

Gender Equity in Western Massachusetts

The Status of Women, Girls, Transgender, Nonbinary,
and Gender Diverse Adults and Youth

September 2023

PREPARED FOR:



PREPARED BY:



**PUBLIC HEALTH INSTITUTE
OF WESTERN MASSACHUSETTS**
PARTNERS FOR HEALTH EQUITY

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About The Women's Fund of Western Massachusetts

The Women's Fund of Western Massachusetts fuels progress toward gender equity by funding the most promising solutions, collaborating with results-oriented partners, and by elevating the collective power of local women to take charge, and to lead with purpose.

About The Public Health Institute of Western Massachusetts

The Public Health Institute of Western Massachusetts (PHIWM), formerly Partners for a Healthier Community, is a 501(c)(3) non-profit organization based out of Springfield, MA whose mission is to build measurably healthier and more equitable communities through community engagement, collaborative partnerships, research and evaluation, and policy advocacy. PHIWM is committed to improving the public's health by fostering innovation, leveraging resources, and building partnerships across sectors, including government agencies, communities, the health care delivery system, media, and academia.

PHIWM's Health Equity Statement

A historic legacy of social, economic, and environmental inequities, such as racism and gender-based discrimination, are embedded in societal institutions and result in poor health. These unjust inequities affect communities differently with some bearing a greater burden of poorer health. These inequities can influence health more than individual choices or access to healthcare. PHIWM recognizes its responsibility to dismantle these injustices by promoting health through policies, practices, and organizational systems that benefit all. We encourage others to join in these efforts.

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About This Report

Purpose and Scope

This report is the third commissioned by the Women’s Fund of Western Massachusetts, following the status reports completed in 2013 and 2019. Its purpose is to:

- Shed light on strengths, progress, and areas of continued or emerging gender inequity in our four-county region of Berkshire, Franklin, Hampden, and Hampshire counties.
- Inform the foundation’s strategic planning and grantmaking for the next several years.
- Provide actionable data and insights for our current partners, and to motivate others to pursue gender and racial equity.
- Support collective advocacy by using findings to engage stakeholders, community-based organizations, for-profit companies, other funders, government, higher education, and other agencies in advancing gender-equitable policies and practices.

Past reports focused on the status of women and girls, and this report expanded its focus to include transgender (trans) and gender diverse people—anyone with a gender identity different from their assigned sex at birth and/or does not identify within the male/female binary. We also sought a deeper understanding of the experiences of several populations, including Indigenous women, survivors of intimate partner violence, immigrant and refugee women and girls, formerly incarcerated women, and Springfield women and girls of color.

The topics in this report are organized to mirror those used by the Institute for Women’s Policy Research Status of Women in the States series: <https://iwpr.org/status-of-women/>.

The data included here are also available, along with additional data, in the Women’s Fund data hub: <https://data.mywomensfund.org/data-hub/>.

Research Advisory Group

A diverse research advisory group with representation among all four counties (Berkshire, Franklin, Hampden, and Hampshire) provided essential input and feedback in the creation of the report. We are grateful to each of them for contributing their time, knowledge, experience, and insights to this process. The group was convened by the Public Health Institute of Western Massachusetts.

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Value Statement

The Regional Advisory Group crafted the following value statement, which guided the process of researching, writing, and presenting findings on the status of gender equity in Western Massachusetts:

Our vision for society is that *all* people can engage in the pursuit of happiness. To achieve this vision, the Women’s Fund, our partners, and all institutions in the region must work toward equity and inclusion. Through this report, we strive to listen to and elevate the voices of our neighbors who historically and today are under-resourced, marginalized, silenced, and made invisible by institutions of power. We hope to center the unique needs and experiences of our communities, informed by the fullness of complex identities. We also seek to be honest and transparent about the shortcomings of this research and the data gaps that remain. Ultimately, we believe communities, with enough resources, hold the capacity and wisdom to decide how to act on the report’s findings to realize our vision. Thus we hope this report will spark curiosity and learning, and most importantly spur its readers to take positive action—by engaging *with* community, not *for* community.

Executive Summary

The extensive data synthesized in this report tell a story of both positive change and ongoing injustice. Although many of the inequities identified among women and girls in Western Massachusetts continue to exist, there has been progress. For transgender (trans) and gender diverse youth and adults, we don't have the same trend data to measure progress; from the data we do have, progress appears slower. Yet many women and girls have experienced improved outcomes since the last status report, even as the COVID-19 pandemic wrought havoc on our communities. This report documents several positive trends across Berkshire, Franklin, Hampden, and Hampshire counties:

- **Demographics:** Our four-county region continued to become more diverse over time, especially growing the proportion of Latina women and girls. Close to half of Hampden County women and girls are Black, Indigenous, and people of color (BIPOC). Immigrants and refugees from every continent have come to make a new home in the four counties. Statewide and local data on transgender and gender diverse residents indicate that this population has grown, especially among youth. Older female adults (65+) were still a growing segment of the region's population, with the highest median age in Franklin and Berkshire counties.
- **Employment and Earnings:** The gender pay gap locally has gradually narrowed over time, although it does still continue to exist. After the economically wrenching impact of the pandemic, women's unemployment rates declined to below pre-pandemic levels in 2021, and labor force participation rates rebounded. Many women of color and immigrant women have embraced entrepreneurship, starting small businesses.
- **Poverty and Opportunity:** Female poverty rates have declined in the last several years, with help from the federal and state government, which increased economic support to limited-income households during the 2020 pandemic. Women continued to outpace men in educational attainment and made further strides in assuming educational leadership roles. The proportion of female K–12 school superintendents grew to almost half (48%) of the total. Since 2019, the percentage of female principals has also grown in all four counties. The ratio of female teachers, already close to three-quarters of all instructors, held steady.
- **Health and Well-being:** While mental health continues to be a major concern, especially among youth, there was no reported increase in suicidal ideation and intent

Transgender (trans)

A person with a gender identity that is different than the sex they were assigned at birth.

Gender diverse

A broad term referring to people who do not conform to traditional expectations of how men or women should look or act, or whose gender expression does not fit neatly into a category.

among female students in Hampshire County in 2021. The pandemic accelerated the availability of telehealth and telemental health services, which has increased access to families with transportation barriers. Student survey data in all four counties documented a decline in girls' alcohol use, which may have been because of curtailed access during remote schooling. Maternal mortality continued to decline in Massachusetts, which has among the lowest rates nationally.

- **Violence:** Incarceration rates for women overall have declined in Massachusetts over the last decade. Regionally, the rates of female incarceration in jails since 2016 decreased in Berkshire County, Hampden County, and Hampshire County. The pandemic caused a shift to remote schooling that correlated with a reduction in bullying.
- **Reproductive Justice:** Teen birth rates dropped between 2016 and 2020 across the region, and COVID-19 isolation may have contributed to the drop. Women continued to have access to abortion services throughout the region and state, even as the U.S. Supreme Court overturned *Roe v. Wade*. In 2023, Governor Healey purchased a year's worth of mifepristone, one of two pills approved to medically induce abortion, to ensure access to this resource as courts in various jurisdictions disputed its legality.
- **Leadership:** Based on statewide data, since 2019, the proportion of female CEOs has doubled from 4 to 8% of top corporations, and all that growth is among women of color, who went from 0 to 4% of CEOs in 2022. In the health care and social assistance field, women make up between half and three-quarters of the leaders in Western Massachusetts counties, and at least 75% of all employees regionally as well. Further, women, including women of color, are filling leadership roles at local hospital systems. Female Presidents of higher education institutions are close to wage parity with male counterparts, as their statewide salaries are about 94% of male presidents.
- **Political Participation:** The region made progress in state legislative representation, as 10 of the 27-member delegation from Western Massachusetts are women, an increase to 37% in 2023 from 33% in 2019. The proportion of female lawyers and lawyers of color in the state is growing, especially among lawyers under 45. Of the 20 female chiefs of municipal police departments, more than half work in Western Massachusetts.

However, a deeper look at the quantitative data, coupled with qualitative data gathering, tells a contrasting story. Data broken out by race and other demographics show many women, girls, trans, and gender diverse residents continue to experience inequities, both in relation to men and among gender subgroups. The lingering effects of COVID-19 on health, mental health, and economic well-being persist as well. This report documented ongoing challenges in every key topic area:

- **Employment and Earnings:** All women continue to experience a wage gap relative to men, even though it has narrowed. Median earnings for White women outpaced earnings for Indigenous women and women of color, who experienced higher rates of unemployment, especially in Hampden County. Among female and nonbinary COVID-19 Community Impact Survey respondents in the region, the pandemic caused the greatest

employment disruptions for low-income women, nonbinary residents, and women with disabilities. Women with young children had a harder time economically during and after the pandemic, often because there wasn't enough affordable childcare. Many transgender and gender diverse job seekers, as well as immigrants, have experienced discrimination in hiring and employment. Women who were survivors of intimate partner violence and/or are returning from incarceration faced numerous challenges in gaining economic security, including lack of stable, affordable housing.

- **Poverty and Opportunity:** The female poverty rate in Hampden County continued to exceed rates in the other three counties. For certain groups, the disparities are even greater: 23% of girls in the county and more than 30% of female-headed households were living below the nationally calculated poverty rate, as well as one in three Latina residents. Black female poverty rates were more than double those of White women regionally, with the highest rate in Franklin County. Survey data statewide indicate that transgender residents had higher poverty rates than the overall population. Racial disparities in educational attainment limit some women's opportunities to earn a living wage.¹ In each county, bachelor's degree (BA) completion was highest among Asian women, followed by White women. BA attainment among Black and Latina women continued to lag behind, both regionally and statewide.

Non-transgender (non-trans)
A non-trans person is someone whose gender identity is aligned with the sex they were assigned at birth.

- **Health and Well-being:** Girls reported higher rates than boys of sustained sadness, hopelessness, and anxiety that impacted normal activities, and the pandemic sent rates higher overall. Surveyed LGBTQIA+ youth experienced higher rates of these mental health conditions than non-transgender, heterosexual youth. During the pandemic, youth with disabilities, students of color, and rural youth also reported higher rates of anxiety and depression than respondents overall. Even though Massachusetts has a reputation as a trans-friendly state, some trans and gender diverse youth and young adults reported feeling unsafe outside their home, and were more likely than other young people to engage in self-harm and have suicidal thoughts. In Berkshire, Franklin, and Hampden counties, girls reported higher rates of marijuana and alcohol use than boys. Sexually transmitted diseases have steadily risen, especially chlamydia rates among females 15 to 24 in Springfield, Amherst, and Chicopee. Inequities in severe health complications from birthing have grown in the last decade, among Black people in particular.

LGBTQIA+
An acronym for "lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual" with a "+" sign to recognize the limitless sexual orientations and gender identities used by members of this community.

- **Violence:** The COVID-19 pandemic worsened existing inequities and created additional barriers for domestic violence survivors seeking support. During the first year of the pandemic, Jane Doe Inc. member programs, which serve those experiencing or recovering from domestic violence and/or sexual assault, reported an 84% increase in requests for services. Service providers reported that women striving for economic security on their own may feel forced to go back to an abuser, often because of lack of affordable housing. High school girls reported higher rates of forced sexual intercourse and sexual

Domestic violence

Abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, psychological, or technological actions or threats of actions or other patterns of coercive behavior that influence another person within an intimate partner relationship.

Sexual dating violence

Sexual abuse from a romantic or sexual partner. This type of violence may also be accompanied by emotional, physical, or verbal abuse.

- dating violence than boys, and the situation has worsened for girls since 2019. The pandemic temporarily suppressed all types of bullying, but rates rose again after students returned to in-person classes. While female incarceration rates have declined in Massachusetts overall in the last decade, female pretrial detention rates have consistently exceeded male rates. Women returning to their community after incarceration face many barriers to stability.
- **Reproductive Justice:** Despite a decline in teen birth rates, inequities persist. Latina teen births continue to exceed rates for other racial/ethnic groups in the region. Adequacy of prenatal care declined between 2016 and 2020 in all four counties, likely exacerbated by the pandemic, with the biggest percent change in Hampshire County. Those with public insurance were less likely to receive adequate care than privately insured residents.
- **Leadership:** Trans and gender diverse residents reported a dearth of leaders that share their identity in every sphere. In higher education, there remains a need for female representation among leaders especially at institutions which are not historically or presently women's colleges. Further, when looking at provost salaries and those for other senior academic and administrative leadership by sex, institutions continue to pay their female employees unfairly (less than 80% of male counterparts' salaries). Female employees remain woefully underrepresented in STEM occupations across the region, as less than 3% of female workers are in the STEM field. Further, racial and ethnic wage

gaps remain, with 5% of Asian female workers in STEM compared to less than 1% of all Latina workers.

- **Political Participation:** Since the last status report, there was no increase in the proportion of female representation in the federal congressional delegation from Western Massachusetts. Incumbent senators and representatives did not step down or face serious challenges to their positions. In the courts, women are half of all judges but only a third of Chief Justices. More than 80% of female and trans lawyers in Massachusetts are White. There are no female district attorneys serving the region.

In sum, our region is far from achieving equity for too many women, girls, transgender, and gender diverse residents. The COVID-19 pandemic was disruptive and made inequities worse in the last three years. It took a toll on girls, especially girls of color and those living in poverty. Higher rates of depression and anxiety and alcohol use, compared to boys, are signs of their distress. Trans and gender diverse youth are also in crisis, manifested by greater reporting and observation of self-harm and suicidality (suicidal thoughts or plans) than their peers. Youth development programs have played a critical role in affirming young people's sense of identity, self-worth, and leadership capacities.

Many women and trans adults are still much more likely than non-trans men to experience poverty. They also face barriers to culturally appropriate and gender affirming services. This is especially the case for people who are Indigenous, Black, and Latine; immigrants and refugees; domestic violence survivors; returning from incarceration; and living in rural areas. Service providers and healthcare systems are stretched thin and often can't adequately meet their needs. Massachusetts policies and equity goals are bulwarks against national attacks on women and trans residents, but our state can do much more. Despite the many challenges they face, our communities—and the organizations that serve them—have proven to be resilient and resourceful. Together we are moving toward greater equity by creating coalitions, networks, and informal systems that provide support, share information, and advocate for systemic changes. Essential to transformation are regional efforts to nurture community leaders of all ages and genders who can bring stronger representation into politics, business, and beyond.

Latine

Relating to Latin American heritage. Used as a gender-neutral alternative to Latina or Latino.

Methodology

This report focuses on the status of women, girls, transgender (trans), and gender diverse youth and adults in the four counties of Western Massachusetts: Berkshire, Franklin, Hampden, and Hampshire. It serves as an update to the 2019 version and shares data with greater context. It focuses on conveying more nuanced, holistic, and intersectional stories that speak to the multiple layers of identity and inequity that many people experience. Also, while the last report focused on the experiences of female-identifying people, the 2023 report includes transgender and gender diverse people. Topic areas were based on the strategic pillars set forth by the Women's Fund of Western Massachusetts (WFWM). The report's section headers, and grouping of topics within sections, mirror those from the Institute for Women's Policy Research Status of Women initiative.²

The document was developed based on analyses of available quantitative data sources and qualitative data collected and analyzed by researchers at the Public Health Institute of Western Massachusetts (PHIWM). Analyses were conducted on existing national, state, and local quantitative data sets. These included data from the U.S. Census Bureau, Massachusetts (MA) Department of Public Health, MA Department of Elementary and Secondary Education (DESE), and school-based youth surveys. When available, data was separated out by race and ethnicity, age, gender, other identities, and by local geography. Additionally, researchers evaluated data sources to ensure that information was as current and credible as possible. Different data collection and reporting methods from one source to another may prevent the consistent identification and communication of inequities. For example, one data source may only provide data at a statewide level, or another data source may not disaggregate by race/ethnicity. To learn more, see Data Limitations below.

The Women's Fund and PHIWM identified communities for whom existing quantitative data is lacking, especially information specific to Western Massachusetts. Communities of focus for qualitative research included people who identify as transgender and gender diverse, Indigenous women, immigrants and refugees, formerly incarcerated people, and survivors and victims of domestic and sexual violence. To conduct focus groups with residents who have lived experience, we leveraged relationships with Research Advisory Group members who had expertise and connections to successfully convene participants. We also held listening sessions with service providers to understand their perspectives about strengths, challenges, and opportunities for policy or systems-level change. These discussions were transcribed and reviewed to highlight themes; qualitative insights are woven into the narrative.

The Women's Fund and PHIWM also convened a Regional Advisory Group of subject matter experts representing sector, geographic, and sociodemographic diversity. They met monthly for a six-month period to fulfill four essential roles in the process of the report's development:

- Provide subject matter, geographic, community, and personal experience/expertise.

- Represent their communities, organizations, and/or agencies in guiding the process for developing this report.
- Provide guidance and input into the assessment plan and process, data sources, data analyses, and report.
- Serve as a conduit of information about the assessment, report to their communities and organizations/agencies, and solicit additional support, as appropriate and needed.

Data Limitations

We acknowledge that demographic data collection methods force people to choose from among racialized identities. Race is a social construct that was invented by wealthy White men to oppress and dominate people of non-European heritage,³ yet we use these categories today to understand where inequities exist and the impact of discrimination. The concept of race varies across cultures, also making it problematic to apply racial categories uniformly across all populations, including immigrant communities and Indigenous peoples. The same is true for concepts of gender.

The researchers strove to use data that was credible, relevant, able to be disaggregated by gender and race/ethnicity, and available at the county level if possible. It was not always possible to meet all these criteria. Data are often not able to be separated out by both gender and race/ethnicity, or in other ways that enable understanding of intersecting identities. Gaps and challenges in how data are collected can cause some communities to become invisible, especially Indigenous, trans and gender diverse, and immigrant communities. For example, data sources generally categorize residents as male or female, without offering other options for gender identification. As such, it's unknown what proportion of female people cited in most data sources are trans. Recently the Census process has become politicized, possibly resulting in undercounts, especially among undocumented immigrants who are fearful of being identified, targeted, and deported. Indigenous residents who are not from a federally recognized tribe or who identify as two or more races may also be undercounted. In addition, some groups do not have enough data to be reported on, such as some racial and ethnic groups in a given geographic area. This is particularly the case in rural communities where population counts are small.

Qualitative data collection was an important component of this research, in part to try to address these data gaps and challenges, and also to hear directly from people in our community. The researchers maximized the ability to answer these questions with the available resources to complete this report. Also, the researchers relied primarily on existing connections to reach populations of focus and those who provide services to them. A more robust snowball sampling method to reach a wider range of informants was not possible. To reduce researcher bias in interpreting qualitative data, the researchers reviewed the qualitative transcripts to identify key themes and cross-checked these with each other.

Regarding data limitations, there are signs of progress. Increasingly, efforts are underway to include sexual orientation and gender identity (SOGI) questions in surveys and data collection processes. Notably, the Centers for Disease Control and Prevention (CDC) now allows states to ask if respondents are transgender for at least two of its major population-based surveys. Since 2021, the Census Bureau has asked about gender identity in its Household Pulse Survey. Going forward, healthcare organizations in the state will be expected to collect racial, ethnic, language, disability, and SOGI data, which will enable better data in future assessments.

Several key informants for this report urged state and local governments and public health departments to set up and implement systems to better collect demographic data, including race, ethnicity, sexual orientation and gender identity (SOGI), and Indigenous identity. They felt strongly that residents should be able to self-identify, rather than public or nonprofit agency staff making assumptions about a person's identity.

Introduction

The contributions of women and gender diverse people to our society are significant, despite the past and present barriers and inequities they have experienced. These inequities are rooted in systemic obstacles that have resulted from policies and practices initially created by White, land-owning men in the colonial era. Discrimination has remained embedded in all structures of society in one form or another over time, even as women, people of color, Indigenous tribes, LGBTQIA+ communities, and people with disabilities fought for and won expanded rights.

While this report focuses on the four counties of Western Massachusetts—Berkshire, Franklin, Hampden, and Hampshire—the statewide and national landscapes affect the lives of residents in the region. Since the last status report, the nation has seen historic representation of Black women, including Vice President Kamala Harris’ inauguration and the nomination and confirmation of U.S. Supreme Court Justice Ketanji Brown Jackson. As we know, though, public representation is necessary but insufficient. It does not automatically dismantle the societal structures that marginalize women or directly translate to improvement in living conditions for all people with marginalized identities. Additionally, the United States is experiencing a powerful legislative attack on women’s reproductive justice, transgender rights, and marginalized communities, who continue to band together and attempt to protect themselves and others.

Since the last report in 2019, our nation and region have battled a once-in-a-century pandemic. COVID-19 took a tremendous toll on Western Massachusetts, and it continues to affect the health and well-being of our region. The pandemic resulted in the loss of life of loved ones, exacerbated health inequities, forced a shift to virtual work for many, and had significant consequences for the workforce. People who were incarcerated during the pandemic were also at greater risk for COVID-19 infection and death. On a national level, all women—and especially women of color—were disproportionately harmed by the pandemic-induced upheaval in the economy and the shift to remote schooling.^{4,5} Further, then-President Donald Trump and many other political and media figures made a concerted effort to blame the virus on China, weaponizing phrases such as “China virus” and “kung flu.” This resulted in a measurable increase in anti-Asian hate crimes as well as financial impacts for business owners of Asian descent.⁶

Also in 2020, video evidence surfaced of a police officer killing George Floyd, a Black man living in Minnesota. Around the same time, Breonna Taylor, Atatiana Jefferson, and Daunte Wright were murdered as well—along with so many others whose names did not garner national attention. The outrage sparked a national reckoning with police brutality and racism, leading some to feel hopeful about the future. Unfortunately, while public awareness around racism and police violence increased, so did instances of antisemitism and white supremacist propaganda activities. The Anti-Defamation League ranked Massachusetts second in the nation for instances of the latter.⁷

Amidst the economic instability, infectious disease, and calls for racial justice, the #MeToo movement continued to focus attention on gender-based sexual violence. Further, reproductive justice and transgender rights were challenged at every turn. In the summer of 2022, the United States Supreme Court ruled on *Dobbs v. Jackson Women’s Health Organization*. This overturned the constitutional right to

abortion, as previously established by *Roe v. Wade*, and transferred power to restrict or protect termination of pregnancy to individual states.⁸ More than 20 states restricted transgender health care and passed other anti-trans laws.⁹ Massachusetts’ laws protect the right to an abortion and to transgender health care, making it a beacon for people from other states to seek care.

Transgender health care

A range of social, psychological, behavioral, and medical interventions that help transgender people to align various aspects of their lives — emotional, interpersonal, and biological — with their gender identity.

The politicization of COVID-19, education, transgender health care, and even diverse books deepened the ideological cracks in the country and stoked fear among many. The country and state have experienced an influx of people from Central America, Haiti, Afghanistan, Ukraine, and other countries who fled natural disasters, war, and other catastrophes, including to Western Massachusetts. In recent years, migration has become highly politicized. This political targeting and fear mongering has been shown to exacerbate stress for many migrants, especially undocumented immigrants.¹⁰

As the region continues to diversify and build healthier communities collectively, it is especially important that marginalized communities remain protected. The COVID-19 pandemic threw a wrench in social networks and well-being, although the resiliency of our communities continues to shine through. Women of color, trans, and gender diverse people are leading movements for greater equity, as marginalized communities often do in their strive for justice. Through all this, Western Massachusetts is experiencing the effects of the climate crisis, and it will only continue to worsen without sufficient urgent action. This will especially affect women and gender diverse people—particularly those who are Black and brown or with limited financial means—and their families. Community networks, small shifts toward equity and justice, and collaboration are necessary to sustain progress.

Gender Demographics in Western Massachusetts

Table 1 summarizes key demographics for the region. As of 2021, an estimated 428,610 women and girls lived in Western Massachusetts.¹¹ The proportion of female residents regionally has not changed since the 2019 Status Report. The county-level proportions are comparable locally and statewide (51%), with the exception of Hampshire County, which continues to be slightly higher (53%). More than half of the region's women and girls (56%) live in Hampden County.

As noted in the data limitations section, we acknowledge that race is a social construct, yet disaggregated race/ethnicity data are helpful to surface inequities. Also, there are gaps and challenges in how demographic data are collected, which cause some communities to be made invisible, especially Indigenous, trans and gender diverse, and immigrant communities.

The Williams Institute used CDC data to estimate how many transgender people live in Massachusetts.¹² Data for Western Massachusetts are not available. This source estimated that 43,000 residents statewide identify as transgender: 37,100 adults and 5,900 youth (13 to 17)—among a total statewide population approaching 7,000,000. Transgender adults represent 0.7% of the state's adult population, and transgender youth make up 1.4% of the youth population. Nationally, among adults who identify as transgender, 39% are trans women, 36% are trans men, and 26% reported being “gender nonconforming.” State breakouts are not available.

During the past decade, Western Massachusetts' female population has become more racially diverse, mirroring the state (Table 1). The proportion of White women and girls has shrunk from 76% in 2011 to 66% in 2021. The biggest growth in women of color regionally was among Latina women, from 13% in 2011 to 16% in 2021, and women of two or more races, who more than tripled from 2 to 7% of women across the four counties. Hampden continues to be the most diverse county in the region, with close to half (46%) of women identifying as Black, Indigenous, or people of color (BIPOC). Franklin County continues to be the least diverse, with only 12% BIPOC women.

The reported percentage of foreign born women and girls in the region has barely grown in the last decade, from 8 to 9%, while the statewide rate grew from 15 to 17%. However, key informants who work with immigrant women asserted that this is likely an undercount, given that many are undocumented and may be fearful of completing Census surveys. In Berkshire County, social service and health providers have reported a large increase in immigrant families seeking services in the last several years.

TABLE 1

Select Sociodemographic Characteristics of Female Residents by County, 2021

	Berkshire	Franklin	Hampden	Hampshire	Regional	MA
Female population	66,195	36,293	239,792	86,330	428,610	3,821,342
Female % of population	51%	51%	51%	53%	52%	51%
Age						
Under 18 years	16%	17%	20%	14%	18%	19%
65 year and over	25%	24%	18%	18%	20%	18%
Median age (years)	49	48	41	37	42	40
Race/Ethnicity						
Indigenous	0.1%	0.1%	0.2%	0.1%	0.2%	0.2%
Asian	2%	2%	2%	5%	3%	6%
Black	2%	1%	8%	2%	5%	7%
Latina	5%	4%	24%	6%	16%	11%
Native Hawaiian and other Pacific Islander	0.00%	0.05%	0.01%	0.07%	0.03%	0.03%
White	84%	88%	54%	80%	66%	65%
Some other race	2%	1%	4%	1%	3%	4%
Two or more races	5%	4%	8%	5%	7%	6%
Females with a disability	15%	17%	17%	11%	15%	12%
Foreign born	6%	4%	9%	10%	9%	17%
Naturalized U.S. citizen	4%	3%	6%	5%	6%	10%
Not a U.S. citizen	2%	2%	3%	5%	3%	8%
Female householder, no spouse/partner present	31%	29%	33%	28%	31%	29%
With children Under 18 years	5%	5%	8%	4%	7%	5%

Source: U.S. Census Bureau, American Community Survey (ACS), 2021 5-year estimates. The five-year estimates from the ACS are “period” estimates that represent data collected over a period of time. The primary advantage of using multiyear estimates is the increased statistical reliability of the data for less populated areas and small population subgroups. Note that “Alone” means only one race/ethnicity.

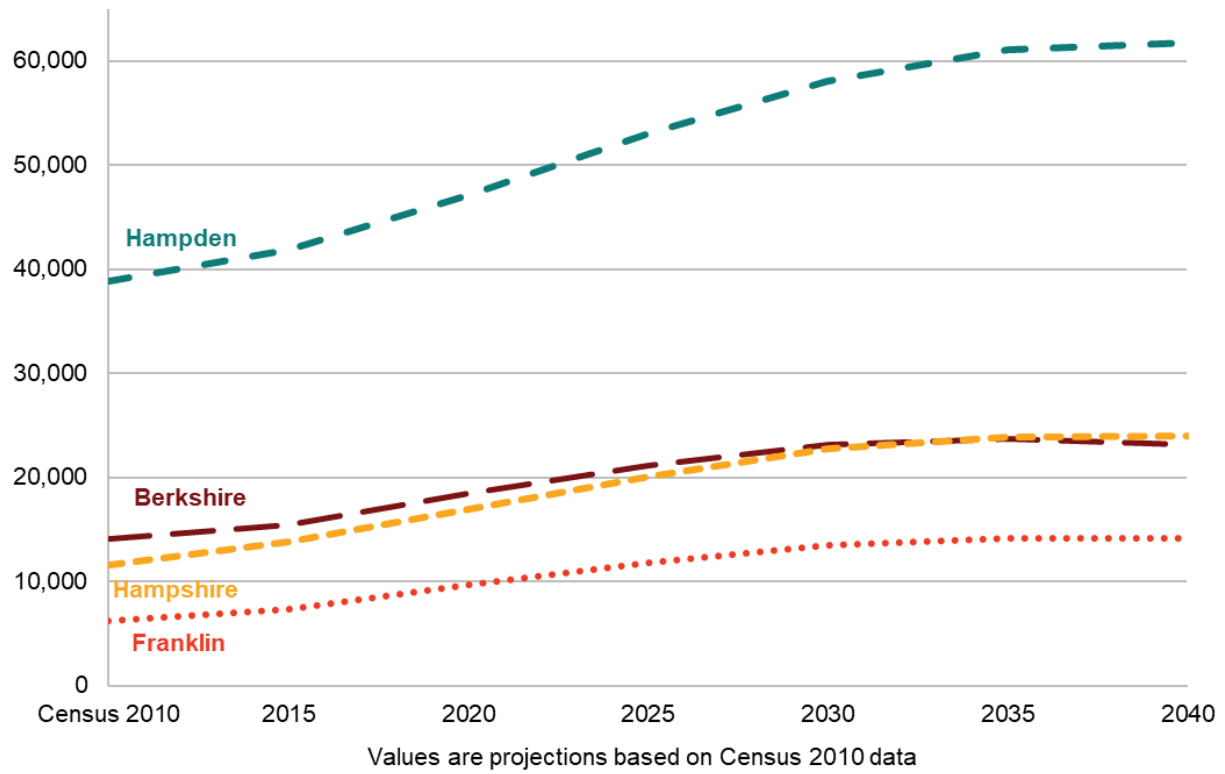
Indigenous residents of Massachusetts may belong to federally or state-recognized tribes, or neither, or they may come from tribal communities or non-tribal communities in other states. Their lineage and tribal affiliation may affect whether they are included in population counts and which services they can access. The federally recognized tribes in Massachusetts are the Mashpee Wampanoag Tribe and the Wampanoag Tribe of Gay Head, both in the eastern part of the state. The state-recognized tribes include Herring Pond Wampanoag; Chappaquiddick Wampanoag; Chaubunagungamaug and Hassanamisco Nipmuc; Massachusetts at Ponkapoag. The Stockbridge-Munsee Band of Mohicans has a reservation in Wisconsin but maintains cultural connections and offices in Williamstown, Massachusetts. Census data indicate that Hampden County has the highest concentration of Native women in the region. Indigenous key informants for this report agreed that the Census figures dramatically undercount the Native population of the state and region. By one estimate, there are at least 2,500 Indigenous women and girls in Western Massachusetts, which is about triple the Census figure.¹³

The proportion of female residents with disabilities is 16% regionally, which is higher than the statewide level (12%).

The region's female population is slightly older than the state overall, with a median age of 42 compared to 40 years statewide (Table 1). Donahue Institute population projections for residents 65+ anticipate that this population will increase over time in each county (Figure 1).

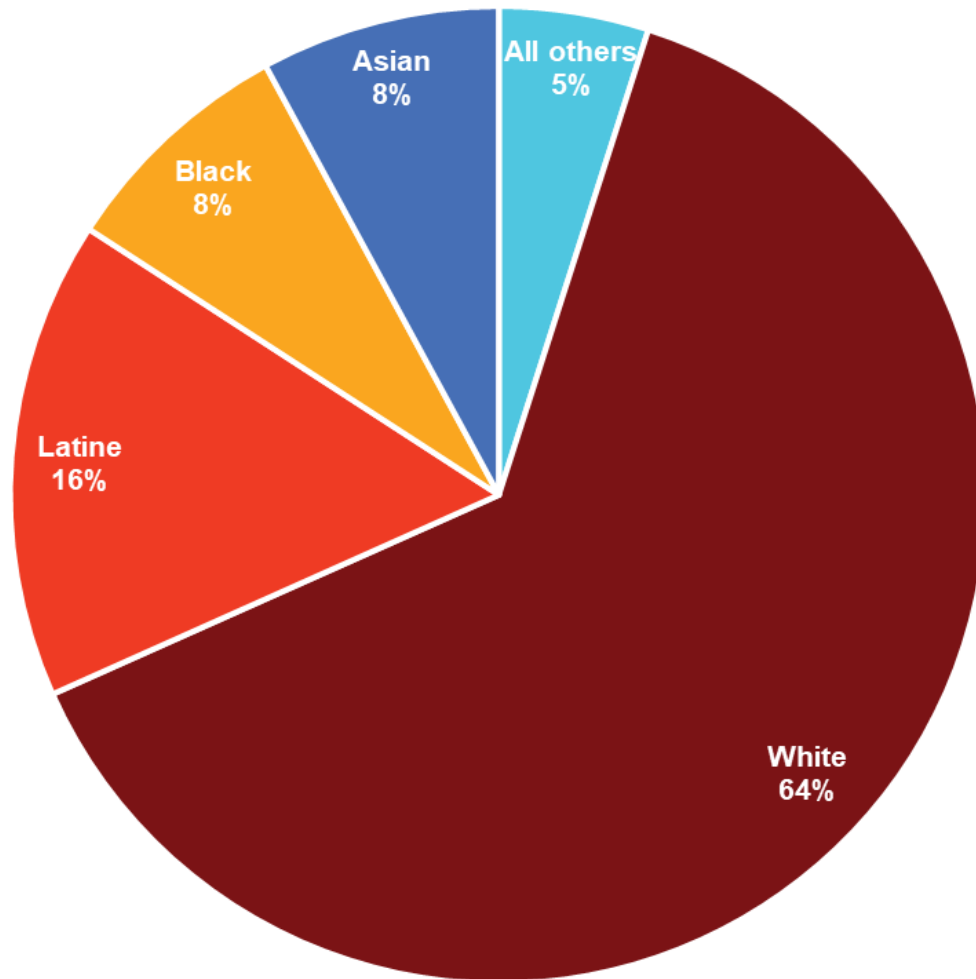
According to the Williams Institute, the adult transgender population in Massachusetts is estimated to be 64% White. The next largest racial/ethnic group is Latine trans adults, who comprise 16% of trans Massachusetts residents (Figure 2). Data specific to Western Massachusetts are not available. Also, population figures for Native transgender residents are not available. The Williams Institute did not disaggregate Native American data from within "All other races/ethnicities."¹⁴

FIGURE 1
Female Population Projections by County, Age 65+, 2010–2040



Source: UMass Donahue Institute, Massachusetts Population Estimates Program, Population Projections.

FIGURE 2
Estimated Racial/Ethnic Composition of Transgender Adults in Massachusetts, 2022



Source: UCLA School of Law, Williams Institute, June 2022.

Notes: There were no Massachusetts data for trans American Indian or Alaska Native (AIAN) people. The Latine category includes Hispanic and Latine people of any race. White, Black, and Asian figures are non-Hispanic. "All others" includes non-Hispanic biracial, multiracial, and other race/ethnicity.

Immigrants, Refugees, and Asylum Seekers

SERVICE PROVIDER PERSPECTIVES

“

“Many of the barriers shared among immigrants are in language, transportation. It can also be documentation, lack of childcare. But I will add another thing is that many new immigrants are coming that don't have a support system. They just come and they don't have family [here]. So I've seen that it's harder for them to establish and to at least start.”

“There is a really big need for culturally responsive mental health services...especially having seen this with the Afghan [refugees], I mean, so many of them are depressed, anxious, traumatized. We had children in child care...the trauma is so intense and there really is not the capacity to mitigate it.”

“In the Berkshires we have some amazing stories of mentorship, guidance within the immigrant community. Also we've had a lot of agencies and individuals who are incredibly supportive of our immigrants and want to see them succeed, and recognize the value that they add to the community.”

”



Employment and Earnings

The story of women's, trans and gender diverse people's ability to thrive economically in Western Massachusetts is set in the national context of longstanding pay inequities that are rooted in our country's history, in which labor provided by women and people of color was often coerced, unpaid, and undervalued. Nationally, the gender pay gap has barely narrowed in 20 years. On average, women earn 82% of male earnings.¹⁵ Gender pay gaps are widest among Latina, Indigenous, and Black women.¹⁶ The wage gap is also inequitable for LGBTQIA+ workers, especially those of color, Indigenous, and/or trans. Nationally, the greatest pay gap based on gender identity is for trans women, who earn only 60 cents of the typical worker's dollar in wages.¹⁷

Gender Identity

One's innermost concept of self as male, female, a blend of both or neither – how people perceive themselves and what they call themselves.

Several factors contribute to the gender pay gap and related disparities. These include:

- **Occupational segregation** – Certain jobs and careers overrepresented by women pay less, while those overrepresented by men pay more.¹⁵ One example is the occupation of nursing compared to medical doctor.
- **Access to education** – Less access to higher education among some racial/ethnic groups. Yet even among women with a bachelor's degree, women of color earn less than White women and less than all men.¹⁸
- **Hiring discrimination** – Women, especially women of color, face discrimination in hiring and employment.¹⁹ Reported LGBTQIA+ workplace discrimination is also very high (70% for trans workers) and likely a factor.²⁰
- **Caregiving responsibilities** – Women continue to bear the brunt of their own family's care needs and household responsibilities, including kin keeping. They are not paid for this caring work, and in fact having children can depress their wages, while the wages of the father increase.²¹ The COVID-19 pandemic exacerbated this issue, causing droves of women to be laid off or forced to leave jobs to be at home with their children when childcare centers closed and remote schooling began.

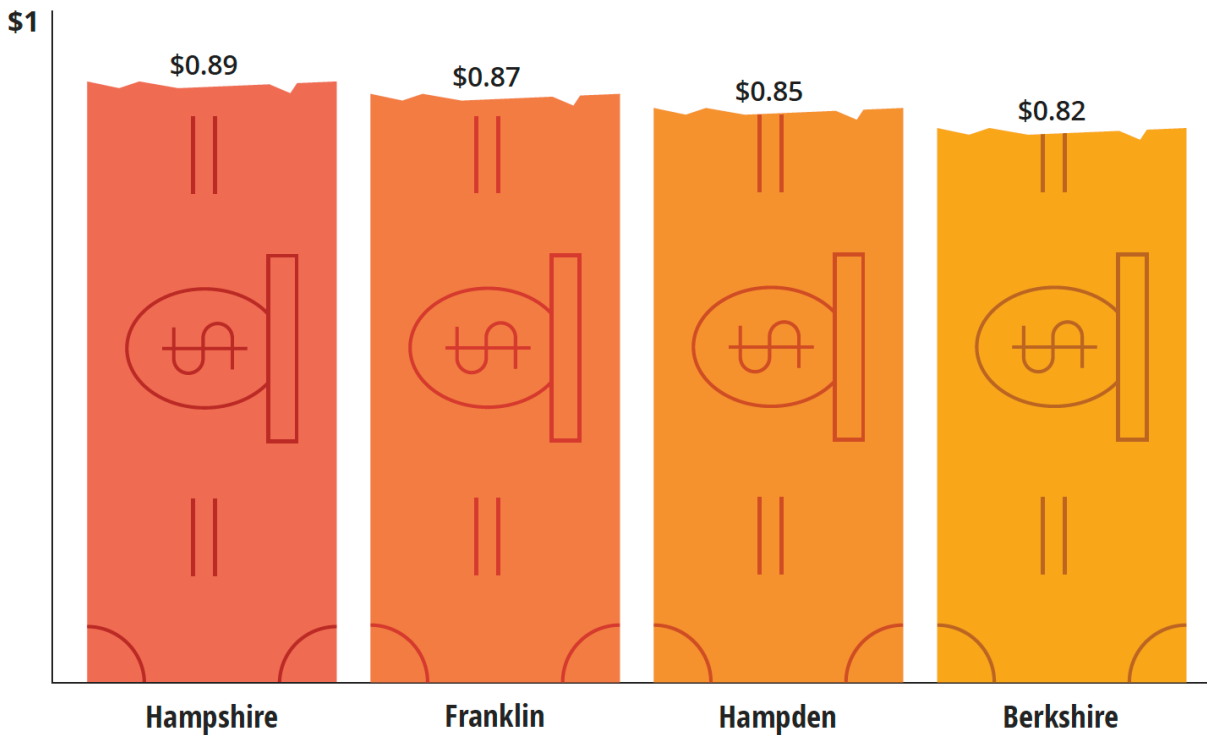
Kin keeping

The social role, usually assumed by women, of promoting, maintaining, and protecting relationships between family members and friends.

All these factors affect wage differentials in Western Massachusetts. Although the gender pay gap in Massachusetts has gradually narrowed over time, and is smaller relative to most other states, it persists in our region (Figure 3). According to County Health Rankings,²² typically gender pay gaps are wider in rural areas than urban.

Median income for women in the four counties continues to lag the statewide level, which is driven by incomes in the Boston metro area, which are much higher. Hampshire County has the highest median income among women in the region. Racial disparities also persist. Latina and Black women’s median incomes are less than White women’s income across the region, with the greatest inequities in Hampden County (Figure 4).

FIGURE 3
A Woman’s Earnings Proportional to a Man’s Dollar of Earnings, by County, 2021

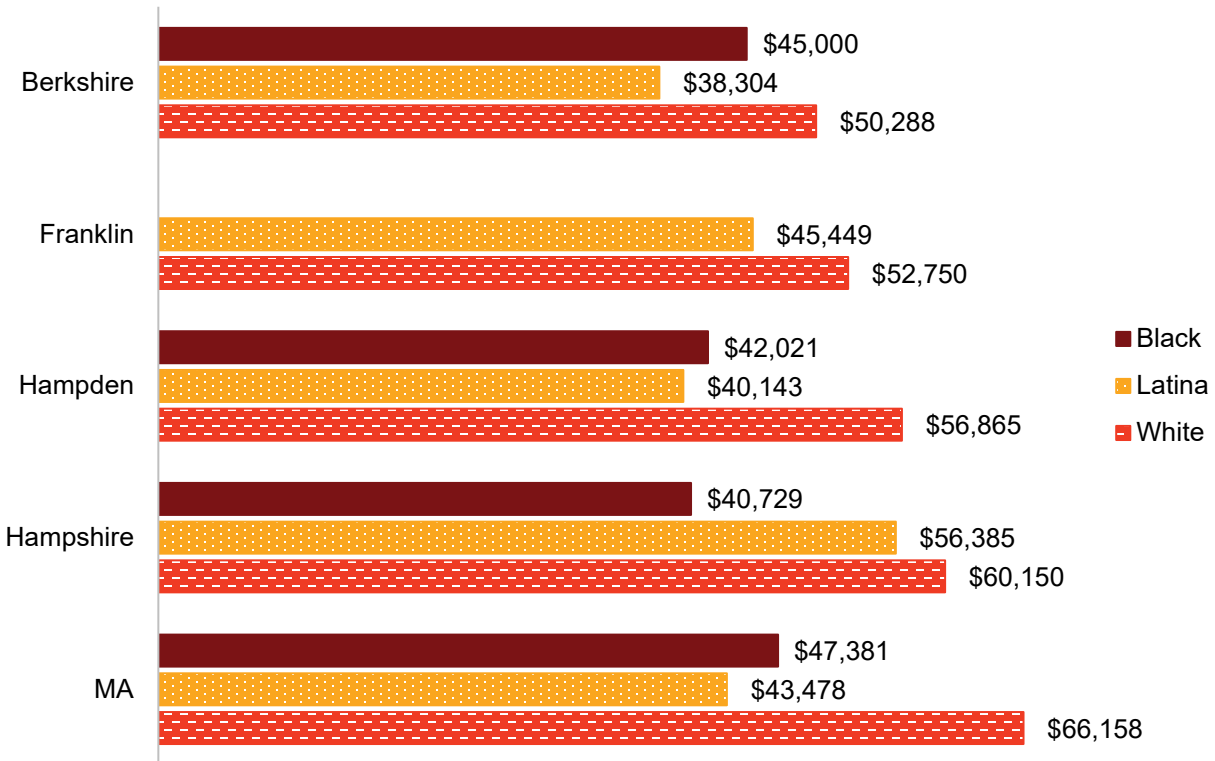


Source: County Health Rankings and Roadmaps, Connecting the Gender Pay Gap to Health

Source: U.S. Census Bureau, ACS 2021 5-Year Estimates. Accessed at County Health Rankings and Roadmaps. Image created by Transit Authority Figures.

FIGURE 4

Female Median Earnings by Selected Race/Ethnicity and County, 2021



Source: U.S. Census, ACS 2021 1-Year Estimates. Note that Black female median earnings are missing for Franklin County

Workplace discrimination and differences in access to benefits also affect women across Massachusetts, and therefore likely in our region. In a survey of Massachusetts women about workplace benefits and conditions, almost 40% reported a direct correlation between their treatment in the workplace and their gender. Women earning less than \$50,000 per year had fewer healthcare benefits or paid time off than higher paid women, limited access to mental health care, and no access to childcare or dependent care benefits.²³

In response to the ongoing COVID-19 pandemic, the Massachusetts Department of Public Health conducted the COVID-19 Community Impact Survey (CCIS) to better understand the needs of populations that have been disproportionately impacted by the pandemic, including its social and economic impacts. The survey was conducted in the fall of 2020 and reached more than 33,000 adults and 3,000 youth (under 25). There was an intentional effort to reach key populations such as people of color, LGBTQIA+ people, people with disabilities, older adults, and so on. Caution should be used when interpreting the results of the COVID-19 Community Impact Survey. It is important to note that these findings are only representative of those who

participated in the survey and may not be representative of the experiences of everyone in the region.

PHIWM conducted an analysis of CCIS data for WFWM, which found employment disruptions in the region.²⁴ Among women and nonbinary respondents employed either full time, part time, or self-employed (77% of the total), almost 70% experienced a disruption in their employment.

Within this group, one in four experienced a reduction in their work hours, needed to take a leave from their job, or experienced a job loss. Those who identified as nonbinary, low-income (annual household income less than \$35,000), or having a disability were disproportionately impacted by job losses, reduction in hours, or leave. Needing to take care of children was a factor in employment disruptions for 18% of employed women and nonbinary people. Although we don't know what proportion of these respondents were single heads of households, 31% of households in the region are headed by single women, making access to childcare a critical resource to support employment.

On a positive note, despite the temporary pandemic upheaval in 2020, a year later unemployment rates for women were lower than a decade ago and lower than the last report. They also continue to be lower than the men's rate. As in the previous report, Hampden County's unemployment rate among women remains the highest in the region, with racial/ethnic inequities still present there and in all the counties (Figure 5).

Another bright spot is that labor force participation rates also rebounded after the pandemic, nationally and in our region. Compared to 2011, Berkshire County female labor force participation in 2021 has barely changed at 79%, which is the statewide rate. Hampshire County's rate has also shown little change at 76%, and Franklin County has leveled at 77%. Hampden County's rate remains flat, and is the lowest at 73%.²⁵ However, a national analysis found that women with lower educational attainment in low-paying, women-dominated jobs such as education and health, retail, and leisure and hospitality, have not rebounded as quickly.²⁶

Nonbinary

An adjective describing a person who does not identify exclusively as a man or a woman. Nonbinary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all nonbinary people do. Nonbinary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer or gender-fluid.

Springfield Women's Voices: Greater Springfield Economic Security Hub Study

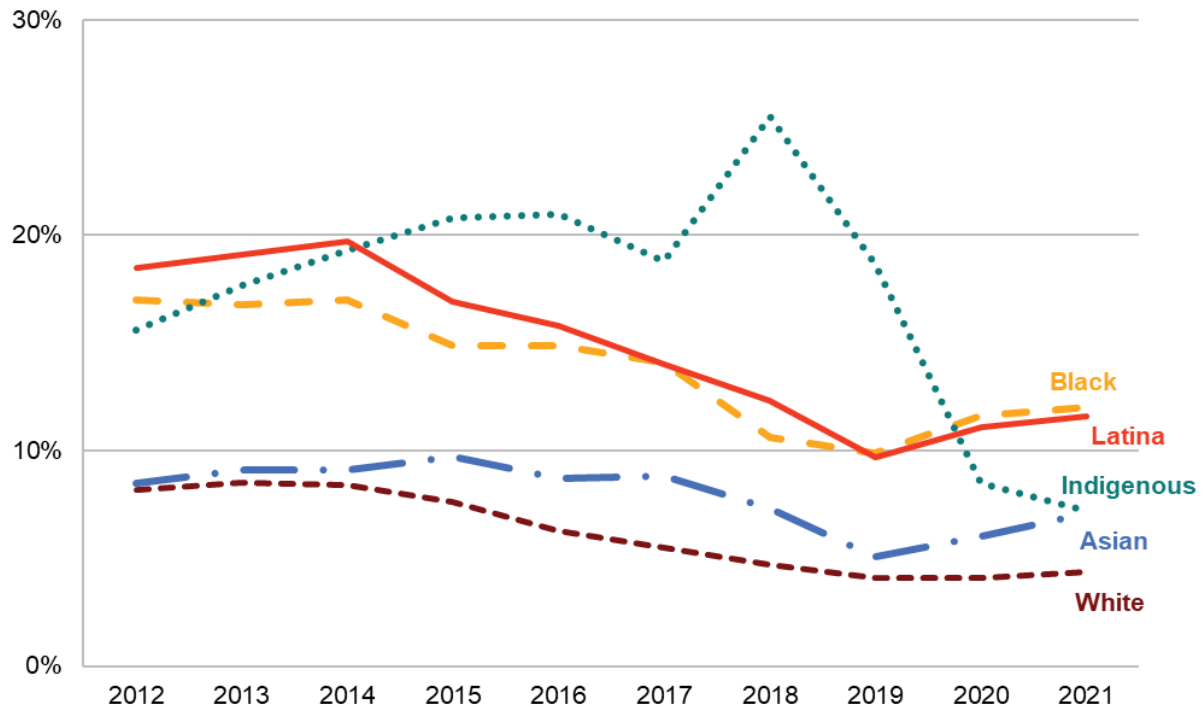
In 2022, the WFWM Greater Springfield Economic Security Hub²⁷ commissioned a survey and listening sessions among low-income women to understand their concerns related to economic well-being. Almost all survey participants (n=195) were BIPOC (94%), and 89% lived in Springfield. More than half (54%) identified as Latine, and 28% as Black. Eighty-nine percent reported having at least one child, and more than 70% had multiple children. More than 6 in 10 (61%) were single and had never been married, and 25% were either divorced, widowed or separated.

The data provide a more nuanced understanding of the employment challenges facing women of color in the Greater Springfield area—a population of focus for the Women's Fund based on findings in the 2019 status report. A little more than a third (38%) were working part time or full time when surveyed. A similar proportion (39%) said that a medical condition or disability affected their ability to work. Median household income among respondents was only \$15,000, with a median household size of three. Reported incomes were below the poverty rate for 58% of participants, and below 200% of poverty for 83%. More than half (59%) of the participants had only a high school or equivalent diploma, some high school, or some elementary school level of education.

In response to the question, "What service needs are your three most urgent today?", job training or further education (25%) and a new or better job (23%) were among the top three needs among survey respondents. About 6 in 10 reported that they were not working in the field of their choice, and a similar amount said they had pandemic-related employment difficulties. Educational attainment affected access to better-paying jobs.

Many respondents, the majority of whom are a single head of household, described how lack of childcare caused them to forgo work or school, seek per diem or part-time work, or lean on family and friends to help out with care, which was not a reliable option. The pandemic often made this situation worse. A third of those surveyed also provided care for other relatives or friends, and this had an impact on employment options for many of them. Unpaid caregiving by women represents a massive form of inequity. A 2020 Oxfam analysis found that if all American women earned minimum wage for the unpaid work they do around the house and caring for relatives, they would have made \$1.5 trillion in 2019.²⁸

FIGURE 5
Female Unemployment by Selected Race/Ethnicity, Hampden County, 2012–2021



Source: U.S. Census, ACS 5-Year Estimates. Note that data for Native Hawaiian and Other Pacific Islander were incomplete and therefore omitted.

Other state and local data show that for trans and gender diverse people, systemic and interpersonal discrimination and fear of persecution affect their ability to secure and retain employment. The 2015 U.S. Transgender Survey data for Massachusetts (n=1,195) found that one in five transgender respondents who sought or had employment reported hiring or workplace discrimination.²⁹ A Berkshire key informant working with trans and gender diverse young adults described the challenges faced by five people in a support group.

“Only one of them has a job. The rest of them do not work. The rest of them either attempted to work in the past and were either discriminated against at work or felt like they were not supported to be their true selves at work and then got overwhelmed and quit.... One of them who has the job, right, she identifies as a woman, but does not really appear as a woman, right? Her expression doesn’t really match her identity. So she was constantly being misgendered at her last job, and when she would correct her coworkers and supervisors, they would laugh at her, so she quit.”

Trans and gender diverse focus group participants in the greater Springfield area said that the pandemic harmed their job situation because they had to stay indoors for several months, and some lost employment. They described the job situation as better once the pandemic subsided. However, they also expressed generally feeling unsafe outside their homes, which likely has ongoing implications for access to employment. Two focus group participants said the most important overall point they wanted to make was, “We should be treated equally.”

Indigenous leaders described the hurdles Native women face to become more economically secure. Lack of affordable childcare as well as recovery challenges for those dealing with substance use often prevents women from completing vocational training programs. One leader expressed frustration that job-training programs are not designed to meet women where they’re at, and often take a punitive approach when participants can’t meet the timelines and requirements, ejecting them from the program. The rejection or failure causes re-traumatization for that person.

Re-traumatization

One’s reaction to a traumatic experience that is intensified or shaped by previous traumatic experiences.

“There’s also the issue of, a lot of these job-training programs, they have this approach to education that is like, not even sometimes three strikes, you’re out. And that doesn’t make sense for anyone to go through.... It’s just not the reality that folks go through, and it’s not helpful.... They’re not designing these programs in a way that is supportive of family and of women.”

Additional survey data, focus groups, and key informant interviews revealed how women, especially single heads of households, may face numerous issues that can exacerbate lack of financial resources. These include immigration status and language barriers, adverse childhood experiences (ACEs), intimate partner or sexual violence, other traumatic experiences, substance use, and incarceration.

Adverse Childhood Experiences (ACEs)

Potentially traumatic events that occur in childhood (0-17 years), and aspects of the child’s environment that can undermine their sense of safety, stability, and bonding.

Women returning from incarceration: Members of the Women’s Re-entry Network, comprised of service providers, academics and other community organizations convened by WFWM, described the challenges unique to formerly incarcerated women.³⁰ These insights were echoed in a survey of formerly incarcerated residents conducted by Springfield Works in 2022.³¹ The pandemic affected many women’s access to employment and education, causing them to pivot to providing care for their children. Although employment programs are available,

including skilled manufacturing job training and pipelines, it has been hard to connect formerly incarcerated women to these programs. Corrections officers inside prisons reportedly said women are not interested, because they do not want to work with their hands. Yet Network members believe women are in fact open to these opportunities. One network member said,

“I think the more direct access we can have to women in institutions to talk about our programs, the better.... I think women in manufacturing would be great, they’re good jobs, you could earn a good living, and I know a lot of women who like to work with their hands.”

Survivors of intimate partner violence: For survivors of IPV, economic independence is the linchpin to becoming free from abuse, and yet it remains elusive. One key informant noted that this challenge has hardly changed in 30 years.

“There are so many survivors that are just stuck and can’t get out because of economic issues. If they want to get into a domestic violence shelter, frequently they are all full.... But it’s just daunting, like how to get out when you don’t have the economic means.... It is just such a major, major issue.”

Immigrant and refugee women: These women often experience a different set of barriers to living wage jobs. Key informants working for organizations that serve immigrants reported on conditions for the many undocumented immigrants living there. Because these community members lack legal immigration status, they stated that they often have a hard time finding good-quality work, and those who do manage to secure jobs are easily exploited by employers. Withholding pay or underpaying undocumented workers happens frequently, such that the Pioneer Valley Worker Center helped restaurant workers combat wage theft through local ordinances. Without legal stability, workers can’t use their skills to pursue careers with steady pay and benefits. Many jobs available to immigrant workers are seasonal, such as farmworker, landscaper, and construction workers. During the winter months, families may need food and other assistance with basic needs.

Living wage

The wage a household needs to earn to afford all its basic needs, including food, childcare, health care (both insurance premiums and typical health care costs), housing, transportation, and other necessities. A living wage can vary depending on geographic location and is typically much higher than the federal poverty level.

Transportation is another barrier for immigrants to access good jobs, especially in rural areas such as the Berkshires. A recently passed state law³² will help by enabling undocumented immigrants to obtain a driver's license and to register a car, possibly expanding access to both education and employment. For those who cannot afford a car, they may experience challenges taking the bus because some job shifts and locations may not align with routes. Lack of affordable childcare is another barrier, and key informants reported that Headstart programs have a waitlist. Despite these many challenges, Berkshire County informants described a resilient community where the number of immigrant-owned businesses is growing, as immigrants try to create jobs for themselves.

Policies that Support Gender Equity in Employment and Earnings



Paid Family and Medical Leave: In 2019, Massachusetts passed a law that provides paid leave to employees who need to take time off work to care for a family member or themselves due to a serious health condition. This policy guarantees job protection and income replacement for eligible workers who are covered by the program.

Minimum Wage Program: In 2019, Massachusetts implemented a gradual increase of the state minimum wage to \$15 per hour by 2023. This policy will benefit more than 800,000 low-wage workers in the state.

Pandemic Unemployment Assistance (PUA): In 2020, Massachusetts passed a law that expands unemployment insurance benefits to workers who are not traditionally eligible, such as self-employed people and gig workers. This policy aims to provide economic stability to workers who are impacted by the COVID-19 pandemic and other economic challenges.

Equal Pay: In 2018, Massachusetts passed an equal pay law that prohibits employers from paying employees differently based on their gender for comparable work. The law also prohibits employers from asking job candidates about their salary history.

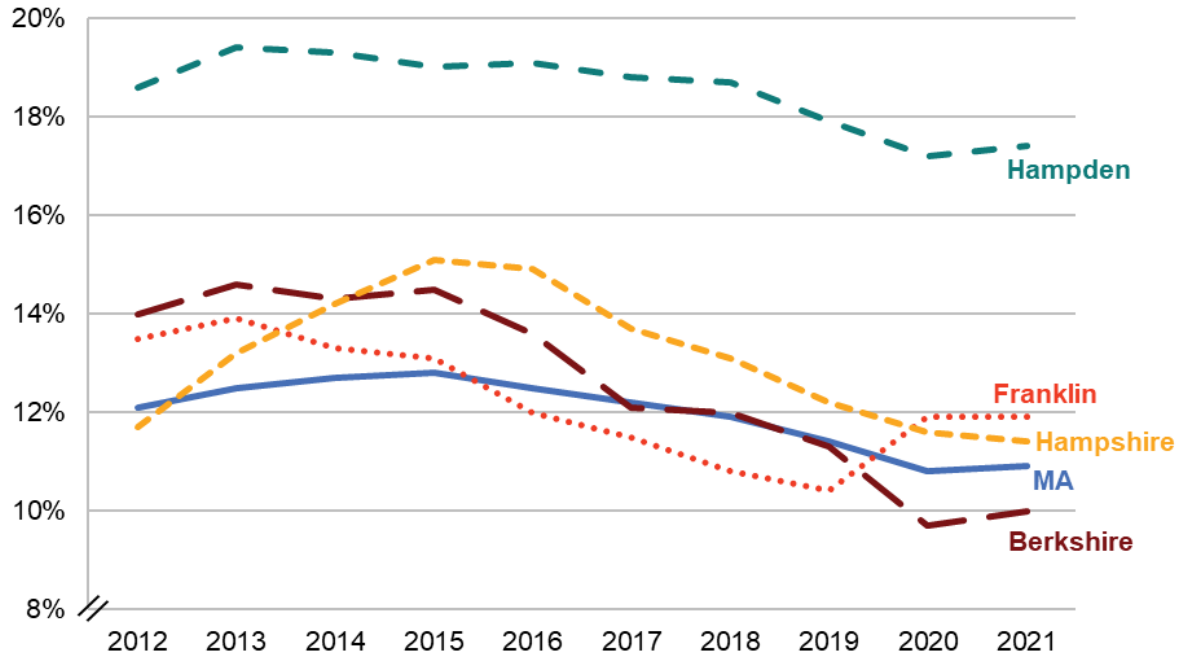
Criminal Record Sealing: In 2018, Massachusetts passed a criminal record sealing law that allows people with certain criminal convictions to have their records sealed from public view. This policy aims to reduce the stigma associated with a criminal record and to improve access to employment opportunities for people with past convictions.

Fair Hiring Practices for People with Criminal Records: In 2020, Massachusetts issued guidelines for fair hiring practices for people with criminal records. The guidelines encourage employers to consider the nature and seriousness of a person's past offense, the time that has elapsed since the offense, and the relevance of the offense to the job in question. This policy aims to reduce employment discrimination against people with past convictions.

Poverty and Opportunity

A core belief in this country is that anyone should be able to achieve “self-sufficiency” regardless of the life circumstances they are born into. The concept of “opportunity” here refers to the ability to access education and therefore employment that can lift families out of poverty. From its founding, the U.S. economy has been built on unpaid and undervalued labor of women and people of color, leading to structural poverty. The concept of poverty as structural means that poverty is not primarily the fault of a person or the result of their actions, but rather is an outcome of our economic system and how it is structured. These systemic inequities and the myth of self-sufficiency hobble efforts to create a universal social safety net, which in turn prevents true gender and racial equity in our region. In addition to the gender pay gap described in the previous section, women, trans, and gender diverse residents often have limited access to higher education, affordable, high-quality housing, food, transportation, childcare and health care. Without adequate support in these areas, many are unable to garner enough income and other resources to thrive. In fact, the “poverty level” as defined by the federal government is far below the estimated living wage needed to meet household expenses in our region. For example, in Hampden County, the poverty rate for one adult with one child is \$8.80 per hour, and the living wage needed to meet household expenses is \$37.83 per hour.³³

FIGURE 6
Female Poverty Rates by County, 2012–2021

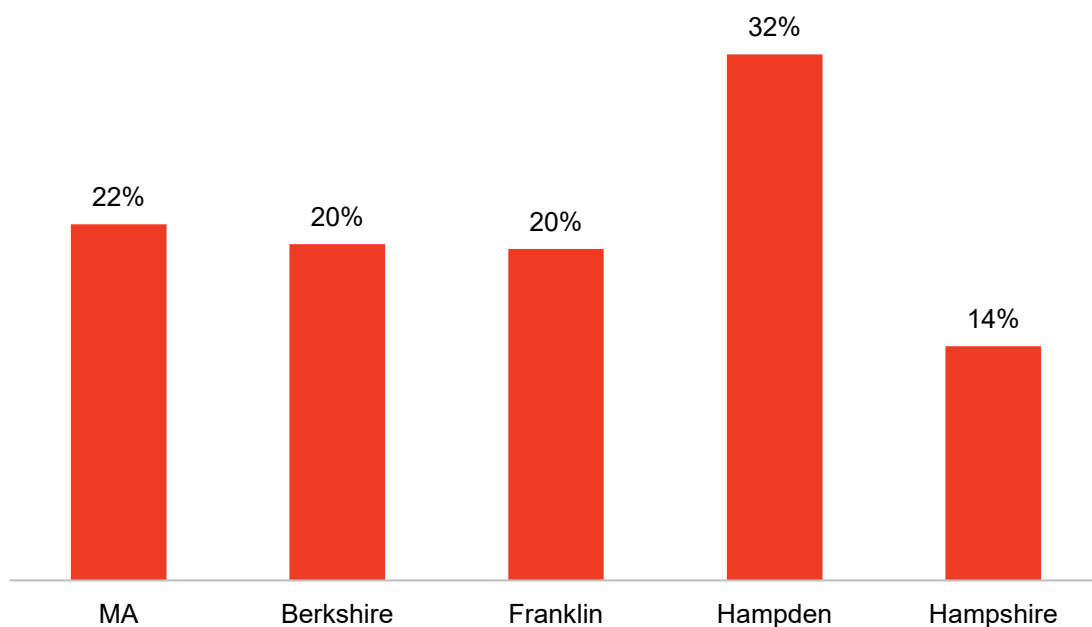


Source: U.S. Census, ACS 2021 5-Year Estimates.

Poverty

The region's female residents have higher poverty rates than women and girls statewide. Hampden County's rate is persistently highest (Figure 6). Lower poverty rates in 2020 and 2021 were likely because the government provided extra income supports during the pandemic. Most of these have ended, causing financial strain for many households. For girls, the depth of poverty is even greater; 23% of girls in Hampden County lived below the poverty line in 2021. Female-headed households also have high poverty rates, especially in Hampden County (Figure 7). Racial/ethnic inequities continue, especially in Hampden and Franklin counties (Figure 8). Trans residents also faced inequities as reflected in the 2015 U.S. Transgender Survey results³⁴ for Massachusetts, the most recent data available: 7% were unemployed (vs. U.S. rate of 5%), and 17% were living in poverty (vs. U.S. rate of 12%). While we do not have local data, it is likely that similar disparities exist in Western Massachusetts.

FIGURE 7
Poverty among Female-Headed Households, by County, 2021



Source: U.S. Census, ACS 2021 5-Year Estimates.

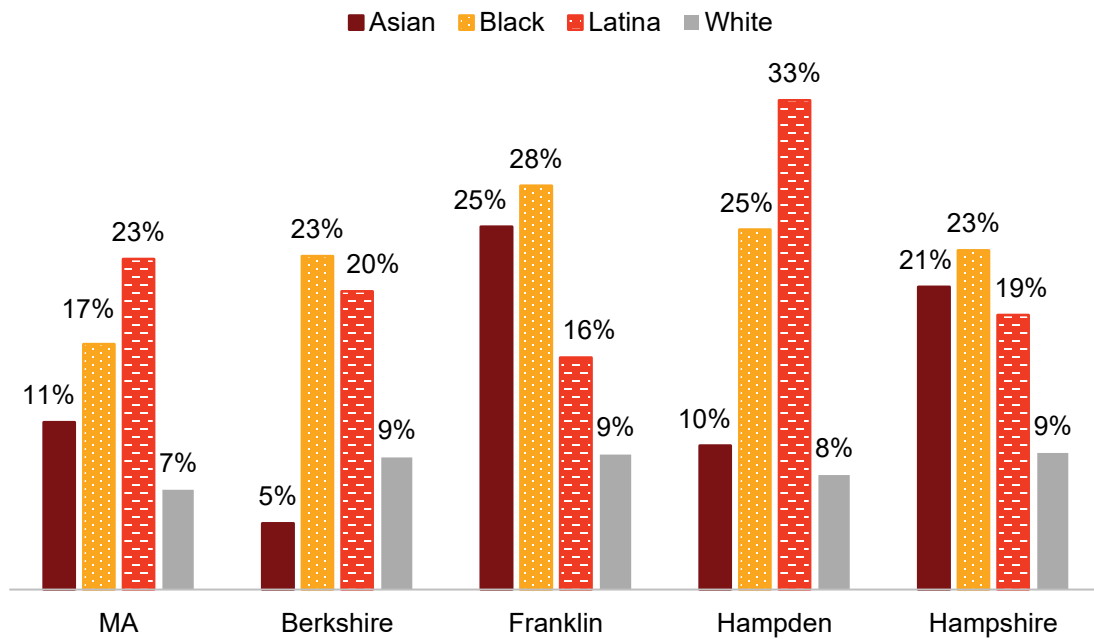
The Women's Fund Greater Springfield Economic Security Hub (ESH) Survey findings provide more nuanced understanding of how poverty has affected some women in Springfield:

- More food or healthy food, transportation, and financial counseling were among respondents' top six service needs. More than half (54%) said they had used a food pantry at least once a month, and more than a third (35%) at least twice a month. And 63% worried they would run out of food. A smaller subset reported that food insecurity affected what and when they could feed their children.

- Publicly funded supports helped 80% of respondents, especially Supplemental Nutrition Assistance Program (SNAP)—received by 74% of public assistance recipients—followed by SSI (31%).
- Although childcare was not high on the list of needs, 56% of women with children reported they had been unable to pay for childcare in the past 12 months. For those needing paid care, 47% said they did not have access to reliable childcare.
- 61% of survey participants reported that they had “ever been discriminated against because of [their] race, ethnicity, skin color, or language,” and 38% reported gender discrimination.

SNAP
 Acronym for the Supplemental Nutrition Assistance Program. It provides food benefits to low-income families to supplement their grocery budget so they can afford nutritious food that is essential to health and well-being.

FIGURE 8
Poverty Rates by Selected Race/Ethnicity, by County, 2021



Source: U.S. Census, ACS, 2021 5-Year Estimates.

Housing is a major concern in the region, made worse by the pandemic, which resulted in many workers relocating, and it also caused inflation that raised costs on supplies. These contributed to a decrease in availability of housing and an increase in the cost of housing. In 2021, home prices in Hampden County rose almost 14%.³⁵ Since that time, home loan rates have risen, further constraining homeownership options.

In response to the ESH survey question, “What service needs are your three most urgent today?” the top response was safe and secure housing. Most respondents have stable housing, but one in four said they pay more than 40% of their household income on housing. Further, 20 to 25% of Massachusetts respondents to the transgender survey experienced housing discrimination or homelessness, and 20% of those experiencing homelessness didn’t feel safe going to shelters for fear of mistreatment. Both domestic violence (DV) service providers and Women’s Re-entry Network members said housing is a linchpin for escaping poverty and achieving economic security. There are not enough safe shelter beds for DV survivors, who also face barriers to accessing and using housing subsidies. Some survivors may have a housing eviction record related to their abuse situation that then penalizes them by disqualifying them from housing.

For formerly incarcerated women who are survivors of intimate partner violence, stable housing is critical to addressing mental health and substance use challenges. One service provider noted,

“All of these vulnerabilities are really interconnected. And one of the things that I see working with people when they’re trying to come out into the community is there aren’t enough housing resources, supportive housing programs where people can really continue to get support to get all of the things that they need in place.... I see people having to choose going back into coercive partnerships, where then employment is sort of out of the question because then they have to do other things to satisfy the wants and needs of that individual, to provide the stability of housing that they feel they get from being in these relationships. That happens over and over again, which then again contributes into the instability of the mental health, which is required to maintain employment.”

Key informants who work with immigrants in the Berkshires noted that immigrants may pay excessive rents for small rooms in terrible condition out of desperation, because landlords know they can take advantage of their situation. They may also resort to living in overcrowded spaces, which can affect health and can contribute to transmission of contagious diseases such as COVID-19.

The so-called Cliff Effect is another barrier to thriving economically. This refers to the loss of public benefits that a single parent may face as she gains employment, resulting in a net loss of income support. As one service provider working with formerly incarcerated women said,

“You know, when we’re talking about \$18 an hour, when we look at the benefits people get from having AFDC [Aid to Families with Dependent Children] and SNAP and housing and all these other things, they start to get depleted when you take a job and when you make those choices. You have to kind of cross over into another place. It feels scary and vulnerable. I think a lot of people don’t do those things because it’s so much pressure.”

Also, often women’s financial burden is worse than men’s. An analysis of Bureau of Labor Statistics data found “single women spend as much as 30 percent more than single men on most grocery items—items that are most impacted by inflation increases.” For example, single moms, especially those on limited incomes, were most affected by the baby formula shortage and inflationary prices during the pandemic.³⁶

Survivors of Sexual and Domestic Violence

SERVICE PROVIDER PERSPECTIVES

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“Since COVID, we’ve been seeing an incredible increase in callers to our hotline. Since before COVID they have increased 300 percent. The calls are more dangerous and we’re seeing a lot more homelessness and of course, few resources. But the danger levels have increased, and the options for safety have not increased. Really, we cannot keep people safe.”

“I reached out to someone, she was on the list for an emergency housing voucher, and she’s like, ‘I just couldn’t do it.’ You know, she has been living in her car, staying with friends, she’s like, ‘I went back to my abusive partner. I can’t take it. I can’t take the uncertainty.’ And it’s not the first time that we’ve heard that.”

“We have to make the community safe, and all those systems--the police, the courts--every single system has to be working to keep that survivor and her family and her children safe so they don’t have to flee and go to a brand new place to live unless they want to. We aren’t there. We are not there.”

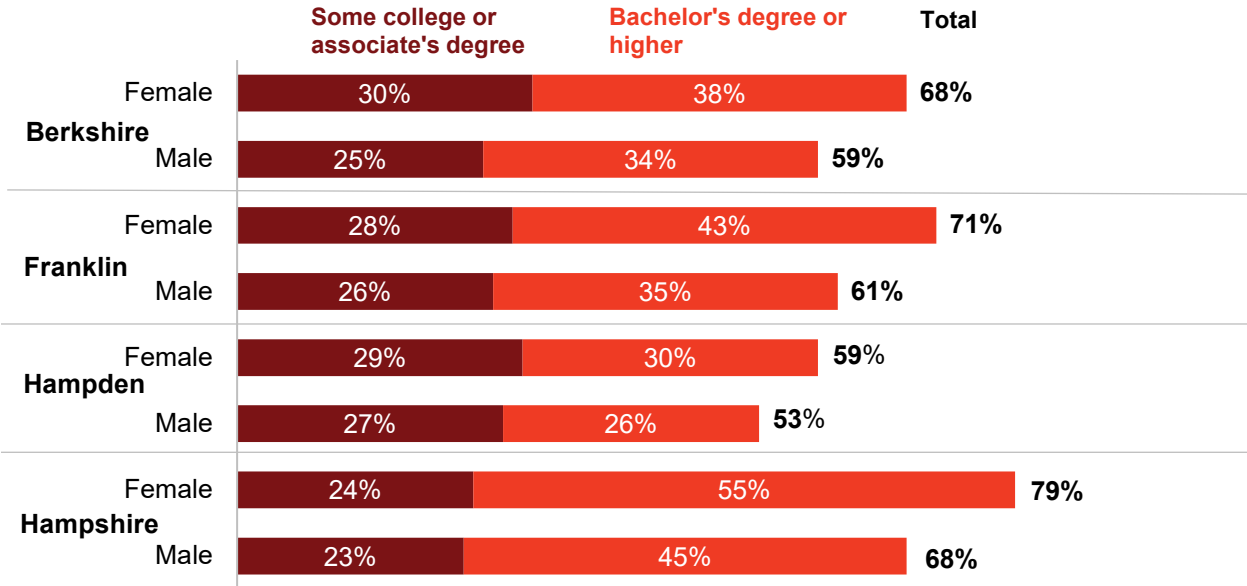
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Educational Attainment

Educational attainment is an important factor in reducing poverty and expanding opportunity. Figure 9 shows that women continued to outpace men in level of education across all four counties. Yet longstanding inequities affect women’s access to education and completion rates. Hampden County had the lowest completion rates for higher education, a key credential for many occupations in the region. A key informant from the Women’s Re-entry Network said that more than 75% of formerly incarcerated young women in the organization’s program haven’t attained a high school diploma or equivalency. Most need math and reading remediation, behavioral health support, and other components before they are ready to pursue post-secondary education. For those with children, lack of affordable, safe childcare is a further barrier to pursuing education.

FIGURE 9
Educational Attainment by Sex and County, 2021



Source: U.S. Census, ACS, 2021 5-Year Estimates, for population 25 years and older

Educational Leadership

A factor that affects school success is the extent to which female and trans/gender diverse students, especially those of color, see their identities represented in the teaching staff, school principals, and superintendents.³⁷

The Massachusetts Department of Elementary and Secondary Education (DESE) provides gender and racial information for all positions in all districts. Unfortunately, the state only collects data on male/female identities of school and district personnel, so we do not know how many may identify as trans or gender diverse. Also, DESE does not disaggregate by both race and gender for principals and teachers.

For the 2022–23 school year, the proportion of female teachers, principals, and superintendents in this region are captured in Table 2. A limitation of this data source is that it provides data by sex and data by race/ethnicity at the district level, but not both in combination. Therefore, it is not possible to know how many women of color are principals or teachers.

TABLE 2
Female Educational Leadership in Public Schools, 2022–23 School Year

County	Superintendents		Principals		Teachers	
	#	%	#	%	#	%
Berkshire	4	25%	26	59%	830	73%
Franklin	11	58%	20	63%	448	75%
Hampden	11	46%	106	64%	3,478	74%
Hampshire	12	57%	32	68%	867	70%
Regional Totals	38	48%	184	64%	5,624	73%

Source: Massachusetts Department of Elementary and Secondary Education, 2023

DESE data for women and people of color in educational leadership roles show some improvement from the last status report, yet underrepresentation continues to be a challenge.

- The most promising data showed that almost half of all superintendents were women, growing from 41 to 48% in five years. Many superintendent positions are part time. Among full-time superintendents, 44% were female.
- The proportion of female principals was also greater across the region. The biggest leaps were in Hampshire and Hampden counties.
- There were four women of color who were superintendents in the region out of seven people of color: two Latina (in Hampden County), one Black and one Asian American (both in Hampshire County). This shows some progress from the three positions held by women of color in 2017 and 2018, but more is needed.
- Regionally, 18% of principals identified as people of color. Most were Black (10%) or Latine (7%). All counties except Berkshire (2%) had higher rates of principals of color than five years ago (Franklin from 0 to 6%, Hampshire from 6 to 9%, and Hampden from 19 to 22%).
- There were no superintendents or principals who identified as Native American or Native Hawaiian/Pacific Islander. One principal identified as Asian, and two identified as multiracial. When one selects multiracial, it is unclear which races the person identifies with.
- Regionally 12% of teachers are BIPOC. The proportion has gone up in all four counties compared to the 2017–18 school year (Berkshire from 3 to 4%, Franklin from 2 to 4%, Hampden from 11 to 15%, Hampshire from 6 to 9%). Latine teachers were almost half of all BIPOC teachers (46%), followed by Black (36%), Asian (12%), and multiracial (5%). There were seven teachers who identified as Native American and six as Native Hawaiian/Pacific Islander, each comprising 1% of all BIPOC teachers.

Policies that Support Gender Equity in Poverty Reduction and Education

Student Loan Repayment Assistance: In 2020, Massachusetts passed a law that allows employers to contribute up to \$5,250 per year toward their employees' student loan payments, tax-free. This policy aims to help employees pay off their student loan debt and improve their financial stability.

Language Access Requirements: In Massachusetts, state and local government agencies (including those that provide public benefits) are required to provide language access services to people with limited English proficiency. This includes providing interpretation and translation services in the workplace to ensure that employees can fully participate in job-related activities.

Cliff Effect Pilot Program: In 2022, the state legislature passed a \$1 million pilot program that will provide cash payments to families that would lose public benefits due to earning too much money to qualify but would suffer a net loss of income.

MA COVID-19 Relief Fund: This fund provided resources for communities outside of Boston throughout the state that were hit hard by the pandemic, by distributing funds through community foundations and food banks. These flexible funds were able to help residents that may not have been eligible for federal relief, including undocumented immigrants.

Special Commission on Foreign Trained Medical Professionals: Commission established to make it easier for healthcare workers from other countries to get re-credentialed here, so they can practice in underserved and rural communities where there are workforce shortages.

The Work and Family Mobility Act: This law passed in 2023 enables undocumented immigrants to receive a driver's license, thereby improving road safety and access to economic opportunity for thousands of residents.

Health and Well-being

Women and girls face some unique health challenges. For example, research has found that depression rates are higher among females than males and are correlated with hormonal fluctuations—including puberty, pregnancy, and menopause.³⁸ Women of color and trans and gender diverse people experience discrimination in the delivery of health care. Economic inequities also affect well-being. In recent years, COVID-19 severely affected health and well-being, upending everyone's lives and overloading healthcare systems. Women, especially Indigenous and women of color, were more likely than others to bear the impact of the pandemic economically. This is all the more true for single heads of household. They juggled job loss or change, child and family care duties, and had students at home 24/7 while in school remotely. Communities of color experienced inequities in COVID-19 cases and deaths, and unequal access to vaccines. County-level data by sex and race are not available, but the most racially diverse county in the region, Hampden County, had the highest rate of death in Western Massachusetts as of June 28, 2022, 396 per 100,000.³⁹ The pandemic greatly impacted rural women and girls, and those facing language barriers or living with disabilities. A health researcher found that long COVID as a concept does not even exist in Spanish and possibly other languages in this state.⁴⁰ It may take several years before the public health field understands more fully the lingering effects and inequities of the pandemic.

Mental Health

The pandemic exacerbated a growing mental health crisis, especially among young people nationally and in our region. Youth lost access to any existing prevention programs or after-school activities, experienced increased physical and social isolation, and came up against strained mental health services, which were already insufficient to meet need. PHIWM analyzed extensive survey data and key informant interviews for the regional Community Health Needs Assessment (CHNA) conducted Health New England (HNE) in 2022. This analysis found that girls and LGBTQIA+ youth reported more mental health challenges than boys, heterosexual, and non-transgender youth, which is consistent with findings nationally.⁴¹ A non-trans person is a person whose gender identity is aligned with the sex they were assigned at birth.

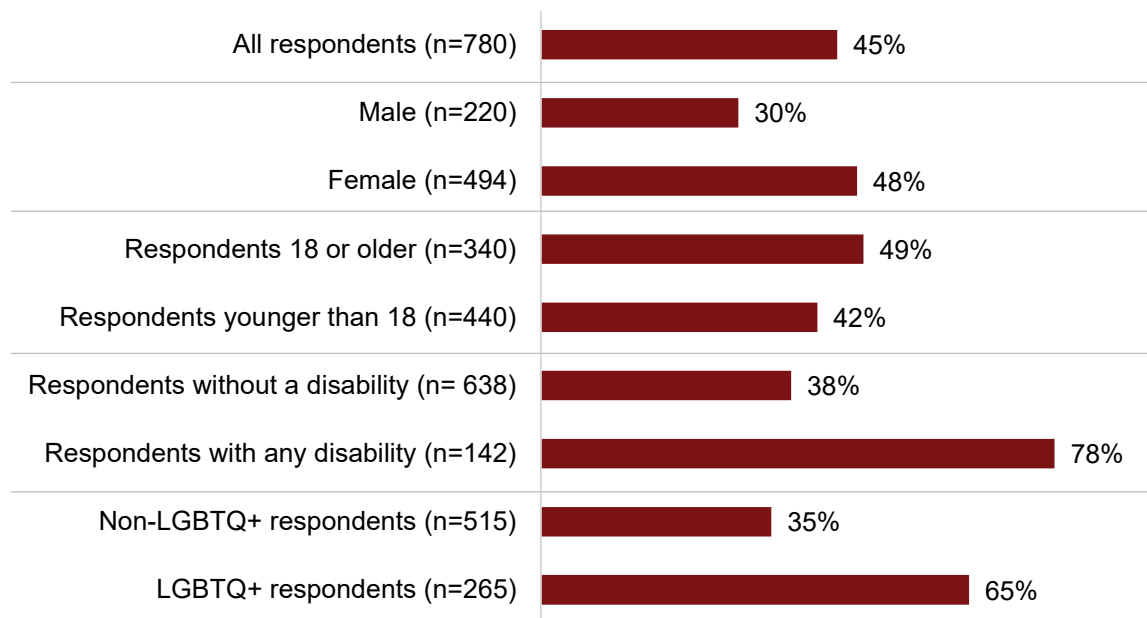
- The MDPH COVID-19 Community Impact Survey (CCIS) conducted in 2020 found that regionally, girls were more likely to report feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (48% girl respondents compared to 30% boys).
- Also, 65% of LGBTQIA+ youth respondents reported these sustained feelings, which are signs of depression—almost twice the rate (35%) of non-LGBTQ+ youth (Figure 10).

- An examination of school-based surveys conducted across the four counties in the last few years affirmed these mental health challenges and inequities.
 - Levels of anxiety and depressive symptoms were high during the pandemic, especially for girls and LGBTQIA+ youth. For example, the 2021 Springfield Youth Health Survey of eighth graders, who are overwhelmingly students of color, showed that sustained feelings of both sadness and anxiety were more than twice as high among female students than male, and also among LGBTQIA+ students compared to non-LGBTQIA+ respondents.
 - Youth with disabilities, students of color, and rural youth also reported higher rates of anxiety and depressive symptoms than respondents overall, which means that girls, trans, and gender diverse youth with any of these identities suffered considerably.

FIGURE 10

Western Massachusetts Youth Who Reported Depressive Symptoms, 2020

Youth up to age 24 who reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities.



Source: MDPH COVID-19 Community Impact Survey, 2020

Tip for interpreting graph: The percentages shown represent the percent of that particular population who reported feeling sad or hopeless. For example, 65% of LGBTQ+ respondents felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities.

Social media has gotten extensive attention for its effect on girls' self-image and mental well-being. The HNE CHNA noted: "The rise in use of social media has proven to be a double-edged sword for adolescent and teen girls. It is correlated with a rise in poor self-image, depression, and suicidal ideation for girls. Yet social media also provides a source of connection for isolated teens, as well as a means to access mental health resources."⁴²

More recent data gathered in 2023 for this report describe some of the causes and impact of the mental health crisis for specific youth populations. Domestic violence (DV) service providers shared that many women who call the police when experiencing abuse are then forced to deal with child welfare agencies, which may then take temporary custody of their children until the mother can find a more stable situation. This family separation may create further trauma for the children, who are already dealing with the trauma of violence in their homes. Children of DV survivors likely endured additional trauma during the pandemic, as many mothers and families were forced to stay with abusers.

Staff from immigrant-serving organizations reported that they have been seeing more families with children arrive than has been typical in the past, when single men were more likely to come. Some of these families exhibit signs of trauma, especially the youth. Newer waves of immigrants are coming from extreme ordeals in their countries of origin and during their arduous journeys to and through this country. For example, informants noted that many Afghani refugees are coming here depressed, anxious, and traumatized. One childcare provider described children acting out and said, "the trauma is so intense and there really is not the capacity to mitigate it." Another concern is that some Latine families are coming here with just fathers and children, who may typically have been parented by their mothers. This change from cultural practice may contribute to stress and feelings of loss, reflected in challenging behaviors.

Trans and gender diverse youth and young adults, and organizations working with them, are also grappling with mental health challenges. In a focus group with trans and gender diverse young adults, participants raised mental health as their most important issue. They described feelings of shame about not being able to show up in the world as their true self because of discrimination. In addition, they described experiencing depression because they cannot express themselves freely. On the other hand, some trans youth who were interviewed for this report said they do find support at school and at home. One high school student said they intentionally came out as trans during the pandemic because it felt safer to do it during online classes, from the safety of home, rather than in "a school setting, where I have like nowhere to go, like I don't have a safe room or anything."

Others reported that lack of support from family and friends contributed to mental health challenges and even to relapsing in drug use. For many young trans people, the high rates of self-harm and suicidality (suicidal thoughts or plans) are alarming. Youth suicidality was identified as a top concern in the Berkshire Health System's 2021 and 2022 CHNAs.⁴³

“Almost every single person who attends any of the three [LGBTQIA+] groups that I run identifies as trans or nonbinary, which is really interesting because my middle school group has 20 kids in it. And then every single one of them that identifies as trans or nonbinary talks about having either a past or present issue with self-harm, talks about having either a past or a present issue with suicidality. And most of them have attempted at some point. And this is across the age ranges [of 11 to 30], right.”

— a therapist who runs LGBTQ support groups in Berkshire County

The 2021 Hampshire County Prevention Needs Assessment Survey (PNAS)⁴⁴ is the only youth survey in the region that reports data for trans/nonbinary youth (as distinct from a broader category of LGBTQIA+), who were 5% of respondents in 2021. Compared to 2019 data, the percentage of trans/nonbinary students who seriously considered suicide and the proportion who engaged in self-harm continued to be more than double the rates for girls. The rate for girls also continued to be more than double the rate for boys. Rates of self-harm and suicidal ideation or intent remained consistent for boys and girls from 2019 to 2021. The data suggest that girls did not experience an increase in these behaviors as a result of the pandemic. However, response rates were lower than typical in 2021, and many students in mental distress may not have completed the survey.

Access to affordable, high-quality, and dependable mental health care, and health care generally, has been a major challenge for youth who have experienced discrimination. The HNE CHNA found a shortage of mental health care providers. In particular, it found a shortage of culturally appropriate, humble, and representative mental health professionals. Further, the CHNA found there is high turnover among therapists, making it hard for youth to have consistent care and to develop a trusting bond. Families have a hard time navigating the healthcare systems (paperwork, insurance, wait lists, and so on). In addition, there has been a shortage of acute care services and beds for young people in the region, resulting in long stays in the emergency department at hospitals for some youth waiting for a placement.

For this report, Native women leaders reported that there are no culturally responsive mental health care services for Indigenous women and girls in Western Massachusetts. A key informant working with immigrant communities reported noticing similar trends for many people who were born outside of the United States. A small silver lining of the pandemic is that availability of telemental health was expanded, enabling Native families to access culturally appropriate care remotely from Native American Lifelines, the Indian Health Service (IHS) provider in Boston.

Trans and gender diverse focus group participants from the greater Springfield area cited lack of information, access, and affordability of mental health care. Youth and young adults also reported a dearth of mental health care that is gender affirming. In an interview, one trans

teenager in Springfield conveyed gratitude and appreciation for their excellent, gender affirming therapist and endocrinologist but also noted that their sibling is unable to find a therapist who is taking new clients. Also, when the endocrinologist providing hormone therapy went on maternity leave, there was no other appropriately trained endocrinologist in the healthcare system who could fill in for her, requiring a senior medical leader to fill the gap.

A Berkshire service provider noted, “There is a severe lack of LGBTQ competent providers in the area.” Most alarmingly, this interviewee asserted that in Berkshire County, there is no way for trans youth to receive either hormones or hormone blockers in order to complete their gender transition. Reportedly, not a single doctor will prescribe these treatments to youth under 18. Thus they are forced to go to other parts of Western Massachusetts for assistance with transitioning. Receiving transgender health care, including puberty blockers or hormones, is associated with lower depression and suicidality in trans youth.⁴⁵

Accessing mental health care during the pandemic was challenging for everyone, including trans and gender diverse youth. Receiving therapy over video was not ideal for many young people, because they did not have privacy in their home to speak freely, sometimes resorting to the chat function or speaking in coded language. But for youth who had supportive families, it actually relieved transportation challenges to have remote therapy.

A bright spot raised in interviews has been the return of LGBTQIA+ Pride parades in Northampton and Greenfield, which took a hiatus during the pandemic, and the launch of Pride parades in the Berkshires and Springfield. Transgender and gender diverse youth and leaders spoke to the importance of these events to affirm their gender and to help them feel supported and valued. TransHealth will be expanding its gender affirming primary care and mental health services to the Berkshires.

Substance Use

Substance use has been a growing concern in the state and region with the rise of opioid addiction and overdose deaths. In addition, there have been concerns about the tobacco industry’s heavy marketing of vaping products to youth. Data from the most recent surveys conducted in public schools across the region indicate both positive trends and continued concerns (Table 3), compared to the data presented in the 2019 status report.

Statewide and throughout the region, except in Hampshire County, girls reported using alcohol, e-cigarettes/vaping products, and marijuana at higher rates than boys. There was a reduction in use of various substances from the last status report to 2021–22. Being confined more at home during the pandemic may have been a contributing factor.

- However, the drop in use of substances was much more dramatic for boys than for girls. For example, in Berkshire County, alcohol use in the prior 30 days among boys dropped from 27 to 16% between 2019 and 2022, whereas the use rate for girls only dropped from 30 to 24%. The girls’ use rate is now 1.5 times higher than for boys.
- The marijuana use rate for girls in Springfield had been slightly higher than for boys in the last report. The most recent data show that 14% of girls reported marijuana use compared to 8% of boys.
- Hampshire County data showed much higher rates of cigarette and marijuana use among transgender and gender diverse youth compared to other students in the county.

TABLE 3
Percentage of Students Who Reported Substance Use During Prior 30 days in Grades 8, 10, and 12, by Gender

Type of Substance	Berkshire County		Franklin County		Hampshire County			Springfield		MA	
	Female	Male	Female	Male	Female	Male	Trans/ Gender Diverse	Female	Male	Female	Male
Alcohol	24%	1%	23%	17%	20%	24%	22%	19%	10%	26%	20%
Cigarettes	2%	2%	2%	2%	4%	4%	13%	1%	2%	3%	4%
E-cigarettes/ vape products	16%	9%	19%	15%	11%	17%	19%	10%	6%	20%	14%
Marijuana	17%	1%	32%	16%	15%	17%	24%	14%	8%	17%	16%

Sources: Berkshire County PNAS (2021); Franklin County PNAS (2022); Springfield PNAS (2021); Spiffy/HOPE Coalition. 2021 Hampshire County Youth Data; Massachusetts Youth Risk Behavior Survey (2022). Statewide data are among 9–12 graders. Because surveys, populations, and years are different, caution should be taken when comparing these data.

Rural areas have been some of the hardest hit by the opioid epidemic. Berkshire Health System's 2021 CHNA reported that Berkshire County's rate of substance use has grown rapidly, such that the county has experienced a nearly 200% increase in overdose deaths in the past 10 years.⁴⁶ The 2021 CHNA also found that Berkshire County had the second-highest rate of pregnant women who used opioids during pregnancy among all counties in Massachusetts. On the other hand, deaths of despair, which include deaths due to suicide, drug overdose, and alcohol-related disease, are more likely to impact men than women. These causes of death affected men at three times the rate of women in the region.⁴⁷

Yet many local women turn to substances to deal with their trauma. Key informant service providers said that women who have been incarcerated, especially DV survivors, often have a hard time reintegrating into the community because of lack of housing and supportive services. They may return to an abuser just to survive, and then they may use substances again to cope with having to be in an abusive situation. According to CCIS data for Western Massachusetts and Worcester County, rates of elevated substance use in 2020 were greatest among transgender and gender diverse respondents and other LGBTQIA+ respondents.⁴⁸

Indigenous Women and Girls

INDIGENOUS WOMEN LEADER PERSPECTIVES

“

“We don't have equity and access to relevant healthcare. So we don't have access to Indian Health Services, something that is more relevant...So as well, when we're dealing with a pandemic, of course, we were up against not being able to get vaccinated in a timely fashion as we should have been. And then the other thing is definitely mental health access, because we don't have a relevant culture-based suicide hotline or suicide prevention area in Western Massachusetts. And as well, we don't have a drug and substance abuse area, a facility that is relevant to our cultural needs in Western Mass.”

“We should be at the forefront versus an afterthought.”

“...until we actually do that work and start addressing root causes of what we're all going through, we're going to continue to see them, like my famous saying is ‘You cannot transform a system that was never meant for you to navigate.’”

”



Maternal and Infant Health

Maternal death during pregnancy, labor, or after delivery is an ongoing health issue. Heart conditions, hemorrhages (bleeding), and infections are the top causes of maternal death in the United States.⁴⁹ After many years of alarmingly high Indigenous and Black maternal death rates, this crisis has garnered national attention. The COVID-19 pandemic worsened inequities, such that pregnancy-related mortality rose significantly in 2021 in the United States. The rates went up among all racial and ethnic groups, but the largest increase was among Indigenous people: a 104% increase from 70 per 100,000 live births to 161 per 100,000.⁵⁰

On the positive side, Massachusetts is ranked fourth in maternal health among all states. The state has one of the lowest rates of maternal mortality (14.7 per 100,000 live births) compared to the nation (20.4 per 100,000) from 2018 to 2020.⁵¹ The March of Dimes created a 100-point Maternal Vulnerability Index that looks at a range of factors to identify where pregnant people may be at risk of poor outcomes or death. In Massachusetts, Franklin and Hampshire counties were both scored as very low risk (14), and Berkshire (20) and Hampden (40) were scored as low risk.⁵²

However, a recent state report found that severe maternal morbidity (SMM) rose steadily over the last decade.⁵³ SMM is defined as unexpected complications of labor and delivery that result in significant short- or long-term consequences to the birthing person's health. From 2011 to 2020, SMM rates almost doubled from 52.3 to 100.4 per 10,000 deliveries. The average increase was 9% per year. Racial and ethnic inequities reflect social and economic factors as well as systemic racism in healthcare delivery and access to care. The rate of SMM was 146.1 per 10,000 deliveries for Black birthing people, compared to 63.7 per 10,000 deliveries for White birthing people—more than double for Black people. This gap got worse over time, widening by 25% over the 10-year period. Inequities also exist for Asian, Latine and Indigenous birthing people, although to a lesser extent. The report also found inequities in SMM among people who are foreign born, have a disability, have an opioid use disorder, mental health disorder, history of experiencing homelessness, or history of incarceration.

According to the CDC, the leading causes of infant mortality (death before first birthday) include birth defects, preterm birth and low birth weight, sudden infant death syndrome (SIDS), injuries, and maternal pregnancy complications.⁵⁴ The statewide infant mortality rate was 3.8 per 1,000 live births in 2020, the most recent year with reported data. This is lower than the U.S. rate of 5.4 per 1,000. Generally the state has seen a downward trend over the last decade, despite an uptick in 2018.⁵⁵

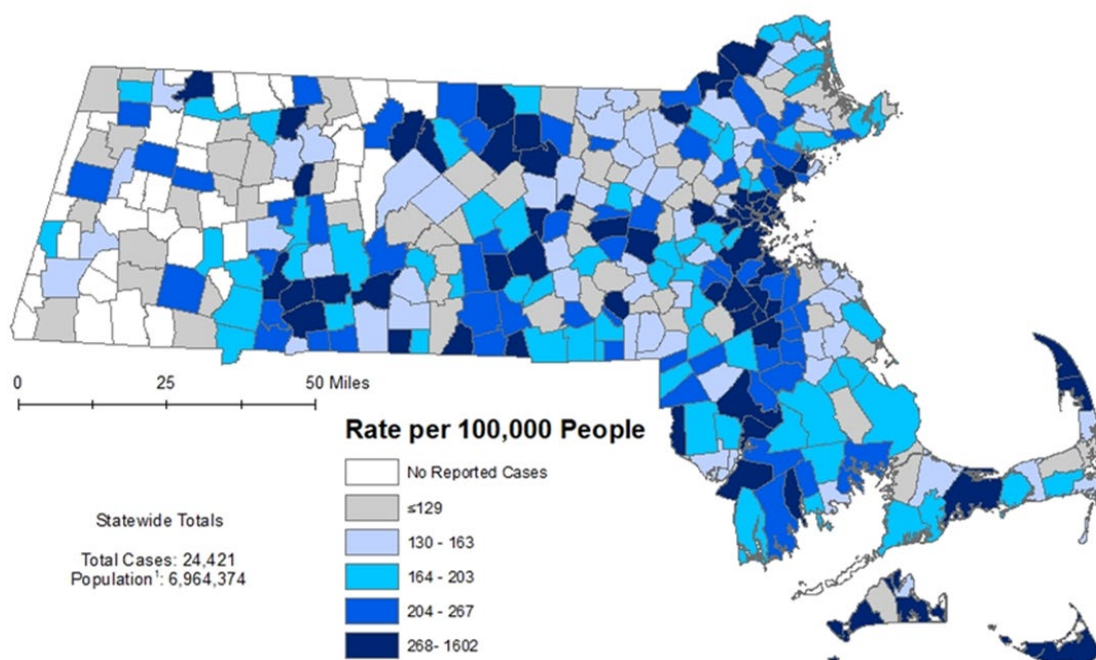
In both Hampden and Berkshire counties, the infant mortality rate was 5 per 1,000 live births, and it was 6 per 1,000 in Hampshire County. There were no reported data for Franklin County.⁵⁶ In Hampden County, the Black infant mortality rate was 12 per 1,000 live births, more than double the rate for Latine families (5 per 1,000) and triple the rate for White families (4 per

1,000). Caution should be used when interpreting these data due to wide margins of error. Also, race/ethnicity data were not available for the other counties.

Sexually Transmitted Infections (STIs)

Extensive state trend data⁵⁷ show that females have experienced a steady rise in STIs over the last few decades through 2019, which was tempered by the pandemic in 2020. Of all diseases, chlamydia has the highest reported numbers overall, and female rates consistently exceed male rates statewide. The highest rates are among females 15 to 19 and 20 to 24, comprising 59% of all reported cases statewide in 2020. In our region, Springfield, Amherst, and Chicopee are some of the highest in the state per 100,000 (Figure 11). Counts were too small to report transgender rates statewide.

FIGURE 11
Incidence Rate of Chlamydia Cases, per 100,000 Persons, by City/Town in Massachusetts, 2020



¹ Population based on University of Massachusetts Donahue Institute Estimates.

² Data are current as of 01/01/21 and subject to change.

Map Source: MDPH Surveillance Data Overview of Sexually Transmitted Infections, Massachusetts, 1990–2020.

Statewide, female gonorrhea infection rates are half the rates of males (2,544 vs. 4,778 in 2020). The transgender infection rate was 41 cases in 2020. Hampden County gonorrhea rates are the second highest in the state after Suffolk County, and more than twice as high as the other counties in the region (2018 to 2020).

While syphilis cases remained low among women statewide, there was a 2020 increase in both infectious syphilis among women 15 to 44 and congenital syphilis (when parent passes syphilis to baby during pregnancy), which led to an MDPH recommendation for universal third-trimester screening, in addition to routine screening at the beginning of prenatal care. Transgender rates showed a rise from less than 5 in 2017, up to 20 in 2018, 12 in 2019, and 23 in 2020.

Barriers to Care

Trans and gender diverse residents face inequities in access to health care. The 2015 U.S. Transgender Survey data for Massachusetts found one in three respondents reported barriers and discrimination in accessing health care.⁵⁸ A key informant who provides transgender health care locally said the top issues for their clients are safety and health care, which are intertwined. Even though Massachusetts is one of the safest states for trans and gender diverse residents, many still experience daily interpersonal discrimination, which affects their health and may cause them to avoid seeking health care. In a New England survey of 296 trans and gender diverse adults, 73% reported emotional symptoms attributable to gender identity–related discrimination.⁵⁹ On the other hand, because this is one of the safest states with the most affirming laws, so-called trans and gender diverse “refugees” are starting to move here from other states, often with little resources. This may strain capacity among the few transgender health care and service providers in our region.

Rural residents already experience challenges accessing health care, and recent research across New England indicates that some rural trans and gender diverse residents are at an even greater disadvantage. One study reported that only two-thirds of respondents had access to gender affirming primary care.⁶⁰ The most common barrier to accessing care was a lack of gender affirming clinicians, followed by lack of clinical skill and difficulty scheduling appointments. Reasons for avoiding care included cost and disrespect/mistreatment. More than half of respondents said they had to teach their doctor how to provide gender affirming primary care. A related study concluded that trans and gender diverse rural residents also face barriers to accessing mental health care for similar reasons, and noted the lack of integration of primary and mental health care services. A third study⁶¹ that probed more deeply with focus groups and interviews of patients and providers identified two major areas for improving care:

- Make systems-level improvements in current health services, such as expanding data collection, expanding mental health services, and providing inclusive and affirming healthcare environments with trans and gender diverse–identified clinicians and staff.
- Expand trans and gender diverse community outreach and engagement, such as a patient feedback process, trans and gender diverse–dedicated health navigators, and mapping of community resources.

Some service providers interviewed for this report said that trying to receive good care poses many challenges for women. For women who have experienced trauma (for example, intimate partner violence, incarceration, migration, racism, and discrimination), having to interact with systems often re-traumatizes them and makes it hard for them to trust existing medical models. For example, key informants said that if DV survivors are diagnosed or labeled as having a mental illness, the legal systems often discriminate against them. Courts may treat survivors as perpetrators rather than victims, even enabling abusers to get restraining orders against them. Native women said that it is re-traumatizing when healthcare and other systems question their Native status and demand proof.

Several interviewees asserted that formerly incarcerated women and DV survivors need models and supportive systems that can meet them where they're at, as they try to process trauma and to juggle tasks to achieve stable lives. It can be hard for them to keep appointments, so they need more flexible access to therapy and health care when and where they can receive it. "Trauma-informed care" is a buzzword used often, but it's not clear that all healthcare professionals are able to provide truly trauma-sensitive care. Rural women already face barriers, but those who are also DV survivors or formerly incarcerated face transportation barriers to get to provider offices. Many people who receive MassHealth, and some service providers, are not aware that MassHealth makes free transportation available for medical appointments.

Trauma-informed care

An approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life-including service staff.

Native women leaders are frustrated that their communities in Western Massachusetts have no access to culturally rooted health care. Their only option to access Indian Health Service care is to travel to Boston to Native American Lifelines. The alternative is public insurance; tribal members are eligible for MassHealth in place of IHS. However, women reported many bureaucratic hurdles at MassHealth. They are often required to provide proof of their Indigenous ancestry. MassHealth computer systems do not properly code their eligibility determination. And finally, once they are approved by MassHealth, they have a hard time finding providers who take new patients.

Immigrant women and other residents with limited English proficiency face barriers to care as well. Service providers noted that MassHealth coverage is limited, and it often does not cover prenatal care, dental care, and expensive medications, even for chronic diseases such as diabetes. Volunteers in Medicine (VIM) in the Berkshires helps their own patients overcome these hurdles to get medications.

Policies that Support Gender Equity in Health and Well-being

Tobacco and Vaping Cessation: The Massachusetts Attorney General's office successfully settled a multistate case against Juul for its marketing of vaping products to youth. The state will receive \$41 million from the settlement, to be used to reduce youth vaping over the next five years. The settlement also imposes stringent marketing restrictions on Juul products to prevent underage vaping.

Behavioral Healthcare Expansion: The state created a new behavioral health roadmap that designates community-based providers in each region to provide an easy-access front door to services to address the overwhelming need for care. See <http://413Cares.org> for a list of providers.

Transgender Health Care: The state passed a law to expand protections for both reproductive and transgender health care.

Maternal Health: In 2022, MDPH established a multi-disciplinary Maternal Health Task Force (MHTF) that will create and implement a maternal health strategic plan informed by the data in its July 2023 data brief, as well as recommendations from the Massachusetts Racial Inequities in Maternal Health Legislative Report (2022), and guidance from the Massachusetts Maternal Mortality and Morbidity Review Committee.

Reproductive Justice

Although conversations about reproductive justice (RJ) often center on abortion-related issues, the concept is much broader. Formally coined by a group of Black women in 1994, RJ includes comprehensive sex education, sexually transmitted infection (STI) prevention and care, adequate pregnancy care and parental leave, safe places to raise children, the right to be child-free, and more.⁶² At the national level, legislators and lobbyists continue to launch attacks against sexual and reproductive autonomy. This is evidenced by the U.S. Supreme Court overturning *Roe v. Wade*⁶³ in June 2022, individual states severely limiting abortion access, and nationwide backlash against sexual education.⁶⁴

Massachusetts is often perceived to be a safe haven given the strong statewide protections for abortion access and birthing people. Still, this study identified areas for improvement in reproductive care, including care for those who experience pregnancy loss. For example, one key informant who works with formerly incarcerated people shared that someone who recently re-entered the community experienced a pregnancy loss. Another person's partner also had a miscarriage. Both highlighted the need for information and reproductive services that are accessible and widely shared throughout the region.

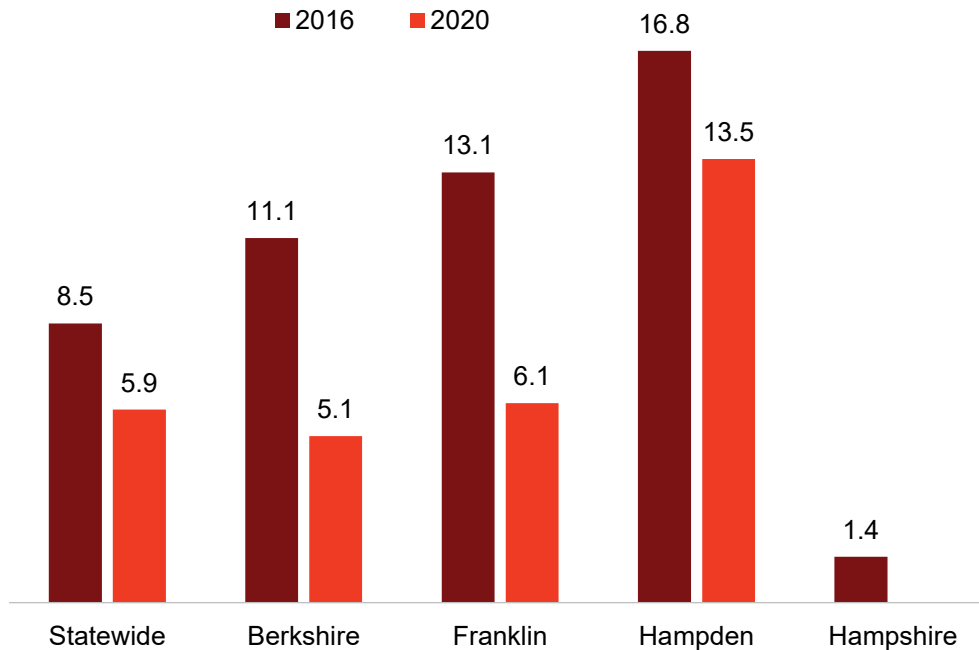
Teen Birth Rates

Teen pregnancy and birth prevention are important because they are associated with social and economic repercussions immediately and throughout the lives of the parent and child.⁶⁵ Teen mothers receive high school diplomas by the age of 22 at about half the rate of those who do not give birth during teen years.⁶⁶ Additionally, the children of teen parents are more likely to drop out of school, become incarcerated, give birth before the age of 20, and wrestle with unemployment as a young adult. While mainstream messages about teen parenting often focus on young parents being sentenced to a life of poverty, growing evidence suggests that poor economic and educational outcomes are the result of existing poverty, not solely motherhood.⁶⁷ Teen parents are more likely to have limited wealth because of underfunded and therefore underperforming public schools, fewer public support systems and programs, and a variety of other factors.⁶⁸ This limited wealth may also contribute to undesirable outcomes. Additionally, some public leaders have racialized the issue of teen birth. Unequal rates of teen birth are often framed as youth of color becoming pregnant due to irresponsibility. There is evidence to support that becoming pregnant earlier may be an adaptive practice for some Black people in high-poverty areas, because structural racism and other factors shorten life expectancy.⁶⁹

Since the last report, teen birth rates dropped when comparing 2016 data to that of 2020 (Figure 12), yet similar inequities continue from the last report. Black and Latine teens gave birth at higher rates compared to the overall teen birth rate among Western Massachusetts counties—where data are available. This mirrors national data with decreasing teen birth rates that may be attributed to improved use of contraception, but persistent race and ethnicity inequities

remain.⁷⁰ The social distancing, reduced access to contraception, and limited abortion access through the first couple of years of the pandemic may have also contributed to shifting birth rates.⁷¹

FIGURE 12
Teen Birth Rates per 1,000 Teens 15–19 Years of Age by County, 2016 and 2020



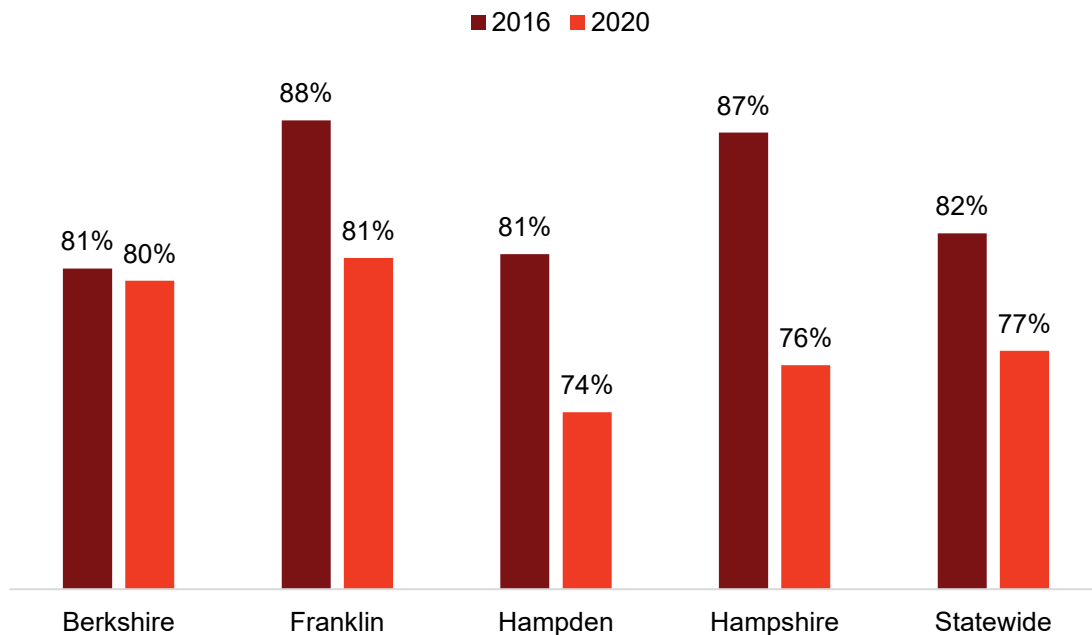
Source: Massachusetts Department of Public Health Registry of Vital Records and Statistics, 2020. Note that for Hampshire County there were no data provided for the 2020 rate.

Prenatal Care

Visits with a healthcare provider are important to initiate and continue while pregnant. Appointments may include tests or imaging, and they serve as an opportunity to ask questions and to discuss the overall health of the fetus and pregnant person.⁷² High-quality prenatal care may reduce the risk of pregnancy, fetal, and infant complications.^{73,74,75} Thus, it is important that this care is accessible, affordable, and appropriate for all pregnant people.

Adequacy of prenatal care (APNC) is determined by the timing of the initiation of prenatal care and the frequency of prenatal care visits, as measured by the Adequacy of Prenatal Care Utilization (APNCU) Index.⁷⁶ The APNCU identifies women who have received at least basic adequate prenatal care as women who begin receiving prenatal care by their fourth month of pregnancy and attend at least 80 percent of recommended prenatal care visits.⁷⁷

Figure 13
Percentage of Adequate Prenatal Care by County, 2016 and 2020



Source: Massachusetts Department of Public Health Registry of Vital Records and Statistics, 2020

Statewide rates of APNC were affected by the pandemic. They had been rising in small increments through 2019, reaching 85%, and then dipped down in 2020 to 77%. Rates decreased from 2016 to 2020 in every Western Massachusetts county (see Figure 13), and among every racial/ethnic group except a very slight increase among Black and White birthing people in Berkshire County.⁷⁸ It is likely that the declines at the county level between 2016 and 2020 are also attributable to the pandemic. In 2020, there were significant disparities in APNC among patients with public payer health care versus private payer care. For example, 90% of Franklin County residents receiving private prenatal care received APNC compared to 75% of people receiving public payer care.

Abortion and Life after Roe

In 2018, the statewide abortion rate was 13.1 per 1,000 ages 15 to 44, and in 2020, it had declined to 11.8 per 1,000. Rates of abortion in the state have been declining for at least the past decade.⁷⁹ Data suggests abortion rates nationwide are on the decline due to an uptick in contraceptive access and use, social stigma, and state restrictions. During the pandemic, social distancing and shifts in health care and pharmacies disrupted access to birth control for some.⁸⁰

Thankfully, Massachusetts officials maintain their commitment to upholding comprehensive abortion access throughout the Commonwealth. While inclusive and progressive abortion policies are best for the health and well-being of birthing people, they also benefit the

economy.⁸¹ This being said, the national context of restrictions and uncertainty affect communities in Massachusetts and may worsen existing health inequities.

- Youth in foster care who seek abortion services may be especially vulnerable due to many relying on Medicaid for their health care. For those under 16, a judge has decision-making power and a petition must be filed; health needs often do not follow a set timeline, which makes this difficult.
- Accessing basic healthcare services for people who are incarcerated may be challenging, such that Prisoners' Legal Services of Massachusetts offers legal support to ensure people receive necessary medications and medical attention. To that end, accessing abortion care may be even more difficult logistically. Because there are no federal prisons for women in the Commonwealth,⁸² some women may be incarcerated in another state with different abortion laws.
- Historically, Indigenous people have experienced forcible and coercive sterilization at the hands of the government, among other reproductive injustices.⁸³ The Indian Health Service, a federal agency responsible for medical and public health services to members of federally recognized tribes, is presently directed by the Hyde Amendment.⁸⁴ Indigenous advocates are concerned about the impact of federal changes on access, especially given existing disparities.⁸⁵

Going forward, it is imperative that Massachusetts maintains and expands reproductive health access, especially for geographically and socially disenfranchised residents.

Policies that Support Reproductive Justice

Abortion Rights and Access: The state has taken several actions to strengthen abortion access since the Supreme Court overturned *Roe v. Wade*:

- The legislature passed comprehensive legislation upholding abortion rights within the Commonwealth.⁸⁶
- In 2021, the state legislature passed a bill strengthening reproductive protections as well as transgender health care.
- A 2022 state law ensured public students in higher education institutions will have access to medication abortion via the school's health services.⁸⁷
- In 2023, a Texas judge suspended approval of a medication abortion pill, mifepristone,⁸⁸ and shortly after, Massachusetts Governor Maura Healey announced the state took action to stockpile doses of abortion medication.⁸⁹
- The U.S. Food and Drug Administration approved the first daily oral birth control tablet in the country that will not require a prescription.⁹⁰

Violence and Safety

Violence may occur in many different ways, often at the same time: physical, sexual, mental, emotional, and more. These experiences, and the resulting responses to harm, are highly influenced by power dynamics and larger societal systems and expectations. People who are women, gender diverse, Black and brown, or any combination of marginalized identities, are at higher risk of experiencing intimate partner, dating, and sexual violence. They also face subsequent difficulties when seeking support.^{91,92} While policies exist to punish such violence, often their implementation, follow-through, and accountability measures are lacking. Survivors who seek help repeatedly feel disempowered and dismissed by police departments. This marginalization and disenfranchisement, coupled with inadequate regional systems to gather accurate numbers about the frequency of violence, result in official underreporting. Rather than seeking support from police, courts, and government-affiliated programs such as the Department of Children and Families (DCF), victims often may confide in a friend, violence hotline worker, or therapist to avoid re-traumatization and red tape.

This section draws from statewide data sources, youth surveys, and interviews with subject matter experts to tell a comprehensive story of violence and safety in Western Massachusetts. It examines domestic and sexual violence, bullying, school discipline, and incarceration. Efforts were made to solicit updated data, although those requests were not always fulfilled. Policies, public funding, and systems continue to fall short of meeting the significant needs of communities. Better data collection tools are still needed to effectively measure violence and to inform prevention methods.

For many in our region, one's sense of safety is variable depending on experiences of discrimination, societal acceptance, and many other factors. When speaking with people who serve immigrant and refugee communities in the region, they shared that the communities they serve generally report feeling safer in Western Massachusetts, especially the Berkshires, as compared to the countries that the immigrants left. That is not the case for every person born in another country, or even for many who were born here. When speaking with transgender and gender diverse adults, one salient message was concern about safety, especially outside their homes. One person said they felt the intolerance from others toward gender diverse people, while some participants said they felt unsafe around others who are not gender diverse themselves, trans, or the same ethnicity.

“We shouldn’t have to feel like it’s a crime to want to be acknowledged with our affirmed gender.”

—Nonbinary focus group participant

Sexual and Domestic Violence (SDV)

“I sometimes feel like talking about SDV has become more a buzz phrase than a serious, dangerous, lethal social construct that underlies our lives in the most ongoing insidious ways.”

—Research Advisory Group member

Gender-based violence (GBV) is harm rooted in gender inequality and power dynamics.⁹³ GBV includes sexual violence as well as domestic violence (DV). Women and transgender people experience GBV at higher rates than the general population, with 44% of female survey respondents, 25% of male respondents, and 47% of transgender respondents nationally reporting sexual violence over the course of their lives.^{94,95}

Gender-based violence

Violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately. It often results in physical, sexual, psychological, and/or economic harm and suffering.

Jane Doe Inc., a statewide coalition against sexual assault and domestic violence, prioritizes “the following populations with higher prevalence of sexual violence and less access to resources: people living in rural communities; immigrants and refugees; Black women; people with disabilities; LGBTQ/T people; and Native Americans/Indigenous Peoples.” The data to support this comes from a variety of sources such as service usage data, published research, the Behavioral Risk Factor Surveillance System (BRFSS), and the National Intimate Partner and Sexual Violence Survey (NISVS).

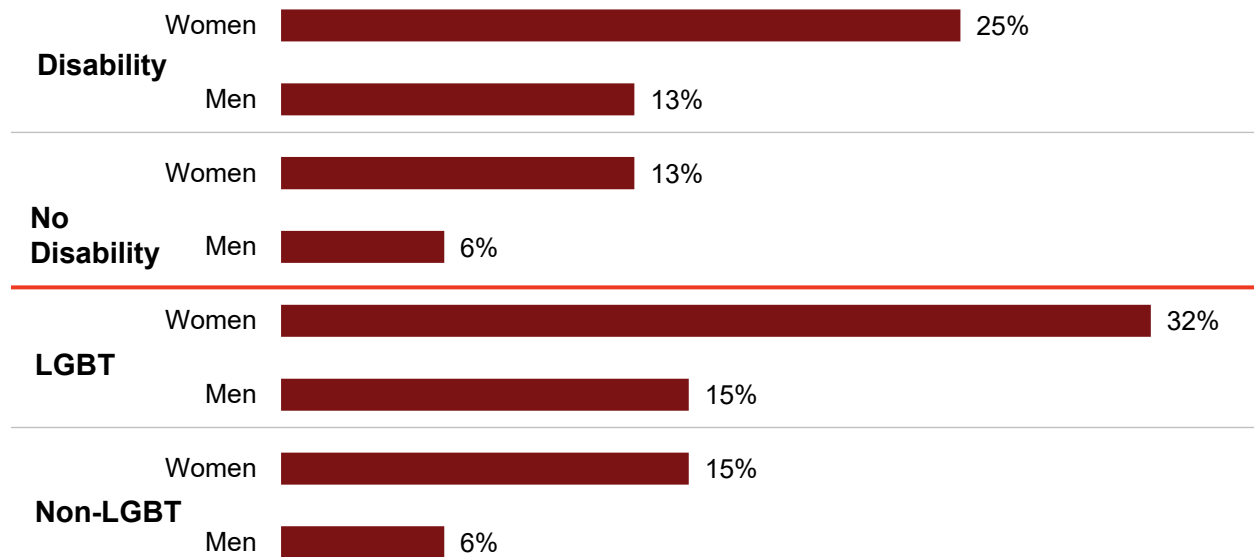
Providers who work with those impacted by sexual and domestic violence (SDV) shared that while danger levels have increased over time, the options to keep people safe have not. This leaves providers feeling discouraged and survivors feeling stuck, sometimes re-engaging with an abusive partner because it feels safer than the alternative uncertainty.

The COVID-19 pandemic worsened existing inequities and created additional barriers for survivors seeking support. During the first year of the pandemic, Jane Doe Inc. member programs (more than 60 statewide⁹⁶) reported an 84% increase in requests for services.

Additionally, people with disabilities, migrant communities, and formerly incarcerated people may experience particular challenges in living lives free of violence. Figure 14 shows higher rates of sexual violence among people with disabilities and LGBT people compared to their counterparts without disabilities or who identify as straight and non-transgender. Providers who serve immigrant communities in the region expressed concern about women who may see their only pathway to citizenship through a partner, which can create dangerous power dynamics,

especially due to the lack of legal protections for undocumented people. Similarly, providers working with formerly incarcerated residents shared that sometimes their clients are making the impossible decision to return to abusive partners because their basic needs cannot be met otherwise.

FIGURE 14
Sexual Violence Among Massachusetts Adults Aged 18–64, 2021



Source: Massachusetts Department of Public Health, 2021

Young girls and women often represent a significant proportion of total instances of sexual violence, with young women 18 to 24 making up 30% of victims in sexual assault cases in Hampden County. About half of those victims (51%) had some level of acquaintance with their perpetrator.⁹⁷

While police reports of forcible rape⁹⁸ and medical provider reports of sexual violence victims who sought medical care both decreased statewide in 2019 and 2020 after a high in 2018, the public health crisis followed.⁹⁹ Harassment and Restraining Order filings decreased during the pandemic¹⁰⁰, although that was likely due to courts operating at limited capacity and potential decreases in reporting rather than a decrease in need.

This data, combined with insights from SDV providers, underscore the continued need for violence prevention and additional support for survivors and their loved ones. It also highlights the importance of addressing systemic issues that contribute to GBV, such as inadequate legal protections for vulnerable communities and unequal power dynamics. These may manifest as laws being enforced inconsistently, and perpetrators of violence feeling that they can get away with their actions, as victims may not seek help or report violence due to fear of retaliation or

disbelief. Societal power structures such as patriarchy, misogyny, racism, and ableism normalize and perpetuate violence against marginalized groups, which creates a vicious cycle.

Youth Safety

Children also experience unsafe situations in which they may be experiencing or watching harm. This might happen at home, school, or in their community. Girls, trans, and gender diverse young people experience these harms to a greater degree, especially if they are BIPOC, than do non-trans and White youth. In 2023, the Supreme Court upheld the Indian Child Welfare Act.¹⁰¹ This law ensures that to the extent possible, Native youth who are removed from their home are placed with relatives and members of their tribal community.¹⁰² Many state legislatures are considering restrictions or total bans on transgender health care and otherwise criminalizing transgender youth. The ongoing gun violence crisis continues to harm regional youth, especially in communities of color in Hampden County,¹⁰³ yet there is insufficient political will nationally and in most other states to curb gun access. Due to the connected nature of this 21st-century society, news stories and violence in other places can make youth in Western Massachusetts feel threatened. Also, more can be done here to reduce violence. For example, domestic violence service providers locally noted an ongoing lack of adequate violence prevention in schools.

Youth Risk Behavior Surveys (YRBS), Youth Health Surveys (YHS), and Prevention Needs Assessment Surveys (PNAS) are several survey tools implemented in schools to gather data about the experiences of local youth. Relevant topics include bullying and dating and sexual violence. Surveys often vary from one school district to another, so aggregating county-level data is difficult, but the statewide surveys provide Massachusetts-level insight.

The 2019 Status of Women and Girls report identified higher rates of dating violence and bullying among female students as compared to their male counterparts. That trend seems to have continued nationwide, while the COVID-19 pandemic posed additional challenges. Parents and guardians reported worsening behavioral health for youth.¹⁰⁴ Combined with fewer opportunities to report harm and increased stressors, this led to concerns about increased violence within families.¹⁰⁵

Youth Sexual and Dating Violence

Comparison of statewide data from the YRBS conducted in 2019 and 2021 indicate that female students continue to experience much higher rates of sexual dating violence than male students, and the situation has worsened. Among survey respondents, the rate jumped from 8 to 15% for girls, while the reported rate for boys grew from 4 to 5%. The 2021 survey results also found that 11% of high school females and 3% of high school males in the state had been forced to have sexual intercourse at some point in their life already. Overall, data for Massachusetts mirrored national YRBS rates of reported violence in 2021. The national jump in reported sexual violence experienced by girls, which was paralleled by worse reported mental

health status for girls, caused federal researchers to raise alarms when they released the data.¹⁰⁶

Bullying

While access to social media provides social connection and increased language for understanding mental health among youth, it may create unintended consequences. Among high school students in Massachusetts who took the Youth Risk Behavior Survey, girls consistently reported higher rates of electronic bullying than their male counterparts from 2013 to 2021.¹⁰⁷ Some mental health providers believe that increased social media use during the pandemic may have contributed to harm, as those we spoke to blamed social media for contributing to cyberbullying.¹⁰⁸ However, a Boston University study tracking internet search data found a 30 to 40% drop in youth bullying—both in-person and online—during the pandemic shift to remote schooling. This level soon rose as students returned to school, although not to pre-pandemic levels.¹⁰⁹

One Indigenous leader interviewed for this report asserted that peers ridicule Indigenous boys for having long hair, which is culturally significant. Additionally, a support group leader said that trans and gender diverse students report bullying but often do not receive follow-up from school administrators. Failure to take appropriate actions may cause youth to feel unsupported and unsafe. This may be a result of school administrators lacking the necessary knowledge and skills to address these issues appropriately.

The 2015 U.S. Trans Survey provides the most current data on transgender well-being nationally (results from a new survey will be released later in 2023). It asked about mistreatment among respondents who were openly trans or perceived as transgender at some point between kindergarten and grade 12. The survey found that 73% of these Massachusetts respondents experienced some form of mistreatment. This included being verbally harassed, prohibited from dressing according to their gender identity, disciplined more harshly, or physically or sexually assaulted because people thought they were transgender.

School Discipline

School discipline is an important aspect of education that can support a safe environment for learning for girls and trans students. However, when school discipline is applied unevenly or punitively, it can reinforce discrimination and push out certain students. Advocates have drawn attention to the concept of the school-to-prison pipeline, a discipline approach in which student behavior is punished and criminalized, resulting in an informal pathway to incarceration rather than support and care to succeed academically.¹¹⁰ Black boys, or male students of color generally, are disproportionately thrust into the pipeline.¹¹¹ While this is true due to unconscious and conscious bias and racist ideas about who is a troublemaker, the experiences of girls and gender diverse students is often left out of the conversation. Yet increasing attention is focused

on the disturbing phenomenon of Black girl pushout, in which Black girls are overly disciplined in school for minor or no offenses.¹¹²

From the 2018–19 school year to the 2021–22 school year, female students represent one-third or less of total reported school discipline statewide while making up about half of the students enrolled.¹¹³ Among female students, those who are Indigenous, Black, and Latina experience discipline at higher rates than their enrollment rates—reflecting racial disparities in Massachusetts school discipline. While the numbers for nonbinary students are small, Asian and Latine youth also experience discipline unequally (see Figure 14). Research shows that school systems and teachers hold implicit or unconscious biases that cause them to give harsher discipline to students of color than to White students.¹¹⁴

FIGURE 15
Ratio of Student Discipline to Enrollment by Selected Gender and Race/Ethnicity, Massachusetts (2021–22)

For each circle, the number shows the rate that group is disciplined relative to that group’s enrollment. The larger the circle, the greater the reported inequity.



Source: Department of Elementary and Secondary Education, 2023.

Note: * indicates insufficient data for Black and Indigenous nonbinary students. Additionally, low numbers, especially for nonbinary students, and variable reporting by individual districts are existing limitations.

Tip for interpretation: For each circle, the number shows the rate that group is disciplined compared to that group’s enrollment. For example, the blue circle with 2x shows that nonbinary Asian students are disciplined at double the rate of their enrollment, suggesting disproportionate discipline.

While girls tend to experience school discipline at lower rates than their male counterparts, it is important to continue digging deeper to identify experiences at the intersection of gender, race, ethnicity, disability, and socioeconomic status.

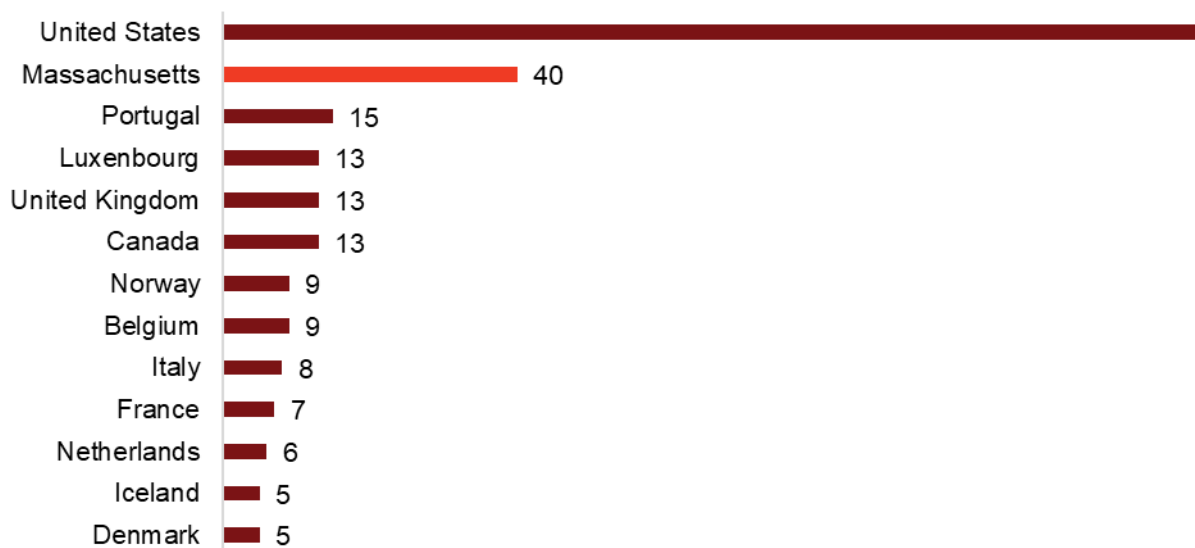
Police Contact and Incarceration

Policing practices should protect public safety, especially for community members who most experience discrimination and bigotry. Correctional systems should be designed to fairly adjudicate when harmful actions occur, and to rehabilitate those committing them. Instead, these systems have been used to arrest and imprison disproportionate numbers of people of color and LGBTQIA+ people on a large scale for decades. Movements for reform have succeeded in shifting framing from the “tough on crime” mass incarceration approach to community rehabilitation and other alternatives to incarceration. Yet there is still a bias toward incarceration, as evidenced by the recommendation for a new women’s prison to be built in Massachusetts.¹¹⁵

Protests and policy reform highlighted racial disparities affecting Black men and boys in police violence. The failure to demand accountability for Black women victims led to the #SayHerName movement, as their experiences often remain invisible.¹¹⁶ LGBTQIA+ communities are also vulnerable to police abuse and over-incarceration,¹¹⁷ as well as a failure to investigate and curb violence, especially violence against trans people of color. Among Massachusetts respondents to the national 2015 Transgender Survey, more than half (52%) of those who interacted with police experienced mistreatment, in instances when police were aware they were transgender.¹¹⁸

FIGURE 16

Women’s Incarceration: Comparing Massachusetts and Founding NATO Countries



Incarceration rates per 100,000 women

Source: Prison Policy Initiative, 2018.

The intersections of identity among survivors of violence is important to highlight as well. Race, gender, disability status, and sexual orientation inform experiences with the criminal justice system—especially for people who hold multiple identities at the same time. The United States incarcerates more women per 100,000 than any other country, and even Massachusetts incarcerates women at much higher rates than other NATO founding countries¹¹⁹ (Figure 15).

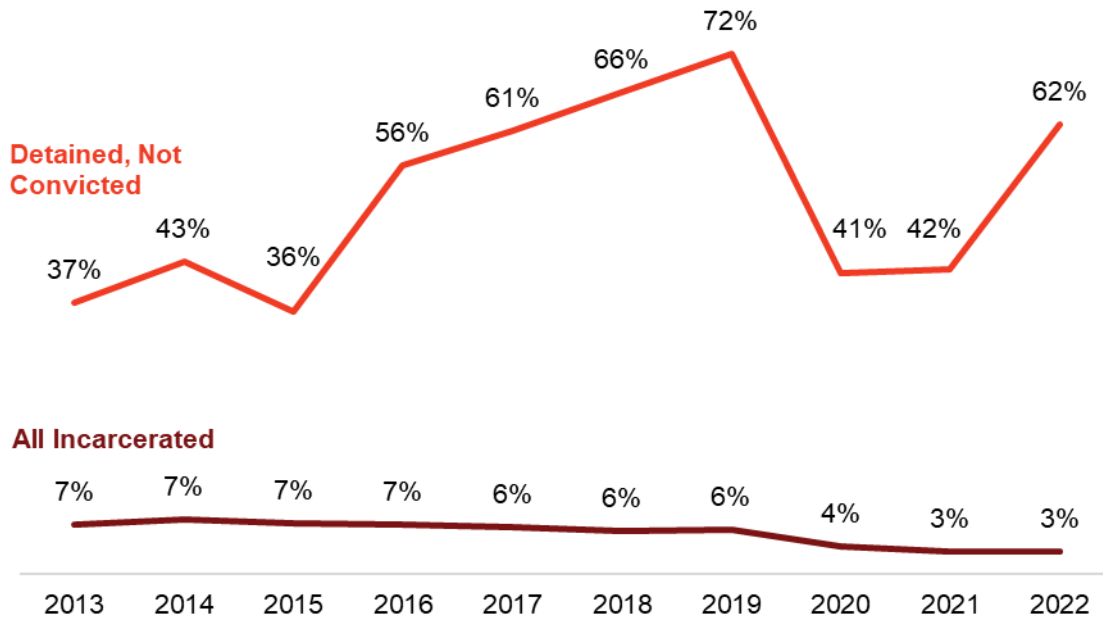
Incarceration Rates

During the last decade, incarceration rates overall have declined in Massachusetts, from 10,622 in custody in 2014 to 5,861 in 2023.¹²⁰ The statewide proportion of all incarcerated people who are female has remained small and has also declined since 2014, from 792 in custody in 2014, to 512 in 2019, to 201 in 2023. Among those who are being held in custody before trial (pretrial detention), the proportion of females has risen relative to males. This increase was tempered in 2020-2021 during the pandemic.¹²⁰ Only 3% of people in custody are women, but 62% of those in pre-trial detention are female (see Figure 16). On January 1, 2023, 42 women were in pre-trial detention, as were 12 men. Incarceration statistics are not collected for transgender and gender diverse people. This data gap suggests the need for further research and improved data collection and reporting.

Regionally, the rates of female incarceration in jails since 2016 decreased in Berkshire County, Hampden County, and Hampshire County. Incarceration of women in Franklin County from 2016 to 2018 increased by 60%, but appears to have decreased in 2020.¹²¹ According to a representative from the Franklin County Sheriff's Office interviewed for the HNE CHNA, incarceration disrupts lives, family systems, and communities. This is further supported by insight from service providers in the region who work with survivors of sexual and domestic violence.

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FIGURE 17
Female Percentage of All Detained and Incarcerated People in Massachusetts, 2013 to 2022



Source: Massachusetts Department of Correction, 2021.

Note: figure labels changed to person-first language (i.e. detained persons instead of detainees) to reflect efforts to avoid further dehumanizing incarcerated individuals. Incarceration is a status in someone’s life rather than their only identifier, although individuals with lived experience may choose to use whichever terms most resonate.

Exiting Incarceration

Dr. Ernest Drucker calls the effects of American jails and prisons the “long tail of mass incarceration”¹²³, referring to the mental and physical health consequences. In conversation, key informants pointed to broken systems of support that leave formerly incarcerated women without access to basic needs, directing them back to transactional and coercive relationships for survival. Additionally, key informants who serve formerly incarcerated people in the region shared that incarceration destabilizes the lives of clients so much that transactional sex is a way they can fund housing and food. Transactional sex may make people vulnerable to additional complications or trauma such as contracting an STI or suffering sexual violence.¹²⁴ These experiences underscore that for many women in the region, the long tail of incarceration further traumatizes communities and leaves people feeling more vulnerable than when they entered the system.

Advocates ultimately want to help women, especially those with trauma, avoid incarceration altogether. In 2022, the state legislature passed a five-year moratorium on prison and jail construction, but Governor Baker vetoed the bill. One re-entry service provider asserted that alternatives to incarceration are not spoken about enough, and women can take accountability while still part of the community for many offenses that typically result in long periods of incarceration. Other providers agreed and underscored the detrimental impacts of being disconnected from the community.

Women Returning from Incarceration

SERVICE PROVIDER PERSPECTIVES

“

“If people have mental health struggles, they're definitely going to be rescheduling all the time, missing appointments all the time, and part of being a long term safety contact point is just understanding that and being available and being like 'No matter how long you're gone, I'm still somebody you can reach out to them still a safe person, I should still be in the top of your texting call list.' Because, you know, I'm always going to have your back and that's not the for profit medical model that we use.”

“When it comes to people who have had this amount of complex trauma, it really changes people's brains, but also that, you know, healing is possible and that people are really resilient. And so I think it's also important to have some amount of, you know, narrative around creating a community in a different way that's supportive, and that's understanding and that has opportunities for people to make their own choices. And so I think that it is important to help people understand how people ended up here, but I think also helping, shifting the kind of blame and shame narrative that we use a lot with incarcerated people, rather than one that is, you know, more compassionate.”



”



Policies that Support Safety and Freedom from Violence

School Discipline: In August 2022, Governor Baker signed an act Addressing Barriers to Care for Mental Health, recommending that school leaders prioritize restorative practices over disciplinary action to prioritize student mental health. In particular, suspension and/or expulsion should be significantly limited in early education and care. Additionally, in K–12 schools, administrators must attempt and document alternate strategies to manage disruptive behavior before suspension and/or expulsion.¹²⁵ It is unclear, at this point, what the effect has been in school districts, but the implementation should be closely monitored.

Healthcare Privacy and DV Services: “The passing of the PATCH Act (Protect Access to Confidential Healthcare), effective April 1, 2019, ensures that confidential information contained in Explanations of Benefits (EOB)—such as reproductive health care—is not shared with anyone other than the patient when people are on the same health plan. Not only can patients now choose how to receive EOBs, but the information contained in them will be more generic (for example, “office visit”) when sensitive care is provided. In addition, patients will now be sent for preventive health services with no cost-sharing (for example, counseling for domestic violence).”¹²⁶

Leadership

This section explores the status of leadership for women and gender diverse people in business, nonprofits, health care, higher education, and STEM to the extent possible. Across the board, while opportunities for women are slowly expanding, those with marginalized identities do not have the same access to leadership opportunities. This includes people who have had contact with the justice system, are immigrants, and are trans and/or gender diverse.

Gender equity in leadership positions is an ongoing priority, as women and gender diverse people continue to face significant barriers in accessing and thriving in leadership roles across various sectors and industries. While women tend to earn college degrees at higher rates than male counterparts¹²⁷, often they are still underrepresented in leadership roles, which confer status, power, and financial compensation. A survey of 40,000 employees across corporate America found that while women leaders are just as ambitious as male counterparts, they are more likely to experience microaggressions such as being second-guessed repeatedly or being mistaken for a more junior employee.¹²⁸ Women face not only a “glass ceiling” but often a “glass ladder” that prevents them from getting positions that take them toward the highest leadership rung.

Microaggressions

Everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.

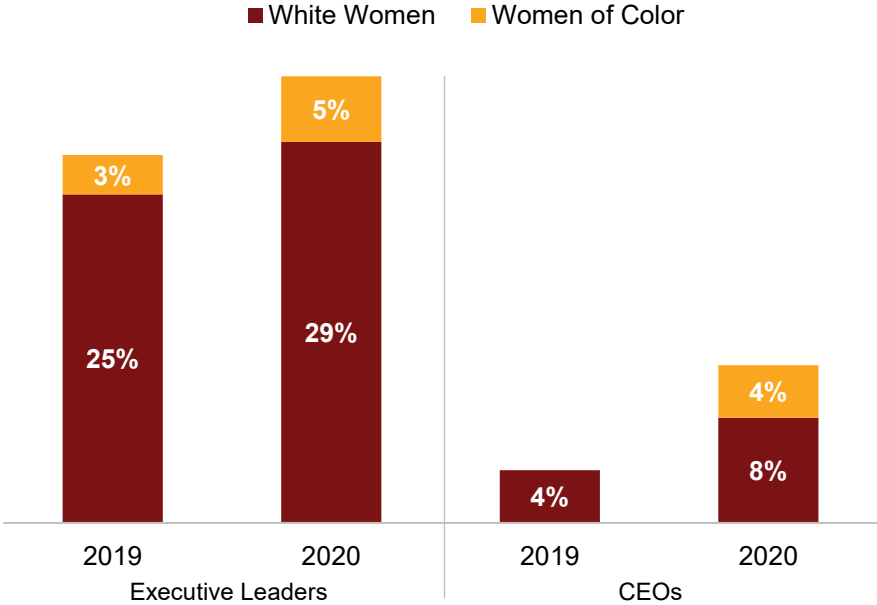
Comprehensive data specific to Western Massachusetts is always important to track. Yet regional information is especially lacking, making data collection an area for improvement. The Women’s Edge (formerly the Commonwealth Institute) conducted a survey of private, public, and nonprofit employers of all sizes throughout Massachusetts. Nine in 10 respondents set a goal to increase the number of women in leadership. However, less than half track progress with any formal metrics or benchmarks.¹²⁹ Often, data collection provides limited options to report gender, therefore continuing to make invisible gender diverse leaders. Additionally, data are rarely comprehensive enough to explore the intersections of race, class, gender, language, or immigration status. The documentation of these characteristics, as well as salary transparency,¹³⁰ is necessary for accountability.

In addition to formally tracked leadership roles, women and gender diverse people often lead and mobilize community members to fill existing gaps.^{131, 132} For example, majority-female representatives from social service agencies joined efforts to form the Berkshire Alliance to Support the Immigrant Community (BASIC). When the federal government distributed pandemic stimulus checks to eligible residents, BASIC partnered to distribute funds to immigrant families who were not eligible for stimulus checks. This money went toward paying for housing, summer camp, and child care. Additionally, they created a website to collect resources in a central place, and worked collaboratively to comprehensively support immigrant residents in Berkshire County. Local leadership strengthens the fabric of our communities, and the Western Massachusetts region is home to many female and trans leaders doing important community work.

Business

In an analysis of the 75 largest public companies in Massachusetts, the data show that representation of women among top executives has continued to increase, although at a slow pace. In promising news, during three years, the proportion of women of color CEOs went from 0 to 4%, and the overall proportion of female CEOs doubled (Figure 17). Yet overall progress remains slow for women of color compared to their White counterparts.

FIGURE 18
Women’s Representation in 75 Top Massachusetts Corporations, 2019-2020



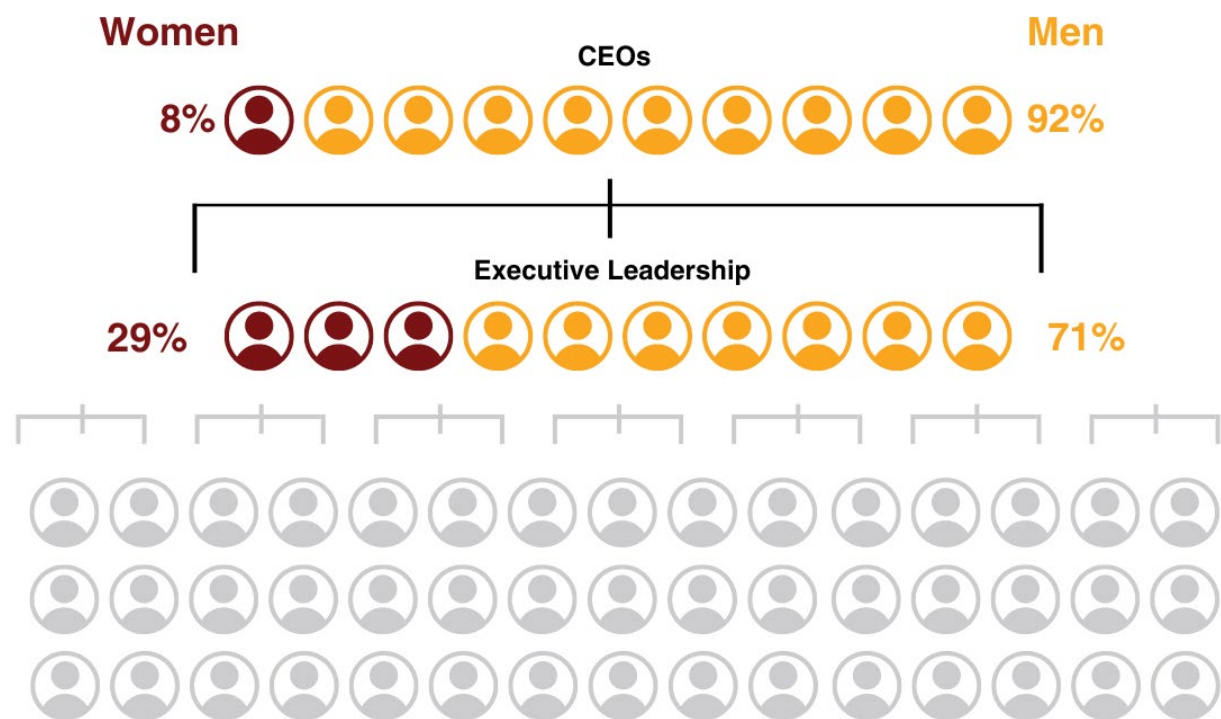
Source: Women’s Power Gap, Diversity Among Executive Leadership at Massachusetts’ Largest Public Companies, 2023.

Note: CEOs are the Chief Executive Officer for each company. Executive leadership team is a group of leaders as identified on each company’s website. The makeup and size of the executive leadership team varies by company.

It is especially concerning that the gender gap widens from Executive Leadership positions to CEO roles (Figure 18). This suggests that there may be a structural gap along that pathway, or that gendered biases may affect who is offered the positions with most status and pay.

Additionally, a lack of sufficient public reporting on race and gender inhibits targeted responses to support leadership diversity. Among these 75 companies, less than half shared race and ethnicity data, only three reported information about LGBTQIA+ representation on boards, and none reported LGBTQ+ data for executive leadership. Privacy concerns should also be considered when collecting SOGI data for leaders.¹³³

FIGURE 19
Gender Gap in Corporate Leadership Paths, Massachusetts, 2023



Source: Women’s Power Gap, Diversity Among Executive Leadership at Massachusetts’ Largest Public Companies, 2023

Note: Launch Positions are COO/presidents/division heads

Trans and Gender Diverse People

PEOPLE WITH LIVED EXPERIENCE AND SERVICE PROVIDER PERSPECTIVES



"I don't feel safe where I can't find people of the same gender as me"

"I think trans and nonbinary folks just need more support in every way that I can express that, whether it's you know, financial support, mental health or academic support, housing, just resources, like legal support, attention from the media when something goes horribly wrong. Or just like you know, support from family members and community members and peers who will call you by the correct pronouns and correctly identify you and just support you in your experience or support you when something does go wrong or when people are being cruel to you. Or people who just want to learn more about your experience. And talk to you and understand. "



"Berkshire County as a whole can make people feel really isolated. But then especially it's an added layer if you're LGBTQ, and so I think knowing that they're not alone, and seeing other folks like them



Nonprofits

According to a 2019 Nonprofit Board Census commissioned by the Boston Club, executive positions such as CEO and CFO show stable representation for women, although the Commonwealth has not reached parity. Women of color experience less representation, and gender diverse people are not often tracked by those reporting on gender. Women held about 35% of board seats in Massachusetts among organizations for whom data was collected. This remains essentially unchanged from their report two years prior. Only 26% of the 150 organizations had women CEOs, and less than 7% of CEOs from the largest 148 Massachusetts nonprofits were verified as people of color.¹³⁴

Demographics are available for about 2% of nonprofit organizations in the region.¹³⁵ About half of those have female leaders and two are led by transgender people.¹³⁶ Again, it remains imperative that demographic data at the intersection of gender, race, ethnicity, and other protected categories are collected and shared publicly.

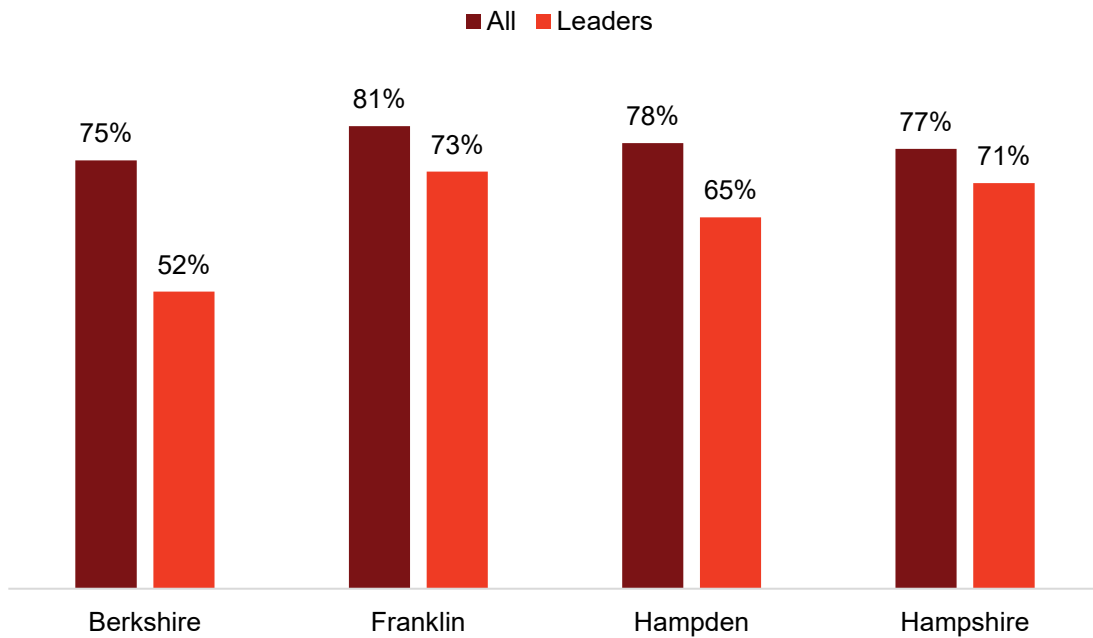
Health Care and Social Services

Research has shown that having diverse perspectives around the table leads to better decision making and outcomes.¹³⁷ Leaders who have a variety of lived experiences may help organizations contribute to more inclusive decision-making, improved communication with diverse patient populations, and more equitable solutions to challenges. In a time when significant racial disparities in maternal mortality and a dearth of institutions providing transgender health care are urgent issues, diversifying leaders may start the process to rectifying these quality and access crises.

Progress has been made in diversifying leadership in health care locally, but there is more to be done to reach parity. The data presented here combine health care and social assistance, making it difficult to understand women's leadership in health care alone. Based on how the Census reports employment sectors and defines leaders, female employees make up more than half of all those in the field, and even in leadership.¹³⁸

FIGURE 20

Female Workforce in Health Care and Social Assistance by County: All Workers and Leadership, 2021



Source: U.S. Equal Employment Opportunity Commission.

Note: Leaders are defined as Executive/Senior Officials & Managers

Locally, the healthcare sector has deepened its leadership among women, including women of color. In December 2019, Deborah Bitsoli was named president of Mercy Medical Center and its affiliates in Springfield. In 2021 a Black woman, Lynnette Watkins, was appointed to lead Cooley Dickinson Hospital in Northampton. In the last several years, Baystate Health has increased the number of women of color on its board and among senior vice presidents.

Higher Education

Four of the top 10 institutions of higher education for gender parity in leadership in the Commonwealth are in Western Massachusetts.¹³⁹ Two of the four are women’s colleges. This is the same as the last report published in 2019, showing the situation has not improved. It is important for students to see themselves reflected among those with decision-making power within all institutions. A gender diverse key informant who attends college in the region shared that they do not see trans and gender diverse representation in their university’s administration.

Not only is representation important, but the power gap may drive the wage gap, because women are less likely to be paid equal to their male counterparts and also less likely to be promoted to a top position (Table 4).

TABLE 4
Average Higher Education Leader Compensation in Massachusetts by Sex, 2019

Position	Male	Female	Female as % of Male Salary
President	\$474,196	\$443,811	94%
Provost	\$352,091	\$277,373	79%
All Others	\$306,582	\$234,607	77%
Total	\$330,712	\$257,355	78%

Source: Women’s Power Gap in Higher Education, 2019.
Note: “all others” includes senior academic and administrative leadership.

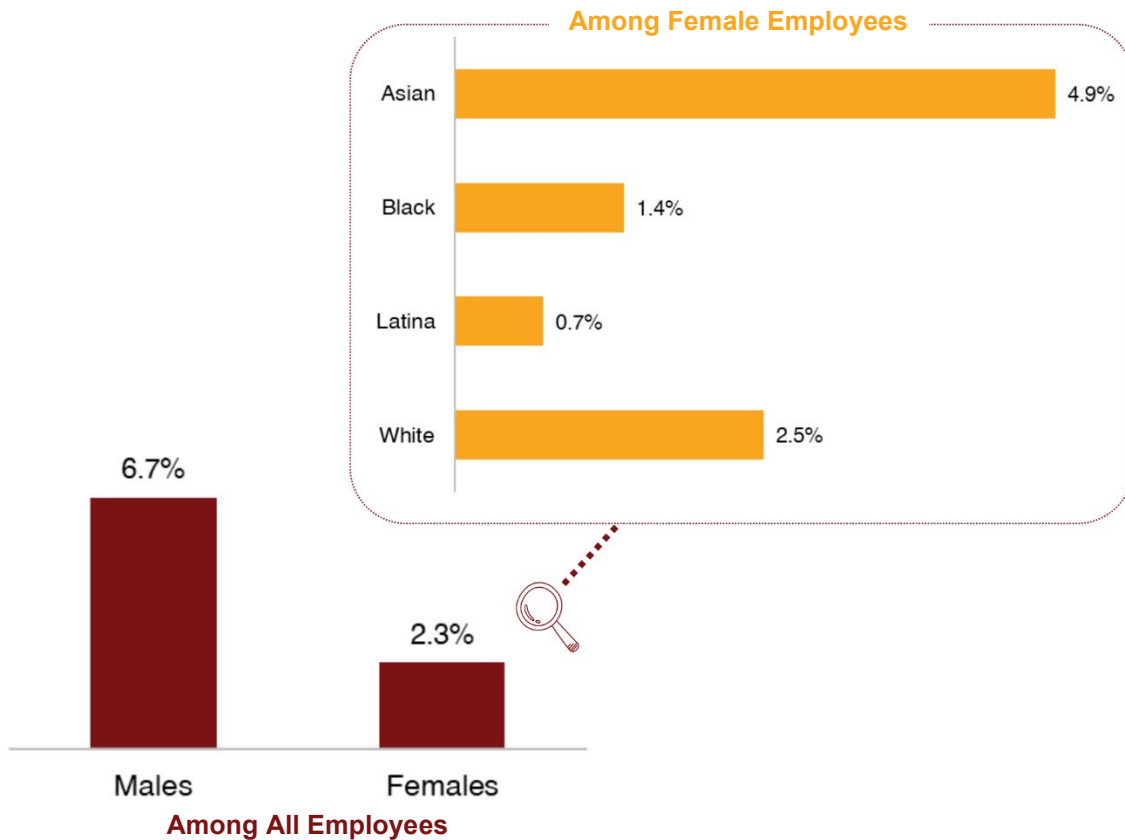
STEM

STEM (science, technology, engineering, and math) careers are generally well paying and in demand in Massachusetts. Gendered stereotypes about who “belongs” in STEM typically portray men as being naturally more skilled and interested in these fields while women are seen as less capable and interested. Transgender and gender diverse people are rarely highlighted in these fields. While progress has been made in combating misperceptions, these stereotypes can influence career aspirations and limit opportunities for marginalized workers in STEM, leading to a lack of diversity in the field.

According to the U.S. Census Bureau’s most current occupation-related five-year estimates, 2014 to 2018, women were largely underrepresented in the STEM field. Of women in the workforce in Western Massachusetts, only 2.3% worked in STEM jobs (Figure 20). This is less than half the statewide rate for women (4.8%). Women held less than one-third (25.7%) of all STEM jobs in Western Massachusetts, compared to 28.5% of STEM jobs statewide. Among the four counties, this proportion was highest in Hampshire County (30.5%).

FIGURE 21

Percentage of All Employees in STEM Occupations in Western Massachusetts, 2018



Source: U.S. Census Bureau ACS EEO Occupation by Sex and Race/Ethnicity for Residence Geography, 2018 5-Year Estimate (ALL01R/ALL01RC)

When race and ethnicity were factored in, the inequities were pronounced (Figure 20). Only 1.4% of Black women and 0.7% of Latina women were in STEM occupations in the region. Asian women had the largest percentage of women in the STEM workforce regionally (4.9%), yet it is still substantially lower than that of Asian men (12%).

Organizations in the region are helping to bridge the gaps. Girls Inc. of the Valley received one million dollars to encourage young girls to pursue STEM fields in 2021¹⁴⁰, and it is just one of the many efforts to improve female representation.

Young Women’s Initiative

“In the two short years that I have been a part of YWI, I have gained more experiences than I have in all my years of activism combined. Joining Young Women’s Initiative has opened countless doors for me and has given me the opportunity to expand my knowledge on a variety of social justice topics. Now, with the skills YWI has given me, I am an informed community activist.”

—Maya Senquiz, 16; July 2020; YWI Personal Impact Statement

Developing young leaders who can go on to play important roles in many sectors is critically important. The Women’s Fund has partnered with several youth engagement organizations during the last seven years to run a young women and gender diverse youth leadership development program in Springfield that includes a grantmaking component. The Young Women’s Advisory Council (YWAC) consists of up to 20 Black, Indigenous, and other people of color who are women-identifying, trans, or gender-expansive young leaders 16 to 24 with connections to Greater Springfield, including Springfield, Chicopee, and Holyoke. Through leadership development and social justice programming, these young leaders identify barriers, consider solutions, and make recommendations for change in their community. The program launched in 2017 and has graduated six cohorts through summer 2023, totaling 84 participants. Participants are led through sessions on topics including identity and socialization; power, privilege, and oppression; civic engagement and legislative organizing; organizing and campaign planning; and movement building.

In recent years, the group has drawn attention to many issues, including mental health, sexual agency, immigration and generational issues in immigrant families, and education—from combatting the school-to-prison pipeline to supporting transitions from high school to college. The 2021 YWI Blueprint for Action focused specifically on mental health awareness, more equitable discipline practices in schools, anti-violence and restorative justice efforts, employment opportunities, access to credit and affordable childcare, after-school leadership development opportunities, and featuring women more in school curriculums.¹⁴¹ Most recently, the 2023 cohort explored career options, and the grantmaking committee brainstormed a range of topics of concern to BIPOC youth, especially young adults 18 to 21 (Figure 21).

FIGURE 22

Young Women's Advisory Council Brainstorming Session, 2023



Source: Women's Fund of Western Massachusetts

Political Participation

Gender equity in political participation has been a crucial issue in the United States, particularly for women who have been historically excluded from politics. Women were galvanized to vote after the Supreme Court ended 50 years of judicial precedent and overturned *Roe v. Wade*, the case that protected abortion rights nationwide in 1973. More than half of female voters (53%) nationally said this decision made them more motivated to vote in the 2022 midterm election; motivation was even higher among women 18 to 49 (59%).¹⁴² In Massachusetts, women filled five of six statewide offices. This included Maura Healey, the first woman and first openly gay elected Governor of the Commonwealth, and Andrea Campbell, the first Black woman elected to Attorney General. Campbell is also the first woman of color to win a statewide election in Massachusetts, and Governor Healey and Lieutenant Governor Kim Driscoll's elections qualify this state as the only in the nation to have women in both offices.¹⁴³ In the region, Shirley Arriaga was elected and serves as the first woman, and first woman of color, to hold the 8th Hampden House of Representatives seat.¹⁴⁴

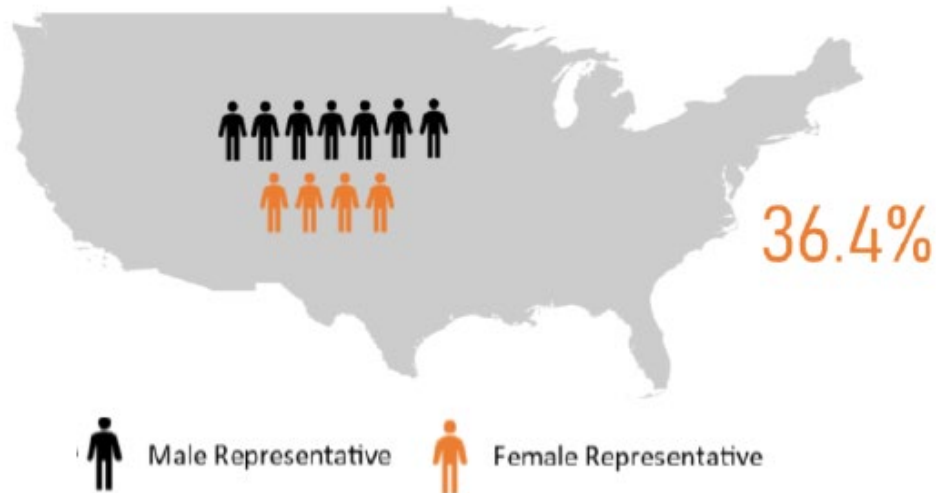
While some advancement has occurred in women's political representation, which confers significant social capital and power, gender diverse people still face significant barriers to political participation. Ashley Shade, a transgender woman elected to North Adams City Council in 2021 and the first trans state party chair (of the Massachusetts Libertarian Party),¹⁴⁵ is the only reported openly transgender person elected in the Commonwealth. Sam Montañó is also a recently elected queer, gender nonconforming Latine State Representative for the Boston area.¹⁴⁶ Despite these advancements, there is still much work to be done to achieve true gender equity in political participation. A gender diverse interviewee shared that it would be nice to see more trans and gender diverse folks in positions of influence because it provides young people with someone to look up to. Unfortunately, so many people are motivated to become politically involved because they are fighting for basic human rights.

Federal and State Political Representation

There has been no change in the gender split among federal representatives from Massachusetts (Figure 23). As was true in 2019, 4 out of 11 congress members are women: one U.S. Senator and three U.S. Representatives. Neither of the Western Massachusetts reps are women or gender diverse though. With a regional population of more women than men (52%) and an increasingly gender diverse constituency, more progress must be made.

FIGURE 23

Female Percentage of United States Congressional Delegation from Massachusetts, 2023



Source: Massachusetts Caucus of Women Legislators, 2023

Among the entire Massachusetts legislature, women make up about 32%, with 63 women¹⁴⁷ out of 200 Massachusetts Senate and House of Representatives members. The region made progress, as 10 of the 27-member delegation from Western Massachusetts are women, including Representative Shirley Arriaga from Chicopee—the first woman of color to hold this seat. This is a regional increase from 29% in 2019¹⁴⁸ to 37% in 2023.

Mayors

Mayors are elected officials who serve as the chief executive of a city or town government. They are responsible for overseeing municipal operations, developing policies, and managing budgets. Some of their key responsibilities include managing public safety, public works, economic development, and community relations. Increasing gender diversity in mayoral positions can lead to more equitable and effective local governance.

As shared by the Massachusetts Municipal Association (MMA), 14 of 47 mayoral seats statewide are held by women (30%). Of those 14, some are in Western Massachusetts including Nicole LaChapelle (Easthampton), Gina-Louise Sciarra (Northampton), Linda Tyer (Pittsfield), and Roxanne Wedegartner (Greenfield). MMA does not officially track diversity, and no one has self-disclosed that they are transgender.

Court Representation

The Massachusetts Trial Court Annual Diversity Report for Fiscal Year 2022 provides data on the representation of women in the court system. Unlike the legislative arm of state government, we see greater parity in the judicial branch. Statewide, women make up 60% of all Trial Court employees and 50% of judges. However, there are significant disparities in leadership roles, with women making up only 34% of Chief Justices and 41% of Clerk Magistrates.¹⁴⁹

Lawyers

“Massachusetts lawyers who identify as female, Asian, Black or African American, Hispanic or Latino/a/e, American Indian or Alaska Native, or as having a disability are underrepresented as compared to the general Massachusetts population.”

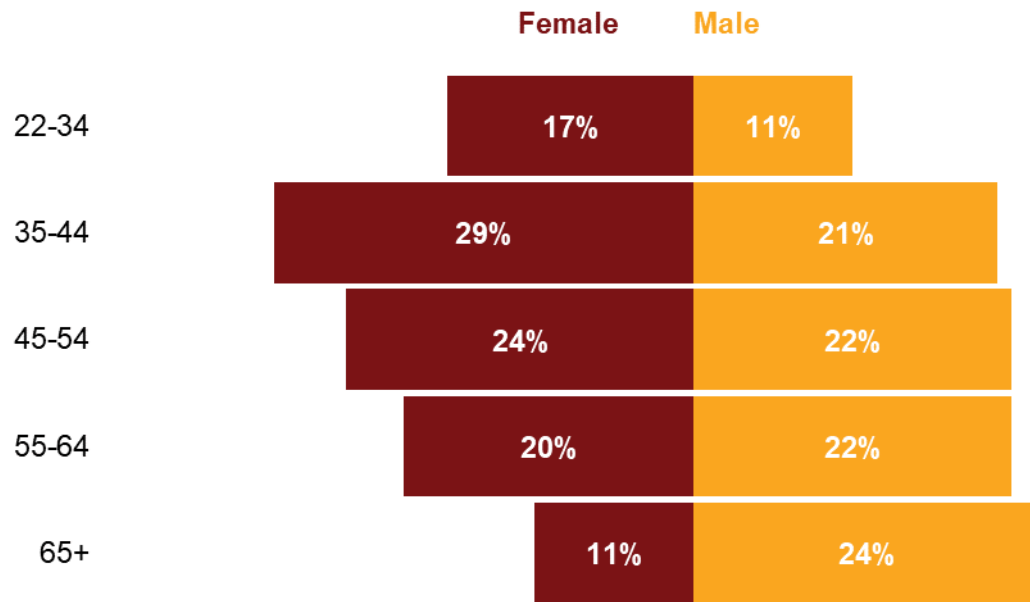
—Massachusetts Lawyer Census (Nov. 2020–Nov. 2021)

Gender representation is important in the legal profession because diversity among lawyers may lead to improved decision-making and problem-solving. Also it can help address the gender bias that exists in this field. Additionally, the voices of women and trans and gender diverse people deserve to be heard, and their rights protected. Lawyers have access to the legal system and a significant influence on policy—two influential spaces in society that are currently inequitable for numerous reasons. In the legal profession across the country, women make up 45% of law associates but only 23% of partners at law firms, and 19% of equity partners. As the level of ownership and decision-making power typically associated with roles increases, the representation of women decreases. This points to a major gap in the pipeline to leadership.

More than one-third of lawyers registered in Massachusetts do not have a primary place of work in the state. Among the lawyers who do work in the Commonwealth, only about 6% are in Western Massachusetts.¹⁵⁰ Findings from the Massachusetts Lawyer Census with data up to 2021 suggest the Massachusetts bar is becoming more diverse. The number of lawyers who identify as Asian, Black or African American, Hispanic or Latine, multiracial, or do not identify as heterosexual is higher among the youngest age groups, 22 to 34 and 35 to 44.¹⁵¹ Further, the breakdown of male and female lawyers by age shows the large proportion of younger female lawyers in the Commonwealth (see Figure 24).

FIGURE 24

Age Breakdown of Lawyers in Massachusetts by Sex, Nov. 2020–Nov. 2021



Source: NORC at the University of Chicago. Massachusetts Lawyer Census, 2022

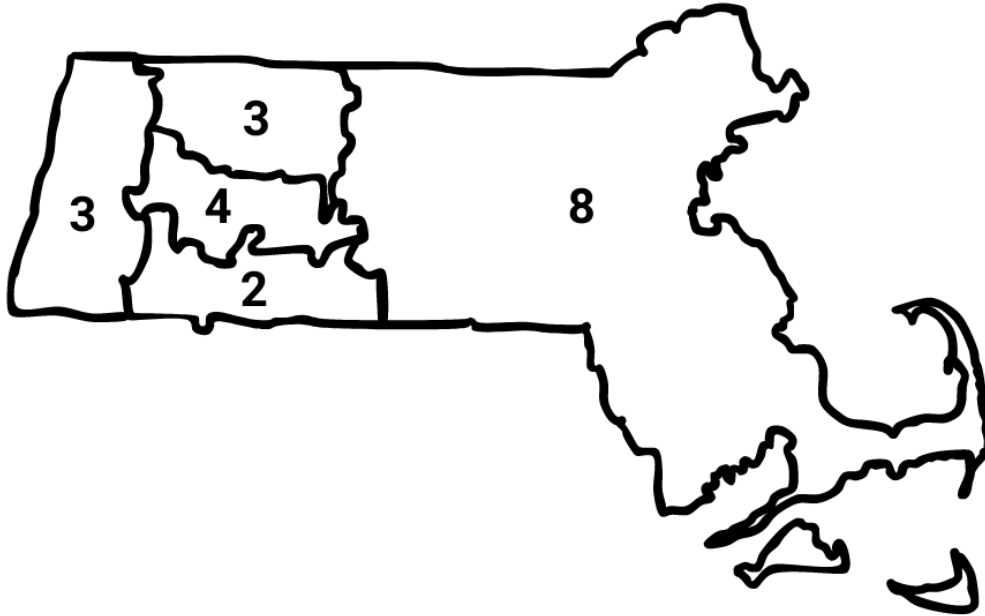
Among female and trans lawyers, more than 80% are White, indicating the need for continued diversification of the field. While less than 4% of female lawyers identify as having a disability and/or as neurodivergent, 25% of their transgender counterparts identify as such, and it increased from 2021 to 2022.¹⁵²

Chiefs of Police and Sheriffs

Chiefs of police are responsible for setting the tone and culture within their departments, which can impact everything from the use-of-force policies to the handling of community relations. They also often have close relationships with local government officials and community leaders, which can give them significant influence over broader social and political issues. In Massachusetts, more than 95% (337) of the 351 municipalities are voluntary members of the Massachusetts Chiefs of Police Association, which provided data here.¹⁵³

Among members, about 6% (20) statewide are female, and none self-identified as gender diverse. Of the 20 female chiefs of municipal police departments, more than half work in Western Massachusetts (Figure 25).

FIGURE 25
Female Municipal Chiefs of Police in Massachusetts by County, 2023



Source: Massachusetts Chiefs of Police Association, 2023

Sheriffs are the highest-ranking law enforcement officers in the county and have a significant amount of power and authority over law enforcement agencies operating within their jurisdiction. They also oversee county jails and oversee policy and procedures related to the treatment of incarcerated people. Of the 14 total sheriffs in Massachusetts, only one is a woman, but she is not serving Western Massachusetts.¹⁵⁴

District Attorneys

District Attorneys (DAs) prosecute criminal cases on behalf of the government, giving them significant influence in the administration of justice, the outcomes of criminal trials, and how investigations are conducted. DAs are elected officials, which means that they should be directly accountable to the voters in their jurisdiction. Only 1 of the 11 Massachusetts DAs is a woman, and she does not represent any part of Western Massachusetts.¹⁵⁵

POLICY

Organizations that Support Gender Equity in Political Participation and Policy

League of Women Voters: With Leagues throughout the state, LVWMA seeks to empower and educate Massachusetts voters and effect change on a wide range of issues, including election laws, campaign finance, natural resources and the environment, women’s health, children’s issues, state budget and finances, public education, and public safety.

Massachusetts Caucus of Women Legislators: The Massachusetts Caucus of Women Legislators was established in 1975 with a mission to enhance the economic status and equality of women and to encourage and support women in all levels of government.

Massachusetts Commission on the Status of Women: The purpose of the Commission is to advance women and girls toward full equity in all areas of life and to promote rights and opportunities for all women and girls. The mission of the Commission is to provide a permanent, effective voice for women and girls across Massachusetts.

Massachusetts Transgender Political Coalition: MTPC organizes and develops leadership among trans, nonbinary, and gender expansive people to empower and advocate for themselves. MTCP also educates the public, media, institutions and policymakers about trans needs, it and advocates for equitable policy change.

Massachusetts Women’s Political Caucus: The Massachusetts Women’s Political Caucus is a non partisan organization committed to increasing the number of women elected to public office and appointed to public policy positions. The MWPC offers programs that strive to increase the interest of women in the political process and helps them to be successful in the political arena.

Glossary

Adverse Childhood Experiences (ACEs): Potentially traumatic events that occur in childhood (0-17 years) and aspects of the child's environment that can undermine their sense of safety, stability, and bonding¹⁵⁶

Behavioral Risk Factor Surveillance System (BRFSS): Nationwide phone surveys that collect state data about U.S. residents and their health-related risk behaviors, chronic health conditions, and use of preventive services¹⁵⁷

Cliff effect: Occurs when wages from a new employment opportunity do not make up for a person or family's loss of public benefits, putting them in a worse financial situation¹⁵⁸

Culturally appropriate care: The ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic [language] needs of patients¹⁵⁹

Domestic violence (DV): Abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, psychological, or technological actions or threats of actions or other patterns of coercive behavior that influence another person within an intimate partner relationship¹⁶⁰

Gender-based violence (GBV): Violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately. It often results in physical, sexual, psychological, and/or economic harm and suffering¹⁶¹

Gender diverse: A broad term referring to people who do not conform to stereotypical expectations of how men or women should look or act, or whose gender expression does not fit neatly into a category

Gender identity: One's innermost concept of self as male, female, a blend of both or neither – how people perceive themselves and what they call themselves¹³²

Glass ceiling: An intangible barrier within a hierarchy that prevents women or minorities from obtaining upper-level positions¹⁶²

Harassment prevention orders: A judge can order the defendant to not abuse or harass the plaintiff, not contact them in any way, to stay away from their home or work, and/or to pay them money¹⁶³

Indigenous: Descendants of the peoples who inhabited the Americas, the Pacific, and parts of Asia and Africa prior to European colonization, though we primarily refer to those in North America. Indigenous peoples continue to thrive throughout the world today.

Kin keeping: The social role, usually assumed by women, of promoting, maintaining, and protecting relationships between family members and friends¹⁶⁴

Latine: Relating to Latin American heritage. Used as a gender-neutral alternative to Latina or Latino.¹⁶⁵

LGBTQIA+: An acronym for "lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual" with a "+" sign to recognize the limitless sexual orientations and gender identities used by members of this community.

Living wage: The wage a household needs to earn to afford all its basic needs, including food, child care, health care (both insurance premiums and typical health care costs), housing, transportation and other necessities. A living wage can vary depending on geographic location and is typically much higher than the federal poverty level.

Marginalization: A term used to describe the casting aside of groups that are considered “other” within society. In practice, this can manifest as ignoring the needs of a specific group or failing to provide a group with the same opportunities that are available to other members of society. Marginalization forces a group into a position that impacts their experiences, identity, and environment. The resources that the groups will receive in this position such as education, income, and residence are disproportionately distributed, which can result in adverse life conditions and health outcomes.¹⁶⁶

Microaggressions: Everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership¹⁶⁷

National Intimate Partner and Sexual Violence Survey (NISVS): an ongoing survey that collects the most current and comprehensive national- and state-level data on intimate partner violence, sexual violence and stalking victimization in the United States¹⁶⁸

Nonbinary (enby): An adjective describing a person who does not identify exclusively as a man or a woman. Nonbinary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all nonbinary people do. Nonbinary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer or gender-fluid.¹⁶⁹

Non-transgender (non-trans): A person whose gender identity is aligned with the sex they were assigned at birth. Also may be referred to as ‘cisgender’, though non-trans was chosen to avoid the potential for amplifying the minority status of transgender individuals.¹⁷⁰

Prevention Needs Assessment Surveys (PNAS): The survey was designed to assess students’ involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors. The risk and protective factors have been shown to influence the likelihood of academic success, school dropout, substance misuse, and violence among youth¹⁷¹

"Red tape": Official routine or procedure marked by excessive complexity which results in delay or inaction¹⁷²

Reproductive justice: The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities¹⁷³

Restraining orders: A court order that protects you from being abused by a member or former member of your household or family or someone you have been dating¹⁷⁴

Re-traumatization: One’s reaction to a traumatic experience that is intensified or shaped by previous traumatic experiences¹⁷⁵

Sexual dating violence: Sexual abuse from a romantic or sexual partner. This type of violence may also be accompanied by emotional, physical or verbal abuse.

Sexual orientation: An inherent or immutable enduring emotional, romantic or sexual attraction to other people. Note: an individual’s sexual orientation is independent of their gender identity¹⁷⁶

Sexual violence (SV): Sexual violence is sexual activity when consent is not obtained or freely given¹⁷⁷

Sexually Transmitted Infections (STIs): Sexually transmitted infections (STI) are infections or conditions that you can get from any kind of sexual activity involving your mouth, anus, vagina or penis. Another common name for STIs is sexually transmitted diseases, or STDs¹⁷⁸

SNAP: Acronym for the Supplemental Nutrition Assistance Program. It provides food benefits to low-income families to supplement their grocery budget so they can afford nutritious food that is essential to health and well-being¹⁷⁹

Suicidality: The American Psychological Association defined it as the risk of suicide, usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicidal plan

Transgender (trans): A person with a gender identity that is different than the sex they were assigned at birth¹⁸⁰

Transgender health care: a range of social, psychological, behavioral, and medical interventions that help transgender people to align various aspects of their lives — emotional, interpersonal, and biological — with their gender identity¹⁸¹

Trauma-informed care: An approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life- including service staff¹⁸²

Youth Health Surveys (YHS): A Massachusetts surveillance project to assess the health of youth and young adults in grades 6-12 which is administered in odd-numbered years¹⁸³

Youth Risk Behavior Surveys (YRBS): A survey developed by the Centers for Disease Control and Prevention as part of a national surveillance system to monitor priority health risk behaviors that contribute to the leading causes of death, disease, injury, and social problems among youth¹⁸⁴

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