into The People’s Budget to serve the community. The City of Boston should pass FJAH’s People’s Budget, and the Commonwealth should fund a similar community fund at the state level.

Conclusion

There is no such thing as trauma-informed incarceration. The women interviewed by the Women's Project shared detailed accounts of sexual harm, violence, degradation, medical and mental health neglect, and discrimination. Women discussed being raped, watched while naked, sexually harassed, retaliated against, and subjected to abusive strip searches. They have been called derogatory names, dehumanized, neglected, experienced retaliation, and held in solitary confinement. This is all happening at the hands of people working in the name of the Commonwealth, with near total impunity. After being subject to years of state sanctioned violence and abuse, women are not adequately supported on reentry and return to underfunded communities. State-sanctioned trauma is unacceptable for people of any gender, and especially for women, the overwhelming majority of whom have experienced violence and trauma during their lives. Racial and economic inequity are also deeply entrenched in practices of incarceration, as modern criminal and carceral systems are deeply rooted in racially and economically exploitative systems that have existed throughout history. It is past time to think differently about how to approach public safety.

It is critical to center trauma-informed care and racial and economic equity in our approach to public safety and eliminating the harms of incarceration to women, families, and communities. Trauma and discrimination are integral parts of criminal and carceral systems, so solving these problems necessitates shifting away from reliance on these systems, and towards addressing the root causes of harm, such as poverty, housing insecurity, unemployment, healthcare precarity, inequity, White supremacy, and patriarchy. Centering trauma-informed care and racial and economic equity requires us to create systems that support dignity, healing, and freedom. Achieving equity and creating just systems that promote healing is a collective effort that is inhibited by a criminal system focused on individual punishment, which rips apart families and communities while failing to transform the conditions that are creating harmful behaviors. This report lays out the many ways that incarcerated women experience harm and compounded trauma. It also calls for a dramatic shift away from reliance on carceral systems and towards investments in community-based systems of care.

A different way forward is possible.

Acknowledgements

The Women's Incarceration Conditions and Reentry Project (the Women's Project) of [Prisoners' Legal Services of Massachusetts](#) (PLS) would like to thank [General Electric Company](#) (GE) and [Choate Hall & Stewart](#) (Choate) for their generous sponsorship of this fellowship through [Equal Justice Works](#) (EJW), and EJW for choosing this fellowship project. In particular, the Women's Project would like to thank Melissa Tearney of Choate, Kate O'Leary of GE, and Krista Selnau, former Senior Portfolio Manager at EJW, for their close mentorship and support throughout the project.

The Women's project would also like to thank the following Choate attorneys who assisted with interviewing incarcerated women for this project:

- Allison Denton
- Sara Ellis
- Genesis Guzman
- Emily Hodge
- Emily Miller
- Marina Pullerits

The Women's Project also thanks Crystal Pike and Ngoc Pham of [Analysis Group](#) for helping design surveys distributed to incarcerated women who participated in this project.

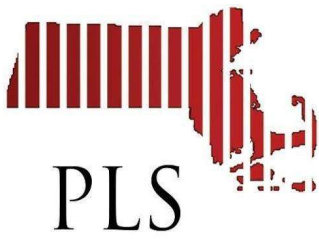
The Women's Project also extends a special thank you to all the PLS interns who assisted with this project by conducting research and serving project clients.

Most importantly, the Women's Project would like to thank the currently and formerly incarcerated women who agreed to share their stories for this report—it would never have been possible without them.

The recommendations offered in this report are solely those of Prisoners' Legal Services of Massachusetts and do not reflect the views or opinions of others who contributed to this report.

Appendix

A



PRISONERS' LEGAL SERVICES OF MASSACHUSETTS

✉ 50 Federal Street, 4th Floor • Boston, MA 02110

🌐 www.plsma.org

📘 fb.me/prisonerslegalservices

📱 @PLSMA

📞 Main: 617-482-2773

📠 Fax: 617-451-6383

State prisoner speed dial: 9004 • County prisoner collect calls: 617-482-4124

Institution(s): _____

There is no obligation to complete this survey. It is completely optional. If you do choose to complete this survey, please feel free to skip any questions you are not comfortable answering.

PLEASE NOTE: This survey includes questions about sexual violence and harassment. As stated before, please feel free to skip any of these questions if you need to.

The primary purposes of this survey are to (1) help Prisoners' Legal Services (PLS) get a better understanding of the systemic issues incarcerated women throughout Massachusetts are facing related to sexual trauma; and (2) **anonymously** share the information in a report PLS will be publishing with the goal of affecting systemic change. We hope this information will help us improve our services for women, both cis and trans, and call public attention to the unique issues incarcerated women are facing in the hope of pushing for systemic change.

Any information you share in this survey will remain **anonymous**. PLS is aware that some people may be concerned about institutional retaliation for participating in this survey. This is a valid concern, and although we hope that anonymity will help, unfortunately, PLS will not be able to prevent retaliation or protect you from it should it occur. We understand if this means you may not wish to participate. If you choose not to participate due to retaliation concerns, and would feel comfortable sharing the concerns with us, we would appreciate anything you can share.

DEMOGRAPHIC INFORMATION

1) What is your gender? *(Please check all that apply.)*

- | | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Two spirit | <input type="checkbox"/> Transsexual |
| <input type="checkbox"/> Man | <input type="checkbox"/> Gender non-conforming | <input type="checkbox"/> Trans woman |
| <input type="checkbox"/> Female | <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Trans man |
| <input type="checkbox"/> Male | <input type="checkbox"/> Trans | <input type="checkbox"/> Intersex |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Transgender | <input type="checkbox"/> Other: _____ |

2) What is your race? *(Please check all that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Middle Eastern/North African |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Indigenous/Native American/American Indian |
| <input type="checkbox"/> Hispanic/Latin(o/a/e/x) | <input type="checkbox"/> Multiracial/Multiethnic |
| <input type="checkbox"/> Asian/Asian American/Pacific Islander/South Asian/Desi | <input type="checkbox"/> Other: _____ |

3) What is your age?

- | | | |
|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 35-50 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 50-65 | <input type="checkbox"/> 75 or older |

4) What is your sexual orientation? *(Please check all that apply.)*

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Straight/Heterosexual | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Gay/Homosexual | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Pansexual | <input type="checkbox"/> Other: _____ |

5) Do you have any disabilities, including both physical and mental disabilities?
(According to the Americans with Disabilities Act, a disability is a physical or mental impairment that substantially limits one or more major life activities.)

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Yes, physical | <input type="checkbox"/> Yes, both |
| <input type="checkbox"/> Yes, mental | <input type="checkbox"/> No |

- 6) If you would like to, please use the space below to tell us any other demographic information you think we should know. Demographic information may include things like your hometown, areas you have lived, where you have gone to school, whether you have experienced homelessness, whether you have experienced violence or other crime, whether you are a veteran, whether you are an immigrant, or anything that you feel is important to your identity.

SEXUAL VIOLENCE AND HARASSMENT

PLEASE NOTE: As stated previously, this survey contains questions regarding your experiences with sexual violence. If you choose to answer these questions, please take care of yourself as best you can as you do so.

- 1) Did you experience any sexual violence at any point in your life prior to incarceration?
(The Centers for Disease Control and Prevention [CDC] define sexual violence as sexual activity when consent is not obtained or not freely given.)

Yes
 No

Do not know/unsure
 Prefer not to answer

- a) If you would like to share any additional information or details, please feel free to do so in the space below.

- 2) Have you experienced any sexual misconduct by staff during incarceration from the beginning of 2019 to the present?
(103 DOC 519 defines staff sexual misconduct as including, but not limited to, sexual harassment [defined as repeated verbal comments or gestures of a sexual nature to an incarcerated person by a staff member, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures], sexually abusive behavior, abusive strip searches, voyeurism [defined as an invasion of your privacy for reasons unrelated to official duties], and/or sexual assault.)

Yes
 No

Do not know/unsure
 Prefer not to answer

a) If “Yes,” who subjected you to it? (e.g. A correction officer, a medical professional, someone else?) Please feel free to share as much or as little as you would like to.

3) Have you experienced any sexual misconduct by staff during incarceration at any time prior to 2019 including, but not limited to, sexual harassment, sexually abusive behavior, abusive strip searches, voyeurism, and/or sexual assault?

(103 DOC 519 defines staff sexual misconduct as including, but not limited to, sexual harassment [defined as repeated verbal comments or gestures of a sexual nature to an incarcerated person by a staff member, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures], sexually abusive behavior, abusive strip searches, voyeurism [defined as an invasion of your privacy for reasons unrelated to official duties], and/or sexual assault.)

Yes

Do not know/unsure

No

Prefer not to answer

b) If “Yes,” who subjected you to it? (e.g. A correction officer, a medical professional, someone else?) Please feel free to share as much or as little as you would like to.

4) Have you ever had someone of a different gender perform medical evaluations and/or treatments on you when you would have preferred someone of the same gender?

Yes

Do not know/unsure

No

Prefer not to answer

a) If “Yes,” were you restrained for those evaluations and/or treatments?

Yes

Do not know/unsure

No

Prefer not to answer

b) If “Yes” to either of the above questions, can you please describe the nature of the medical evaluation and/or treatment and how it made you feel? Please feel free to share as much or as little as you would like to.

5) If there is anything else you would like us to know about sexual violence or sexual misconduct that you have experienced, either prior to or during incarceration? Please feel free to share as much or as little as you would like.

GRIEVANCES/REPORTING

- 1) Have you, from the beginning of 2019 to the present, filed any grievances about sexual misconduct by staff?

(103 DOC 519 defines staff sexual misconduct as including, but not limited to, sexual harassment [defined as repeated verbal comments or gestures of a sexual nature to an incarcerated person by a staff member, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures], sexually abusive behavior, abusive strip searches, voyeurism [defined as an invasion of your privacy for reasons unrelated to official duties], and/or sexual assault.)

- Yes
 No

- Do not know/unsure
 Prefer not to answer

- 2) If you did file a grievance:

- a) Was it investigated?

- Yes
 No

- Do not know/unsure
 Prefer not to answer

- b) If your grievance was investigated, what was the outcome?

- Unfounded
 Unsubstantiated
 Substantiated
 Pending

- No response
 Other
 Do not know/unsure
 Prefer not to answer

- c) If your grievance was investigated, were/are you involved in the investigation?

- Yes
 No

- Do not know/unsure
 Prefer not to answer

d) If you were involved in the investigation, what was your involvement and how did you feel during the investigation? Please feel free to share as much or as little information as you would like.

e) Did you receive a disciplinary ticket related to the grievance?

Yes, I did

Do not know/unsure

No, I did not

Prefer not to answer

f) Did you experience any other form of retaliation for filing the grievance?

Yes, I did

Do not know/unsure

No, I did not

Prefer not to answer

g) If you did experience any other form of retaliation, what type of retaliation did you experience?

3) Have you used any other avenues to complain about sexual misconduct by staff?

a) PREA hotline?

Yes

Do not know/unsure

No

Prefer not to answer

b) Internal affairs?

Yes

No

Do not know/unsure

Prefer not to answer

c) Inner Perimeter Security (IPS)?

Yes

No

Do not know/unsure

Prefer not to answer

d) Any other formal or informal complaint mechanisms?

Yes

No

Do not know/unsure

Prefer not to answer

e) If you used other formal or informal complaint mechanisms, what mechanism did you use to complain?

f) If “Yes” to a), b), or c), what happened as the result of your complaint?

g) If “Yes,” to a), b), or c), did you experience any retaliation for complaining?

4) If you have not grieved or otherwise complained about sexual misconduct by staff from the beginning of 2019 to the present, why have you not done so?

I have not experienced sexual misconduct by staff

I have experienced sexual misconduct by staff but have not reported it

If you checked “I have experienced sexual misconduct by staff but have not reported it” above, please feel free to use the space below to explain as much or as little as you would like to about why you did not report the staff sexual misconduct you experienced.

5) If you would like to, please use the space below to expand on any of your answers, or tell any other stories of your experiences related to sexual violence, other forms of violence, emotional harm, or physical harm either prior to or during incarceration, or how those experiences have impacted you.

6) Is there anything that you would like to tell us about the overall culture at the place where you are incarcerated with respect to sexual or other violence, or emotional or physical harm?

- 7) What, if anything, would you like to see change in order for correctional facilities to better prevent and/or respond to staff sexual violence against incarcerated women?

CONSENT

As stated at the start of the survey, Prisoners' Legal Services (PLS) would like to use the answers from the survey, **anonymously (i.e. your name will not be associated with anything you have shared with us)**, in a report aimed at affecting systemic change on these issues. The report will be made public and used in public advocacy efforts, including media and legislative advocacy. Even if you do not consent to us sharing the stories you have shared with us in the report (again, anonymously), the information you have provided us will be very helpful for PLS in learning about how we can better serve women incarcerated throughout Massachusetts.

Also, as stated at the start of the survey, PLS is aware that some people may be concerned about institutional retaliation for participating in this survey. This is a valid concern, and although we hope that anonymity will help, unfortunately, PLS will not be able to prevent retaliation or protect you from it should it occur. We understand if this means you may not wish to participate. If you choose not to participate due to retaliation concerns, and would feel comfortable sharing the concerns with us, we would appreciate anything you can share.

Do you consent to PLS sharing the stories you have shared with us in this survey, **anonymously**, in the public report we are writing aimed at affecting systemic changes around these issues?

- Yes
- No

Do you consent to PLS sharing the stories you have shared with us in this survey, **anonymously**, with the media as part of advocacy efforts?

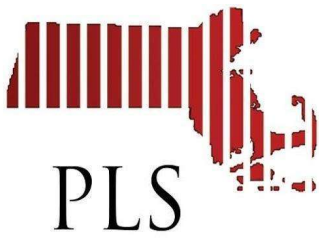
- Yes
- No

Do you consent to PLS sharing the stories you have shared with us in this survey, **anonymously**, with the state legislature as part of advocacy efforts?

- Yes
- No

Appendix

B



PRISONERS' LEGAL SERVICES OF MASSACHUSETTS

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📞 Main: 617-482-2773

📠 Fax: 617-451-6383

State prisoner speed dial: 9004 • County prisoner collect calls: 617-482-4124

August 3, 2021

Kristie Ladouceur
Superintendent
MCI-Framingham
kristie.ladouceur@state.ma.us
Via Electronic Mail

Dear Superintendent Ladouceur,

I am writing regarding some deeply troubling reports I have received from some of my clients in MCI-Framingham about Sgt. Andy Lee. Multiple people have reported to me that he has been engaging in unprofessional and harassing behavior towards people incarcerated at MCI-F.

██████████ reports that Sgt. Lee operates the elevator. Because Ms. ██████████ uses a wheelchair, she must regularly use the elevator and come in contact with Sgt. Lee. Recently, when she was waiting for the elevator, Sgt. Lee asked her pusher how the pusher is paid: “by the hour, by the day, or by the pound?” This question alluded to Ms. ██████████ weight; such commentary on her body is unprofessional, harmful, and in violation of 103 DOC 400.01(2) (“The superintendent shall also ensure that communication between staff and inmates remain courteous and professional.”) Ms. ██████████ grieved this instance, and her grievance was denied. She has appealed the grievance to your office. Ms. ██████████ further reports that Sgt. Lee is retaliating against her for reporting his behavior. He makes her wait for long periods of time, sometimes up to twenty minutes, for the elevator, which makes her late to her appointments. This retaliation violates 103 DOC 400.01(4) (“Retaliation or harassment of any kind against inmates for exercising their rights, filing a grievance, or otherwise lodging a complaint shall not be tolerated and is strictly prohibited.”)

Two other people have reported that Sgt. Lee has been engaging in inappropriate behavior and harassment towards them, including name-calling, cursing, other abusive language, and staring at their bodies. Both of these people chose to remain anonymous out of fear of retaliation from Sgt. Lee. I have grave concerns regarding Sgt. Lee’s behavior and continued contact with incarcerated individuals. The reports I have received indicate a pattern of discrimination and mistreatment on the basis of sex and disability in violation of 103 DOC 400.01(2) as well as potential sexual harassment in violation of PREA regulations. *See* 103 DOC 519.01 (definition of sexual harassment includes “derogatory comments about body or clothing, or obscene language or gestures”).

I respectfully request that Sgt. Lee be investigated, including consideration of any complaints made by incarcerated people with respect to harassment, PREA related misconduct, unprofessional behavior, or other misconduct over the last several years. I request that he be removed from prisoner contact pending the investigation. I further request that, should any investigation reveal misconduct, that MCI-F take all appropriate disciplinary action. The alleged behavior described above would be concerning coming from any officer, but it is especially concerning here given that Andy Lee is a Sergeant. Officers of supervisory rank should set the standards of professionalism for those below them. I thank you in advance for your prompt attention to these serious matters.

Respectfully,

A handwritten signature in cursive script, appearing to read "S Nawab".

Sarah Nawab, Esq.

Equal Justice Works Fellow

Sponsored by General Electric and Choate Hall & Stewart



The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Correction



CHARLES D. BAKER
Governor

MCI-Framingham
99 Loring Drive, P.O. Box 9007
Framingham, Massachusetts 01701
(508) 532-5100
www.mass.gov/doc

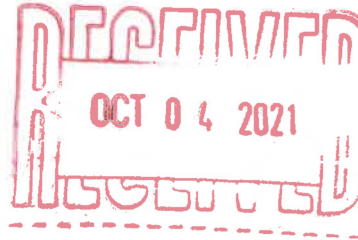
CAROL A. MICI
Commissioner

KARYN E. POLITO
Lieutenant Governor

PATRICK T. DEPALO, JR.
CHRISTOPHER M. FALLON
JENNIFER A. GAFFNEY
MICHAEL G. GRANT
THOMAS J. PRESTON
Deputy Commissioners

TERRENCE M. REIDY
Acting Secretary

KRISTIE LADOUCEUR
Superintendent



August 18, 2021

Sarah Nawab, Esq.
Prisoners' Legal Services
50 Federal Street, 4th Floor
Boston, MA 02110

Dear Attorney Nawab:

I am in receipt of your letter dated August 3, 2021. More specifically, you write in regard to staff misconduct related to inmate [REDACTED] as well as additional non-specific reports of staff misconduct by unnamed inmates.

Please be advised that we take all matters of staff misconduct seriously and have taken steps to review the allegations specific to [REDACTED] however, without a signed CORI I am unable to release any information to you. Additionally, without specific information regarding the additional inmates reporting allegations of misconduct I am unable to adequately review these claims. If you are able to provide more specific information, it would help us to review those allegations as well.

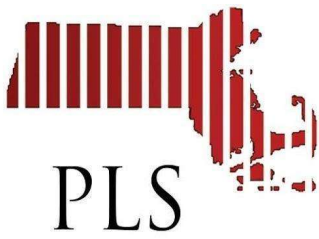
I trust that I have adequately addressed your immediate concerns.

Sincerely,

Kristie Ladouceur
Superintendent

KL/tm

cc: Inmate 6-part folder
Log #43797



PRISONERS' LEGAL SERVICES OF MASSACHUSETTS

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September 23, 2021

Kristie Ladouceur
Superintendent
MCI-Framingham
kristie.ladouceur@state.ma.us
Via Electronic Mail

Dear Superintendent Ladouceur,

I am writing to follow up on my previous letter dated August 3, 2021, enclosed here, expressing concerns about Sgt. Andy Lee's behavior towards people incarcerated at MCI-F, including

As you will recall, Sgt. Lee made comments alluding to Ms. [REDACTED] weight; such commentary on her body is unprofessional, harmful, and in violation of 103 DOC 400.01(2) ("The superintendent shall also ensure that communication between staff and inmates remain courteous and professional.") Ms. [REDACTED] grieved this instance, and her grievance was denied. She then appealed the grievance to your office, and her appeal was also denied. Ms. [REDACTED] further reported that Sgt. Lee retaliated against her for reporting his behavior. He made her wait for long periods of time, sometimes up to twenty minutes, for the elevator, which made her late to her appointments. This retaliation violates 103 DOC 400.01(4) ("Retaliation or harassment of any kind against inmates for exercising their rights, filing a grievance, or otherwise lodging a complaint shall not be tolerated and is strictly prohibited.")

In your response to my previous letter regarding this matter you informed me that you would be unable to release information to me regarding Ms. [REDACTED] complaint and resulting investigation without CORI releases, so I have enclosed CORI releases here. I respectfully request that MCI-Framingham please share with me any and all records relating to grievances and complaints Ms. [REDACTED] has made against Sgt. Andy Lee, as well as any and all investigations resulting from those grievances and complaints.

In addition, you informed me that without more specific information about the other incarcerated people at MCI-Framingham who shared concerns about Sgt. Lee with me, you are unable to adequately address their claims. While I understand that review of those people's specific claims will not be possible without details such as their names and specific allegations, I want to reiterate that the reason these people did not want me to share their names and details of their allegations was due to fear of retaliation. I continue to be concerned that incarcerated people at

MCI-Framingham are expressing fear of retaliation for reporting staff misconduct. As stated above, retaliation violates 103 DOC 400.01(4) (“Retaliation or harassment of any kind against inmates for exercising their rights, filing a grievance, or otherwise lodging a complaint shall not be tolerated and is strictly prohibited.”) I ask that you please do everything you can to ensure zero tolerance and accountability for retaliation at MCI-Framingham.

Thank you, again, for your prompt attention to these serious matters.

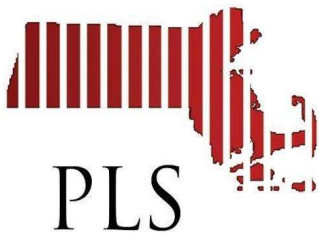
Respectfully,

A handwritten signature in cursive script that reads "S Nawab".

Sarah Nawab, Esq.

Equal Justice Works Fellow

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February 8, 2022

Kristie Marchand
Superintendent
MCI-Framingham
kristie.ladouceur@state.ma.us
Via Electronic Mail

Dear Superintendent Marchand,

I am writing to follow up on my previous letters dated August 3, 2021 and September 23, 2021, enclosed here, expressing concerns about Sgt. Andrew Lee's behavior towards people incarcerated at MCI-F, including [REDACTED]

As you will recall, Ms. [REDACTED] reported that Sgt. Lee operates the elevator. Because Ms. [REDACTED] uses a wheelchair, she must regularly use the elevator and come in contact with Sgt. Lee. Recently, when she was waiting for the elevator, Sgt. Lee asked her pusher how the pusher is paid: "by the hour, by the day, or by the pound?" This question alluded to Ms. [REDACTED] weight; such commentary on her body is unprofessional, harmful, and in violation of 103 DOC 400.01(2) ("The superintendent shall also ensure that communication between staff and inmates remain courteous and professional.") Ms. [REDACTED] grieved this instance, and her grievance was denied. She then appealed the grievance to your office, and her appeal was also denied. Ms. [REDACTED] further reported that Sgt. Lee retaliated against her for reporting his behavior. He made her wait for long periods of time, sometimes up to twenty minutes, for the elevator, which made her late to her appointments. This retaliation violates 103 DOC 400.01(4) ("Retaliation or harassment of any kind against inmates for exercising their rights, filing a grievance, or otherwise lodging a complaint shall not be tolerated and is strictly prohibited.")

Since my previous letter to you, I have reviewed Ms. [REDACTED] complaint, appeal, and record of MCI-F's investigation. It would appear that MCI-F dismissed Ms. [REDACTED] complaint because Sgt. Lee and her pusher denied her allegations in an investigative interview. Failure to unearth and review objective evidence resulted in a he said/she said investigation, where it appears that only the people involved were interviewed, and when those implicated denied wrongdoing, the allegation was treated as false. This method of investigation is insufficient and does not result in a reliable outcome.

As part of my inquiry into this incident with Ms. [REDACTED] I requested all complaints made against Sgt. Lee by incarcerated people at MCI-F from the start of 2017 to the present. In my

review of the investigations, I found a disturbing pattern of both harmful behavior by Sgt. Lee towards incarcerated people at MCI-F, and MCI-F failure to thoroughly investigate and hold Sgt. Lee accountable for this behavior. The following is a summary of the complaints against Sgt. Lee that I reviewed, and I have attached all the complaints to this letter. Notably, the outcomes of these complaints were all redacted in violation of the Massachusetts public records law.¹

- 1) Complaint 16500: This complaint alleges that Sgt. Lee yelled at an incarcerated person and nurse in the medication line that the incarcerated person was supposed to take all of their medication crushed. Both the incarcerated person and the nurse attempted to tell Sgt. Lee that he was incorrect. Sgt. Lee used abusive and dehumanizing language both while yelling at the incarcerated person and nurse, and while discussing the matter with the nurse afterwards. According to the report, he stated the following:
 - “ I know they [the medications] are supposed to be fucking crushed”
 - “What is in your fucking cup?”
 - “Why is this fucking nurse not crushing your meds, I have girls in Barton that seem sedated, it’s this fucking nurses [sic] fault”
 - “It’s your fucking fault all these inmates are sedated”
 - To the nurse, he stated that he does not see “inmates” as people, and further stated something to the effect of “they have no rights there [sic] cons”
- 2) Complaint 18387: Officer Darlene Campbell-Jones accused Sgt. Lee of racism, stating that he was yelling at her and calling her “girl.” She believed Sgt. Lee was harassing her because she is Black.
- 3) Complaint 18843: This complaint alleges that Sgt. Lee engaged in years of abusive behavior towards an incarcerated person. The complaint outlines his most recent behavior, which includes showing his middle finger to the incarcerated person, threatening to remove her from her job, and telling the incarcerated person to “hang it up,” referring to suicide, when that person requested Medic 5. The complaint outlines other abusive language Sgt. Lee has used towards this incarcerated person in the past:
 - “Go fuck yourself”
 - “Go hang yourself”
 - “Shut the fuck up”
 - “Shut up bitch”
 - “Go and kill yourself”
- 4) Complaint 18960: This complaint corroborates Complaint 18843
- 5) Complaint 19094: This complaint alleges that Sgt. Lee falsely accused an incarcerated person of bullying other incarcerated people and yelled at this incarcerated person about it. This incarcerated person stated that they felt “bullied” and “targeted” by Sgt. Lee.

¹ See, e.g., [Gatehouse Media, LLC v. City of Worcester](#), Not Reported in N.E. Rptr. (2022) ([awarding punitive damages](#) where the city “improperly withheld certain materials under public records law” when it improperly redacted internal affairs investigations); *Worcester Telegram & Gazette Corp. v. Chief of Police of Worcester*, 58 Mass. App. Ct. 1, 7–8, 787 N.E.2d 602, 607 (2003) (finding that although disciplinary records can be withheld from public disclosure, documents from an internal affairs investigation, “including the interviews, the reports, **the conclusions and recommendations, and the documenting of its results to the complainant** are not so exempt.” The Court noted, “A citizenry’s full and fair assessment of a police department’s internal investigation of its officer’s actions promotes the core value of trust between citizens and police essential to law enforcement and the protection of constitutional rights.”)(emphasis added).

- 6) Complaint 19123: This complaint alleges that an incarcerated person who used to work in the Smith Corridor had to change jobs due to Sgt. Lee's harassment. The incarcerated person used to work in the storeroom. Sgt. Lee would ask for extra supplies and, when the prison staff person would deny him, he would blame the incarcerated person even though it was the prison staff person denying him. In speaking to the prison staff person, Lee would tell her not to listen to the "con."
- 7) Reports DOC-MCI-F-17-74, DOC-MCI-F-19-174: These reports both allege instances in which Sgt. Lee was derelict in his post duties.
- 8) Reports DOC-MCI-F-19-79, PREA 17154: These reports allege that, when escorting an incarcerated person to Boston Medical Center (BMC), Sgt. Lee would not leave the room when the incarcerated person was undergoing an examination during which their right breast was exposed. He also looked at the incarcerated person below their waist when they were wearing nothing but a hospital gown with no undergarments. Notably, in the official PREA report of this incident, the outcome is redacted in contravention of law.²

These complaints and investigations illustrate a disturbing pattern of harmful behavior by Sgt. Lee, and specifically display the following themes:

- **Dehumanization**, as indicated by his frequent use of the word "con" (presumably short for "convict") and his admissions that he does not see incarcerated people as people and that they have no rights;
- **Unprofessional conduct and language**, including yelling at people and frequently using profane language;
- **Aggression and escalation**, including telling people "go fuck yourself," "shut the fuck up," and showing people his middle finger;
- **Sexual harassment**, as indicated by his behavior when escorting an incarcerated person to BMC;
- **Goading people to suicide**, including telling an incarcerated person to "hang it up," "go hang yourself," and "go and kill yourself;"³
- **Misogynistic language**, including the word "bitch;"
- **Abuse of power**, including his behavior in the medication line, his sexual harassment while on hospital duty at BMC, and threatening to remove an incarcerated person from their job without cause; and
- **Racism**, as indicated by Officer Darlene Campbell-Jones's complaint.

² "The Department shall redact specific material from the report when publication would present a clear and specific threat to the safety and/or security of an institution, but shall indicate the nature of the material redacted." 103 DOC 519.09(B)(3)(c).

³ In its [November 2020](#) report, *Investigation of the Massachusetts Department of Correction*, The United States Department of Justice found similar behavior while people were on mental health watch to contribute to constitutional violations.

103 DOC 400.01 states that “[t]he superintendent shall also ensure that communication between staff and inmates remain courteous and professional...” and that “[t]he Department will not tolerate this type of unprofessional behavior from any employee and will pursue disciplinary action against any staff person who engages in such conduct.” Sgt. Lee’s behavior is clearly unprofessional. Further, 103 DOC 519.02 states that “[t]he Department is committed to investigating, disciplining (up to and including termination) and referring for prosecution, staff members... who engage in sexual harassment/sexually abusive behavior.” In addition, the Department of Correction’s (DOC) vision statement says that “[t]he Massachusetts Department of Correction’s vision is to effect positive behavioral change in order to eliminate violence, victimization, and recidivism.” Sgt. Lee’s behavior is contrary to these goals and victimizes incarcerated people.

Given the pattern of Sgt. Andrew Lee’s unprofessional and harmful behavior towards incarcerated people, and given the DOC’s policies against such behavior and vision statement supporting positive behavioral change and eliminating victimization, I respectfully request that MCI-F and DOC take disciplinary action against Sgt. Lee, up to and including termination. At the very least, I request that Sgt. Lee be removed from having contact with incarcerated people.

I have enclosed a copy of Ms. [REDACTED] CORI releases, the records DOC sent me regarding the incident she experienced with Sgt. Lee, my two previous advocacy letters, the public records request I submitted asking for complaints made against Sgt. Lee, and the responsive records.

Thank you, again, for your prompt attention to these serious matters.

Sincerely,



Sarah Nawab, Esq.

Equal Justice Works Fellow

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*The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Correction*



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KELLEY J. CORREIRA
Acting Deputy Commissioner

TERRENCE M. REIDY
Secretary

KRISTIE MARCHAND
Superintendent

February 16, 2022

Attorney Sarah Nawab
Prisoners' Legal Services of Massachusetts
50 Federal Street, 4th Floor
Boston, MA 02110

Dear Attorney Nawab,

I am in receipt of your letter dated February 8, 2022. More specifically, you express concerns about Sgt. Andrew Lee's behavior to include a previous allegation made by inmate [REDACTED] [REDACTED] alleging that he referred to her weight in an inappropriate manner.

Please be advised that while you have provided no new information that would warrant a new investigation into inmate [REDACTED] claim we do take every allegation of staff misconduct seriously. We will continue to investigate all current and future allegations made by inmates against staff at MCI-Framingham. Additionally, any action taken against staff as a result of an investigation are considered personnel matters that I am unable to share with you.

In closing, please do not hesitate to bring any new allegations of alleged staff misconduct to my attention.

Sincerely,

Kristie Marchand
Superintendent

KM/tm

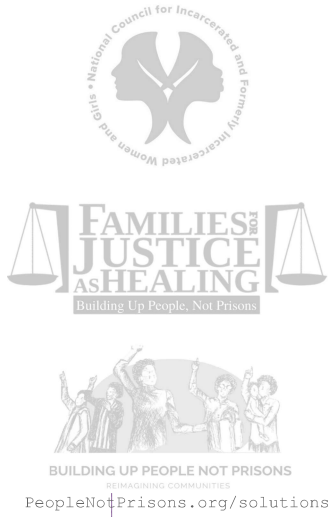
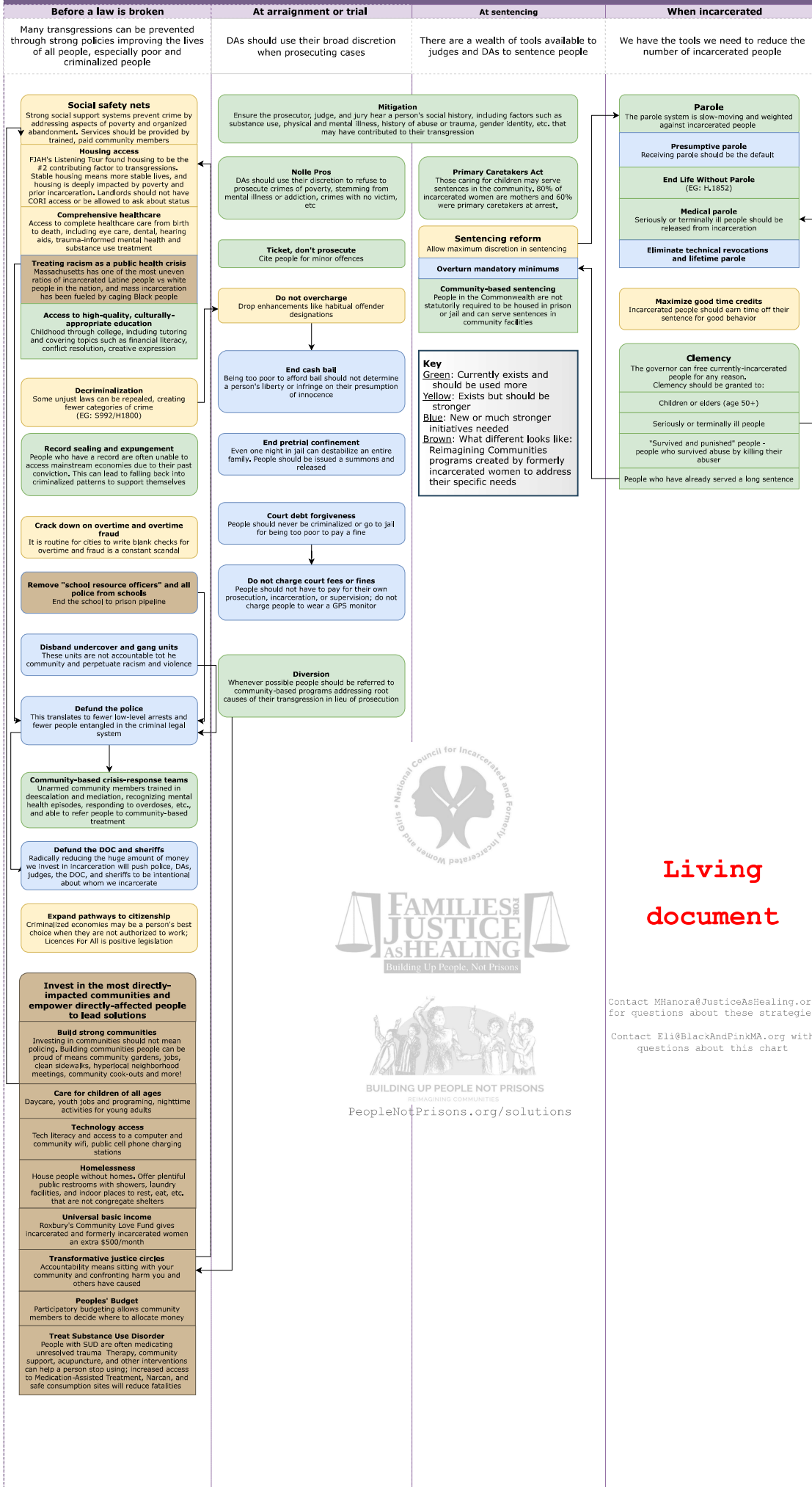
cc: IMS Log 45819

Appendix

C

Alternatives to jail and prison exist for women and gender expansive people, and all criminalized people

This chart includes examples of the rich possibilities for getting people free today, as well as routes to work on throughout the 5-year moratorium



Living document

Contact MHanora@JusticeAsHealing.org for questions about these strategies
Contact ElisBlackAndPinkMA.org with questions about this chart

BUILDING UP PEOPLE NOT PRISONS
REIMAGINING COMMUNITIES
PeopleNotPrisons.org/solutions