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The Accessibility of In-Prison Programming for Female Offenders and their Gender Specific Needs

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Requirements for Departmental Honors in Criminal Justice

Bridgewater State University

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The Accessibility of In-Prison Programming for Female Offenders and Their Gender Specific Needs

Thesis

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Introduction:

With the rates of female incarcerations on the rise, it is important that we examine programs available to female offenders in prison, and programs available to female offenders as they exit prison and re-enter society. Programs developed specifically for these females to fit their needs are important in their rehabilitation progress and should help in keeping their recidivism rates low. I expect to find a disconnect between the needs of female offenders and the programs meant to serve and rehabilitate them.

I also expect the review of literature to support that a majority of female offenders have histories of victimization across their lifetime, creating a negative impact on their well-being and possibly creating a pathway to criminality. In my research, I expect to find that the lack of in prison programs and resources for female inmates will play a significant role in determining whether or not the female inmate will have a successful re-entry into the community, due to lack of support for their gender specific needs. This study will examine whether or not these prison based programs are benefitting these female offenders who likely suffer from mental illness, PTSD and are facing substance abuse issues. I hope that it will be able to help reform the classification of incarcerated females in Massachusetts, and possibly lead to reform in mental health and rehabilitative programs in the Massachusetts Department of Corrections.

Literature Review:

Background on Female Offending:
Over the last 30 years, the prison population in the United States has increased dramatically. This dramatic increase has made the overall prison population rise from 200,000 offenders in 1979 to 2.2 million offenders at the beginning of 2007 (Marcus-Mendoza, 2011). In 2008, 114,852 women were in a state or federal prison or local jail, of these 105,232 were serving a sentence of one year or more. The rates of incarceration for African American females were higher than white females at 149 per 100,000 inmates. The rates of incarceration for Hispanic women were also higher than white females at 75 per 100,000 inmates. The largest age group of incarcerated females serving more than one year was 35-39, and the majority of these inmates fell between the ages of 25 and 44 (Marcus-Mendoza, 2011). Of increasing interest is the rise in the incarceration of women over the last few decades.

According to Marcus-Mendoza (2011), females in prison are among the most marginalized members of our society. They are largely powerless to the process around them, and most are survivors of trauma and victims of violent crimes who come from economically deprived, oppressive backgrounds (Marcus-Mendoza, 2011). Researchers and theorists have hypothesized that the incarceration of women could be a likely consequence of trauma due to gendered based experiences of violence across their lifetime. According to Raj et al. (2008), these traumatic experiences are believed to increase the likelihood that women will engage in criminal behaviors later in life. These criminal behaviors will range from illicit drug use, sex trade, and violent crime – all of which would result in their incarceration (Raj, et al., 2008; Marcus-Mendoza, 2011).

Policies which criminalize drug abuse have been a large factor as to why these rates have increased. According to Tripodi et al. (2009), 30% of the female prison population has
been arrested for drug crimes, and 33% of offenders reported that they were on drugs or obtaining drugs when they were arrested. According to research, three-quarters of the female inmates in state prisons who had mental health problems met the criteria for substance dependency or abuse. 34% had used powdered or crystalline cocaine, and 17% had used methamphetamines in the month prior to each of their arrests (Gido & Dalley, 2009).

The number of inmates with a substance abuse problem has also dramatically increased, especially drug abuse, particularly in women. The increase in the size of the incarcerated population has been attributed directly to drug abuse (Gido & Dalley, 2009). Estimates from the 1997 survey of Inmates in State Correctional Facilities based on 14,285 inmates indicate that more than 80% of inmates have an alcohol and or drug problem. Female offenders have been found to be more likely to harbor a drug addiction than their male counterparts (Carlson, Shafer, & Duffee, 2010). A national study that interviewed inmates in state and federal prisons in 1997 found that mothers were more likely to be convicted of a drug offense than fathers; in addition mothers in state facilities were more likely than fathers to report illegal drug use in the month preceding their offense. Mothers were also more likely than fathers to report that drug use had influenced the crime that led to their current incarceration (Carlson, Shafer, & Duffee, 2010).

The vast majority of female offenders are poor people of color with substandard housing, legitimate incomes of just over $600 a month, and dependent children. Nationally, 37% of women jail inmates reported being sexually abused before the age 18, with 48% reporting abuse histories overall (Ross & Lawrence, 2009). Half of the abused inmates admitted they were hurt by spouses or boyfriends. There has been an increase in familial abuse as well.
Because these female offenders have been disproportionately victimized, and often left solely responsible for dependent children, they are more likely to have been without medical insurance and medical care and more likely to have developed mental health problems (Ross & Lawrence, 2009).

According to Huebner (2010), women currently make up 12% of the national parolee population and 7% of the inmate population. It is speculated that these numbers will only continue to increase over the next few decades. Female inmates do not enter prison as a blank slate, Huebner notes. Females bring to prison with them backgrounds which include economic marginalization, physical and sexual abuse, drug and alcohol addictions, and familial responsibilities that can affect the imprisonment experience and outcomes following release from prison (Huebner, DeJong, & Jennifer, 2010). According to the Bureau of Justice Statistics, 73% of the female prisoners in the state institutions and 47% in the federal institutions used drugs regularly prior to their incarceration. Data also suggests that as many as 80% of incarcerated women meet the criteria for at least one lifetime psychiatric disorder. Substance abuse or dependence, post-traumatic stress disorder, and depression appear to be some of the most common health problems associated with female offenders (Gido & Dalley, 2009).

Research suggests that white females exceed white males in internalizing problems of depression and anxiety. In contrast, African American females experience low rates of internalizing symptoms that more closely resemble those of men. The conceptions of masculinity and femininity vary by race, giving rise to different schemas of self-salience. Gender socialization, and thus self-salience schema’s will intensify over the course of adolescence (Rosenfield, Phillips, & White, 2006).
Raj et al. (2008) explains that research indicating disproportionately higher rates of sexual assault among incarcerated females as compared with non-incarcerated females in the United States supports the claim that traumatic experiences may lead females to crime later in life, as well as studies documenting the association between victimization from gender-based violence and criminal activity.

The female offender population is often overlooked when discussing offending in general. However, female offenders are rapidly making up a large part of the overall prison population. Policies that are gender neutral do not take into account the adverse experiences that female offenders face in comparison to their male counterparts which can be a contributing factor to their pathway into crime.

**Adverse Childhood Experiences and its Implications for Female Offenders:**

New evidence suggests that abuse and stress early in life can cause the dys-functioning of the brain which will in turn lead to health and quality of life issues throughout the lifespan (Anda, et al., 2006). The findings of the adverse childhood experiences studies (ACE) present the idea that extreme, traumatic or repetitive childhood stressors such as abuse, witnessing or being the victim of domestic violence and related types of adverse childhood experiences are common and often times are kept secret. This causes them to go unrecognized by the outside world and enables the abuse to continue (Anda, et al., 2006). McDaniels-Wilson and Belknap (2008) also note early victimization to be a distinguishing characteristic among incarcerated females.
According to Whitefield et al. (2003), the overall objective of the ACE study is to assess the impact of multiple, interrelated adverse childhood experiences on a wide variety of health behaviors and outcomes on health care utilization in adulthood. It is collaboration between Kaiser Permanente’s Health Appraisal Center in San Diego, California, and the Centers for Disease Control and Prevention (CDC) (Whitefield, Anda, Dube, & Felitti, 2003).

The population surveyed for the ACE survey is drawn from the Health Appraisal Center which has been created to provide complete and standardized biomedical, psychosocial, and preventative health evaluations to adults who are members of the Kaiser Health Plan in San Diego County (Whitefield, Anda, Dube, & Felitti, 2003). Research notes that in a 4 year period, 81% of adult membership will obtain a comprehensive health assessment and more than 50,000 members are evaluated each year. Everyone who is evaluated fills out a questionnaire, which is standardized and details health histories, as well as information on health-related behaviors, a medical review of systems, and psychosocial evaluations. The information collected from these surveys are then added into the ACE study database (Whitefield, Anda, Dube, & Felitti, 2003).

There are immediate physical and emotional consequences of adverse childhood experiences, however the long term implications are the most unnerving. It has been shown that those who are abused as children are more likely to not only abuse their children as adults, but to have severe mental ailments, suffer from substance abuse, and suffer from relationship issues as well as economic hardships (Oz, 2005). Previous literature has established links between early childhood trauma or adverse events and poor outcomes later in life. Incarcerated females have life histories that are full of traumatic experiences, which in prison
programming must address in order to give the female offenders their best chance at a successful re-entry into the community upon their release. While early childhood trauma or victimization does not necessarily lead to a criminal lifestyle for these offenders, it is often something that the female offender struggles with throughout their life.

Female offenders face an onset of trauma that is unparalleled by their male counterparts. Trauma as defined by the American Psychiatric Association (2009) and used by mental health officials is as follows: involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or a threat to the physical integrity of another person; or learning about unexpected violent death, serious harm, or threat of death or injury experienced by a family member or another close associate. The person’s response to the event must involve intense fear, helplessness or horror (or in children, the response must involve disorganized or agitated behavior) (Gido & Dalley, 2009).

Many female offenders have experienced violent, chaotic childhoods and adulthoods which in turn may lead to further victimization, substance abuse, and familial issues. Covington (2002) notes that abusive families and battering relationships are strong themes in the lives of female offenders, and frequently females have their first encounters with the criminal justice system as juveniles who have run away from home in hopes of avoiding further abuse. Female inmates report higher instances of victimization and substance abuse than male inmates and non-incarcerated females (Marcus-Mendoza, 2011). It is important to note that early victimization has been associated with an increased risk for physical and sexual victimization in adulthood. Victimization may turn female offenders to crimes such as prostitution, property
crime and drug relations in order to escape an abusive environment. This behavior only furthers their victimization through time (Covington, 2002). Among females who are incarcerated or abuse substances in particular, victimization and trauma during childhood have been linked to medical and mental health problems during adulthood (Anumba, Dematteo & Heilbrun, 2012; Frazier, West-Olatunji, Juste, & Goodman, 2009; Clemmons, Walsh, DiLillo, & Messman-Moore, 2007; Springer, Sheridan, Kuo, & Carnes, 2003; Widom C. S., 1989; Bloom & Covington 2009; Marcus-Mendoza, 2011). Research suggests that patterns of sexual assault or abuse often continue across the lifespan once someone is victimized early in life. Studies assessing associates of child abuse with abuse in adulthood among incarcerated women have revealed mixed results, according to Raj et al (2008). Two studies found no significant association between lifetime victimization and incarceration, and a third found that child sexual abuse was related to an increased risk for sexual assault in adulthood. Studies have shown that the abuse rates among female inmates is as high as 73%, which contends that it is likely these female offenders are experiencing complex trauma and PTSD. The majority of these female inmates have been victims of one or more type of violence both as children and adults (Marcus-Mendoza, 2011).

One possible explanation for the increased victimization of females is their predisposition to depression and anxiety. According to a study of female inmates which examined relationships among CSA histories, stress, locus of control (LOC), social support and psychological adjustment, female’s depression score fell well within the moderate range and was proven to be clinically relevant. In comparison with similar studies, participants in this
study demonstrated higher scores of depression than other studies which examined self-reports of depression (Asberg & Renk, 2012).

The emergence of gender differences during adolescence, however, suggests that socialized dimensions of the self-first underlie the disparities in internalizing and externalizing problems. Most explanations for gender differences focus on aspects of the self. Some researchers suggest that the female’s lower self-evaluations predispose them to depression and anxiety, other researchers suggest that higher levels of emotional reliance, interpersonal dependency, or empathy are present in a female offender. Females are said to suffer more from the “cost of caring”. The “cost of caring” is considered a greater vulnerability to other people’s suffering. Females perceive that they have less power and fewer options in relationships (Rosenfield, Phillips, & White, 2006).

If adverse childhood experiences go unreported or untreated while the individual is still young, there are many negative implications for their adult life. The number one negative implication would be the idea that they will offend in the future. As previously mentioned, the majority of the female population in America’s prisons has been victims of sexual abuse in their lifetime. Approximately 80% of female offenders have been victims of either sexual abuse or domestic violence before their offense (Currie & Widom, 2010). Although the correlation between early victimization and offending is an important connection, it is also important to note that this in and of itself does not predict crime or cause crime. The experience of the abuse will cause an onslaught of different emotions, reactions, and trauma that may in turn lead to their overall vulnerability or anger when it comes to committing crime (Currie & Widom, 2010).
**Substance abuse.** Female offenders are often linked to drug related activity for various reasons. The most prevalent being that female offenders face higher rates of victimization than community samples. According to Covington (2002), the link between criminality and drug use is very strong, with research indicating that women who use drugs are more likely to be involved in crime.

When females are abused as children they become traumatized and will often suffer from chronic depression and PTSD. As they attempt to self-medicate, they will become dependent on drugs and alcohol which in turn introduces them to the criminal justice system (Anda, et al., 2006). Historically, trauma and addiction have been treated separately, however Covington and Bloom (2009), note that these two co-occurring health issues are often interrelated and should be treated concurrently.

**Domestic violence.** Domestic violence victimizes females through a close relationship whether it is with a family member or an intimate partner. This violence in a close relationship can become a contributing factor for female criminality. Literature has supported that beginning as children, many female offenders are abused by family members or by those close to the family (Liang, Williams, & Siegel, 2006). Substance abuse has been noted to go hand in hand with domestic violence victimization throughout the lifetime of female offenders (Whitefield, Anda, Dube, & Felitti, 2003). Female offenders who are abused at a young age may begin to act out and rebel while they are adolescents, possibly leading to juvenile offending (Liang, Williams, & Siegel, 2006).
Liang et.al (2006) explains that CSA survivors may face certain barrier to developing healthy relationships, such as their inability to trust themselves and members of the offending gender. Survivors of CSA struggle to form secure attachment styles within their relationships, but also encounter some difficulty with emotional and sexual intimacy especially in heterosexual relationships (Liang, Williams, & Siegel, 2006).

**Mental health.** There is also a growing body of research on the mental health needs of women offenders. This research has shown that incarcerated women are more likely than their male counterparts to report extensive histories of physical, sexual, and emotional abuse. Surveys conducted also prove that there is a strong link between childhood abuse and adult mental health problems, particularly depression, post-traumatic stress disorder, panic and eating disorders (Gido & Dalley, 2009). In a 2006 study of the impact of traumatic childhood events on a sample of drug dependent female offenders, researchers found that greater exposure to childhood adverse events was associated with behavioral problems in adolescence and adulthood as well as with physical and mental health problems (Gido & Dalley, 2009).

As victimized children enter adulthood, they will become more prone to mental health issues than those who have not experienced abuse in the past. It can increase their willingness to partake in recreational drug use, alcohol use, and smoking tobacco. Evidence has also pointed to trans-generational alcohol abuse as not only a trigger for abuse in a household, but also as a precursor for a drinking problem for the victim later in life (Widom, White, Czaja, & Marmorstein, 2007). Some of the strongest evidence suggests that alcoholism runs in families. The rates of alcoholism among relatives of alcoholics are much higher than would be expected by chance. Research suggests that genetics account for between 43% and 63% of the
transmission of alcoholism, but the mechanics for the transmission remain undetermined (Widom, White, Czaja, & Marmorstein, 2007).

PTSD is just one of the major disorders that will result from trauma. Symptoms of PTSD include re-experiencing the event through nightmares/flashbacks, avoidance of stimuli associated with the event, estrangement (the inability to be emotionally close to anyone), a numbing general responsiveness (feeling nothing most of the time), hyper vigilance (constantly scanning ones environment for danger, whether physical or emotional), an exaggerated startle response (a tendency to jump at loud noises or at an unexpected touch) (Gido & Dalley, 2009). PTSD usually involves exposure to a threatening and traumatic event involving intense fear, after which an individual is plagued by recurrent re-experiencing of the event, avoidance of stimuli associated with the event and emotional numbing, and physiological hyper-arousal (Becker, Stuewig, & McCloskey, 2009). Two different types of PTSD could occur in a female offender, simple and complex. Simple PTSD usually comes about from one traumatic experience whereas complex PTSD comes about from multiple traumatic events such as a abuse or violence (Gido & Dalley, 2009).

According to Boots et.al (2011), depression has emerged as one of the leading disorders diagnose in multi-problem youths who are entering the criminal justice system. It is also noted that girls with co-occurring disorders are being processed and diagnosed more than ever before (Boots, Wareham, & Weir, 2011). Women have twice the risk as men to develop depression, and approximately 24% of major depression disorder cases have lifetime comorbidity with substance abuse (Shimamoto, DeBold, Holly, & Miczek, 2011).
Research has consistently supported the fact that co-occurring depressive symptoms and delinquency are closely related to one another. Although it is noted that males are more likely to exhibit anti-social behavior than females, data suggests that girls may have more elevated levels of mental health problems across more co-occurring dimensions than males. This means that once a female meet the diagnostic criteria for anti-social behaviors, their risk of developing other psychiatric conditions has been proven to be higher than males. This study suggests that girl’s delinquent behavior and depressive symptoms mutually predict one another, but for male’s depression better predicts delinquency than vice versa (Boots, Wareham, & Weir, 2011)

**Employment and economic prosperity.** Results of research in regards to the economic well-being of adults who experienced abuse as children indicate large gaps in economic prosperity when compared with adults who had not faced any abuse as a child. This study focused on one group of children who experienced abuse between the years 1967 to 1971. These children were then matched with non-abused children and followed them into adulthood, to the approximate age of 41. The outcomes of this research measure the economic success, productivity, and prosperity of the individuals that were monitored between the years 2003-2004. The results of this research displayed that individuals who have histories of childhood abuse and neglect also suffer from enduring economic consequences (Currie & Widom, 2010). This also supported previous research which states that abuse and neglect are more common in families of lower socioeconomic status, and the maltreatment may exacerbate differences in the prospects of rich and poor children (Currie & Widom, 2010). This
research is incredibly important, because low income living can create stress in a female offender and possibly lead to their crime.

Case file data for women participating in a research study conducted by Brown and Bloom (2009) suggest the poor conditions such as low income housing, substandard employment or no employment at all, limited transportation, etc. which impacted female offender’s maternal experiences before their imprisonment. Specifically, prior to their incarceration; few female offenders had any appreciable work history. More than half had dropped out of high school before reaching grade twelve which displayed their low educational levels. This research revealed that these female offenders experienced considerable housing instability the year prior to their incarceration, with nearly two thirds moving at least once. The study, which was conducted in Hawaii, found that over half of the female offenders who participated in the study had been previously convicted for an offense and around 32% had a juvenile record (Brown & Bloom, 2009). These female offenders served an average of 22 months in prison and had been on parole for an average of 16 months. The majority of females who participated in the study were serving time for drug offenses and property crimes. Very few female offenders had committed violent crimes. The research found that on average the women first came into the criminal justice system charged with an offense at the age of 23. Many of these females had become mothers by the time they were 19. The majority of the females who participated in this research (71%) already had at least one child at the time they were first sentenced for an offense. In the year prior to their incarceration, 64% of these female offenders lived with their children (Brown & Bloom, 2009). This research shows how unstable low income living can be for females, especially females who may have suffered from early
childhood victimization and are now working through PTSD. This research shows that many of these women who are offending and young mothers were mostly functioning in a single parent household and possibly committing crimes in order to keep them and their child afloat (Brown & Bloom, 2009).

**Familial structure.** One major concern and also need for female offenders is their family. Family functioning is often used as a way to describe a set of interactions within a family. Family functioning differs from household to household based off of different factors such as communication, conflict, problem solving, and control. At least 30% of female offenders have reported that their childhood lacked family ties in which their father was absent, and spousal abuse occurred during their childhood. Research of female juvenile offenders suggest that the families of juvenile female offenders scored low on family cohesion and high on family adaptability, revealing that their families of origin tend to be disengaged and chaotic. Klein et al. (2002) notes that when cohesion is low, family members must compete for limited resources for showing affection or completely withdraw, resulting in social skill deficits. Greater cohesion is associated with the development of greater social skills (Klein, Bartholomew, & Hibbert, 2002). The family is considered to be every individual’s first avenue of socialization.

Female offenders are often the head of their household, and share important relationships with their children as they have a bond with the children that only a mother can have. According to Marcus-Mendoza (2011), the incarceration of females has an enormous impact on children. It is likely that incarcerated females are mothers. In 2007, there were 147,400 children whose mothers were incarcerated, which is an increase over the rate in 2004 of 132,000. In 2004, 42% of incarcerated mothers had been living in single parent households
prior to incarceration indicating that once they are incarcerated there is likely no caregiver for the children (Marcus-Mendoza, 2011). According to Covington (2002), an estimated 70% of female offenders have young children. The majority are single mothers with an average of two children, and prior to their arrest were the custodial parents. This is important to the study, because it is a differentiator between female and male offenders. Male offenders do not share the same familial responsibilities that female offenders face, making it difficult to cater to both genders in the same manner. Often times, female offenders commit drug offenses such as selling and distributing drugs or commit property crimes such as theft to support their family. It is reasonable to assume that many of the female offenders who have had children before the age of 19 had been abused in their early life, leading to high functioning sexuality, or multiple sexual partners, at a young age (Brown & Bloom, 2009). Klein et al. (2002), notes that the incarceration period is a prime opportunity to give attention to destructive familial contexts because imprisonment of a family member usually can motivate the family to seek and accept outside intervention (Klein, Bartholomew, & Hibbert, 2002).

Wright et al (2007) notes that the relationship which a female offender may have with her children is also important because it may affect the offender’s behavior while she is institutionalized. Women offenders with dependent children are likely to feel overwhelmed and worry about their overall ability to ensure the safety and security of their children while they are incarcerated. Another worrying factor for these offenders is whether or not they will receive custody or be able to support their dependent children upon their release from prison (Wright, Salisbury, & Van Voorhis, 2007)
Parenting situations examined one research indicate study indicate that nearly 24% of the incarcerated females had been involved with the state’s Department of Human Services (DHS), Child Welfare Services Division (Brown & Bloom, 2009). Brown and Bloom (2009), note that this means notations had been made in their presentencing reports of previous investigations for child maltreatment. Also discovered in this research was that of the females interviewed for the survey, 17% had their parental rights terminated by the state. This figure does not include the number of women who voluntarily surrendered their parental rights to relatives or others. Research has shown that the involvement of children in their parent’s legal issues is often a result of their relationship to a mother who does not have control over the conditions in her own life. Roughly one in five children was present when their parent was arrested. Of those, Brown and Bloom (2009) note, half were between the ages of 3 and 7. This is particularly troubling, because it is exposing the children of these offenders to trauma early in their childhood in a situation where their mother is being arrested, most likely by force, in front of their own eyes. It is reasonable to assume that this could also lead to trauma for the child, early on in life – possibly creating a cycle.

Female Offenders and Crime Theory:

In discussing female offending, it is important to look at theory which may give researchers an idea as to why females offend as they do. It is fact that females and males commit crimes for different reasons, and share different motivations.

**General strain theory.** General strain theory has been tested by researchers as a possible explanation as to why females commit crimes. This theory is important to examine,
because research has suggested that males and females handle stress and strain differently. General strain theory examines the ways that this strain is handled, and whether or not it may be a predictor of crime for female offending (Agnew, 2001).

The basis of general strain theory is that strains or stressors increase the likelihood of anger and frustration which in turn creates pressure for corrective action, and crime is one possible response, explains Agnew (2001). Agnew explains that GST builds off of previous strain theories, and includes several new types of strain such as the loss of positive stimuli, and new categories of goal blockage. Agnew explains that there are different types of strain, including objective strain and subjective strain. Objective strain is described as an event or condition that is disliked by any given group. Subjective strain is described as an event or condition that is disliked by the people who are experiencing the strain (Agnew, 2001).

Individuals may cope with strain in different ways, and only some of those involve crime. Agnew (2001) explains that the characteristics of strain that are most likely to result in crime are strains that are seen as unjust, are seen as high magnitude, are associated with low social control, and create some pressure or incentive to engage in criminal coping (Agnew, 2001).

When applying GST to the explanation of female offending, Broidy and Agnew (1997) note that it is first necessary to determine the major types of strain that is experienced by females. This strain, they argue, is what differentiates female offenders from male offenders. The failure to achieve positively valued goals in comparison with the failure to achieve aspirations or ideal goals is more of a strain on females, according to Broidy and Agnew (1997).
This is due to the fact that aspirations have a utopian element to them, and we do not suffer serious distress when we fail to achieve them. However, positively valued goals are playing into expectations which are firmly rooted in reality (Agnew & Broidy, 1997).

According to Broidy and Agnew (1997), data suggests that abusive and failed relationships are a major source of strain for females, and has been linked to criminal behavior. It is noted that in conjunction with the pursuit of specific financial and interpersonal goals, females and males alike desire to be treated in a fair manner. However, data suggests that females are often treated indifferently in comparison to their male counterparts. For example, Broidy and Agnew (1997) note that in the family, females often perform low-skill, monotonous tasks that are not keeping with their skills and qualifications, they routinely attend the needs of their spouses and children but receive little attention to their own needs, and also take care of a disproportionate share of the housework even if they are balancing fulltime work on top of their duties at home (Agnew & Broidy, 1997).

It is argued that compared to females in general, female offenders have more opportunities for crime, are lower in social control, and are higher on those variables that predispose one to crime, such as criminal beliefs and association with deviant others, than non-criminal females (Agnew & Broidy, 1997).

**Female offenders and gendered pathways.** Females enter prison in what has been described as a gendered pathway. The gendered pathways approach is an important element of this study, because it offers insight into what leads a female into offending, and how they continue to live in the margins of society. Beginning in the late 1970’s, feminist criminologists
have referred to the link between early victimization and subsequent incarceration as a “pathway”. It is called gendered pathways because of the uniqueness of the pathways with women as opposed to men. Bloom and Covington (2009), argue that the most common pathways into crime are based on survival and substance abuse (Bloom & Covington, 2009).

“The pathways approach identifies girls’ and women’s (and sometimes boys’ and men’s) victimization and trauma histories as risk factors for trajectories into offending behaviors” (McDaniels-Wilson & Belknap, 2008, p. 1091)

Many female offenders on the social and economic margins of society struggle to survive outside legitimate enterprises, which bring them in contact with the criminal justice system. Because of their gender and rates of victimization, the most common pathways female offenders will find into crime is based off of survival and substance abuse (Gido & Dalley, 2009).

Female offenders who have histories of sexual and or physical abuse that appear to be the major roots of their subsequent delinquency, addiction and criminality (Bloom & Covington, 2009). Reisig et al. (2006) notes that there are different types of gendered pathways which would lead female offenders to a life of crime. This is important in understanding the background of these female offenders and what has led them to crime as well as what keeps them continuously offending. Street women, they note includes females who have fled abusive homes at a young age, became addicts, and used criminal means such as prostitution, drug dealing and theft to survive on their own on the streets. The drug connected pathway examines female offenders who are involved in using, manufacturing, and or distributing drugs in the context of an intimate family relationship or family-based arrangement. These female offenders in particular would be more ‘new’ to using drugs, and prior evidence of an antisocial
background would be modest (Reisig, Holtfreter, & Morash, 2006). Harmed and harming women are considered to be subjected to turbulent, chaotic living conditions in the past which included abuse and neglect. These female offenders were considered difficult by their teachers and families. These females often used violence by their adolescence. Battered women differ from the other female pathways because their abuse is often confined to relationships with violent intimate partners (Reisig, Holtfreter, & Morash, 2006). Even though there are similarities between the traits of battered female offenders and the other pathways discussed, Reisig et al. (2006) notes that these females would not have appeared before the court had they not been in relationships with violent men (Reisig, Holtfreter, & Morash, 2006).

Daly’s research identified five categories of female offenders, each with a distinctly different pathway into the criminal justice system. Four of the pathways are described as gendered; that is they were characterized by events that are more likely among females than among males (McDaniels-Wilson & Belknap, 2008). The gendered pathway categories identified are as follows. Street women, who run away from home as youth, have histories of substance abuse, and engage in prostitution and drug dealing; drug connected women who use, manufacture, and/or traffic drugs as a result of involvement with intimate partners or family members; harmed and harming women, who are characterized by childhood abuse, violent acting out, and continued victimization into adulthood; and battered women, who experience domestic violence. The fifth and last category was composed of more economically advantaged women who did not have histories of victimization and were less likely to have substance abuse problems, which has been called the economically motivated group (McDaniels-Wilson & Belknap, 2008).
Current Classification Models and Prison Programming:

It has been widely argued through the criminal justice field that the most crucial piece of rehabilitation for female offenders is the correct classification and programming for the offenders specific needs. More specifically, correctional administrators have identified treatment needs believed to be the most successful outcomes as substance abuse education and treatment and the development of parenting and life skills as well as interpersonal and basic educational skills. Several of the unique identified needs of female offenders also include childcare, pregnancy, and sexual or physical abuse victimization (Dowden & Andrews, 1999). Because it is believed that females follow a gendered pathway into crime and subsequently into the criminal justice system, it’s implied that the risk assessment tools used to determine the risk of the offender for females should be different than those used by their male counterparts. However, the same risk assessment tools are often used, and the concern is that these risk assessment tools may be over classifying females and subjecting them to higher than necessary security measures. The second and incredibly important implication of these risk assessment tools is that it does not accurately capture the scope of female specific needs that need to be addressed in intervention and prevention programs. Overlooked in these gender neutral risk assessments of females is the failure to address the female specific needs such as mental health concerns, parenting responsibilities, poverty, healthy relationships, self-esteem, self-efficacy, and victimization and trauma (McDaniels-Wilson & Belknap, 2008).

It is important to note the implications of this particular risk assessment overlooking the needs of the female offender. Because it does not rate the female offender on aspects of the offender’s life that most likely will lead them back into crime, it is essentially failing them. Their
re-entry into the community will be hindered because they are unable to get the proper counseling and possible programs that they need before they re-enter society, putting them in a difficult spot after their release. Due to the lack of gender specific controls in this risk assessment, female’s offenders face a significant disadvantage over their male counterparts when being released from prison.

According to Wright et al (2007), the classification process and tools used in such practices in correctional facilities in the United States are used to inform offender placement into either community, minimum, medium or maximum security custody levels. These placements will dictate the housing, privileges, movement and programming available to the offenders. Due to the majority of incarcerated offenders being male, it is not uncommon that classification tools were developed specifically with the male offender and the male offenders needs in mind. With the number of female offenders on the rise, prisons have taken to adjusting their classification models in order to better suit the growing number of incarcerated females (Wright, Salisbury, & Van Voorhis, 2007). Current studies into the classification programs indicate that the prison classification systems do indeed work better for male offenders than for female offenders. Wright et al (2007) notes that the custody classification systems which are currently being used tend to over classify women into higher risk categories than is actually warranted. This over classification can lead to increased limitations placed on female offender’s freedoms and access to programs which could be beneficial in their rehabilitation (Wright, Salisbury, & Van Voorhis, 2007).

At the heart of the classification process for female offenders is whether or not the current classification system is accurately taking female offenders unique needs into account.
while they are being classified for their custody. The main concern, as Wright et al (2007) notes is whether the inclusion of important gender responsive needs would increase the validity of the assessment tools for women offenders and more appropriately inform their treatment and programming (Wright, Salisbury, & Van Voorhis, 2007). The classification of an offender serves several purposes, ranging from security placement to treatment planning, release decision making and supervision standards. Individualized classification is incredibly important in determining the placement of female offenders in the correct facilities as well as matching them with the correct programs that will help to rehabilitate them in the future.

Due to the oversight in these classification processes, females who may need more attention due to their gender specific needs are unable to qualify for such treatment and programming (Wright, Salisbury, & Van Voorhis, 2007). As studies suggest, female offenders and male offenders have incredibly different needs which must be addressed in the prison setting in order for them to lead a successful life once they are released, and to decrease their possibility of coming back into the prison system. Because these classification systems are robbing female offenders of possible programming and treatment programs, their mental health, PTSD and substance abuse problems unique to female offenders will only continue to worsen as they are incarcerated, and their likelihood of recidivism will increase without the proper support (Wright, Salisbury, & Van Voorhis, 2007).

According to recent studies, 12% of females in the general population have symptoms of a mental disorder, compared to 73% of females in state prisons, and 61% in federal prisons, and 75% in local jails (Gido & Dalley, 2009). A separate study comparing incarcerated women matched by age and ethnicity found that incarcerated men have a significantly higher incidence
of mental health disorders, including schizophrenia, major depression, substance abuse
disorders, psychosexual dysfunction, and anti-social personality disorder (Gido & Dalley, 2009).

When female offenders enter a jail or prison for the first time, one of the most
important things that they will do is take part in a screening, assessment and evaluation. This is
critical in order to deliver the best services to female offenders. This information, according to
Veysey (2010), will determine proper housing, appropriate classification, and whether or not
female offenders will receive any type of mental health services (Veysey, 2010).

In order for a female offender to be treated for a mental illness at that point, several
things will have to come into play. The questions that the female offender will answer include
questions about mental health symptoms, history of mental health treatment, current use of
prescribed psychotropic medication, and risk of suicide. In order to capture this information
accurately, questions should ask specifically about symptoms of depression, current
intoxication, whether the female offender was recently injured, and whether she has minor
children and if so whether or not they are being cared for and by whom (Veysey, 2010).

When females are incarcerated in prisons with pre-existing depression or PTSD, there
are some prison run programs which will help them through their prison experience and also
work as a drug or alcohol counseling program. Depending on the prison, there may be
counseling and programs available as well that will help the female offender cope with their
depression or PTSD (Raj, et al., 2008). According to Raj et al., incarceration presents a unique
opportunity for counseling and mental health intervention for a population at a
disproportionate risk for rates of mental health problems for incarcerated women likely due in
part to the trauma incurred by experiences of sexual violence, the majority of mental health needs are not addressed within the corrections system. This is particularly troubling, considering the high rates of mental health problems females’ face while incarcerated. Raj et al.’s research has suggested that the development of infrastructure and a knowledge base for incarceration-based mental health care should be prioritized, especially due to the recent research suggesting the efficacy of prison-based counseling programs among women with victimization histories (Raj, et al., 2008).

Although services designed for women that acknowledge their typical victimization experiences are becoming more widespread, and a variety of approaches targeting gender based needs have been proposed, such specialized services tend to be exceptions rather than the rule (Gido & Dalley, 2009). There are gaps in substance abuse treatment and in physical and mental health care exists during incarceration and on reentry into the community. In the correction system, females have little to no access to gender responsive substance abuse and mental health services. Unfortunately, after their prison sentence they are usually released back into the community with little to no transitional support or integrated services needed to address their substance abuse, trauma and mental health needs (Gido & Dalley, 2009).

Brown and Bloom (2009) explain that the efforts that prisons put into their rehabilitation programs often overlook or pay little attention to the pathways in which females travel to prison. These journeys as previously mentioned, are shaped by abuse, poverty, and the dynamics of gender inequality. Without addressing the issues that brought the female offender to prison in the first place, prison rehabilitative and counseling programs are doing
little good for the female offender, and are setting them up for a subsequent reentry into prison (Brown & Bloom, 2009).

It is important to note that this research will provide information from not only state prison’s, but also county jails. It is of high importance to discuss female mental health problems in jails as they are a pre-cursor to prison in the United States. It is fair to assume that many female inmates who are currently in prison in the United States have also been incarcerated in jails at one point or another before their stay in prison at either a state or federal level.

Tripodi et al. (2009) notes that most in prison treatment programs work towards one collective goal of reducing the rates of recidivism for their population. The two models of intervention Tripodi et al. discusses are the risk reduction model and the enhancement model (Tripodi, Bledsoe, Kim, & Bender, 2009).

According to Tripodi et al., the risk reduction model uses a risk management model to identify risk factors for criminal behavior. Risk reduction is focused on addressing dynamic or malleable factors which have been shown to predict recidivism. The only way to determine the effectiveness of these programs is by determining an evaluation of the offender’s post-release incarceration rates (Tripodi, Bledsoe, Kim, & Bender, 2009).

The most prevalent criminogenic factors addressed in the risk reduction model is substance abuse. Tripodi et al. (2009) notes that on average, females have more extensive histories of substance abuse than male offenders, and substance abuse usually plays a critical role in the introduction and continuation of female criminal behavior. Female offenders are commonly found to report that they were using substances at the time of their incarceration, or
that they committed crimes to gain access to money for drugs. Tripodi et al. (2009) also explains that females with either a family history of substance abuse or active substance abuse problems are more likely than other offenders to reoffend after release from prison (Tripodi, Bledsoe, Kim, & Bender, 2009).

Tripodi et al. (2009) explains that the enhancement model aims to address women’s psychological and physical well-being to improve their functioning while incarcerated and after release. Programs that are included in the enhancement model to strive to improve issues such as coping with physical or sexual abuse, parenting, and HIV risk with the assumption that improved psychosocial and well-being will ultimately reduce women’s likelihood of criminal behavior (Tripodi, Bledsoe, Kim, & Bender, 2009).

Strength based treatments shift the focus from targeting problems to identifying the multiple issues a woman must contend with and the strategies she has adopted and cope. This has been referred to as assessing a woman’s level of burden. Burdens are conditions such as psychological problems, homelessness, HIV/AIDS, other health issues, addiction and physical and sexual abuse. The focus is on support rather than confrontation, to break down a woman’s defenses. In this strength based model, the counselor will help the offender to see the strengths and skills she already has that will help her to manage her symptoms and become sober and drug free (Gido & Dalley, 2009).

When utilized properly, correctional interventions can greatly decrease the likelihood that a female offender will return back to prison more than once. With proper placement in determining the risks and needs of the offender when she is originally classified is detrimental
in this process to ensure that she is receiving the proper programming while in a correctional facility.

**Mental health programming.** According to Veysey (2010), studies have consistently found that female inmates are more likely to exhibit mental problems and be diagnosed with serious mental illnesses than male inmates. Seventy five percent of women in jail exhibit symptoms of mental disorder in comparison to 63% of men. This study also found that the acute mental illness in urban jails and the rates of acute mental illness in female offenders is 15% where 6.1% of men met the same criteria (Veysey, 2010).

It is important to note that most gender specific services for incarcerated women focus on the experiences of physical and sexual abuse. According to Veysey (2010), correctional settings and their environment may cause distress to women with trauma histories. This could occur through institutional triggers, or re-traumatization. Each jail, much like prisons, differs in resources and correctional philosophies. Because of this, each jail must make its own decisions regarding what services it will support to its population. Veysey (2010) argues that jail based mental health services must be trauma-informed. Due to the fact that jails are short term facilities, jail mental health services will likely focus on stabilization through crisis management and short-term treatment. These services could fall under medications, physiological interventions, and cognitive behavior group modalities (Veysey, 2010).

Trauma informed supervision emphasizes the effort of understanding the high rate of trauma that affects female offenders – particularly childhood abuse and neglect. In this scenario, effort needs to be put forth by leaders who implement trauma-informed principles to
objectively evaluate how someone with trauma history experience normal procedures in jail such as the booking process, incarceration in general, treatment within a secure facility, and release into the community. Veysey (2010) argues that trauma informed systems of care strive to prevent conflicts and immediately intervene when conflicts occur. They also prioritize attention to staff negotiation skills (Veysey, 2010).

In our current system, a number of approaches to programs for offenders with mental health problems exist. Research has proven that the success of any approach will be largely dependent on the therapeutic alliance between the client and the clinician (Gido & Dalley, 2009). In order to fully address the offenders needs, therapeutic programs must use a variety of interventions with behavioral, cognitive, affective/dynamic and systems perspectives. How a particular program is designed and operated will affect the offenders experience in the program. Female offenders tend to engage in group therapy more often than their male counterparts. This can be linked to gendered norms (Gido & Dalley, 2009). Many researchers and practitioners believe that the treatment needs to women with substance abuse and mental health issues are best met in women-only group therapy (Gido & Dalley, 2009). These groups afford women the opportunity to compare their attitudes about their parents, partners, and children and their feelings about things which have happened to them often times traumatic experiences (Gido & Dalley, 2009).

**Female Offenders and Reentry:**

The number of studies of women released from prison is not large, but reentry is being recognized as a gendered phenomenon, much like women’s offending (Huebner, DeJong, &
Jennifer, 2010). The reentry of a female offender is dependent on both subjective factors and objective factors. An area that is also overlooked in female incarceration is that many female offenders are mothers, and when they are released from prison they are going back to their families which often include children (Huebner, DeJong, & Jennifer, 2010).

Huebner et al. (2010) found that women who were identified as drug dependent post-release were substantially more likely to fail on parole. Nearly one third of the women who participated in Huebner et al.’s study and recidivated, were dependent on drugs following release from prison (Huebner, DeJong, & Jennifer, 2010).

As noted in the research, there are several major issues related to successful re-entry for female offenders (Huebner, DeJong, & Jennifer, 2010). These issues include employment, housing, and reintegration. The following is an overview of each issue and how they impact women returning to their communities.

As noted, scholars have acknowledged that re-integration experiences vary according to individual differences, community characteristics, and other contextual circumstances such as state policies. Former inmates face a number of challenges such as deficits in employment, education and housing options. Although research has supported that the most cost effective approach to re-entry is a one-size fits all approach in terms of implementation, but the failure to attend to the specific needs of female offenders may prove to be more economically and socially costly in the long run. It is important to note that on average, female offender’s sentences are shorter than their male counterparts which means that they will likely be facing release at a much quicker rate than male offenders. Holtfreter and Wattanaporn (2013) argue
that based on that fact alone, more attention should be devoted to the importance of a gender responsive approach to re-entry in prison (Holtfreter & Wattanaporn, 2013)

**Employment.** Finding employment after imprisonment for females is an integral part of their rejoining of society. At the time of incarceration, 80% of female offenders are unemployed by a legal means, in comparison with the 10% of adult females in the general population. Because of these incredibly low numbers of employment before the offender is even incarcerated, it is detrimental to their rehabilitation and continued success once they are released that treatment programs are targeting both education and vocational programming (Brown & Bloom, 2009). Brown and Bloom (2009) suggest that employment is the stage on which women’s aspirations for re-integrating into society play out. Brown and Bloom (2009) note that the job search after prison poses frustration as well as dilemmas for women who suffer from inadequate education and little legitimate work experience. Institutional assessments report that 76% of these incarcerated females had been employed less than 40% of the year prior to their incarceration (Brown & Bloom, 2009). Nearly 55% had less than a 12th grade education, and fewer than 10% had any postsecondary education. Due to their low education, most female offenders released from prison will often only qualify them for low wage work (Brown & Bloom, 2009). It is important to note that although they may qualify for unemployment or welfare, they are often discouraged from collecting from them due to parole regulations (Brown & Bloom, 2009).

Parole regulations require these female offenders to seek and maintain employment, and often times these inmates leave prison with significant debt, owing money for fines, victim compensation, and child support. The mandated employment status for parolees is that of a
full-time worker, yet only about 37% attained this objective even once during the average 16 month parole period under observation (Brown & Bloom, 2009). Of those that worked over that time period, approximately 18% had two to three different full time jobs with some women having four different full time jobs. Many of these jobs are temporary and do not include benefits for their employees. 25% of female offenders who participated in Brown and Bloom’s study reported working part time at some point, and more than 25% of the women experienced job loss or unemployment at some time during parole. The DHS also holds these female inmates responsible for paying back the welfare money distributed to their children while they were incarcerated (Brown & Bloom, 2009).

According to Huebner et al., a recent multi-state analysis of re-entry outcomes suggest that approximately one third of women are employed six months post release. Contributing factors to this low rate of employment are similar to Brown and Bloom’s findings – lack of childcare, discrimination, and conflict with employers have all been identified as being central to women’s reduced employment rates upon release. Huebner et al. (2010), suggests that poor inner city women generally operate within isolated small social circles that keep them from learning how to develop strong social networks which could provide opportunities for employment and social and economic advancement prior to and post-release. This coupled with the already high odds of unemployment make avoiding re-entry more challenging and recidivism more likely (Huebner, DeJong, & Jennifer, 2010).

**Housing.** According to data provided by Brown and Bloom (2009), there were 203 women who participated in their study, and there were 576 children amongst those female offenders. Out of the 203 female offenders, 3 parenting women in the population had the
resources to set up their own households after prison. According to Brown and Bloom, female offenders often times will imagine having a place for themselves and their children which may also include a spouse or partner from the past, but this rarely comes true (Brown & Bloom, 2009).

Finding suitable housing, notes Huebner et al., is an essential element of reentry success. “A stable home environment provides social and emotional support and structure that is conducive to positive reentry transitions.” (Huebner, DeJong, & Jennifer, 2010, p. 231) In a recent multi-state study of reentry outcomes, it was discovered that 56% of women lived with family following release from prison and most had received some sort of financial or social support, where one quarter of those surveyed had not received any tangible support from their family (Huebner, DeJong, & Jennifer, 2010).

According to Huebner et al. (2010), most female offenders return to impoverished neighborhoods following their release from prison. This is particularly true for women of color. Huebner et al. found that African Americans are more likely to report a lack of access to programs and services in their disenfranchised communities. As a result, women of color who return home from prison often report that they feel marginalized within the context of an economically distressed neighborhood, making successful reintegration more difficult (Huebner, DeJong, & Jennifer, 2010).

**Reintegration into the community.** Brown and Bloom (2009) explain that female offenders are centrally involved in two transitions when they rejoin community life. One of them is their own process of reintegration, and the other is the transitions of their loved ones.
Qualitative evidence suggests that for women who are on parole, successful reintegration means getting to put up with the stresses and strains of parenting teenagers, going to classes, being tired of messy houses, and working low-wage jobs. It means taking up the reins of parenting along with its normal complexities, then adding in the dimension of being under the scrutiny of law enforcement agents (Brown & Bloom, 2009).

In summary, in order for female offenders to complete a successful reentry into society, they need to find reliable housing (Brown & Bloom, 2009; Huebner, Delong & Jennifer, 2010) and stable employment (Brown & Bloom, 2009; Huebner, Delong & Jennifer, 2010). Depending on the conditions of their release, it is recommended that female offenders continue some sort of drug or alcohol related treatment program or counseling if it was found that they were abused as a child (Carlson, Shafer & Duffee, 2010; Currie & Widom, 2010).

**Massachusetts Department of Corrections (MA DOC):**

Previous literature discussed has focused primarily on national level samples and samples from other states in examination of existing prison programming for females gendered needs as well as their impact on re-entry. In turning attention to the Massachusetts Department of Correction (MA DOC), data will be compared from the MA DOC along with national data.

According to the Massachusetts DOC, their vision is “to effect positive behavioral change in order to eliminate violence, victimization, and recidivism”. Their mission is to promote public safety by managing offenders while providing care and appropriate programming in preparation for successful reentry into the community. The overall goal of the DOC in Massachusetts is to
reduce or eliminate recidivism while preparing prisoners to successfully reenter society. One of the goals of the MA DOC is to effectively prepare inmates for transition into communities to reduce crime and victimization, reduce recidivism, and promote rehabilitation and reentry. An estimated 500 million dollars is given to the DOC on a yearly basis to fund its programs, pay its over 5,000 full time employees, and to take care of their prisoners within their facilities (Massachusetts Department of Correction, 2012).

In the year 2007 alone the prison population in Massachusetts increased by 3.7%, more than any neighboring state. In comparison, Connecticut rose by 1.0%, Rhode Island by 3.1% and nearly three times the national average of 1.3%. From 2004 to 2009, the Massachusetts prison population grew year over year by 3.2% compared to the national average of 1.7%. Between the years 2008 and 2010, the DOC admitted 11,646 prisoners averaging 3,882 a year (Haas, 2012). In that same period, the DOC released 11,523 prisoners back into society averaging 3,841 a year. In the year 2010 alone, 1,768 prisoners were released from medium or maximum security prisons. With the recidivism rate of 44%, we can expect that 5,070 of the prisoners released from prison during 2008-2010 will return to prison (Haas, 2012). The inmates who have shown the largest increase in incarceration are the female inmates in the DOC. According to the MA DOC, the female population is expected to continue to grow over the next several years. It is projected that the population will grow 1.7% between 2013 and 2018 (Spencer, 2013).

According to study by MGT of America, a nationwide firm with specialists in corrections, law enforcement and public safety, the Massachusetts DOC was fond to be a well-managed organization with effective security operations and an extensive array of inmate programs,
however there were several issues that needed to be addressed (Spencer, 2013). Among these issues were environmental analysis, population trends and projections, system capacity, classification, reception and intake, criminal records processing unit, inmate discipline and restricted housing, security risk level, management of female offenders, staff management, security staffing, security operations, central transportation unit, health care, educational and vocational training, reentry and program services, and administrative functions (Spencer, 2013).

According to a 2011 report on population trends in MA DOC facilities, the recidivism rates for female offenders released from lower security facilities was at 36%, where female inmates released from a medium security facility had a recidivism rate of 42%. Female offenders released from a county sentence had a much higher recidivism rate of 41% in comparison with female offenders who were released from state sentences with a recidivism rate of 30%. This report also notes that the 2008 three year recidivism rate was 35% for the total female population (Massachusetts Department of Correction, 2012).

As of January 1, 2013 there were a total of 759 female inmates in the MA DOC, 486 of which were criminally sentenced, 258 of them were pre-trial detainees, and 15 of them were civil commitments (Massachusetts Department of Corrections, 2013). These female offenders had an average age of 36 years old. Of these female inmates, 60% were serving a sentence of more than three years, 45% had a violent governing offense, 53 were serving a governing mandatory drug sentence (Massachusetts Department of Corrections, 2013). In concerns to their educational levels at their time of incarceration, 33% of the female inmates entered the MA DOC with a less than 9th grade reading level, and 38% entered the MA DOC with a less than 6th grade math level (Massachusetts Department of Corrections, 2013). In concerns to the
mental health of the female offenders housed in the MA DOC, 59% of female offenders had
open mental health cases with 49% on psychotropic medication, in comparison to their male
counterparts which displayed 24% of their population with open mental health issues and 18%
of psychotropic medication (Massachusetts Department of Corrections, 2013).

In comparison with the national level data previously discussed throughout the review
of literature, the population growth of female offenders in the MA DOC is in line with national
averages. This is to say that the MA DOC is not seeing a large difference in the influx of
population. Based upon this information, the MA DOC is working with different structural
changes in terms of programming in order to bring a focus on female offenders and their
gendered needs. Due to this, the re-entry for female offenders since 2007 has been moderately
successful in comparison with national data and data provided from other states in the
literature.

Methods

Programming for female offenders and their gender specific needs is one of the most
important parts in their process of rehabilitation and reintegration into the community. This
study will examine whether or not prison based programming for females in addressing the needs
of female offenders based off of the literature provided. Through my research I expect to assess
existing programming in light of established research which documents the life histories of
incarcerated females. Through this research, I hope to address possible gaps in prison
programming which could potentially contribute to the offender’s recovery process.
Information was requested from correctional facilities throughout Massachusetts for completion of this study. Each letter sought information from the following facilities: Berkshire House of Correction, Berkshire County Jail, Bristol Dartmouth House of Correction, Bristol Dartmouth County Jail, Essex WIT Sentenced Facility, MCI Framingham, Franklin County Jail, Hampden Women’s Center, Suffolk County Nashua Street Jail, Suffolk County House of Correction South Bay, and South Middlesex County Jail (as shown in table 1.) Each correctional facility in Massachusetts which houses females was contacted through postal mail, in addition to two correctional facilities which were also contacted electronically. Each letter contained a request for information regarding the programs offered to female offenders in their respective facilities (see appendix). Each letter requested information regarding mental health programs, substance abuse programs, educational programs, and life skill programs which may help female offenders prepare for release. Also requested was information regarding the number of females participating in the programs provided.

The goal of this communication was to provide me with an overview of programs which are offered to female offenders in Massachusetts and the number of females are able to partake in them. In order to fully understand the scope of prison programming for female offenders in Massachusetts, I must first understand what programs are offered at what facilities, and how many female offenders have access to said programs. Once this information was collected, I was able to determine gaps in prison programming for female offenders.

Table 1. Female Correctional Facilities

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number of Inmates Housed</th>
<th>Level Of Security</th>
<th>Date Information Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>Count</td>
<td>County</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>-------</td>
<td>--------</td>
<td>------------</td>
</tr>
<tr>
<td>Berkshire House of Correction</td>
<td>33</td>
<td>County</td>
<td>N/A</td>
</tr>
<tr>
<td>Berkshire County Jail</td>
<td>13</td>
<td>County</td>
<td>10/31/2013</td>
</tr>
<tr>
<td>Bristol County – Dartmouth House of Correction</td>
<td>7</td>
<td>County</td>
<td>N/A</td>
</tr>
<tr>
<td>Bristol County – Dartmouth County Jail</td>
<td>24</td>
<td>County</td>
<td>N/A</td>
</tr>
<tr>
<td>Essex WIT Sentenced Facility</td>
<td>33</td>
<td>County</td>
<td>N/A</td>
</tr>
<tr>
<td>MCI Framingham</td>
<td>649</td>
<td>Medium</td>
<td>11/13/2013</td>
</tr>
<tr>
<td>Franklin County Jail</td>
<td>29</td>
<td>County</td>
<td>N/A</td>
</tr>
<tr>
<td>Hampden Women’s Center</td>
<td>16</td>
<td>Minimum/Pre-Release</td>
<td>N/A</td>
</tr>
<tr>
<td>Suffolk County Jail – Nashua Street</td>
<td>0</td>
<td>County</td>
<td>11/14/2013</td>
</tr>
<tr>
<td>Suffolk County House of Correction – South Bay</td>
<td>118</td>
<td>County</td>
<td>N/A</td>
</tr>
<tr>
<td>South Middlesex Correctional Center</td>
<td>120</td>
<td>Minimum/Pre-Release</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Analysis**
I received responses from three different facilities housing female inmates in Massachusetts: Berkshire County Jail, Suffolk County House of Correction, and MCI Framingham. Berkshire County Jail is located in Pittsfield and is a relatively new facility. Berkshire County Jail “emphasizes education and treatment programs intended to offer inmates the opportunity for self-improvement upon their release” (Berkshire County Sheriffs Office, 2013). Suffolk County House of Correction is located in Boston and houses male and female inmates convicted of crimes with a sentence of two and a half years or less (Suffolk County Sheriff's Department, 2013). MCI Framingham is one of two female prisons in Massachusetts. It’s a medium security facility for female offenders located in Framingham. This facility houses female offenders at various classification levels, including state and county offenders as well as inmates who are awaiting trial (Commonwealth of Massachusetts, 2013).

Each facility provided me with a list of the programs offered to inmates, and two facilities - Berkshire County Jail and Suffolk County House of Correction - provided me with schedules of the programs offered. Each facility offers an array of programs focusing on the female offender’s mental health, substance abuse treatment, and vocational programming. Each facility approaches programming in a different manner, with Suffolk County House of Correction using a three phase program which is intended to give offenders the proper access to different programming at different phases of their incarceration, it seems to have the most solid structure of those responding.

**Mental Health Programming:***

Table 2. Mental Health Programs
<table>
<thead>
<tr>
<th>MCI Framingham</th>
<th>Berkshire County Jail</th>
<th>Suffolk County House of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Planning</td>
<td>Victim Impact</td>
<td>Anger Management</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>Healthy Relationships</td>
<td>Freedom From Violence</td>
</tr>
<tr>
<td>Residential Treatment Unit</td>
<td>Parenting</td>
<td>Yoga</td>
</tr>
<tr>
<td>Intensive Treatment Unit</td>
<td>Self-Esteem</td>
<td>Meditation</td>
</tr>
<tr>
<td>Day Treatment Program</td>
<td>Seeking Safety</td>
<td></td>
</tr>
<tr>
<td>Short Term Track</td>
<td>Yoga</td>
<td></td>
</tr>
<tr>
<td>Long Term Track</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The mental health of female offenders is one of the more important gendered differences between male and female offenders. Because of the females predisposition to depression, PTSD, and other mental health issues (Anumba, Dematteo, & Heilbrun, 2012; Bloom & Covington, 2009; Rosenfield, Phillips & White, 2006.) it is crucial that the mental health of inmates is monitored closely and properly to ensure that they are receiving adequate treatment in order for them to have a successful release and re-entry back into society. Each facility which responded has demonstrated that they offer an array of mental health programs targeting female offenders and their gendered needs.

Between the three facilities who responded to my request for information, each have different mental health program offerings, however they all revolve around some of the same issues. Programs such as healthy relationships, and self-esteem help female offenders rebuild their sense of self-worth. As noted in the literature, one reason that female offenders have a high disposition for mental health issues is due to victimization early in life (Anumba, Dematteo, & Heilbrun, 2012; Becker, Stuewig, & McCloskey, 2009; Springer, Sheridan, Kuo, & Carnes, 2003; Carlson, Shafer & Dufee, 2010; Bloom & Covington, 2009; Gido & Dalley, 2009). Based off
of the idea of general strain theory, these offenders likely internalize the victimization and carry it with them through adulthood (Agnew & Broidy, 1997; Agnew, 2001). This leads them into unhealthy relationships and a lowered sense of self-worth due to their lack of self-esteem and their understanding of a caring relationship. Programs such as healthy relationships and classes which teach female offenders about the importance of self-esteem will in some cases help deter the onset of depression and possibly PTSD issues brought on by unhealthy relationships.

MCI Framingham offers a Residential Treatment Unit (RTU) and an Intensive Treatment Unit (ITU) which serves a portion of the female inmates incarcerated. The RTU serves 32 inmates at a time and is intended for those with serious mental disorders who are unable to function in general population but do not require hospitalization based upon their assessment by the RTU clinician, the Mental Health Director and the Deputy Superintendent of Treatment. The primary goal of this department is to provide a structured, educational and therapeutic environment so that the participants can develop necessary skills to live independently in not only the correctional setting but also in the community upon release. The ITU provides management, programming and treatment to inmates who are suffering from suicidal ideation, self-injurious behavior, serious mental illness, chronic disciplinary issues and an inability to adapt to placement in a special management unit or general population. The goal of the ITU is to provide focused staff interaction, programming and treatment in order to convey sufficient skills in behavioral control, coping skills and compliance with recommended treatment. In conjunction with these two mental health programs, MCI Framingham also offers day treatment programs and a short track and long track program designed to focus on different types of female inmates and their differing mental health issues.
MCI Framingham offers a much more intensive onslaught of mental health programming for female offenders than the county jail and House of Correction (HOC) which responded to my request for information. It is reasonable to assume that these mental health programs are more intensive because the majority of the female offenders incarcerated there are sentenced and serving longer sentences than those detained at a county facility or the HOC. Based off of the information provided, the county facility and HOC offer programming which focuses on the symptoms of mental health issues (unhealthy relationships, low self-esteem, anger management issues) but they do not seem to address the root causes of some of the mental health problems.

I fear that at a county level and in the HOC, the mental health programming is lacking when compared to previous studies outlining the needs of female offenders. In order to create a successful rehabilitative path for these female offenders while also preventing a possible relapse into criminal activity or substance abuse, it is important for these county facilities to balance programs between mental health, substance abuse and domestic violence. This is incredibly important to the female offender’s well-being and their hopeful success, because it displays that the combination of traumatic events in the offenders life could be possible contributors to their overall criminality.

**Substance Abuse Programming:**

Table 3. Substance Abuse Programs

<table>
<thead>
<tr>
<th>MCI Framingham</th>
<th>Berkshire County Jail</th>
<th>Suffolk County House of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Step</td>
<td>Alcoholics Anonymous</td>
<td>Alcoholics Anonymous</td>
</tr>
<tr>
<td>Opioid Treatment</td>
<td>Narcotics Anonymous</td>
<td>Relapse Prevention</td>
</tr>
<tr>
<td>Steps to Recovery</td>
<td></td>
<td>Health Realization</td>
</tr>
</tbody>
</table>
Research has frequently documented that female offenders face substance abuse problems for multiple reasons. Often times, their substance abuse and substance dependencies coincide or are results of their mental health status (Widom, White, Czaja, & Marmorstein, 2007; Agnew & Broidy, 1997; Agnew, 2001; Currie & Widom, 2010). As literature suggests, female offenders internalize victimization, which may lead to substance abuse and or mental health issues. Substance abuse also tends to play a significant role in their offending, and many female offenders are incarcerated due to crimes committed under the influence of a substance or in order to obtain more of whatever drug/alcohol they are addicted to (Widom, White, Czaja, & Marmorstein, 2007; Agnew & Broidy, 1997; Agnew, 2001; Currie & Widom, 2010). Jail and prison often times are the first line of defense that some of these female offenders has when it comes to cleaning themselves up and letting themselves rehabilitate while they do not have easy access to drugs and alcohol.

All facilities which replied to my request for information have programs in place to help treat female offenders who are suffering from drug or alcohol dependencies. The programs offered include multiple steps in the recovery process beginning with detox. At MCI Framingham, the First Step Program is intended for female offenders who are awaiting trial or

<table>
<thead>
<tr>
<th>Criminal Thinking</th>
<th>Recovery 1, Recovery 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholics Anonymous</td>
<td>Narcotics Anonymous</td>
</tr>
<tr>
<td>Narcotics Anonymous</td>
<td></td>
</tr>
<tr>
<td>Christian 12 Step Group</td>
<td></td>
</tr>
<tr>
<td>Al-Anon</td>
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</tbody>
</table>


who have short sentences and are in need of detoxification and treatment, as they are likely being released at a quicker pace than female offenders who have already been sentenced and are serving their prison term. Programs offered for offenders serving longer terms include Opioid Treatment Programs, Steps to Recovery, Criminal Thinking, and 12 Step Recovery Programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). AA and NA are also offered at Berkshire County Jail and Suffolk County House of Corrections. I find it interesting that also offered at MCI Framingham is Al-Anon. Al-Anon is a 12 step program for the family member’s substance abusers. This is an incredibly important program for female offenders, because even though an offender may not be abusing a substance themselves, it is well documented that many come from homes where substance abuse is more common than with those in general population. This program could be very beneficial to female offenders whose lives have been impacted negatively by the substance abuse of family members.

In terms of re-entry into the community, each facility has noted that they have relapse prevention worked into their programming. Suffolk County House of Correction has specific programs targeting relapse prevention, and MCI Framingham has relapse prevention worked into their multi-step program. In order for female offenders to have a successful re-entry into society, they need to become independent from the drugs that impact their criminality. Out of all of the steps of the programming provided, the relapse prevention is arguably the most important due to the fact that these offenders will likely be faced with the opportunity to relapse in a relatively short amount of time from their release, in accordance with the research and literature regarding the substance abuse of female offenders (Huebner, DeJong, & Jennifer, 2010).
As documented by research into the recidivism rates of female offenders, it is crucial for female offenders to have employment when they are released back into the community in order for them to remain crime free (Brown & Bloom, 2009; Covington, 2002; Holtfreter & Wattanaporn, 2013; Reisig, Holtfreter, & Morash, 2006; Tripodi, Bledsoe, Kim, & Bender, 2009). Each facility which responded to my request has different educational and vocational programming available for inmates in order to help further their employment when they are released. MCI Framingham features longer term programming, which is in line with the rest of their programming previously discussed. The county jail and HOC feature shorter term programming, but all of their programs revolve around the same goal – to help the released female offenders successfully secure a legal job when they are released into the community.
MCI Framingham offers both academic and vocational programming for female offenders. Offenders are able to take classes in preparation for the GED, are able to complete the GED program, and begin to take college courses which will count towards a bachelor’s degree in partnership with Boston University. For offenders who may suffer from learning disabilities, special education and literacy programming is available. These support services include academic and vocational programming support, individualized instruction, and the use of auxiliary aid and services. This program includes a reading lab which utilizes the computer based program “My Reading Coach”, that allows for individualized computer based literacy instruction.

Vocational programming offered at MCI Framingham includes cosmetology which is open to 12 inmate-students at a time, and qualifies the students to take the Massachusetts State License Exam in cosmetology. Also offered is a 120 hour based computer technology program which will teach the inmates basic computer program knowledge with programs such as Microsoft office, which can make them more attractive candidates for employment upon their release from prison. The culinary arts program is a yearlong, students earn their ServSafe Certificate and are able to work towards a certificate in professional cooking. Students staff a 60 seat staff restaurant that serves lunch 4 days out of the week as part of the program. Horticulture is also offered as a one year program serving 12 inmates. This offering trains the inmates on basic greenhouse operation, plant identification, growing/maintenance of annual and perennial flowers and vegetables.

In the county jail and HOC, Pre-GED and GED courses are also offered for the female inmates. At Berkshire County Jail, the educational programming is specific to academic
resources which will help strengthen the offender’s academic skills if they choose to pursue their education further upon their release or if they are seeking employment. Courses offered include computer classes, print shop, graphic communications, library skills and creative writing.

Suffolk County House of Correction offers the most comprehensive life skills and career preparation program for the offenders in their facility, thanks to their community partner Project Place. The career placement program, Partnerships to Opportunities for Women in Re-Entry (POWR) works with adult ex-offenders in Suffolk County within 180 days of reentry. This program focuses solely on job placement and retention. POWR partners with Community Work Services, South End Community Health Center, United South End Job Settlements, Job Net, and Hope House. These partners allow POWR participants to receive referrals for mental health, sobriety, GED, job training, certification programs and career services. When an offender participates in POWR, they receive a 30 day work readiness program which includes assistance with creating a resume, a cover letter, interview skills and the overall job search. POWR gives them the ability to apply and enroll in certificate programs including OSHA, Customer Service, Hospitality and Culinary.

Suffolk County House of Correction also offers the program CREW, which helps motivate female offenders focusing on self-improvement, employment and their overall physical and emotional health. This program is designed for offenders who are within three months of their release or parole eligibility date and lasts for 8 weeks, Monday through Friday. In this program, offenders will learn basic life skills which they lack due to their individual backgrounds. This program caters very well to the gendered needs of female offenders, as it focuses on positive
and negative self-talk, how to set up goals for themselves, how to create a resume, cover letter and thank you letters, identifying health care and counseling resources for the offender when they are released, and also working with them to turn career goals, housing goals, and personal goals into achievable steps for the individual to follow.

In 2012, the CREW program was listed as one of Harvard University’s Bright Ideas and received a ten thousand dollar grant from Northeastern University in order to establish the Suffolk County Women’s Career Center, and the Department of Labor also awarded Project Place a 1.5 million dollar grant to establish the POWR job readiness program in conjunction with Suffolk County Jail. “The Community Reentry for Women Program is a multi-phased, gender specific life skills and job placement program for female offenders reentering their communities from the Suffolk County House of Correction. The program is designed to identify and address the unique challenges faced by female offenders as they prepare for reentry.” (Harvard University, n.d.)

The educational and vocational program offerings at the county jail, HOC and state prison levels are encouraging in that there are programs available for female offenders to help prepare them for re-entry. The career and life skill preparation programs offered at Suffolk County House of Correction are exceptional in that they extensively prepare inmates for re-entry into the community. What is interesting to note, however, is how female offenders are able to participate in the aforementioned programs offered at these facilities. Some of the programs offered at MCI Framingham only include openings for a small number of inmates, when the prison is obviously full of many more inmates. What would be interesting to find out is whether it is resources they are lacking, staffing and support, or whether the classification
process deems that most inmates would not be able to participate in a program of that nature. Also interesting to discuss would be whether or not the programming offered for career services and re-entry is mandatory or voluntary. If it is voluntary, is it reaching the offenders who may need it the most? And if it is mandatory, are the programs really helping with the reentry rate in the state?

One of the best indicators of whether or not an offender will re-enter the system is whether or not they are able to hold a steady and lawful job when they are released from a facility (Brown & Bloom, 2009; Huebner, Delong & Jennifer 2010). For most offenders, it is difficult to find lawful work due to their criminal background. With programs like CREW and POWR, it is encouraging to see a county facility that is making it a priority to have female offenders certified with different important certifications and also work hand in hand with them helping to create a resume. Facilities like Suffolk County House of Correction, are giving these female offenders the correct tools to be able to succeed once they re-enter the community. These educational and vocational programs in conjunction with the proper mental health and substance abuse programs are able to give female offenders their best shot at a successful re-entry.

**Domestic Violence and Violence Reduction Programming:**

Table 5. Domestic Violence and Violence Reduction Programs

<table>
<thead>
<tr>
<th>MCI Framingham</th>
<th>Berkshire County Jail</th>
<th>Suffolk County House of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Sex Offender Treatment Program</td>
<td>Seeking Safety</td>
<td>Freedom From Violence</td>
</tr>
<tr>
<td>Violence Reduction</td>
<td>Healthy Relationships</td>
<td>Anger Management</td>
</tr>
<tr>
<td>--------------------</td>
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</tr>
<tr>
<td>Victims of Violence</td>
<td>Self Esteem</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td></td>
<td>Healthy Relationships</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self Esteem</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual Abuse Survivors</td>
<td></td>
</tr>
<tr>
<td>Gender Roles and Relationships in the Media</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Seminar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive Skill Workshop</td>
<td></td>
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<tr>
<td>TIMBO</td>
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</tbody>
</table>

As research suggests, female offenders follow a gendered pathway into crime which at times can be explained in depth by General Strain Theory, in that female offenders often internalize their stress and it encourages their development of mental health issues, self-mutilation, and substance abuse and unhealthy relationships (Agnew, 2001; Agnew & Broidy, 1997; McDaniels-Wilson & Belknap, 2008; Becker, Stuewig, & McCloskey, 2009). There are female offenders, however who externalize their stressors as well as internalize them. At MCI Framingham, there is programming offered for female offenders who have committed violent crimes and also have been victims of violent crimes or relationships.

The Female Sex Offender Treatment program is available to help female sex offenders incarcerated at MCI Framingham. Clinicians provide participants with sex offender treatment by utilizing a cognitive behaviorally based relapse prevention model which includes a Primary Group, Specialty Group and Psycho-Educational treatment models. This programming will help
the offender when they are re-released into the community as it will help them from relapsing and offending again.

In order to encourage positive and violence free relationships, MCI Framingham, Suffolk County House of Correction and Berkshire County Jail offer programs which develop the female offenders self-esteem so that they are able to know when a relationship is health and unhealthy. Included in the programs offered at MCI Framingham are Violence Reduction programs aimed at decreasing, eliminating or preventing abuse and violence in the offender’s daily lives, Victims of Violence program which aims at helping offenders acknowledge the relationship between the trauma they have experienced, their substance abuse, and their subsequent criminal behavior. Also offered are a 4 week program discussing healthy relationships, therapeutic journaling as a means to reduce stress and emotional pain, a self-esteem program, gender roles and relationships in the media, and sexual abuse survivors which focuses on sexual abuse, rape and post-traumatic stress disorder.

The programs offered which focus around the abuse and violence that female offenders face when they are outside of prison is crucial to their recovery when they are released. Literature suggests that 30% of the female population in the United States faces intimate partner violence at some point during their lifetime (Becker, Stuewig, & McCloskey, 2009). Through the gendered pathways approach and general strain theory, the literature suggests that female offenders are more likely to be victimized over their lifetime due to their onset of mental illness and subsequent substance abuse (Agnew, 2001; Agnew & Broidy, 1997). Evidence supports that children who are maltreated are at risk for subsequent psychological, behavioral and physical problems which include aggression, violence, substance abuse,
depression, PTSD, anxiety disorders, differences in sexual behaviors and reproductive behaviors, as well as other medical and behavioral problems (Whitefield, Anda, Dube, & Felitti, 2003).

It is important to note, that when a female is faced with a traumatic experience early in life, they are likely to continue to be victimized throughout their lifetime due to their subsequent substance abuse issues and mental health issues (Anda, et al., 2006; Becker, Stuewig, & McCloskey, 2009; Carlson, Shafer, & Duffee, 2010; McDaniels-Wilson & Belknap, 2008; Springer, Sheridan, Kuo & Carnes; 2003).

It is important that the programs in these facilities are correctly addressing the needs of the female offenders in domestic violence counseling, while also taking their mental health into consideration. Each program should work hand in hand with one another in order to give the offender the necessary tools to have a successful re-entry into society.

**Family Preservation Programs:**

Table 6. Family Preservation Programs

<table>
<thead>
<tr>
<th>MCI Framingham</th>
<th>Berkshire County Jail</th>
<th>Suffolk County House of Corrections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Children and Families Coordination</td>
<td>Mother/Child Visits (monthly)</td>
<td>Parents Helping Parents</td>
</tr>
<tr>
<td>Children’s Visiting Area</td>
<td></td>
<td></td>
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<tr>
<td>A Place for Mom</td>
<td></td>
<td></td>
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<tr>
<td>Parenting Education Program</td>
<td></td>
<td></td>
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<tr>
<td>Parenting Support</td>
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</tbody>
</table>
Research suggests that female offenders often come from families where there is either too little structure or too much structure, familial abuse backgrounds, and unstable housing situations (Brown & Bloom, 2009; Covington, 2002; Holtfreter & Wattanaporn, 2013). MCI Framingham coordinates with the Department of Children and Families in order for female offenders to stay in contact with their children while they are incarcerated so they can hopefully maintain the mother and child bonds that are so powerful among females. MCI Framingham has a children’s visiting area which includes books and toys to make the children who visit the prison feel more comfortable, as visiting a prison as a child may be a traumatic experience for a person at any age.

The program A Place for Mom works with the South Bay Mental Health center to improve the quality of contact between the children and their mothers in order to support families during the re-entry process that the offender will go through. The services are customized to the needs of the family. Also offered is a Parenting Education Program, which addresses issues regarding the understanding and behavior of children. It helps the parents create problem solving, self-esteem, preventing substance abuse and effective discipline plans to work through with their children. There is also a parenting support group which connects inmates with other parents in order to create a support system between them while parenting from prison. This program provides classes focusing around parenting skills and is aided by a facilitator. Read to Me Mommy is a program which videotapes the female offender reading to
their child and mails it to them. This program is crucial to keeping the bond between a small child and their mother, as they are able to visualize and hear their mother’s voice reading to them at night as most children in the general population are able to have. This is a good way to keep the mother and child connected while the mother is incarcerated.

The most advanced program offered is the Transitional Housing Program. This program works to strengthen the relationship between the mother and children before they are released. It provides progressive intervals of care between the mother and child in order to begin providing a nurturing and stable home for their child which will hopefully continue upon release.

Similar programs are offered at the county jail and HOC level. At both Suffolk County House of Correction and Berkshire County Jail, parenting programs are offered once or twice per week. MCI Framingham has a higher number of prison programs for maintaining family structure due to the fact that the female inmates are more likely than not serving a longer term than someone in a county jail or at the HOC. Because of this, the separation between the child and mother can become extreme and hurt their relationship further. It is important that parenting programs are also offered at the county jails, as it the first line in their rehabilitation from criminal life and will hopefully help to create a better family life for them and their children once they are released. Based off of the programs offered, it seems as though there needs to be more of an emphasis on the structure of family at a county jail and HOC level. The county jail or HOC is often where a female offender will have their first contact with incarceration, and it will be difficult for these female offenders not only to be away from their
children and families, but it will also be difficult for these female offenders to stay in contact with them.

At a county or HOC level, it is incredibly important to put a high emphasis on the value of family, because these female offenders are likely serving short sentences and will be re-united with their families after a short time, unless the children are in another person or the state’s custody. Research has proven that female offenders who are released back into a supportive family environment are more likely to have a successful re-entry into the community because they have a loving and supportive environment where they are able to slowly regain their space in society without offending. Consideration should be given to creating new programs aimed at keeping a healthy supportive relationship between the female offender and their family. This could be beneficial in the form of family therapy, as it could prepare the family for the offenders release back into their home and community.

Discussion

Through the responses of Berkshire County Jail, Suffolk County House of Correction and MCI Framingham, I have been able to reach several conclusions about the programming offered in the state of Massachusetts for female offenders. The information provided demonstrates that the programs offered at each facility are in line with the gendered needs of female offenders. There are comprehensive offerings focusing on mental health, substance abuse and prevention, education and vocational programs as a preparation for re-entry, domestic violence and overall violence prevention, and family preservation. However, future research will be able
to provide a better determination on whether or not the programs provided for female offenders are affective.

Limitations:

These results must be considered in light of the limitations of this study. The most notable limitation being that the data which was provided to me is public data, meaning that the data that I am basing my research off of is public to anyone who requests it from the facilities. There was no data or information provided to me that would have been deemed private, nor was it data which I collected through my own quantitative study. This study can be considered a qualitative study because I specifically examined what programs are offered at each facility and who they benefit. Due to time restraints and pending IRB approval, I was unable to speak directly with inmates who are taking part in any programming at these facilities or distribute my own survey. This prevented me from collecting any of my own data determining whether or not the female offenders were being able to take part in the programs that would be beneficial to them, but also being able to discuss the female offenders history and background and how that had affected their subsequent offending.

Three facilities provided me with descriptions and schedules of their programs, but they did lack background information regarding how many female offenders participated in each program, and how these female offenders are able to qualify for the programs. There was no information provided around the classification process that goes into placing these female offenders in the programs. This information would have been able to provide better insight into
the number of offenders the programming is reaching, and the classification process in which the offenders go through in order to determine what programs they will participate in.

There was also no access to data in regards to the recidivism rates for female offenders who participate in any of the programs offered at these facilities. This limits the research presented, because it only has given us basic descriptions of the programs and is essentially not including whether or not the programs are working as they are intended. I am unable to overcome that limitation through qualitative research as there isn’t a way for the facilities to determine whether or not offenders who have taken part in their programming are recidivating and coming back into any facility in Massachusetts.

I requested information from every correctional facility in Massachusetts that housed female offenders in order to receive the best variety of information possible. Of these eleven facilities, I only received correspondence back from four, and information back from three. Although the sample size was relatively small, it was important that I received information back from a county jail where females are housed awaiting trial, from the Suffolk County House of Correction where females are held for sentences two and a half years or less, as well as MCI Framingham, one of the only female prisons in Massachusetts that houses female inmates from a county and state level. This combination of data was important because it gave a clear picture of differences in programming for female offenders between the state prison and the county facilities. Moving forward, I would like to examine more programming at the county level and the HOC as I feel it is an important pre-cursor to incarceration at a medium security facility such as MCI Framingham. I feel as though programming at this level will be important in determining whether or not a female offender will have a successful re-entry in the community.
Future Research:

This study examined the types of programming offered for female inmates in facilities in Massachusetts. This study's aim was to determine whether or not there are substantial gaps in programming offered for female offenders in these facilities. Through this research I determined that the MA DOC offers an extensive amount of programming for female offenders in line with their gender specific needs. Between the years 2007 and 2013, the female population of the MA DOC has consistently displayed fluctuations in overall amounts of female offenders housed. Most notably, a 15% decline between 2007 and 2010. Between 2011 and 2012, female inmates experienced a 2% increase in line with their male counterpart's increase of 3%. However between 2012 and 2013 female and male offenders experienced similar decrease in population with rates of 4% and 3% (Massachusetts Department of Corrections, 2013). With this decrease in population, it is possible that the programming offered at MA DOC facilities and are offered to female inmates are working positively with their re-entry into society, preventing high recidivism rates for female offenders in Massachusetts. These findings disprove my initial assumptions based upon national level data to be incorrect, that although there are minor gaps in the prison programming in Massachusetts for female offenders, the current programming structure is benefitting the female offenders.

What is left to be discussed, however, is the idea that while these programs are being offered in our facilities, what is occurring during the re-entry period which is causing female offenders to recidivate? Some of the information provided from the facilities regarding their programming offered insight into how many offenders are able to take part in each program. For example, MCI Framingham only offers twelve spots (annually) in their cosmetology
certification program. While populations were not provided for every program offered at the state level, the HOC and MCI Framingham, it is possible that important programming may not be reaching a large enough amount of female offenders at any particular time. This assumption is based off of some of the population limits expressed in the information received from the facilities. Due to this limitation, it is reasonable to assume that the female offenders who are not taking part in any programming to begin with are not benefitting from what these programs are designed to provide in the re-entry process. The most plausible explanation for the small sizes of these programs is that they are not being properly classified and are unable to take part in the programs provided, and due to budget and funding cuts there may be little resources to work with in order for the program to reach a larger number of offenders. It is very important for future research to determine the reason why some of these programs are only offered as it seems based on the information, to a small portion of the inmates who are in the prisons.

More research and work needs to be completed into the classification process which determines the housing and programming needs of the female offender. I believe that the current classification program could possibly be holding back offenders who could require the most assistance when they are released back into the community. Although their mental health treatment should be the number one priority, treating that problem while the offender is incarcerated is important, but it is also going to be important to incorporate other types of programming for this offender as it will be easy for them to re-offend given specific outside triggers which may cause them distress.

In my future research, I would like to examine what type of classification model is used on female offenders in the state of Massachusetts in order to determine what type of
programming they are able to partake in as well as where they will be housed. This is important to discuss, because it could be determined that the classification process isn’t adequately identifying the gender specific needs of the female offenders, and failing to place them in the proper programming to benefit their re-entry into society.

Through the information provided, it was determined that facilities in Massachusetts that house female offenders do offer an extensive amount of programming for female offenders. These programs which target mental health, substance abuse, domestic violence and violence prevention, educational and vocational needs, and family preservation are in line with the needs of female offenders and their life histories. Programming I have found to be missing however, is re-entry programming which can assist female offenders with finding housing upon release. Although there is programming in regards to family preservation, not every female offender will have a supportive family system when they are released from their facility. Due to this issue, there can be gaps in housing and transportation for female offenders, causing them to be stuck in a difficult spot where their criminal behavior can be enabled. Through my future research, I would like to determine whether or not programming surrounding housing assistance for female offenders who are being released back into the community is a feasible program that could be implemented in Massachusetts facilities.

In order to conduct a well-rounded study on the recidivism rates of female offenders and its direct correlation with the programming offered at the facilities in Massachusetts, it will be important for me to be able to conduct a quantitative study in the facilities in
Massachusetts. By doing so, I will be able to conduct further research into the background and history of the female offender and it's relation to the programs which would be suit that person, in hopes to give them their best chance at rehabilitation and a successful re-entry process. This research will be conducted using a survey I will have created, focusing on several aspects of the female offender including their educational background, their employment background, their family structure, their lifetime victimization, whether they have been charged with a crime and incarcerated before, and whether or not they have taken part in any prison programming in the past, or if they are currently participating in any in prison programs to help benefit their re-entry.

Moving forward, I would like to extend my research to female offenders who have had a failed re-entry back into the community and are now incarcerated again. With these inmates, I would like to determine whether or not they had taken part in any programming when they were originally incarcerated to assist in their re-entry into the community. This type of study will allow me to have a closer look at how the programs are offered to offenders through their classification process and whether or not it is an issue with offenders not being able to participate in particular programs, or if the programming offered isn't producing positive results for female offenders with different backgrounds.
Appendix A.

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Bridgewater, MA 02325

October 17, 2013

Suffolk County South Bay House of Correction
20 Bradston Street, Boston MA 02118

Dear Superintendent Yolanda Smith,

    My name is Kelli Reynolds and I am an undergraduate honors student at Bridgewater State University in Bridgewater, MA. As part of my undergraduate honors program in Criminal Justice, I am completing a thesis, which is focused on programming offered in female correctional facilities in Massachusetts. I am writing you today to request a list of programs offered at your facility which address mental health, substance abuse, life skills, education or any other program which may assist with preparation for release. Any information you could provide regarding the nature of these programs and the approximate number of women they serve is greatly appreciated and beneficial to the completion of my thesis. I’m working under the direction of Jennifer Hartsfield, PhD in the department of Criminal Justice. You can contact
her at Jennifer.hartsfield@bridgew.edu or myself at k2reynolds@student.bridgew.edu with any questions or concerns. Thank you in advance.

Sincerely,

Kelli Reynolds
## Appendix B.

### G (GOLF) POD PROGRAMS & TREATMENT SERVICES

<table>
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<tr>
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<th>MONDAY</th>
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### Revised 4/25/03

- **CM / MH EDUCATION**
- **SUBSTANCE ABUSE**
- **FAITH-BASED EDUCATION**

**Substance Abuse**

- **Faith-based Education**

**Substance Abuse**

- **CM / MH EDUCATION**
- **SUBSTANCE ABUSE**
- **FAITH-BASED EDUCATION**

Revised 9/9/13
# Appendix B.

## MONDAY
- **FREEDOM FROM VIOLENCE**  8:00 – 10:00 AM
- **PARENTS HELPING PARENTS**  9:00 – 10:30 AM
- **GED/EDP**  10:00 – 11:45 AM
- **ESL**  1:00 – 2:30 PM
- **CREW**  1:15 – 2:30 PM
- **EXPRESS YOURSELF**  1:15 – 2:30 PM
- **1-10-2 BIBLE STUDY**  1:15 – 2:30 PM
- **FINANCIAL LITERACY & CIVICS**  1:15 – 2:30 PM
- **DIGITAL TOOLBOX**  3:30 – 4:30 PM
- **ART**  6:30 – 7:30 PM
- **KEYBOARDING**  6:30 – 7:30 PM
- **DESKTOP PUBLISHING**  6:30 – 7:30 PM
- **PSYCHOLOGY**  6:30 – 7:30 PM
- **ART & SPIRITUALITY**  7:30 – 9:00 PM

## TUESDAY
- **FREEDOM FROM VIOLENCE**  8:00 – 10:00 AM
- **GED/EDP**  10:00 – 11:45 AM
- **ESL**  1:00 – 2:30 PM
- **CREW**  1:15 – 2:30 PM
- **EXPRESS YOURSELF**  1:15 – 2:30 PM
- **MUSIC APPRECIATION**  1:15 – 2:30 PM
- **FINANCIAL LITERACY & CIVICS**  1:15 – 2:30 PM
- **BOOK CLUB**  1:30 – 2:30 PM
- **DIGITAL TOOLBOX**  3:30 – 4:30 PM
- **ANGER MANAGEMENT**  3:30 – 4:30 PM
- **FOOD SANITATION**  6:00 – 7:30 PM
- **DESKTOP PUBLISHING**  6:30 – 7:30 PM
- **A.A. MEETING**  7:30 – 9:00 PM

## WEDNESDAY
- **FREEDOM FROM VIOLENCE**  8:00 – 10:00 AM
- **HEALTH REALIZATION**  10:00 – 11:45 AM
- **GED/EDP**  10:00 – 11:45 AM
- **ESL**  1:00 – 2:30 PM
- **CREW**  1:15 – 2:30 PM
- **DOMESTIC VIOLENCE**  1:15 – 2:30 PM
- **RECOVERY 101**  1:15 – 2:30 PM
- **FINANCIAL LITERACY & CIVICS**  1:15 – 2:30 PM
- **RECOVERY 2**  3:30 – 4:30 PM
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<td>DIGITAL TOOLBOX</td>
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<td>KEYBOARDING</td>
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<td>BIBLE STUDY</td>
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**THURSDAY**

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<tr>
<td>8:00 – 10:00 AM</td>
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<td>9:00 – 10:00 AM</td>
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<td>10:00 – 11:45 AM</td>
<td>GED/EDP</td>
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<td>RISKY BUSINESS</td>
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**SATURDAY**

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<tr>
<td>9:00 – 10:00 AM</td>
<td>PROTESTANT SERVICES</td>
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<tr>
<td>1:15 – 2:00 PM</td>
<td>CATHOLIC PRAYER GROUP (8TH FLOOR CAFÉ)</td>
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**SUNDAY**

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<td>10:00 – 11:00 AM</td>
<td>MUSLIM SERVICES</td>
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<td>1:45 – 2:45 PM</td>
<td>CATHOLIC SERVICES</td>
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<td>7:15 – 8:30 PM</td>
<td>BIBLE STUDY (8TH FLOOR CAFÉ)</td>
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Who does POWR serve?
- POWR works with adult ex-offenders in Suffolk County within 180 days of reentry.

What does POWR do?
- Placement AND job retention!

What is wrap-around Case Management?
- Partners such as Suffolk House of Correction, Community Work Services, South End Community Health Center, United South End Settlements, Job Net, and Hope House allow POWR participants to receive direct referrals for mental health, sobriety, GED, job training, certification programs AND career services.

What do you receive if you are part of POWR?
- A 30 day work readiness program (Resume, Cover-letter writing, Interview skills and Job Search).
- Ability to apply and enroll in certificate programs including OSHA, Customer Service, Hospitality and Culinary.
- Participants will have the opportunity to take advantage of Project Place’s social enterprises for paid work and resume building that include a vending machine business, a catering business and a janitorial business.
- GED and pre-GED
- Access to Mental Health Services as needed.

For more information, please talk to your case manager today!
*All program funds supported through the Department of Labor.
Appendix C.

The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Correction
MCI-Framingham
99 Loring Drive
PO Box 9007
Framingham Massachusetts 01704-9007
(508) 532-5100
www.mass.gov/doc

October 30, 2013

Kelli Reynolds
Department of Criminal Justice
Maxwell Library, Room 311C
10 Shaw Road
Bridgewater State University
Bridgewater, MA 02325

Dear Ms. Reynolds,

In regard to your letter dated October 17th, enclosed please find a complete listing of programs offered at MCI-Framingham.

Sincerely,

[Signature]

Lynn Bissonnette
Superintendent

enclosure

Accredited by the Commission on Accreditation for Corrections
MCI-Framingham

PROGRAM DESCRIPTIONS

Rev. May 2013
Women’s RECOVERY ACADEMY (WRA)

The Women’s Recovery Academy, otherwise known as the “WRA”, is an open enrollment six-month minimum substance abuse recovery program for medium to high-risk offenders. All inmates enrolled in the program live in the Townline Unit for the duration of the program.

The program consists of the following phases:

Phase 1 Assessment & Orientation consists of two months focusing on learning the basic concepts of addiction, recovery, criminal addictive thinking, core skills, and principles of recovery.

Phase 2 Active consists of two months focusing on identifying and handling personal high-risk situations, recognizing and counteracting thinking errors and negative behavior patterns, and effective problem solving and anger management.

Phase 3 Relapse Prevention and Exit Planning consists of two months and is designed to assist the inmate in learning relapse prevention techniques, job-readiness skills, and putting in place the supports necessary for departure from (a) the Townline recovery unit, or (b) MCI – Framingham.

All groups meet Monday through Friday. You must have a substance history to enroll in this program.

Upon graduating from the WRA, the inmates are placed on a waiting list to enroll in the Graduate Maintenance Program (GMP). Inmates are eligible to enroll in GMP when they are within six (6) months of their parole eligibility date or within one year of their release date. Inmates stay in GMP until they are released and work one-on-one with the reintegration counselor to prepare for release.
SUBSTANCE ABUSE PROGRAMS

First Step Program

The First Step Program at MCI-Framingham is a two-phase, twenty-day, detoxification and intensive substance abuse treatment unit. The program is designed for women who are awaiting trial or who have short sentences and are in need of detoxification and treatment for chemical dependency and/or alcoholism.

- Phase I of the First Step Program involves medical stabilization and withdrawal. UMass Medical stabilization and detoxification protocols are utilized.

- After an appropriate period of medically supervised detoxification, the inmate/detainee enters Phase II which is located in the seventy-five bed Brewster I housing unit. Phase II involves a full day schedule of programs and treatment five (5) days per week. Treatment services consist of: substance abuse education, relapse prevention, discharge planning, individual case management and training on such issues as HIV/AIDS, and STDs.

The curriculum provided in the First Step Program is an integration of material that has been utilized with female offenders throughout the country. The curriculum is based upon a cognitive-restructuring and skill acquisition approach to treatment. Women are taught the value, logic, and facts of recovering from a drug/alcohol lifestyle, as well as the "how to" skills necessary for a successful recovery.

Opioid Treatment Program (OTP)

OTP is a program for all women who are pregnant and on Methadone within the institution run by a FSP case manager. OTP meets once a week as a support group for the women. Many topics are discussed such as women's health, relapse prevention, and healthy relationships development. The program is rolling admissions and is discontinued once the woman is off methadone.
SUBSTANCE ABUSE PROGRAMS (continued)

Steps to Recovery

The Steps to Recovery Program at MCI-Framingham is an eight-week short-term substance abuse treatment program offered to inmates serving sentences less than one year.

The curriculum is based upon a cognitive behavioral model of learning. Therapeutic recovery based thinking, decision making and goal-setting techniques are taught and practiced.

- Life Skills Training
  - HIV/AIDS risk reduction training
  - Assertiveness training.

- Relapse Prevention Training
  - Psychological and environmental triggers
  - Coping strategies

- Support Network Training
  - Self help training
  - Treatment aftercare procedures

Criminal Thinking

The Criminal Thinking Program is an eight-week program designed to make you aware of your thought process and its affect on your decisions and actions.

12 Step Programs

MCI-Framingham provides a variety of 12 step programs. At least of one of the following groups is offered on a weekly basis:

- **Alcoholics Anonymous (AA)** designed for inmates with histories of alcohol abuse.

- **Narcotics Anonymous (NA)** designed for inmates with histories of drug abuse.

- **Christian 12 Step** group meets weekly and incorporates the 12 steps of recovery with biblical principles.

- **Al-Anon** designed for inmates whose family members have histories of drug and/or alcohol abuse.
EDUCATION PROGRAMS

Assessment and Counseling

The Education Department employs a full-time assessment counselor who administers the TABE test (which determines academic level and class placement) to every inmate who is serving 60 days or longer. The counselor provides assessment, interview, and referral of inmates to appropriate classes or programs.

Academic Education

The Adult Basic Education program is designed for inmates whose performance is below the grade level 6.0 and who can function successfully either independently or in a group setting. ABE provides basic skills in reading, writing, skills, math, science and social studies.

The Pre-GED program is designed to prepare intermediate level inmates (performance at grade levels 6.0-8.9) for entrance into the GED Program. Studies include all of the five- (5) areas of the GED test.

The GED program is specifically geared toward preparing inmates performing at grade level 9.0 and above to successfully take the GED exam. The GED class covers the five areas of GED testing: Language Arts Writing, Social Studies, Science, Language Arts Reading, and Math. The test is given at least twice during the school year.

Title One classes supplement academic instruction in math, reading, and writing skills for inmates under 21 years of age.

College courses are provided in partnership with Boston University, which provides instructors and books at no cost to the DOC. Courses offered can lead to a Bachelor’s Degree.

Special Education/Literacy support services are available to adults with learning differences who need accommodation in order to provide equal access and opportunity. These services include academic and vocational program support, individualized instruction, and the use of auxiliary aids and services. A reading lab, featuring “My Reading Coach” software allows for individualized computer based literacy instruction.
EDUCATION PROGRAMS (continued)

**English as a Second Language** is a language development program geared to adults with limited English proficiency. The main emphasis is to provide student inmates the fundamentals of understanding, speaking, reading and writing English so they can be mainstreamed into academic classes taught exclusively in English.

**Vocational Education**

**Computer Technology** is a 120-hour program that consists of MS Office (Word, Excel and Power Point), and Internet & Computer Core Certification taught on the PC. For students who have completed MS Office, advanced software applications may be available.

**Cosmetology** trains 12 inmate-students at a time in all aspects of hairstyling, skin care and nail beautification. The 1000-hours of training prepares and qualifies the students to take the Massachusetts State License Examination in Cosmetology.

**Culinary Arts** is a yearlong program in which students will earn their ServSafe Certificate and work towards a certificate in Professional Cooking. As a part of the program, students staff a sixty- (60) seat staff restaurant that serves lunch four (4) days a week.

**Horticulture Program** is a year long program to educate twelve (12) inmates in basic greenhouse operation, plant identification, growing/maintenance of annual and perennial flowers and vegetable plants. The inmates will also learn the basic use of various garden tools and equipment.

**Book Club**

A monthly volunteer group affiliated with Boston University meets to discuss prior months' chosen book.
MENTAL HEALTH PROGRAMS

Mental Health Clinicians provide psychological services to the sentenced and awaiting trial populations. Individual and group therapy, psycho farm, a Residential Treatment Unit (RTU), crisis intervention, Intensive Treatment Unit (ITU), suicide/homicide assessments are provided. As warranted, there is inmate referral to a psychiatrist for medication assessment. All inmates are screened for mental health problems upon admission. Coverage is provided 24 hours a day, seven days a week.

Clinicians provide services in two primary focus areas with female offenders at MCI-Framingham:

- **Discharge Planning** provides linkage to mental health providers in the community for inmates prior to their release from prison. This can include a referral for DMH case management services, referral to residential or outpatient treatment, or referral to self-help groups (AA/NA). Discharge planning is accomplished in conjunction with other professional staff at MCI-Framingham.

- **Hospitalization** for those inmates who are acutely mentally ill and cannot function in the correctional environment. Assistance is provided to locate an appropriate hospital once the psychiatrist has determined this is need for hospitalization. Pertinent current and historical data regarding the inmate's mental status, mental health history and criminal involvement is relayed to the hospital staff. Clinicians also maintain communication with these hospitalized women through conducting site visits to the hospital and via telephone contact with hospital staff.

**Residential Treatment Unit**

The Residential Treatment Unit (RTU) is located within the Barton Unit and is designed to serve up to 32 inmates at a time. Inmates with serious mental disorders who are unable to function in an open setting but who do not require hospitalization are screened by the RTU clinician, the Mental Health Director and the Deputy Superintendent of Treatment for approval to participate in the program.

The RTU is staffed by a Correctional Unit Team and Clinical Unit Team to provide a balance of treatment and security coverage on site.
Mental Health Programs (continued)

The Correctional Unit Team is composed of the Unit Sergeant, the Correctional Program Officer and Correctional Officers.

The Clinical Unit Team is composed of five (5) multi-disciplinary staff members. The primary goal of the RTU is to provide a structured, educational, and therapeutic environment for participants to develop necessary skills for independent daily living in a correctional setting as well as successful re-entry to the community upon release from MCI-Framingham.

Intensive Treatment Unit

The purpose of the Intensive Treatment Unit (ITU) is to provide management, programming, and treatment to inmates who exhibit suicide ideation, self-injurious behavior, serious mental illness, chronic disciplinary issues, and an inability to adapt to placement in the Special Management Unit or general population. The unit is intended to provide focused staff interaction, programming and treatment to a select inmate population in order to convey sufficient skills in behavioral control, coping-skills, and compliance with recommended treatment.

The ITU program utilizes an integrated approach that involves the close collaboration of Mental Health, program and security staff in the development and implementation of a comprehensive behavioral/treatment plan.

Day Treatment Program

This program has two groups meeting daily:

- one group targeted towards inmates in a short-term track; and
- one group will be targeted towards inmates in the long-term track.

Each inmate who is part of the Day Treatment Program will meet individually with a day treatment clinician weekly to develop a specific treatment plan and set goals. The weekly individual meetings will be designed to coach individuals to utilize skills being learned/developed in the program.

Referrals are made by staff and placed in the mailbox of the Day Treatment Coordinator.
**Mental Health Programs (continued)**

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Mental Health Programs (continued)

**Short Term Track** inmates meet everyday (M-F) for three (3) weeks. The focus of the group will be adjustment and include topics such as Orientation to MCI-Framingham, Sleep Hygiene, Stress Management and Relaxation, Self-Talk and Mistaken Beliefs. This is an open group. Appropriate referrals for this track include new admits who are in need of more intensive structured treatment when first adjusting or inmates who are having a difficult time at the moment in general population.

**Long Term Track** (DBT – Dialectical Behavior Therapy) will meet everyday (M-F) for twelve weeks. This track will focus on Dialectical Behavior Therapy. Inmates participating in this track are those with a history of self-injurious behavior and are currently in distress and need additional support for a period of time.

**VIOLENCE TREATMENT/PREVENTION PROGRAMS**

**Female Sex Offender Treatment Program**

Clinicians provide sex offender treatment to female offenders incarcerated at MCI-Framingham. The Female Sex Offender Treatment Program utilizes a cognitive behaviorally based relapse prevention model that includes Primary Group, Specialty Group and Psycho-Educational treatment modalities.

**Violence Reduction**

The Violence Reduction Program consists of an eight-week group program designed to decrease, eliminate or prevent abuse and violence in their daily lives.

**Victims of Violence Program**

The Victims of Violence Program is designed to help inmates acknowledge the relationship between experienced trauma, substance abuse and criminal behavior. This program is a twelve-week program with open enrollment.
Healthy Relationships

This 4-week program explores the challenges of creating and maintaining a healthy intimate relationship. The group examines such issues as having clear and appropriate boundaries, how to improve communication and how to manage conflict.

Therapeutic Journaling

The focus of this 4-week program is the use of writing/journaling as a way to manage stress and painful emotions, to improve communication skills, and to improve self-understanding.

Self Esteem

This 4-week program explores the issue of self-esteem through self-exploration, various written exercises and active group participation. Those involved in the group are offered various tools with which to boost their self-esteem. The link between self esteem and relationship difficulties, domestic violence and criminal behavior is examined.

Sexual Abuse Survivors

This program is targeted at helping people deal with the effects of having a history of sexual abuse and/or rape. Information covered includes definition of sexual abuse, what is Post Traumatic Stress Disorder and how the issues of sexual abuse and substance abuse are interrelated. If a member already receives psychiatric support she must have written permission from her therapist to join this program.

Gender Roles and Relationships in the Media

In this group, participants use children’s literature, magazines, television, movies and music to explore the implicit and explicit messages about gender and relationships evident in our culture. The focus is honing critical thinking with the goal of fostering an understanding of how media can influence our unconscious and therefore our relationship choices.
VIOLENCE TREATMENT/PREVENTION PROGRAMS (continued)

Food Seminar

This seminar consists of two meetings wherein group members are encouraged to consider their own and our society’s relationship with food. Symbolic and emotional roles of food are discussed as well as nutrition, dieting and eating disorders.

Peer Support Program

The Peer Support Program is a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful. Inmates assist other inmates, in a supportive way, connect with other people who can help towards healing, they also share their experiences to help cope with negative effects of a traumatic background.

Cogitative Skill Workshop

The Cognitive Skills Workshop is a program designed to learn cognitive social skills through active listening, problem solving, negotiating, using assertive communication and self-control. This workshop includes modeling of these learned skills through role play. These learned skills will develop a process thinking that will be utilized while incarcerated and upon reentry into the community, and change patterns of thinking that lead to re-offending.

TIMBO

A 16-session program which educates inmates on tools to address their habitual patterns and symptoms that lead to recidivism, relapse and entrapment in the cycle of trauma.

HIV/AIDS EDUCATION AND PREVENTION

Women’s HIV and AIDS Network

MCI-Framingham, through the Department of Public Health and UMass Medical Services, provides HIV education and prevention programs Individual counseling for inmates with the HIV disease, as well as counseling and testing services for women seeking to know their HIV status is provided. All services are provided in both English and Spanish.

HIV/AIDS Awareness

A mandatory orientation education session is provided to all inmates and detainees.
HIV/AIDS EDUCATION AND PREVENTION (continued)

Counseling and Testing

Testing services are provided for inmates/detainees wanting to know their HIV status. Should an inmate/detainee test positive, the counselor will then assist the Infectious Disease Nurse in coordinating an aftercare program that meets the woman’s medical/housing needs upon her release from MCI-Framingham.

Health Awareness Program

Health Awareness education workshops are a seven (7) week course designed to provide inmates with information about protecting themselves and others from infections, sexually transmitted diseases, HIV/AIDS, tuberculosis, Hepatitis and MRSA.

Peer Education

Peer education workshops are a twelve week course where inmates are trained on methods to educate their peers on the subjects covered in the Health Awareness Education workshops.

RE-ENTRY PROGRAMS

Bridging the Gaps Program

This program is designed to teach inmates the skills necessary for reintegration planning through the Bridging the Gaps Program.

The philosophy of the program is that preparation, education and structured plans for re-entry into the community ensure a greater possibility of reducing the risk of recidivism. An extensive community network system allows for guest speakers, numerous placement and referral resources for both English and non-English speaking inmates.

Topic areas include: Employment Readiness, Lifeskills, and Identifying Skills for home, work and school.
Re-Entry Programs (continued)

Program goals include:

- educating inmates to prepare themselves for transfer to lower custody placements, release and re-entry;
- teaching inmates to identify, develop, and utilize the skills necessary to assimilate successfully in the community, the home and the workplace;
- introducing inmates to community resources, providing direct linkages whenever possible, and ensuring inmates direct involvement in preparation and development of their discharge plans.

Discharge Planning and Referral Services

Reentry staff provides comprehensive discharge planning, referrals, and direct linkages to a variety of services in the community. These community resources address a number of reintegration needs as they pertain to housing, employment and training resources, substance abuse, mental health counseling services, and social services.

Re-Entry Workshop

This program is a ten-day workshop offered to inmates at MCI-Framingham. Eligibility requirements are one year to release date, inmates need to be sentenced for more than 120 days. Re-Entry planners work with the women on a comprehensive Re-Entry Plan that is intended to promote a successful transition into the community including topics such as living arrangements, employment, social support, goals, crisis planning, financial planning, and victim awareness. As part of the plan a daily activity schedule is created.

The women will work one-on-one with the Re-Entry Planner prior to their release. Each inmate receives a portfolio upon their release, once they have satisfactorily completed the program.

Re-Entry Services

All inmates are reviewed 90 days prior to release. Every week the team discusses medical, mental health, MassHealth, transportation, Career Center and RRC. DMH inmates are reviewed weekly, and state inmates are reviewed once a month until they are within 90 days of release. MassHealth is offered to all inmates who are serving a sentence of at least sixty (60) days.
FAMILY PRESERVATION

Department of Children and Families (DCF) Coordination

MCI-Framingham coordinates with the Department of Children and Families and facilitates on site Foster Care Reviews and supervised visits for inmates whose children are in the custody of DCF. Similar services are provided with child service agencies outside the Massachusetts area. Services are also provided for Court Appointed Investigators, Guardian Ad Litem DYS, Residential placement, Adoption Mediators and care and protection attorneys.

Children's Visiting Area

This is an area furnished with toys and books for children of all ages. This area is designed to provide an atmosphere conducive to family visits during general visiting hours. This area is also used during supervised visits with mothers and children who are in DCF custody.

A Place for Mom

Services provided by South Bay Mental Health for children of incarcerated mothers and their caregivers. The aim of this program is to enhance the quality of contact between children and their mothers and to support families during the reentry process. Participants must be non-DCF involved. Services will be customized to each family’s needs.

Parenting Education Program

This four-week eight-session group program addresses issues regarding understanding the development and behavior of children. It also deals with instilling courage and self-esteem, problem solving, effective discipline, and preventing substance abuse. Group meetings are held twice each week. Group discussion and role-playing are two of the techniques utilized in the program.

Parenting Support

This group provides inmates with the opportunity to provide support to each other while parenting from prison. Inmates discuss issues, concerns, difficulties, challenges and successes regarding their children. This program provides a continuum of parenting classes reinforcing the skills developed in Parenting Education. This group encourages women to take a leadership role in continuing to address the multifaceted aspects surrounding parenting. This process is aided by the support of the group facilitator.
FAMILY PRESERVATION (continued)

A Book from Mom

This program is designed to enhance literacy in children. A children’s library is available for women to select age appropriate books to read during visits with their children. The child is allowed to receive one book per week during visits, or the book may be mailed home. The child may receive a book on their birthday, or around the holidays as the activity center is held.

Read to Me Mommy

Inmates are video taped reading a book that is age appropriate for their child. The video and the new book are then mailed to the child. The Catholic Chaplain supervises this program.

Transitional Housing Program

The goal of this program is to focus on strengthening the relationship between parent and child. The program provides progressive intervals of 2, 4, 6, or 8 hour visits that afford the inmate direct care with their child as well as building strategies together for managing challenges during and after the visitation. The Transitional Housing Program (Trailer) provides the inmate/parent an opportunity to begin providing a nurturing and stable home environment for their child. All sentenced inmates who have visitation rights with their child and who, prior to being sentenced were the primary caretaker may request to participate in the program. Inmates who participate in the THP must also be participating in Family Preservation programming. A written request should be made to the Program Coordinator/CPO to begin the intake process.
INDUSTRIES

MCI-Framingham offers an Industries Program that allows inmates the opportunity to work either full time or part time in a business environment. The Industries Program teaches inmates practical sewing skills while learning to manufacture a variety of items including flags, eyeglass cases, laundry bags and the learning of high tech embroidery. It also offers good time and the highest paid inmate positions in the Institution. Inmates interested in working in Industries are referred and reviewed during the Classification process.

RELIGIOUS PROGRAMS

Religious Services of various faiths including Buddhist, Catholic, Christian Science, Jehovah Witness, Jewish, Protestant and Wiccan are provided to inmates at MCI-Framingham. Religious services in both English and Spanish are conducted on a weekly basis at MCI-Framingham. The MCI-Framingham Chaplains coordinate with over 200 volunteers to provide a wide variety of religious services and events.

Catholic Services

- Weekly Catholic Mass
- One to one pastoral counseling
- One to one weekly spiritual direction
- Weekly prayer groups: Bethany Group, Who is Jesus, Prayer with Pregnant Women
- The Fully Alive Program is a weekly ecumenical program that consists of professional presenters from the civic and church communities on topics of spiritual growth. The program is offered in English and Spanish.
- 12-Step Spirituality Classes - studies the 12 steps in the context of choosing to name God as the higher power.
- Religious Education/Sacrament Class
- Houses of Healing
RELIGIOUS PROGRAMS

- Prayer and Faith Sharing With Children Classes
- Mom and Me Art Day
- Bible Study
- Rosary - instruction and prayer
- Retreats and Family Masses
- Aftercare Program
- Choir

Protestant Services

- Weekly Protestant Worship Services
- Weekly Spanish Protestant Services
- One to One pastoral counseling
- One to One Mentoring
- Bible Study - a weekly group that assists inmates in applying the bible to their daily lives offered in English and Spanish.
- Weekly Prayer Service - a weekly group that teaches principles of prayer and prayer application.
- Weekly Christian 12 step group
- Bi-weekly Women’s Aglow Service
- Pentecostal Services and prayer services in Spanish and English
  Retreats and Friends and Family worship
  Annual Baptism classes and Christian Baptism by full immersion
- Annual Black History worship services
- Annual Angel Tree
- Gospel Choirs
- Quarterly Lazarus Project – Ex-Offenders return to share successful experiences
Additional Religious Services

- Jewish Chaplain
- Muslim Chaplain
- Christian Science
- Jehovah’s Witness
- Buddhist Service
- Wiccan Services

LIBRARY

The general and law libraries are located on the second floor of the Old Administration Building and are available to inmates during their recreation time on a first come, first serve basis.

The General Library has a collection of 8,000 books and includes Spanish language materials. The library also provides newspapers from the surrounding communities and a selection of general interest magazines. Inmates may request books not in the MCI Framingham Library through an interlibrary loan program with the Natick Public Library.

Access to legal materials is provided via an electronic Lexis database. There are typewriters and a copy machine for legal work only.

The library schedule is as follows:

Mondays  
9:00 - 11:00 am  
1:00 - 3:30 pm

Tuesdays  
1:00 - 3:30 pm  
6:30 - 8:30 pm

Wednesdays  
9:00 - 11:00 am  
1:00 - 3:30 pm

Thursdays  
9:00 - 11:00 am  
1:00 - 3:30 pm

Fridays  
9:00 - 11:00 am  
1:00 - 3:30 pm

Saturdays  
9:00 - 10:00 am (General Library)
RECREATION PROGRAMS

The Recreation Department provides a diversified program of athletic and cultural activities to teach inmates pro-social use of leisure time and alternative behaviors. Included are:

- Athletic Recreational Activities i.e. Gym/Yard (basketball, kickball, badminton, volleyball, etc.)
- Non Athletic Recreational Activities (board games, pool room, ping pong, puzzles, cards)
- Exercise Room/Weight Room
- Exercise Program (Aerobics, Yoga, Zumba)
- Garden Program
- Outside Track (for walking and running)
- Arts and Crafts Program
- Listen, Learn and Change

Basketball/Kickball/Volleyball Leagues

These programs teach the benefits of league sports and rules and regulations of the games. They also encourage the development of sportsmanship.

Exercise Program

The classes meet up to 12 times per week. The program addresses the benefits of regular exercise, correct ways to exercise and proper nutrition as a means to develop and maintain physical and mental well being. The exercise workout consists of aerobic exercise alternating with a set number of specified exercise repetitions.
**Weight Room Orientation**

This program is a prerequisite to all inmates who wish to use the weight room. It consists of an overview of the weight room equipment and proper techniques of weight training, including the proper use of stationary bicycles, ellipticals and treadmills.

**Tournaments**

Tournaments are held annually in a number of areas, such as Pool, Ping-Pong and various card games.

**Special Community/Cultural Event**

The Recreation Department assists in the coordination of a number of events, including Black History Month, a Walk for the foundation of inmate's choice. All monies raised by the above mentioned walks are donated to the agency sponsoring the event in the community. The Recreation Department actively participates in the Children's Holiday Activity.

**Garden**

Garden plots are offered to inmates who will be at the facility for a minimum of one year. Fresh vegetables are donated to a local food pantry.

**Listen, Learn and Change**

First time offenders (new inmates) hear from current long-termers or repeat offenders, as to what programs and educational choices are available for them. New inmates participate in group discussions and learn about the benefits of serving their sentence in a more productive and positive way.
VOLUNTEER/COMMUNITY PROGRAMS

MCI-Framingham's Treatment Department includes an extensive multi-cultural volunteer component. Community volunteers provide numerous programs to both English and Spanish speaking inmates on a weekly basis. Volunteer Programs are incorporated into most program areas. There are also a number of additional volunteer programs.

NEADS (National Education for Assistant Dog Services)

Volunteers from the NEADS Organization train inmate handlers to teach dogs basic obedience and other skills to prepare them as service dogs for the physically disabled.

America’s Vet Dogs

The Guide Dog Foundation provides service dogs to those who have served our country honorably and who now seek the enhanced mobility and independence of an assistance dog. The service dogs are taught by inmate handlers who are instructed by an American Vet Dog trainer.

Toastmaster’s

Volunteers from this international organization help inmates learn the arts of speaking, listening and thinking – vital skills that promote self confidence, self development, enhance leadership potential and foster human understanding.

Master Class

The Master Class program is held once a week for those inmates given Life II sentences. The group reflects the needs of this population concentrating on life skills and support. The women learn skills to "master" life's needs for both incarceration and release. The group is facilitated by two volunteers.
MEDICAL SERVICES

Medical Services are contracted with an independent health care organization. In addition to having chronic illnesses monitored, inmates and detainees may access health care using:

- Daily sick call
- Daily non-emergency clinic
- Emergency Services.

The scope of on site medical services at MCI-Framingham includes:

- Infirmary level Health Services Unit
- Dental Services
- Optometry Services
- Infectious Disease Clinic
- Sexually Transmitted Disease Clinic
- HIV Counseling and Testing
- X-ray, laboratory and mammography services
- OB/GYN Clinic
- Orthopedic Services as needed
- Physical Therapy as needed
- Other specialty clinics as needed.

MEDICAL SERVICES (continued)

Regular medical staffing coverage includes a physician, nurse practitioners, nurses (24 hrs per day, 7 days per week), a dentist, psychiatrists, and clinical social workers. During non business hours there are both a physician and psychiatrist readily available on call.
"Catch the Hope" (CTH) Perinatal Program

CTH provides comprehensive social services to pregnant and postpartum inmates and detainees at MCI-Framingham.

CTH is directed by a Perinatal Case Manager, who offers and monitors Counseling, Education and Intensive Case Management Programs:

- **Weekly Perinatal Class**, covering pregnancy, labor and deliver, substance abuse, parenting relapse prevention, domestic violence and reproductive health.

- **Individual Counseling** and institutional treatment planning during incarceration.

- **Discharge Planning** and coordination with community aftercare providers.

- **Infant Custody Planning** with inmates who expect to deliver while incarcerated; coordination with social services staff of delivering hospital.

The Perinatal Case Manager is also responsible for the coordination of Volunteer, Health Professional, and Treatment Services Provided to Pregnant/Postpartum Inmates, which includes:

- **WIC (Women, Infants and Children) Nutrition Program**
- **Department of Social Services**
- **Spectrum’s Women and Children’s Program**

The Perinatal Case Manager also coordinates between the onsite OB/GYN Nurse Case Manager, Obstetrical Care Providers, and the University of Massachusetts Memorial Hospital staff to monitor pregnancy screening and prenatal care.
References


Berkshire County Sheriffs Office. (2013). *Our Facilities.* Retrieved from Berkshire County Sheriff’s Office


Suffolk County Sheriff’s Department. (2013). *South Bay House of Correction*. Retrieved from Suffolk County Sheriff’s Department


