State of the Woman

Pennsylvania
Governor's Advisory
Commission on Women



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The 2026 State of the Woman Report represents the first comprehensive update of its kind in over 20 years, following the last full statewide assessment issued in 2004.

In recognition of the breadth of experiences and voices that have shaped this effort, and those unable to participate in the past, the Governor's Advisory Commission on Women has intentionally included a blank page in this report.

This space serves as a deliberate pause, acknowledging the women across Pennsylvania whose stories, challenges, and contributions are not always fully captured in data or formal reporting, or are still in the process of being shared.

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A Letter From Governor Josh Shapiro

Fellow Pennsylvanians,

Since 1966, the Commonwealth of Pennsylvania has led significant efforts to understand and improve the status of women, launching the inaugural Report on the Status of Women more than 60 years ago. We have made tremendous strides in the fight for women's equality, but we are also in a moment where women's freedoms are under attack and many of the challenges they face have intensified. To meet this moment, we must listen to more women from different backgrounds and communities than ever before – and that is what is reflected in this 2026 State of the Woman Report, the first report of its kind in more than two decades.

Thanks to the diligent work of the Governor's Advisory Commission on Women, led by Executive Director Ashley Walkowiak, this report reflects the evolving landscape for women across Pennsylvania – whether that be rural, urban, and suburban, and across political spectrums. It was informed by 10,814 survey responses and 252 participants across 13 listening sessions, encompassing all 67 counties. Their voices inform policy recommendations, strengthen programs and services, and help shape a more equitable path forward. I want to thank those women directly for sharing their stories.

Under my Administration, we have worked with Democratic and Republican leaders to provide free period products in our schools, expand the child care tax credit, double the amount of funding for our rape crisis centers, and launch the first multi-agency strategic action plan targeting maternal mortality. I am proud of that progress, but there is a lot more work to do. This report includes a number of policy recommendations that would improve women's healthcare outcomes and protect their bodily autonomy, provide more economic security, and confront the epidemic of violence against women. My hope is that this report serves as a framework, as well as a call to action, as we work collectively towards a future where equality exists in every aspect of our society — from our institutions to our homes.

My Administration is committed to safeguarding women's rights, promoting equal opportunities, and fostering an environment where all Pennsylvanians have a seat at the table. We will continue to bring people together to drive progress that will improve women's lives, level the playing field, and support future generations of Pennsylvanian women.

Let's get it done.



Governor Josh Shapiro

A Letter From Executive Director Ashley N. Walkowiak

Every day, women in Pennsylvania wake up to a world that is both tragic and beautiful. We witness hardship, and we demonstrate extraordinary resilience. Holding space for both truths is essential. Only by acknowledging the full complexity of women's lives can we build systems worthy of them.

This report reflects thousands of those lived experiences. Women told us about child care that collapses under the weight of demand, health care that is too far away or too difficult to access, incomes that cannot keep up with basic needs, and frighteningly common experiences of violence. They also shared strength, creativity, community, and hope.

One message rose above all others: women's challenges are interconnected. Housing determines safety. Safety influences economic opportunity. Economic opportunity affects access to health care. Health care shapes a woman's ability to support her family, her career, and her wellbeing. None of these issues can be addressed in isolation. Intersectionality reveals the ways these issues converge; meaningful progress must account for that complexity.

As we move forward, I am asking every leader across Pennsylvania to join us in action:

To legislators: Consider how every policy, budget decision, and system design centers (or overlooks) the needs of women.

To chambers of commerce and employers: Recognize that economic growth depends on supporting caregivers, strengthening workplaces, and removing barriers that disproportionately affect women.

To health care industry leaders: Build systems that honor women's expertise about their own bodies and ensure accessible and respectful care.

To community partners and local leaders: Create pathways that reduce fragmentation and ensure women's lived experience guides the solutions we build.

To women across the Commonwealth: Your voice is powerful. Advocacy begins with asking, What can I do right now — in my community or workplace or through my daily choices — to help advance the wellbeing of my sisters?

This report is a call to collective responsibility. When we believe women and when we design policies, systems, and resources shaped by their realities, we move closer to a Pennsylvania where every woman can live safely, thrive economically, and access the care she needs.

Thank you to every woman who trusted us with her story. Your courage is shaping the work ahead, and we remain committed to ensuring your voices guide Pennsylvania's future.

In gratitude and service,



Executive Director

Language Access

Pennsylvanians use many languages. To ensure that women across the state can fully engage with The State of the Woman Report, the Office of Constituent Affairs can email a translated version of the Executive Summary upon request, free of charge.

Below you will find instructions in the primary ten languages spoken in Pennsylvania.

SPANISH

“Si desea leer un resumen de este informe en [ingresar el idioma], llame a la Oficina del Gobernador para Asuntos de los Constituyentes al 717-787-2500 para solicitar que el informe sea traducido y le sea enviado por correo electrónico”.

RUSSIAN

«Если вы хотите ознакомиться с кратким изложением данного отчета на [указать язык], позвоните в Управление по связям с избирателями при губернаторе по номеру 717-787-2500 и попросите перевести отчет и отправить его вам по электронной почте».

CHINESE (TRADITIONAL)

「如果您欲閱讀［插入語言］報告摘要，請致電州長選民事務辦公室（电话：717-787-2500），申請翻譯本報告並將翻譯後的版本電郵給您。」

ARABIC

“إذا كنت ترغب في الاطلاع على ملخص لهذا التقرير باللغة [أدرج اللغة]، يُرجى الاتصال بمكتب شؤون المواطنين التابع لحاكم ولاية بنسلفانيا على الرقم 2500-787-717، لطلب ترجمة التقرير وإرساله إليك عبر البريد الإلكتروني.”

VIETNAMESE

“Nếu quý vị muốn đọc bản tóm tắt báo cáo này bằng [insert language], vui lòng gọi cho Governor’s Office of Constituent Affairs theo số 717-787-2500 để yêu cầu dịch báo cáo và gửi qua email cho quý vị.”

FRENCH

« Si vous souhaitez lire un résumé de ce rapport en [insérer la langue], veuillez appeler le Bureau des relations avec les citoyens du gouverneur au 717-787-2500 pour demander que le rapport soit traduit et vous soit envoyé par e-mail. »

NEPALI

“*तपाईं यस प्रतिवेदनको सारांश* [insert language] *मा पढ्न चाहनुहुन्छ भने, कृपया प्रतिवेदन अनुवाद गरी तपाईंलाई इमेल गर्न अनुरोध गर्न गभर्नरको संवधिान मामिला कार्यालयलाई* 717-787-2500 *मा कल गर्नुहोस्।*”

PORTUGUESE

“Se quiser ler um resumo deste relatório em [inserir idioma], contacte o Governor’s Office of Constituent Affairs (Gabinete do Governador para os Assuntos dos Cidadãos) através do número 717-787-2500 para solicitar que o relatório seja traduzido e que lhe seja enviado por e-mail.”

UKRAINIAN

«Якщо ви бажаєте ознайомитися з коротким викладом цього звіту [insert language] мовою, зателефонуйте до Управління губернатора з питань взаємодії з виборцями за номером 717-787-2500, щоб замовити переклад звіту та отримати його на електронну пошту».

HAITIAN CREOLE

“Si ou ta renmen li yon rezime rapò sa a nan lang [mete lang lan], tanpri rele Biwo Gouvènè a ki responsab Afè Sitwayen yo nan nimewo 717-787-2500 pou mande pou yo tradui rapò a epi voye li ba ou pa imèl. ”

About The Governor's Advisory Commission On Women

The purpose of the Governor's Advisory Commission on Women is to gather information regarding Pennsylvania women's experiences and needs; review, evaluate, and assess programs affecting them; provide the Governor with information and recommendations regarding how best to meet their needs; and provide information to Pennsylvania women about programs and services that may be relevant to them.

The Commission and its Executive Director also serve as a connection between the Governor's Office and the community. In this role, they share information about state programs, policy initiatives, and available services, while creating opportunities for Pennsylvanians to provide feedback.

Undertaking this work is best accomplished with a commitment: to listen with care, honor the experiences women share, and approach those experiences with intention and respect. The Commission seeks not only to identify challenges and disparities but also to reflect the hopes, resilience, and lived realties of women throughout Pennsylvania. Their voices inform policy recommendations, strengthen programs and services, and shape a more equitable path forward.











THE GOVERNOR'S ADVISORY COMMISSION ON WOMEN HAS 30 COMMISSIONERS ON ITS 2025-27 ADVISORY BOARD.

Ashley Walkowiak
Executive Director

Nancy Astor Fox, Chair
Montgomery County

Danielle Parson, Vice Chair
Allegheny County

Anna Adams-Sarthou
Allegheny County

Senator Rosemary Brown
Lackawanna County

Nancy Chavez
Cumberland County

Senator Maria Collett
Montgomery County

Representative Gina H. Curry
Delaware County

Adia Effiong
Allegheny County

Representative Ann Flood
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Bucks County

Kristin Talarico
Erie County

Christine Titih
Cumberland County

Maddie Young
Cumberland County

Anne Ard
Centre County, Honorary Appointment

BJ Leber
Allegheny County, Honorary Appointment





The State Of The Woman: By The Numbers

PENNSYLVANIA'S WOMEN AT A GLANCE

Women's lives and contributions shape every Pennsylvania community and every part of the Commonwealth's economy. These indicators provide a concise view of Pennsylvania's female population and changes in women's workforce participation.

51% of Pennsylvania's population

6.63 MILLION WOMEN

Median age: 42.3

Labor-force participation among women ages 25–54:

43% in 1970

Labor-force participation among women ages 25–54:

61% in 2003

76% in 2023

Sources: U.S. Census Bureau, 2020–2024 estimates; Female Labor Force Participation Data, 2014–2023.



WHAT PENNSYLVANIA WOMEN TOLD US

Numbers alone cannot capture the full experiences of Pennsylvania women. Through the statewide survey and listening tour, women described the barriers they face, the systems they navigate, and the changes they want to see across health care, employment, caregiving, economic security, and personal safety.



10,814 survey responses and 252 voices were heard across 13 listening sessions, representing all 67 counties.

See the full Survey Snapshot on page 25 for the complete findings.

Many of the disparities described in this report are compounded by intersecting factors — **race, ethnicity, age, disability, income, geography, and gender identity.** Where the data allows, this report notes those differences; where only a statewide figure is available, readers should understand that experiences behind that number often vary by community.

Survey findings reflect a broad public-engagement process and are not statistically representative of all Pennsylvania women. Percentages are rounded and reflect respondents who answered the relevant question.



Then And Now: A Comparative Analysis Of The State Of The Woman Reports

More than two decades have passed since Pennsylvania last completed a comprehensive, statewide assessment of the status of women. The 2004 Status of Women in Pennsylvania report documented ongoing economic, social, and health disparities affecting women. The report provided an important baseline for understanding ongoing inequities and helped inform policy. In doing so, it remains a foundational reference point in the evolution of women's research and the efforts to identify and address gender-based disparities.

That earlier work continues to serve as a critical benchmark. It captured both the lived realities of women at the time and the early efforts to address governmental, social, and other institutional barriers in areas such as workforce participation, health care access, education, and economic security. While progress has been made since its publication, many of the core issues identified in 2004 persist today — including affordable child care, equitable health care, and wage disparities. Central concerns identified in 2004 continue to shape women's economic security and overall well-being today.

In several respects, these challenges have not only endured but have intensified in the wake of economic disruption, workforce shifts, and rising costs of living. Since the 2004 report, rapid advances in technology have reshaped daily life, expanding opportunities for connection and information. Those opportunities also created new channels for harassment, exploitation, and abuse, with a disproportionate impact on women, that did not exist two decades ago.

At the same time, technology has made it easier for women to share their experiences, access information, and bring public attention to workplace discrimination, gaps in health care, caregiving burdens, and gender-based violence. Greater visibility does not resolve these challenges, but it can help women be heard and create opportunities for institutions and communities to respond.

Intersectionality is an understanding that women's lives are shaped by multiple identities and circumstances, including race, gender, ethnicity, age, ability, geography, socioeconomic status, family structure, and other factors that result in oppressions and privileges. This perspective recognizes that barriers and opportunities are not experienced uniformly by all women and that solutions must account for the full spectrum of women's realities across Pennsylvania.

This report is a comprehensive effort reflecting a renewed institutional commitment to understanding and addressing the needs of women across the Commonwealth. More women are speaking openly about their experiences, and more men are listening to these conversations than in previous decades. However, men and women are often having these conversations separately rather than together — in different rooms, different forums, or different online spaces — and a shared understanding of the problem is still emerging. A consistent theme across both historical and current findings is the need for greater workplace flexibility. Today, in the post-Covid 19 pandemic era, this need is more universally recognized not only as a women's issue, but as a workforce-wide priority affecting families, employers, and economic productivity.

While Pennsylvania has made progress toward elevating awareness and fostering dialogue, the structural challenges identified in past reports remain deeply embedded in society and culture in Pennsylvania. The current landscape is defined by both continuity and change: longstanding inequities persist, yet there is renewed willingness to listen and organize. Across communities, there is a shared hope that understanding can lead to progress, marking a clear opportunity to turn awareness into collective action.

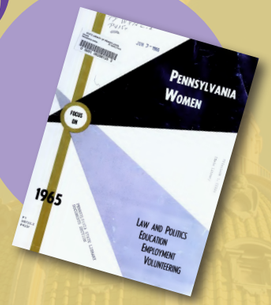
A REPORT SERIES SPANNING SIX DECADES

Pennsylvania's reports on women have documented both changing priorities and persistent barriers across six decades. The inaugural report, prepared in 1965 and published in 1966, focused on law and politics, education, employment, and volunteering. The 1973 report examined continuing disparities in employment, property rights, education, and political representation, offering "a look at where we are and where we need to be going." The 2004 report did not formally evaluate progress against the 1966 recommendations. Instead, it served as a report card on political participation, socioeconomic status, employment and economic stability, and violence against women, identifying areas of progress and areas where improvement was still needed.

The subject areas and terminology have evolved, but each report treated women's experiences as interconnected and called on government, employers, educational institutions, communities, and residents to participate in change.



1966



REPORT SUBJECTS

Law and politics
Education
Employment
Volunteering

1973



REPORT SUBJECTS

Employment
Property rights
Education
Political representation

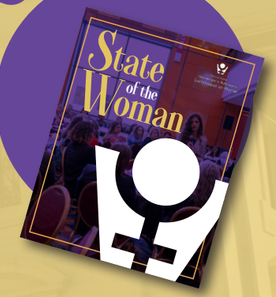
2004



REPORT SUBJECTS

Political participation
Socioeconomic status
Employment and economic stability
Violence

2026



REPORT SUBJECTS

Health across the lifespan
Economic security and opportunity
Violence prevention, safety, and recovery
Statewide survey and listening sessions



Listening To Women Across Pennsylvania

Between March and May 2026, members of the Governor's Advisory Commission on Women traveled across the Commonwealth—and convened women virtually—to listen to women's experiences, concerns, and priorities. Across 13 sessions, 252 women spoke about systems they rely on, barriers they encounter, and changes they believe must be made.

The participants included students, mothers, caregivers, veterans, business owners, educators, health care professionals, service providers, advocates, public officials, and community members. They came from urban, suburban, and rural communities, bringing different experiences but returning repeatedly to many of the same concerns.

Women did not speak only in broad policy terms. During listening sessions, they described child care programs filling within minutes, work schedules that do not align with school or child care hours, and care costs that are not affordable. They spoke about traveling long distances for maternity and gynecological care, having their pain dismissed, and struggling to find mental health services. They described modest raises that resulted in the loss of essential benefits, housing costs that kept women in unsafe situations, and caregiving responsibilities that interrupted careers and threatened long-term financial security.

Listening-session participants also spoke about domestic and sexual violence, shortcomings in legal and family-court systems, online misogyny, deepfake pornography fueled by artificial intelligence (AI), and the need to educate boys and young men about consent and healthy relationships. Some described feeling ignored by systems that were confusing, fragmented, and difficult to navigate. In several listening sessions, comments were met with visible agreement from others in the room, reinforcing how widely experiences were shared among attendees.

The conversations were candid, urgent, and, at times, deeply personal. They also reflected persistence and hope. Women described communities stepping in during periods of crisis, women mentoring and supporting one another, and younger women insisting on a safer and more just future.

SESSIONS

Philadelphia | March 19, 2026

Capital Region/Harrisburg | March 25, 2026

Altoona | April 2, 2026

Lebanon | April 17, 2026

Montgomery and Bucks Counties | April 18, 2026

Statewide Virtual Session | May 1, 2026

Erie | May 11, 2026

Erie | May 12, 2026

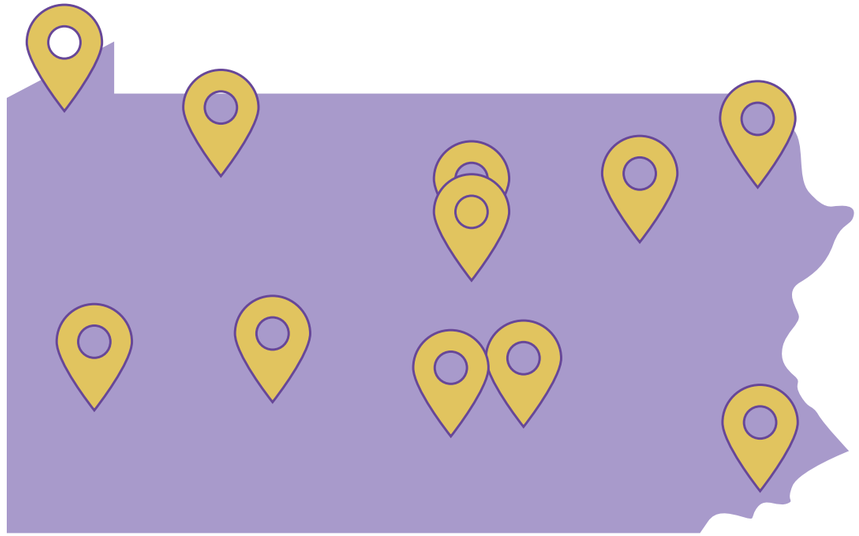
Kane | May 13, 2026

Pittsburgh | May 14, 2026

Wilkes-Barre | May 28, 2026

Lewisburg | May 29, 2026

Honesdale | May 30, 2026



The map represents listening-session locations and does not represent the geographic distribution of survey respondents.



Voices From Across Pennsylvania

The words participants used during the listening sessions reveal both the weight women are carrying and the determination they brought into the room.

“We are tired.”



“It’s not enough to keep having meetings and listening to people.”



“What gives us hope is each other.”

“Please examine the barriers to divorce and legal separation.”



“We just keep punishing poverty.”

“If women are struggling, children are struggling.”





“The school day doesn’t match the workday. Please fix this.”



“Just because we live in a rural area doesn’t mean our lives are less important.”

“Women deserve better than the systems that treat their needs as secondary.”

What Women Told the Commission

Across communities, one overarching message connected the conversations: women feel overburdened, unheard, and unsupported, and they repeatedly said the systems and policies affecting their lives do not always account for their needs or lived experiences.

In listening sessions, women also made clear their experiences cannot be separated into isolated policy categories. Child care affects employment. Transportation and geography determine whether health care or child care is accessible. Housing can determine whether a survivor is able to leave an abusive environment. Paid leave affects maternal health, caregiving, and long-term earnings. Inadequate workplace policies and health care responses to menopause limit women's earning potential. When women struggle, the effects extend to children, families, workplaces, and entire communities.

Participants did not want their experiences merely documented. They wanted leaders to understand how policies operate in daily life, address gaps between programs and systems, and turn listening into action.

"Together we learn from one another: We strengthen one another, we grow from one another, and we empower one another."

"These listening sessions bridge the gap between policy making in Harrisburg and real community experiences."



Ten Themes Heard Across the State

1 CHILD CARE CRISIS AND AFFORDABILITY

Women described child care costs that rival housing expenses, limited openings, care that does not align with work schedules, shortages of qualified workers, few options for children with disabilities, and inconsistent quality of care, which is often tied to parents' ability to pay. Participants connected the child care crisis directly to missed work, interrupted careers, lost earnings, an inability to leave abusive situations, and reduced economic mobility.

2 WOMEN'S HEALTH CARE ACCESS

Participants raised maternity-ward closures, health care deserts, long drives for obstetric and gynecological care, months-long waits for appointments, insurance gaps, dismissal of women's pain, hurdles to accessing menopause and reproductive health care, and the need for more medical research focused on women.

3 ECONOMIC STABILITY AND THE BENEFITS CLIFF

Women described losing health care, child care assistance, food support, or other essential benefits after relatively small increases in wages or work hours pushed their household income just above eligibility thresholds. Participants said these abrupt losses can leave households with greater expenses than their income.

4 DOMESTIC VIOLENCE, SAFETY, AND THE JUDICIAL SYSTEM

Participants shared personal stories of domestic and sexual violence, concerns of bias in family court, limited access to legal assistance, fear of retaliation, lack of financial control, and inconsistent responses across systems. Women also called for healthy relationship and consent education in schools.

5 HOUSING INSECURITY AND AFFORDABILITY

High rents, unsafe rental conditions, limited affordable housing, housing barriers for survivors of violence, rising property costs, and insufficient senior housing were connected to women's safety and long-term stability. Participants also emphasized that sharply increasing property taxes make it difficult for senior widows to afford to stay in their homes, further jeopardizing their security and independence.

6 MENTAL HEALTH ACCESS

Women described difficulty obtaining therapy and psychiatric care, insurance and reimbursement barriers, limited school-based support, maternal mental-health needs, and the importance of trauma-informed services for survivors of violence.

7 WORKPLACE INEQUALITY AND THE GENDER WAGE GAP

Pay inequity, implicit bias, workplace harassment, unequal caregiving expectations, lack of paid family leave, barriers to advancement, and unequal access to business capital and professional networks are all persistent issues for women.

8 TRANSPORTATION BARRIERS

Rural participants described transportation as a barrier to employment, health care, child care, food, education, and other essential services. Long distances and limited public transportation can make services functionally inaccessible even when they exist.

9 ONLINE HARM, MISOGYNY, ARTIFICIAL INTELLIGENCE, AND SOCIAL MEDIA

Teenagers, parents, educators, and professionals raised concerns about cyberstalking, online harassment, deepfake pornography, sexual exploitation, misogynistic content, body-image pressures, and the negative influence of online spaces on boys and young men. Participants called for modern digital-safety education for young people, families, schools, and workplaces.

10 ELDER CARE, THE "SANDWICH GENERATION," AND FINANCIAL LITERACY

Women caring for aging parents described unaffordable senior care, limited long-term-care support, workforce exits, elder-abuse concerns, and the financial and time strain of caring for children and older relatives simultaneously. Participants also raised concerns about women outliving their spouses without sufficient financial, housing, or caregiving support.



What Connected the Conversations

Participants describe public systems as **FRAGMENTED, CONFUSING, AND PUNITIVE.**

Limited local access to essential health services, particularly maternal health care, can create **FEAR, TRAUMA, LOST TIME, AND FINANCIAL STRAIN.**

Participants feel **FORGOTTEN, OVERWHELMED, AND SQUEEZED.**

Participants called for **STRONGER STATE LEADERSHIP AND SUPPORT** where local services and infrastructure cannot meet community needs.

HOPE IS ROOTED IN COMMUNITY, SOLIDARITY, AND THE VOICES OF YOUNGER WOMEN.

Broadening Listening Through a Statewide Survey

The listening sessions were complemented by a statewide survey designed to reach women in every county. The anonymous survey was distributed broadly through social media, email, community outreach, and QR codes shared during listening sessions. It was designed as a broad public-engagement tool and was not intended to be a statistically representative sample of all Pennsylvania women; however, it provides firsthand insights into women's experiences and priorities across the Commonwealth.

Survey Snapshot

10,814
total responses

Respondents from all
67 counties

0.28%
of respondents identified as transgender females

10,780
English-language responses

34
Spanish-language responses

95%
were very or somewhat concerned about violence against women.

85%
said women in Pennsylvania should have safe access to abortion care.

78%
said they or a woman they know is a survivor of violence.

63%
of respondents for whom child care was relevant said a lack of child care affected their ability to work.

74%
of respondents for whom menopause or perimenopause care applied rated the information and care they received as fair or poor.

76%
experienced or witnessed sexism toward women in the workplace.

Statewide public engagement survey; not a statistically representative sample.
Percentages are rounded and reflect respondents who answered the relevant question.



From Listening to Action

The listening sessions and survey provide two complementary forms of public input offering depth, context, and lived experience. The survey shows how frequently particular concerns appear among a large group of respondents. Neither replaces statewide administrative or population data, but together they help explain how systems and policies are experienced in women's daily lives.

The following sections connect these voices with research, state agency information, statewide data, and policy considerations. The women who participated asked not only to be heard, but to see their experiences reflected in priorities and actions.

> **"For far too long, women have been expected to carry the weight of families, communities, and workplace while neglecting their own wellbeing. That must change. Women deserve more than survival. Women deserve wellness: physically, mentally, emotionally, spiritually."**
>
> **DR. NIA BAILEY, PHILADELPHIA LISTENING-SESSION PARTICIPANT**

FROM CYCLES TO CARE
WOMEN'S HEALTH IN FOCUS

Across Pennsylvania, access to comprehensive and affordable health care remains uneven. Barriers identified through the survey and in listening sessions include geography, income, insurance coverage, and provider availability. These disparities are particularly pronounced in maternal health, behavioral health, and preventive services — areas where early intervention and sustained support can shape outcomes not just for women, but for their children's health and economic stability as well.

At the same time, there is growing recognition that women's health cannot be addressed in isolation from broader systems, including workforce policies, caregiving support, and community-based services. The Commission's research demonstrates how statewide investments and strategic initiatives have begun to reflect a more holistic approach, prioritizing coordination across agencies and centering the lived experiences of women and families.

This section examines women's health across the lifespan, with a focus on access, equality, and system-level investments that shape outcomes. It highlights both the progress made and the critical areas where sustained attention and action are needed to ensure that all women in Pennsylvania can achieve optimal health and well-being.

Survey respondents described challenges ranging from maternal and reproductive care to menstrual product access, menopause, mental health, insurance, and provider availability. In listening sessions, rural participants emphasized that distance and service closures can determine whether care is realistically available at all.

Maternal Health

In 2025, Pennsylvania advanced a coordinated, statewide response to maternal health challenges through the development of Healthy Moms, Vibrant Futures, and the Commonwealth's Maternal Health Strategic Action Plan. Led by state health agencies in partnership with the Governor's Policy Office, agency leadership, and a cross-sector steering committee, the plan establishes a unified framework to improve outcomes for mothers and infants. Its central goal is to ensure the health, safety, and long-term well-being of mothers and their babies across Pennsylvania.

Healthy Moms, Vibrant Futures outlines a set of actionable, cross-cutting strategies to address both clinical and non-clinical drivers of maternal health outcomes. In its first year, the plan prioritized five key areas:

1. **Improving perinatal health outcomes** by expanding access to and utilization of high-quality care before, during, and after pregnancy.

2. **Strengthening behavioral health screening and treatment,** with a focus on early identification and connection to services during pregnancy and the postpartum period.

3. **Expanding maternity care access in rural and underserved areas,** including communities identified as maternity care deserts.

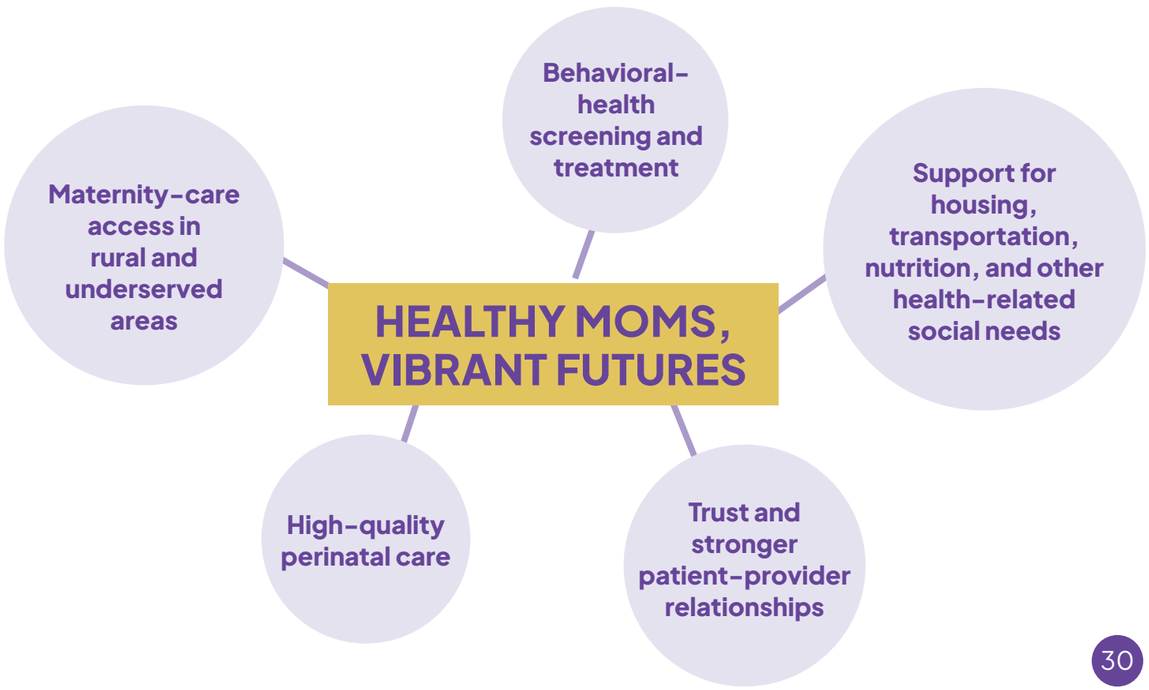
4. **Addressing health-related social needs,** such as housing, transportation, and nutrition, through increased awareness and coordination of supportive services.

5. **Building trust and improving patient-provider relationships,** particularly among communities disproportionately affected by poor maternal health outcomes.

Pennsylvania is taking a data-driven approach to reducing maternal mortality and morbidity, with a particular focus on addressing racial disparities and improving outcomes for all women.

During the McKean County listening session, Dr. Amaka Nnamani, an independent pediatrician serving rural populations between Erie and Pittsburgh, identified the maternal health plan as a source of hope, pointing to the statewide effort as an important step toward addressing the challenges facing mothers and families.





What Women Reported

Among 6,771 survey respondents for whom maternal health care was relevant, 30% rated the quality of their care as fair or poor. When asked about pregnancy and postpartum challenges, paid leave was the most frequently selected response. Insurance coverage and cost, mental-health support, care for other children during appointments, family support, and provider shortages also emerged. (State of the Woman Survey, Questions 27 and 28)

Listening-session participants placed these figures in a geographic context. Women in rural communities described maternity ward closures, long drives while pregnant or in labor, months-long waits for gynecological care, transportation costs, limited emergency capacity, and the difficulty of recruiting families and employers to communities without reliable health care. Their experiences make clear that access includes more than the presence of a building. It includes transportation, staffing, equipment, appointment availability, insurance coverage, and the ability to take time away from work and caregiving responsibilities.

Tica Nickson, perinatal doula, lactation counselor, and owner of BirthRoot Community Doula, emphasized that protecting women's ability to make informed decisions about their health must be paired with accessible, local maternal and reproductive health services. She noted that many women in northwestern Pennsylvania continue to face barriers, such as limited resources, gaps in support, and challenges accessing culturally responsive services, to accessing the care and support they need. She emphasized the need for stronger community-based support systems, particularly as Black women continue to experience disproportionately high rates of maternal mortality and morbidity.

MATERNAL HEALTH CARE EXPERIENCES

6,771
respondents answered the applicable maternal-health care question.

Paid leave was the most frequently selected pregnancy or postpartum challenge.



30% rated the quality of their maternal health care as fair or poor.

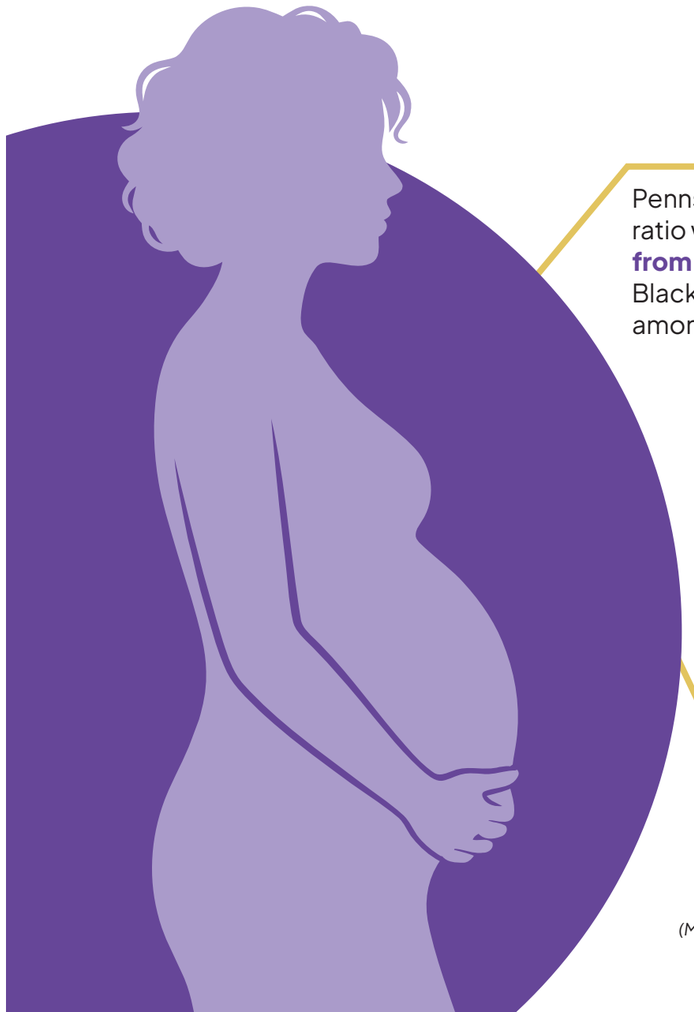
"Access includes more than the presence of a building."



31%
of Pennsylvania counties have no hospital or birth center offering maternity care

12%
have no obstetric clinician





Pennsylvania's pregnancy-related mortality ratio was **32 deaths per 100,000 live births from 2020–2022**. The rate among non-Hispanic Black Pennsylvanians was 58, compared with 29 among non-Hispanic white Pennsylvanians.

Pennsylvania recorded **99.9 severe maternal morbidity events per 10,000 delivery hospitalizations in 2023**.The rate was 167.9 among non-Hispanic Black women, compared with 84.4 among non-Hispanic white women.

(March of Dimes; Pennsylvania Department of Health)

Menstrual Equity

Access to menstrual products is a basic health need, yet for many women and girls across Pennsylvania, it remains inconsistent and unaffordable. Period poverty is defined as inadequate access to menstrual hygiene products, education, and sanitation. It continues to affect participation in school, work, and daily life. In Pennsylvania, an estimated one-in-seven girls and women ages 12–44 lives below the federal poverty level, and one-in-three low-income women reports missing work or school due to lack of access to period supplies, according to the 2021 U by Kotex ® Period Poverty Awareness Week Survey. These barriers not only disrupt education and employment but also contribute to stigma and long-term inequities in health and economic stability.

MENSTRUAL EQUITY—EXPANDING ACCESS

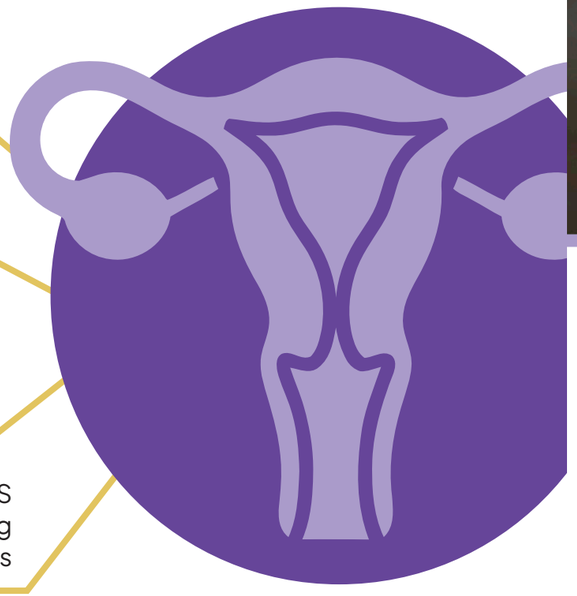
State Action Is Helping

$9 million investment in menstrual products – across three years - for Pennsylvania K–12 schools

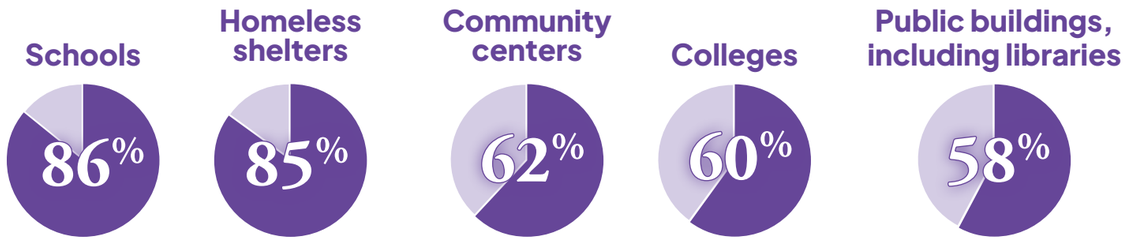
Funding awarded to school districts, intermediate units, career and technical centers, and brick-and-mortar charter schools

Free products made available at **68 state parks**

Additional $8 million awarded through the DHS Women's Service Program grants supporting menstrual supplies for 22,507 clients



SURVEY RESPONDENTS SUPPORT EXPANSION





The Commonwealth expanded access to menstrual products and reduced stigma around menstruation through targeted, statewide initiatives. In 2024, a landmark $3 million investment proposed by the Shapiro Administration and supported by the General Assembly enabled the distribution of free menstrual products in K-12 schools across Pennsylvania. This funding was awarded to all school districts, intermediate units, career and technical centers, and brick-and-mortar charter schools, marking the first initiative of its kind at this scale in the state. This investment, now totaling $9 million, continues annually, ensuring students have consistent access to essential hygiene products and further supporting attendance, academic engagement, and dignity in the learning environment.

Efforts to improve access have also extended beyond schools into public spaces. In 2025, the Pennsylvania Department of Conservation and Natural Resources (DCNR), in partnership with the First Lady and the Governor's Advisory Commission on Next Generation Engagement, launched an initiative to provide free menstrual products in 68 state parks. Products are now available in park offices, visitor centers, and environmental education centers, with multilingual signage to support accessibility. Similar efforts have expanded access to other public facilities, including large-scale venues, such as the Pennsylvania Farm Show, reflecting a broader commitment to making public spaces more inclusive and responsive to basic health needs

While these initiatives represent progress, the Commission's research demonstrates gaps remain for women outside of the K-12 school system and for those experiencing housing instability or living in rural areas. Addressing menstrual equity requires sustained investment, cross-sector coordination, and continued efforts to normalize conversations around menstrual health.

Menopause

Menopause and perimenopause affect women across all areas of life, yet women repeatedly described reaching this stage without sufficient information or support. Listening-session participants shared experiences of symptoms they did not recognize, dismissed concerns, limited provider knowledge, and a lack of workplace flexibility needed to support these health transitions.

The survey also revealed a substantial information and care gap. Among respondents for whom menopause or perimenopause care was relevant, 74% rated the quality of information and care they received as fair or poor, including 42% who rated that information and care as poor. Clearer health information and better insurance coverage were the most frequently requested resources, followed by better provider training and access to hormone therapy. (State of the Woman Survey, Questions 32 and 33)

At the listening session in Honesdale, Tracy Schwartz, a librarian, highlighted the need for greater education among medical providers on menopause and the importance of ensuring women's health concerns are recognized in every stage of life. She also connected menopause and women's health experiences to broader challenges facing women, including burnout and the need to feel heard and supported. Schwartz noted dismissive perceptions of women's emotions can contribute to stigma and make it harder for women to receive the understanding and care they need.

Recognizing the symptoms of menopause is also a challenge. Approximately 44% of applicable survey respondents said they did not recognize what was happening or were unsure at the time they experienced perimenopause or menopause. These results point to the need for better education, clinical training, insurance coverage, workplace understanding, and research focused on midlife women. (State of the Woman Survey, Question 34)

THE MENOPAUSE INFORMATION AND CARE GAP



74% rated the menopause or perimenopause information and care they received as fair or poor,

including **42%** who rated that information and care as poor.



Approximately **44%** did not recognize what was happening or were unsure when they experienced perimenopause or menopause.

Reproductive Health Care

Access to reproductive health care depends on distance, provider availability, appointment access, cost, insurance coverage, and the ability to obtain accurate information and counseling. Survey respondents reported different conditions across the Commonwealth, with 56% rating reproductive health care access in their community as fair or poor. A large majority of respondents, 85%, said women in Pennsylvania should have safe access to abortion care. (State of the Woman Survey, Questions 35 and 36)

Women at the listening sessions made clear that policies should honor women's ability to make personal health care decisions that are private, trusted, and guided by their own circumstances. Every woman deserves the space, respect, and support to navigate her health and family planning needs without unnecessary barriers.

For many women, these decisions unfold within complex, deeply personal situations, many of which were described by women across the state. And countless women – especially women of color – experience moments when their pain, medical history, or intuition about their own bodies is not taken seriously, creating unnecessary fear and delays in care. At the listening sessions, women shared challenges with navigating the health care system and described the impact on their daily lives.





Gina is seeking fertility treatment and is juggling work schedules, facing financial strain, and dealing with the emotional and physical toll of repeated medical procedures, while also navigating providers who may dismiss her symptoms and minimize her concerns. She often must rearrange meetings, take unpaid time off, and absorb unexpected costs for tests that aren't fully covered by insurance. Each appointment requires her to advocate for herself when she feels her questions aren't being taken seriously.

Michelle is in her second pregnancy and has been told that complications could put her health at risk. She is trying to make difficult medical decisions while also caring for her toddler, managing child care gaps, and dealing with long wait times to see specialists. Her providers sometimes rush through her appointments, leaving her unsure whether her concerns about pain or dizziness are being fully heard.





Danielle works hourly shifts and has limited control over her schedule. When she needs timely medical care, she must coordinate with relatives to watch her children and hope her supervisor allows her to leave without penalty. She lives far from the nearest high-quality provider, making every appointment a long, costly trip. The strain of distance and unpredictable work hours often forces her to delay care she knows is important.

Heather is navigating persistent pain and irregular symptoms but struggles to be believed by her health care team. She has visited multiple clinics, only to be told her experiences are "normal" or "overreactions," despite her strong sense that something is wrong. While trying to get clear answers, she must balance her job responsibilities, her family's needs, and her own mounting anxiety as she searches for a provider who will listen with care.





Stacy is weighing a deeply personal health decision while managing the emotional stress of supporting her aging parents and keeping up with her children's school schedules. She must make choices quickly but feels overwhelmed by conflicting information, limited appointment availability, and the pressure to navigate these moments quietly while still showing up for her family.



These are not abstract political debates; they are real experiences that shape women's lives every day. Families benefit when women can make health care choices in private, supported settings where their expertise about their own bodies is respected and their circumstances fully understood.

In listening sessions, women shared that they want to see communities and institutions strengthen the resources available to women during pregnancy, birth, and the years of parenting that follow. This includes reliable access to quality health care, mental-health support, safe and supportive environments for raising children, paid family leave, and programs that ensure young children have what they need to thrive in their earliest stages of development.

Structural supports matter just as much as personal freedom. Women should not have to fight for postpartum care, child care options that fit irregular work schedules, home-visiting services that help them navigate newborn care, or early childhood programs that prepare their children to succeed. The Commission's research shows families do best when these supports are dependable and easy to navigate, regardless of income, geography, or background.

Strengthening families also means starting early by ensuring that healthy relationships and consent curriculum is taught in all K–12 schools. When young people learn about respect, boundaries, communication, and personal safety from an early age, they grow into adults who are better prepared to make thoughtful choices, seek help when they need it, and communicate more directly with future health care providers about their own bodies and needs. By investing in both women's autonomy in their health care choices and supports like paid leave, housing stability, and child care access, we can create a healthier, more compassionate foundation for women and children alike.

Disability Informed Gynecological Care

Women with disabilities can encounter inaccessible examination rooms and equipment, limited provider training, communication barriers, fragmented care, and unfounded assumptions about sexuality, reproduction, and pregnancy. According to Commission's research, as well as research conducted by the American College of Obstetricians and Gynecologists, the U.S. Department of Justice, and the U.S. Department of Health and Human Services, women with disabilities face serious barriers to adequate care without a full continuum of disability-informed gynecological care, including preventive screenings, reproductive health, pregnancy care, and menopause care.

ACCESS MEANS ACCESSIBLE

BARRIER	ACCESSIBLE RESPONSE
Inaccessible examination equipment	Height-adjustable and accessible equipment
Provider knowledge gaps	Disability-informed training and continuing education
Communication barriers	Accessible communication and accommodations
Fragmented care	Coordinated care across the health care continuum

Accessible gynecological care includes preventive screening, reproductive health care, pregnancy care, and menopause care.

Women's Health and Wellness Supports

Access to programs including the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Children's Health Insurance Program (CHIP), Medicaid, and substance-use treatment and recovery supports can provide critical stability to women during periods of financial, medical, and family need. Among survey respondents, 27% reported they or their family had used at least one listed program during the previous three years. Among respondents for whom the access question applied, slightly more than half described access as somewhat or very difficult. (State of the Woman Survey, Questions 37 and 38)

Listening-session participants described application and eligibility systems that can be difficult to navigate and a benefits cliff that can remove essential support after a small increase in wages or hours – see "The Benefits Cliff and Caregiving Burden," page 48, for how this works. The consequences can include losing health care, child care, food assistance, or access to mental health treatment before a household has enough income to absorb the cost.

In multiple listening sessions, women shared they often did not feel heard, validated, or connected to clear pathways for accessing care, resources, and solutions. Participants emphasized the need for systems that are easier to navigate, provide meaningful support, and recognize the real-life challenges women face when seeking assistance.

Insurance Access and Consumer Awareness

Access to insurance can change health outcomes for women. The Pennsylvania Insurance Department (PID) surveyed more than 2,400 women in 2025. Of those women, about 30% reported difficulty accessing their preferred contraception because of coverage limits, prior authorization, narrow networks, long waits, denied exceptions, or other restrictions. For 43% of respondents, cost was the deciding factor in receiving preventive services, and 26% reported being very unaware of preventive maternal-health services available through their insurance at no cost.

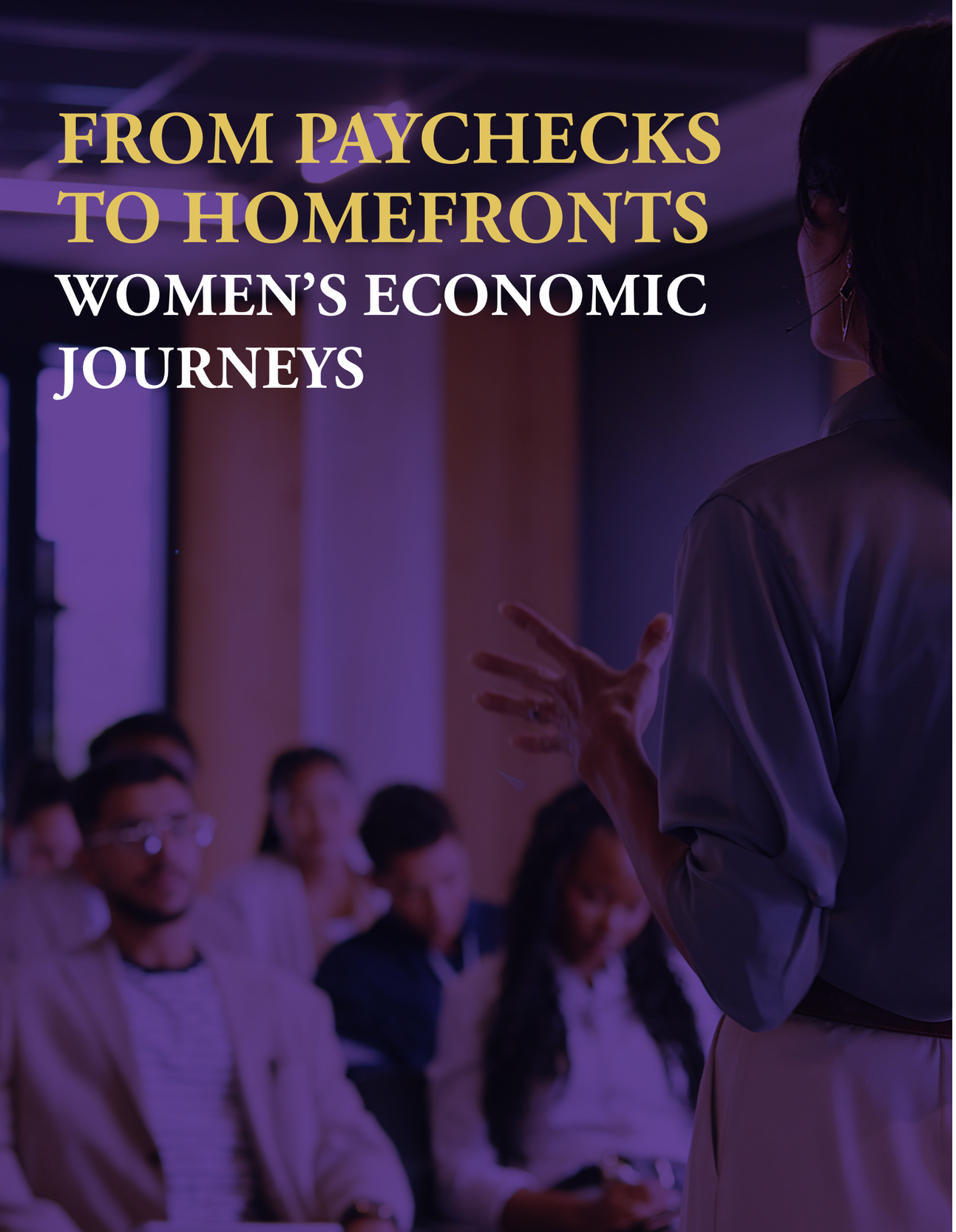
Throughout the State of the Woman listening sessions, women also shared challenges navigating the health insurance system, including difficulty obtaining coverage, experiencing gaps or periods without insurance, facing barriers that delayed access to needed health care services, and misunderstanding what is covered as a no-cost preventive service. These experiences highlight the importance of improving awareness, affordability, and continuity of coverage for women across Pennsylvania.

PID utilized findings from the survey to guide targeted public information and town hall outreach. PID hosted five townhalls across the Commonwealth to educate Pennsylvania women about insurance coverage for the entire breadth of preventive care services. Additionally, PID is using the findings and feedback it has received through its outreach efforts to enhance its health insurance product review process, including specifically focusing on how coverage for women's services is represented in policy documents.



44%

cited cost as the deciding factor in receiving preventive services.



FROM PAYCHECKS TO HOMEFRONTS

WOMEN'S ECONOMIC JOURNEYS

In Pennsylvania, a woman's economic journey reflects a complex interplay of opportunity and constraint, from wages and workplace advancement to caregiving responsibilities, financial security, and home ownership. These factors do not operate in isolation; rather, they collectively influence long-term stability, mobility, and quality of life.

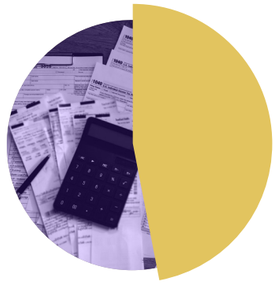
Listening-session participants across the Commonwealth consistently identified the gender wage gap not as an abstract statistic but as the root cause of downstream instability for women and families. In 2024, according to the US Census Bureau, women earned 76 cents for every dollar earned by men, translating to an average annual income gap of approximately $14,640 per woman.

In Altoona, Lori Woods, from the American Association of University Women (AAUW) Pennsylvania, named the wage gap as the single biggest barrier to women's economic security, calling it a reflection of deeper structural inequality in the workplace. She also pointed to more specific examples: women in the military being passed over for promotion and graduate-level practical nurses being excluded from professional-degree status. The latter is a national change limiting nurses' access to education and loans and worsens the broader nursing shortage. Three-quarters of the room raised their hands in agreement with Lori's comments.

Woods framed the wage gap as the thread connecting nearly every other issue raised that day: if women aren't paid equitably, they can't absorb the cost of child care, health care, or retirement savings that the rest of the system assumes they can. After she spoke, three-quarters of the room raised their hands in agreement.

Survey respondents described an economic landscape shaped by rising costs and unequal workplace experiences.

WOMEN, WORK, AND ECONOMIC SECURITY



47% of survey respondents said they had personally experienced wage inequality or pay discrimination.

76% said they had experienced or witnessed sexism toward women in the workplace.





Nearly half of survey respondents identified as the primary income earners in their household.

(State of the Woman Survey, Questions 17, 18 and 23)]

Child Care

Stable child care allows women to work, pursue education, address other family and community obligations, and advance in their careers. It also supports employers, strengthens communities, and gives children a stronger foundation for long-term success.

According to the Commission's research, Pennsylvania's child care system is under strain. Families across the Commonwealth report difficulty finding affordable, reliable, high-quality care, while child care providers struggle to recruit and retain qualified educators.

Listening-session participants described early childhood educators working multiple jobs, providers closing classrooms, limited care for infants and children with disabilities, and programs that fill within minutes of opening registration. Women emphasized child care as the load-bearing wall of the entire economy—when it fails, careers, household budgets, and workforce pipelines fail with it.

Amanda Burlingham, founder of Erie Moms, told the Erie session that child care and transportation were named the top barriers to women's economic success twenty years ago — and remain exactly that today. She argued investments in postpartum services are effectively meaningless if new mothers can't physically reach them.

During a listening session, a child care center administrator shared a real-time example: that very day a child care worker in her program left the field, worn down by working three jobs while trying to get credentialed because the pay in the field alone isn't livable.

The state recognizes a strong child care system depends on supporting both providers and the families they serve and is taking steps to address these challenges through investments in child care workforce recruitment and retention programs.

The survey revealed that real challenges persist, including cost, availability, quality, hours of operation, transportation, and workforce instability. (State of the Woman Survey, Questions 14 and 15) The challenge is not limited to households with very low incomes. Listening-session participants with high-paying jobs and advanced degrees described care costs that exceeded what their families could sustainably absorb.

> **"Twenty years ago, childcare and transportation were the biggest barriers to economic success, and they still are today."**

CHILD CARE IS ECONOMIC INFRASTRUCTURE



More than

$13,000

average annual infant-care cost



More than

$6 billion

annually estimated cost of insufficient child care to Pennsylvania's economy through lost earnings, reduced productivity, and diminished growth



63%

of applicable respondents said child care affected their ability to work

27%

of applicable respondents said child care had a major effect on their ability to work or prevented them from working

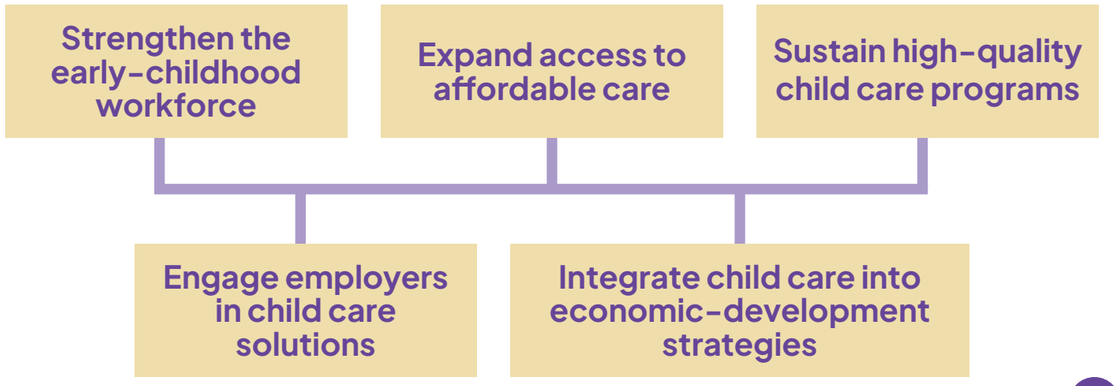


Pennsylvania Partnerships for Children; ReadyNation Pennsylvania; Investments in Caring PA

A Framework for Action

The Pennsylvania Early Learning Investment Commission (ELIC), in partnership with the Department of Human Services and the Lt. Governor's Office, has advanced a framework that treats child care and early learning as essential economic infrastructure. The approach calls for coordinated action across policymakers, employers, educators, economic-development organizations, and communities.

A FRAMEWORK FOR CHILD CARE ACTION



Family-Friendly Workplace Policies And The Future Of Women's Economic Security

Family-friendly workplace policies remain a defining factor in women's economic stability and workforce participation across Pennsylvania.

Because women continue to carry a disproportionate share of caregiving responsibilities, paid leave policies could make it more likely they will return to the workforce following a necessary time away. The Commission's research shows paid family and medical leave is one of the clearest examples of how workplace policy can shape health and economic outcomes for women. Without paid leave, women are often forced to choose between income and the time needed to recover from childbirth, bond with their newborn child, or address a personal or familial serious health condition.

THE ECONOMIC CONSEQUENCES OF UNPAID LEAVE



$2 billion+

Wages lost by Pennsylvania workers because of unpaid or partially paid family and medical leave in 2023.



61% of applicable respondents identified paid leave as a pregnancy or postpartum challenge.

19% of applicable respondents noted that paid family leave would help women advance in their careers.

(State of the Woman Survey, Questions 20 and 28)

(Center for Law and Social Policy; Drexel University Center for Hunger-Free Communities)



In the 15 states that have enacted paid leave laws covering private-sector workers, access to leave supports recruitment and retention of workers while reducing workforce exits following the birth of a child. The benefits can outweigh program costs through increased labor force participation, household income, and long-term fiscal returns. (Institute for Women's Policy Research; Prenatal-to-3 Policy Impact Center at Vanderbilt University)

The growth of remote and hybrid work models has introduced new levels of flexibility, enabling some women to remain in or re-enter the labor market under conditions that better align with family and caregiving demands. In listening sessions, women emphasized the need for their children's school hours and child care schedules to better match work hours, so they can fully benefit from these expanded work options.

FLEXIBILITY DEPENDS ON ACCESS

POTENTIAL OPPORTUNITIES	CONTINUING BARRIERS
Remote and hybrid employment	Inadequate broadband access
Reduced geographic barriers	Digital-literacy gaps
Greater flexibility	Limited access to private workspaces
Expanded job access in rural communities	Availability across occupations

Economic Empowerment and Opportunity

PAY, WORKPLACE EXPERIENCE, AND ECONOMIC STABILITY

When asked what would help them advance in their careers, survey respondents most frequently cited benefits including flexible or remote work options, affordable post-secondary education, paid family leave, and paid training programs. (State of the Woman Survey, Question 20)

The survey results and listening sessions also exposed widespread economic pressures facing women, with nearly 70% of respondents saying rising costs and affordable housing were real barriers to economic stability. (State of the Woman Survey, Question 19)

BARRIERS TO ECONOMIC STABILITY



70% Increased cost of living



36% Health care costs



27% Housing costs



24% General debt

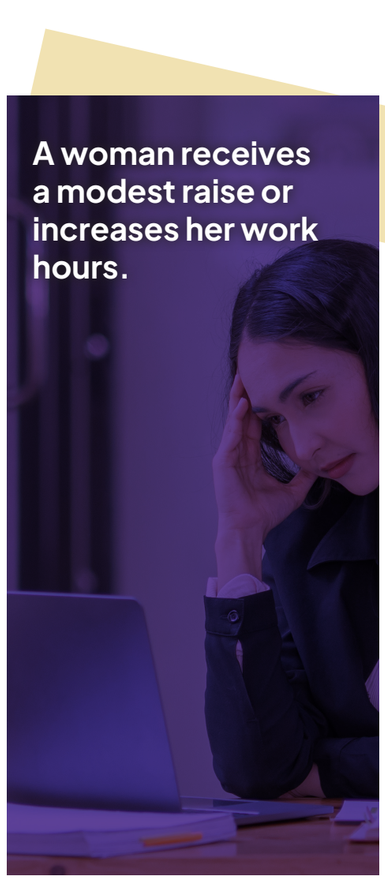


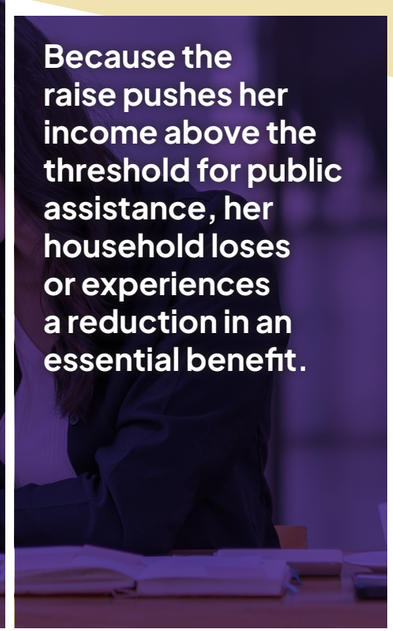
23% Student debt

The Benefits Cliff and Caregiving Burden

Across listening sessions, women described being financially penalized for increasing their work hours or accepting modest raises when those changes caused them to lose health care, child care assistance, food support, or other benefits.

HOW A BENEFITS CLIFF CAN AFFECT A HOUSEHOLD





Eligibility rules and effects vary by program and household.

In listening sessions, many women reported their careers are affected by caregiving responsibilities, not only for their children, but for their aging parents and family members. Often described as the “sandwich generation,” these women face immense financial and emotional pressures as they balance the needs of multiple generations.

Women's Economic Security and Strengthening Family Stability

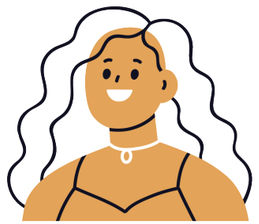
Policies should ensure women have the economic foundation they need to build stability and make choices that strengthen their long-term wellbeing. Every woman deserves fair pay, dependable child care, safe workplaces, and transportation options that make participation in the workforce possible. Women's economic security is not an isolated issue. The Commission's research shows it is shaped by interconnected barriers that affect daily life, especially for women with caregiving responsibilities.

Far too many women experience systems that respond slowly to their needs or fail to account for the realities of women's lives. At listening sessions held across the state, women described how structural obstacles make it difficult to build financial security or advance in their careers.



Maryanne relies on subsidized child care. When she received a small pay increase, she unexpectedly lost her subsidy. The result: child care costs more than her weekly paycheck. She had to decline future raises, even though they would have advanced her career. "It feels like the system punishes you for trying to do better," she said.

Rachel, a local community leader, spoke at a township meeting. After the meeting, a male leader approached her and said, "Now you go and behave now." Rachel responded, "Well, you know what they say — well-behaved women rarely make history." He replied, "But they live longer." The comment was meant to silence her, and this kind of intimidation makes it clear that women are still seeking equality and safety, even when they are invited to the table to speak.



"If women are struggling, then children are struggling."



Carla, a former military service member who put herself through college as a single mom, lives in a rural county where dependable transportation is hard to come by. The local bus routes frequently change; buses often arrive late or not at all, and the gaps in service make it nearly impossible for her to get her daughter to child care and still reach work on time. Even when she carefully plans her day, an unpredictable bus schedule can derail everything. Without reliable transit options, she is forced to miss shifts, scramble for last-minute care, and absorb the stress of never knowing if she can get where she needs to go. Rural communities depend on transportation that works, and Carla's experiences show how much women's economic stability hinges on systems they can or cannot count on.

Laura, a woman in trades on commercial job sites, is often the only woman at the work site. Despite years of experience, she's routinely met with comments like "Are you here representing your boss?" or "Are you lost?" — even when she's the lead on the project. The constant questioning of her competence, along with subtle forms of exclusion, makes her feel unsupported and unsafe at work. When she raised concerns, she was offered a job at a different site, rather than receiving meaningful support.





Tanya works two part-time jobs and constantly struggles because school bus times, child care hours, and after-school programs don't line up with her work shifts. Every day requires a complicated patchwork of drop-offs, pickups, and schedule changes that rarely fit the demands of her employers. She wants to enroll in a workforce training program to move into a higher-paying field, but the class times fall outside school hours, and she cannot afford additional child care. Families depend on systems where school, child care, and work schedules support one another, and misalignment keeps many women from advancing.

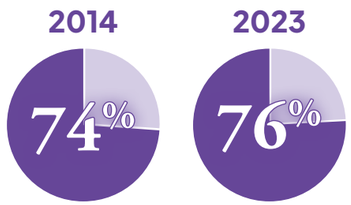
By listening to women's stories and centering their lived experiences, we can build policies that truly strengthen economic security. When women have the tools and support they need, families grow stronger and communities prosper.

Women's Participation in the Labor Force

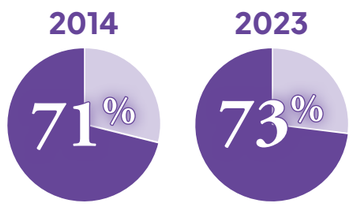
Labor-force participation among Pennsylvania women ages 25 to 54 increased from 74% in 2014 to 76% in 2023. Among women with children under age six, participation increased from 71% to 73%. These trends underscore the inherently interconnected relationship between employment, child care, and caregiving. (Female Labor Force Participation Data, 2014–2023)

CARE AND WORK

Pennsylvania women ages 25–54



Pennsylvania women with children under age six



PENNSYLVANIA WOMEN VETERANS

More than **66,000** women veterans live in Pennsylvania.



PENNSYLVANIA DEPARTMENT OF MILITARY & VETERANS' AFFAIRS SUPPORT SERVICES FOR WOMEN:

- Health care and earned benefits
- Military sexual-trauma support
- Housing stability
- Employment and education
- Transition and peer support

(Department of Military and Veterans Affairs)

Women-owned Businesses and Access to Capital

Women entrepreneurs are a significant part of Pennsylvania's economy, creating jobs, strengthening local communities, and contributing to innovation. Women own 41% of Pennsylvania businesses, according to the U.S. Small Business Administration's 2025 Pennsylvania profile. Yet the ability to start a business does not guarantee equitable access to the capital needed to sustain and grow it. (U.S. Small Business Administration Office of Advocacy)

Commission research identified multiple barriers across the financing process. Women may begin with less personal or generational wealth, operate businesses with fewer traditional collateral assets, or have limited access to financial education and resources. Worse yet, many women reported hesitating to apply for financing because they expected rejection or did not see themselves represented in traditional pathways to capital.

These challenges can be compounded by intersecting barriers, including racial, geographic, and socioeconomic inequities. During listening sessions, rural entrepreneurs, women of color, veterans, caregivers, and second-career founders reported overlapping forms of bias and structural barriers that affect access to funding, resources, and opportunities to grow their businesses.

CAPITAL MAY BE NEEDED FOR:

Hiring · Equipment · Inventory



Technology · Expansion



WOMEN-OWNED BUSINESSES—OPPORTUNITY AND ACCESS



41%

of Pennsylvania businesses are women owned.



Approximately

26%

of survey respondents identified as business owners, aspiring entrepreneurs, or women considering entrepreneurship.

Approximately

57%

of respondents for whom this was relevant selected access to capital as a barrier to growing a business.



(State of the Woman Survey, Questions 21 and 22)

Pennsylvania has resources that can help, including Ben Franklin Technology Partners, Women's Business Centers, Small Business Development Centers, Community Development Financial Institutions (CDFI), the Historically Disadvantaged Business Assistance program, local chambers of commerce, and local economic-development organizations. Commission research suggests greater impact will require more than state programs. Capital-readiness support must be paired with lender and investor practices, networks, procurement opportunities, and financing options that reflect how women-owned businesses operate.

Potential strategies identified in the Commission research include expanding CDFI and community-lender capacity, creating a statewide capital-navigation system, strengthening loan guarantees and smaller grant opportunities, connecting financing to procurement, increasing transparency in lending outcomes, and expanding relationships among women entrepreneurs, bankers, investors, procurement officers, and anchor institutions.

The central economic development point is unmistakable: women-owned businesses are performing well, but the capital system is not adequately supporting them. Closing that gap is both an equity objective and an economic growth strategy for Pennsylvania.

Women-owned Businesses in Commonwealth Procurement

The Department of General Services (DGS) Office of Business Inclusion and Supplier Development is advancing inclusive policies and engaging practices that are moving the needle for women-owned participation in state contracting. Notably, DGS has established the Micro and Midsize Business Reserve Pilot Programs as targeted ways to ensure women-owned businesses of all sizes can compete for state contract opportunities.

WOMEN-OWNED BUSINESSES IN COMMONWEALTH PROCUREMENT



$333.5 million awarded to certified Women's Business Enterprise (WBE) and Minority/Women's Business Enterprise (MWBE) businesses in fiscal year 2025–26.

403 participating WBE and MWBE vendors.

55% Share of Small Diverse Business and Veteran Business Enterprise spending represented by WBE and MWBE firms.

50% Share of participating vendors represented by WBE and MWBE firms.

Women in Pennsylvania's Creative Economy

The "creative economy" refers to an economic system where value comes from imaginative and original ideas rather than only traditional resources like land, labor, and capital — the sector spans design, media, performing arts, publishing, and craft-based businesses. Women are turning their artistic expression into compelling applications for arts funding and winning those grants, demonstrating their power, value, and impact in that sector.



63%

of Pennsylvania Council on the Arts Creative Entrepreneur Accelerator Program grantees with final reports were women-owned businesses.



555 of 887 Pennsylvania Council on the Arts grantees were women-owned businesses.



Approximately

$1.1 million

of $1.8 million was awarded to women-owned businesses beginning in the second half of 2023.

(Pennsylvania Council on the Arts)]



Women in Leadership and Public Life

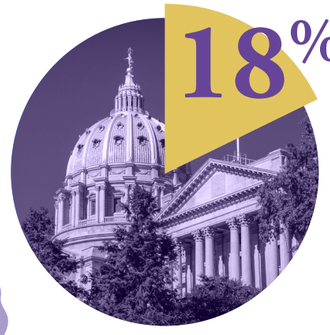
The number of women elected to public office in Pennsylvania has increased substantially since the 2004 report, particularly in the General Assembly. In 2004, women held 45 of Pennsylvania's 253 state legislative seats. In 2026, women held 85 seats, including 19 of 50 seats in the Senate. Pennsylvania ranks 27th among all states in women's legislative representation.

While representation has grown in some areas — Pennsylvania sent its first women to the U.S. House of Representatives in 2018, and four of the Commonwealth's 17 House members are women today — women remain absent from the Pennsylvania U.S. Senate delegation, and Pennsylvania has never elected a woman governor. One woman, State Treasurer Stacy Garrity, currently serves in statewide elective executive office. (Center for American Women and Politics, 2026)

PENNSYLVANIA GENERAL ASSEMBLY

2004

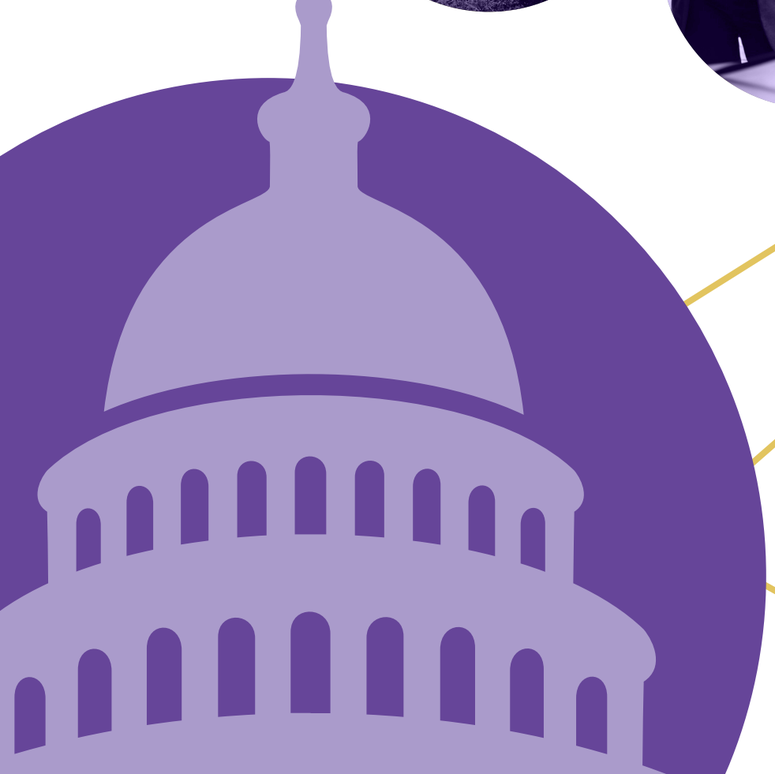
45 of 253 legislators were women





2026

85 of 253 legislators are women



19 of 50 state senators

66 of 203 state representatives

Pennsylvania ranks **27th nationally**

U.S. HOUSE

4 of Pennsylvania's 17 members are women

U.S. SENATE

0 of Pennsylvania's 2 senators are women

STATEWIDE ELECTED OFFICE

1 woman currently serves in 5 statewide elected executive offices

TREASURER STACY GARRITY

PENNSYLVANIA JUDICIARY

Women hold 34% of commissioned judgeships statewide (an active judicial commission, as distinct from senior or retired status)



84%

of survey respondents described themselves as very or somewhat civically engaged



FROM SILENCE TO SECURITY

CONFRONTING VIOLENCE AGAINST WOMEN

Gender-based violence remains one of the most serious and persistent threats to women's safety, health, and long-term stability in Pennsylvania. Violence against women includes domestic violence, sexual assault, human trafficking, and other forms of harassment, coercion, and abuse. These forms of harm are often rooted in power imbalances reinforced by longstanding social and structural inequities.

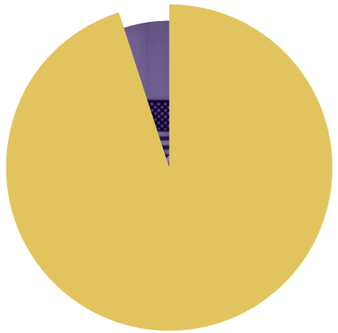
Research conducted by the Commission reveals that historically, many experiences of violence were unreported, underrecognized, and not addressed in fragmented systems. Today, there is greater awareness, improved reporting mechanisms, and expanded survivor-centered services; however, the prevalence of violence against women continues to underscore the need for sustained prevention, coordinated and trauma-informed responses, and strengthening Pennsylvania's network of victim service programs – available to all 67 counties - to ensure they can reach and serve all those in need.

Listening-session participants described the true impact of these challenges related to abuse and violence. Women shared threats to safety, difficulty finding legal support and protection, and obstacles to navigating systems that feel overly complicated and inaccessible for survivors. These conversations reinforce the importance of ensuring survivors are met with compassion, respect, and trauma-informed support, as well as pathways to safety and justice are accessible, responsive, and centered on the needs and choices of individuals.

While progress has been made in elevating the visibility of these issues and improving cross-system coordination in many local jurisdictions, challenges remain. Survivors still face barriers to reporting, inconsistent access to services, and disparities in protection and justice outcomes. Addressing these gaps requires a comprehensive approach that invests in survivor support and ensures safety is not dependent on geography, income, or circumstance, but guaranteed as a fundamental right across Pennsylvania - in essence, ensuring that the rights contained within Pennsylvania's Crime Victims Act are not just words on a page but a reality for all victims and survivors in the Commonwealth.

Survey findings demonstrate both the scale of concern and the breadth of support respondents believe is needed. Nearly every woman surveyed was concerned about violence against women. And most women said they or a woman they know is a survivor of rape, physical or mental abuse, harassment, child abuse, incest, or another form of violence. (State of the Woman Survey, Questions 40 and 41)

VIOLENCE AGAINST WOMEN



Approximately

95%

were very or somewhat concerned about violence against women.

78%

said they or a woman they know is a survivor of violence.



Sexual assault and domestic violence were the most frequently selected safety concerns, followed by online harassment and digital abuse, human trafficking, gun violence, hate crimes, stalking, and housing insecurity. (State of the Woman Survey, Question 42)

> **"Safety should not depend on geography, income, or circumstance."**

Strengthening the State's Response to Violence

Through survey data collected by the Pennsylvania Commission on Crime and Delinquency (PCCD) from 1,010 individuals, survivors who have been able to access Pennsylvania's network of local victim service programs have reported feeling more empowered.The data indicates that 85% of victims gained skills to better manage safety concerns, 85% were able to apply the support they received to improve their lives, and 93% believe their lives can change for the better. It's clear that victim service programs are making a measurable impact on the safety, healing, and well-being of crime victims/survivors.

A strong statewide response must connect prevention, confidential short- and long-term support, crisis intervention, law enforcement, courts, health care, housing, and other systems impacting survivors' long-term recovery. It must also recognize survivors may encounter several systems at once, and fragmented processes can force them to repeatedly disclose trauma while navigating different standards, timelines, and requirements.

Finding Help and Navigating Services

DO WOMEN KNOW WHERE TO SEEK HELP?

54%

knew where to seek help.

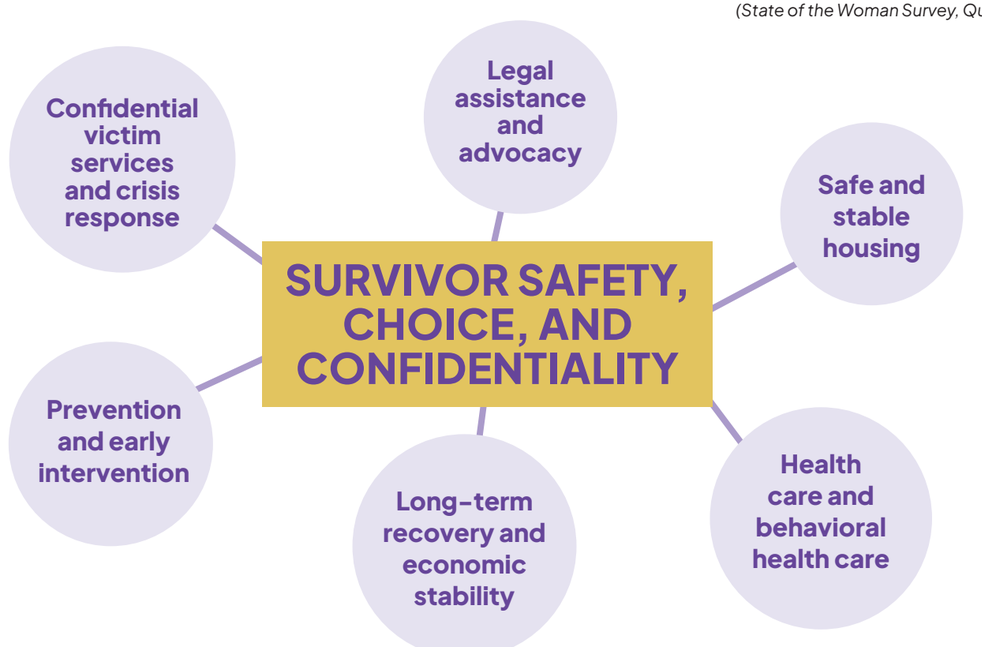
34%

somewhat knew where to seek help.

12%

did not know where to seek help.

(State of the Woman Survey, Question 43)



Firearm Safety and Violence Prevention

Decades of research have documented the lethal intersections between domestic violence and gun violence, and survey respondents connected firearm policies with women's safety. Stronger enforcement of existing gun laws or the enactment of stronger laws, including enforcement of Protection from Abuse (PFA) firearm restrictions, was selected by 68% of survey respondents as a strategy that could make communities safer.

In 2025, the PA Coalition Against Domestic Violence (PCADV) reported that the statewide Lethality Assessment Protocol (LAP) operated in 53 counties through municipal police departments. In October 2026, the Shapiro Administration announced that the Pennsylvania State Police will implement LAP, enabling State Police officers who respond to domestic violence incidents to use the standardized protocol to identify factors associated with increased risk of homicide and bringing the LAP model and its lifesaving process to more areas across the state.

PCCD is examining implementation of Act 79's firearm-relinquishment provisions through an analysis of Protection from Abuse (PFA) database records and a qualitative study by Temple University. The agency also includes domestic and intimate-partner violence in relevant violence-prevention grant frameworks. PCCD's Office of Gun Violence Prevention, reestablished in 2024, includes a Domestic Violence Subcommittee within its statewide strategy to identify and advance recommendations for reducing firearm injuries, fatalities, and crimes.

VIOLENCE PREVENTION AND STATEWIDE RESPONSE



68%

of survey respondents selected stronger enforcement of existing gun laws or enactment of stronger laws—including enforcement of Protection from Abuse firearm restrictions—as a strategy for making communities safer.

The statewide Lethality Assessment Protocol is active in **53 of Pennsylvania's 67 counties,** with 467 municipal, regional, and county police departments currently participating.



In October 2026, the Pennsylvania State Police also implemented LAP, enabling officers to identify domestic violence victims at higher risk of life-threatening abuse and **connect them with vital resources** to prevent further abuse.

State of the Woman Survey, Question 46; PA Coalition Against Domestic Violence Lethality Assessment Protocol Dashboard]

Protecting Survivor Privacy

The Address Confidentiality Program, administered by the Pennsylvania Office of Victim Advocate, allows eligible survivors of domestic violence, sexual assault, human trafficking, stalking, and child abduction to use a substitute address in public records and interactions with government agencies. The program is intended to reduce the risk of an abuser locating a participant through publicly available information.

ADDRESS CONFIDENTIALITY PROGRAM

Eligible survivor circumstances include:

- **DOMESTIC VIOLENCE**
- **SEXUAL ASSAULT**
- **HUMAN TRAFFICKING**
- **STALKING**
- **CHILD ABDUCTION**

Administered by the Pennsylvania Office of Victim Advocate. Find more at www.ova.pa.gov.



Trauma-Informed Systems

Survey respondents strongly supported trauma-informed law enforcement and court methodologies. Trauma-informed approaches help professionals understand trauma responses, coercive control, exposure to violence, and the reasons survivors may delay reporting or return to an abusive relationship. (State of the Woman Survey, Question 45)

Data and Accountability

Underreporting, inconsistent definitions, fragmented systems, and fear of retaliation can limit the Commonwealth's understanding of violence against women. Improved coordination and transparency must be paired with confidentiality and survivor trust.

Courts, Legal Aid, and Survivor Recovery

Women who experience domestic violence may enter the legal system through protection orders, criminal proceedings, divorce, child custody matters, housing concerns, or financial recovery. Commission research shows these processes do not always account consistently for trauma, coercive control, nonphysical abuse, or ongoing safety risks after separation.

Coercive control can include financial restriction, surveillance, isolation, intimidation, threats, and psychological abuse. Because these patterns may not leave physical injuries, survivors struggle to produce evidence that courts recognize consistently. Digital communications, financial records, witness statements, photographs, and videos may document a pattern, but navigating multiple systems without legal representation can be difficult and costly.

COERCIVE CONTROL MAY NOT LEAVE PHYSICAL INJURIES

PATTERNS MAY INCLUDE

- Financial restriction
- Surveillance
- Isolation
- Intimidation
- Threats
- Psychological abuse

INFORMATION THAT MAY DOCUMENT A PATTERN

- Digital communications
- Financial records
- Witness statements
- Photographs
- Videos

This callout describes examples discussed in the Commission's research. It is not a legal definition, evidentiary standard, or statement that any documentation will determine a court outcome.

The separation of criminal court, civil protection-order proceedings, and family court can create conflicting priorities and outcomes. Survivors may be required to repeat their experiences in several settings while different courts apply varied definitions and standards. Integrated domestic-violence courts, specialized judicial education, stronger recognition of coercive control, and custody protections are approaches used or considered in other states and in a few locations in Pennsylvania. (Paula Starnes, The Effect of Domestic Violence on Women and Children in the Court System)

The survey underscored the need for a survivor-centered response.

SURVIVORS NEED MORE THAN A CRISIS RESPONSE

Approximately 48% of respondents to whom this issue was applicable rated the support they or a loved one received following violence as neither helpful nor harmful.



79% selected legal assistance as support survivors need.



When asked what survivors need, respondents most frequently selected (in order of priority)

- Counseling and mental health care
- Legal assistance
- Trauma-informed law enforcement
- Safe and affordable housing
- Trauma-informed courts
- Emergency financial assistance
- Child care
- Employment or job training

(State of the Woman Survey, Questions 44 and 45)]

Access to Legal Aid

Listening-session participants repeatedly identified affordable legal assistance as a gap in custody disputes, proceedings for protection orders, divorce, immigration, housing, and financial recovery efforts. Legal assistance was selected by 79% of survey respondents as a necessary survivor support. (State of the Woman Survey, Question 45)

Women's Safety and Creating Trustworthy Systems of Protection

Policies should ensure women can seek safety, justice, and support without fear or inaccessible systems standing in the way. Every woman deserves institutions that take her concerns seriously and provide clear pathways to safety, especially during moments of crisis.

In listening sessions across Pennsylvania, women shared personal accounts that reveal how difficult it can be to navigate the legal system, leave unsafe relationships, navigate the aftermath of sexual assault, or seek support after abuse. Many described courts that feel dismissive, legal resources that are financially out of reach, and victim service programs that are strained beyond capacity.



Kara attempted to request modifications to her custody arrangement after repeated threats from her ex-partner. In family court, the judge minimized her concerns and suggested she was "being emotional," leaving her feeling unheard and unprotected. She left the courtroom without the safety measures she had hoped for. "There is a critical gap in the domestic violence safety net that isn't addressing preventable harm to children," she shared.

Adrienne has been separated for two years but cannot afford an attorney to finalize her divorce. Free legal services in her county are overwhelmed, and the waitlist is months long. Without representation, she cannot safely navigate filings, hearings, or negotiations involving shared property. "It feels like you need money to escape," she said. "And I don't have it. It keeps the door open for him to always get to me."





Danica, a survivor of domestic violence, fled her home with her two children but found every nearby shelter at capacity. For several weeks, she moved among friends' houses, sleeping in her car with her children on nights when no one had space. The instability made it difficult to maintain her job and help her children feel safe. She expressed concerns that "leaving is supposed to be the first step," but that it felt like falling into a void.

Nikki frequently experienced street harassment while walking to and from her college campus. Unwanted comments and attention, and intimidating behavior from strangers made her feel unsafe in her own community. When she sought help, the first questions she received focused on whether she had been "overreacting" or "misinterpreting" the situation. The dismissal and judgment made her pull back from reporting future incidents or seeking support. "I just stopped talking about it," she said. "My safety didn't matter."





Angela, having navigated years of emotional abuse, tried to seek a protective order but struggled to understand the process, the paperwork, and the court timeline all while caring for her children and working full time. She described feeling overwhelmed by a system that expected her to manage everything alone.

These stories reflect deep structural gaps: courts that need trauma-informed training, legal systems that remain financially inaccessible, and communities that unintentionally reinforce the stigma surrounding sexual violence. Women should not have to navigate dangerous relationships or traumatic experiences without reliable support.

Strengthening women's safety means investing in trained family court judges, expanding affordable legal services, increasing domestic violence shelter capacity, and ensuring sexual assault survivors receive non-judgmental, compassionate care. It means building systems that protect women early before crises escalate.

By centering on lived experiences, we can create systems that reduce harm and uphold every woman's right to safety and freedom.

> **"We have to have control over our own bodies. If we don't, we have nothing."**

Women in the Criminal Justice System

The prevalence of sexual trauma, abuse, and violence histories among girls and women involved in the juvenile and criminal justice systems is well-documented by research: data from the National Child Traumatic Stress Network suggests between 76% to 93% of justice-involved girls have histories of sexual or physical abuse, and the Prison Rape Elimination Act (PREA) Resource Center reports approximately 86% of women in jail have been sexually assaulted.

Women who are incarcerated or preparing to return to their communities have distinct needs related to safety, health care, trauma, family connection, education, employment, and long-term stability. The Commission's research demonstrates a holistic look at justice and recovery must address both conditions during incarceration and support available after release.

The Department of Corrections provides programs for incarcerated women at State Correctional Institutes (SCI) Muncy and (SCI) Cambridge Springs. There, women have access to voluntary support groups focused on trauma, mental health, grief, anger management, wellness, art, and music, as well as doula support and parenting programs for women who are pregnant or postpartum.

Education, Vocational Training, and Reentry

Academic, vocational, and reentry services include adult basic education, college partnerships, employment preparation, digital literacy, budgeting, financial management, and connections to community resources. Vocational offerings include Braille transcription, optical lab, automotive, machine shop, garment factory, and cosmetology training.

SUPPORTING WOMEN DURING INCARCERATION AND REENTRY

FAMILY CONNECTION

Parenting programs and family-related support

HEALTH AND WELL-BEING

Trauma support, mental health, grief, wellness, and pregnancy or postpartum doula support

EDUCATION AND EMPLOYMENT

Adult education, college partnerships, vocational training, employment preparation, and digital literacy

REENTRY AND STABILITY

Budgeting, financial management, community-resource connections, and transition planning



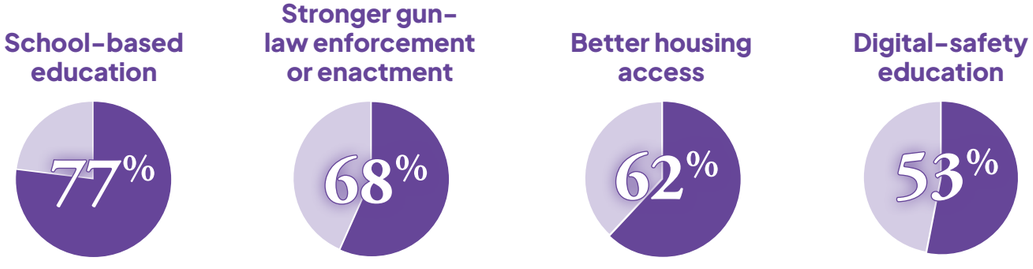
"Prevention requires more than responding after violence occurs."

Community-Based Prevention and Healing

Across listening sessions, women discussed the need for access to educational opportunities, economic security, safe housing, digital literacy, healthy relationships, community connection, and systems that intervene before harm escalates. Women repeatedly called for consent and healthy relationship education that includes boys and young men, as well as modern digital-safety education for young people, parents, schools, and workplaces.

School-based education was the most frequently selected prevention strategy in the survey at 77%. Respondents also selected stronger gun-law enforcement or enactment, improved housing access, better employment opportunities, community and youth programs, digital-safety education, bystander intervention, and workplace training. (State of the Woman Survey, Question 46)

WHAT RESPONDENTS BELIEVE CAN HELP PREVENT VIOLENCE



Intersectional Barriers to Safety

Race, disability, immigration status, sexual orientation, gender identity, income, age, and geography can shape both exposure to violence and access to help. A survivor-centered response must account for these overlapping barriers while protecting privacy and individual choice.

Pennsylvania's FFY 2026–29 STOP Violence Against Women Formula Grant Program outlines how federal funding will be invested in communities across the Commonwealth to strengthen services and supports for victims of violence. The plan emphasizes reaching historically marginalized and unserved or underserved populations as a top priority for victims' services and multidisciplinary partners.

Housing as Safety

Safe, affordable housing can determine whether a survivor is able to leave an abusive environment and remain safe. Housing was selected by 77% of survey respondents as a needed survivor support and by 62% as a prevention strategy. (State of the Woman Survey, Questions 45 and 46)

HOUSING AND SURVIVOR SAFETY

Safe and affordable housing is a
SUPPORT
survivors need.

Better housing access as a
STRATEGY
for preventing violence.



Technology and Online Safety

Participants in listening sessions talked about cyberstalking, online harassment, deepfake pornography, sexual exploitation, misogynistic content, and rising social media pressures. In addition to professional repercussions, the effects of image-based sexual violence includes loss of autonomy, experiencing a violation of privacy, trust issues, and experiencing a silencing effect where women withdraw from online spaces, according to the Women in International Security report Deepfakes as a Security Issue: Why Gender Matters. Victims of revenge porn have indicated they suffer from anxiety or depression, PTSD, or substance abuse. Digital-safety education was selected by 53% of survey respondents as a viable prevention strategy. (State of the Woman Survey, Questions 42 and 46).

(UN Women; The Economist Intelligence Unit)

38%

of women reported **experiences with online violence.**

Younger women are more likely to have experienced online violence.

85%

of women reported **witnessing online violence** against other women.

90-95%

of online deepfake videos are **nonconsensual porn**, and **90%** of the videos **feature women**.

The number of online deepfake videos increased 550% from 2019 to 2023.

Economic Empowerment for Survivors

Financial control, child care, housing, and employment can determine whether a survivor is able to leave an abusive environment and rebuild. Emergency financial assistance, employment or job training, and child care were all selected by survey respondents as needed supports.

Human Trafficking

Pennsylvania enacted its anti-trafficking statute in 2014, establishing human trafficking as a crime and providing for enforcement, penalties, and associated statewide programming. The Pennsylvania Department of Transportation established a statewide Anti-Human Trafficking Interagency Workgroup in 2022. Now led by PCCD, its four subcommittees focus on services, law enforcement, training and education, and outreach and public awareness. The structure is intended to coordinate prevention, survivor-centered response, investigative needs, professional training, and public understanding across state and local partners.

PENNSYLVANIA'S COORDINATED RESPONSE TO HUMAN TRAFFICKING

Anti-Human Trafficking Interagency Workgroup:

- **VICTIM SERVICES**
- **LAW ENFORCEMENT**
- **TRAINING AND EDUCATION**
- **OUTREACH AND PUBLIC AWARENESS**





RECOMMENDATIONS

The Governor's Advisory Commission on Women recommends that the Office of the Governor and executive agencies support, or increase support for, the following goals, policies, programs, and other actions to continue bolstering women's equity, success, and wellbeing. The Commission also strongly encourages others to support these goals and actions and find additional ways to support women in Pennsylvania.

From Cycles to Care

WOMEN'S HEALTH IN FOCUS

1 **Invest in trauma-informed education and mental health supports.** Increase investment in trauma-informed schools, school-based behavioral health, healthy relationship and consent education, emotional wellness, digital safety, and conflict resolution.

2 **Improve access to women's preventive health care.** Expand funding and provider availability for cancer screening, prenatal care, menopause care, reproductive-health education, and other routine services, especially in rural and underserved communities.

3 **Establish safe staffing standards in health care settings.** Support evidence-based staffing standards for nurses and frontline health care professionals to improve patient safety as well as nurse safety, which could help address burnout and retention challenges.

4 **Improve gynecological care for women with disabilities.** Develop disability-informed standards, provider education, accessible equipment and examination spaces, and equitable access across preventive care, reproductive health, pregnancy, and menopause.

5 **Protect personal health care decisions and body autonomy.** Uphold and protect every woman's right to make private, informed choices about her health and family planning, guided by her own circumstances and in consultation with trusted medical providers. This includes access to contraception, prenatal services, maternal health care, fertility treatment, and other essential care – without political interference or geographic barriers.

6 **Expand access to free menstrual products.** Continue and build on the initiative providing free products in schools, Pennsylvania State Parks, and other public settings.

From Paychecks to Homefronts

WOMEN'S ECONOMIC JOURNEY

1. **Raise Pennsylvania's minimum wage.** Increase the statewide minimum wage to at least $15 per hour and index future increases to inflation.

2. **Expand access to high-quality child care and early learning programs.** Work with the Department of Human Services and the Department of Education to expand access to high-quality child care programs for eligible families.

3. **Establish statewide paid family and medical leave laws.** Create a comprehensive framework that allows workers to care for a new child, recover from illness, support family members, or flee domestic violence without losing economic stability.

4. **Support local Commissions for Women.** Develop and publish a toolkit for counties and municipalities to establish local commissions and sustain community dialogue and policy development.

5. **Promote safe and equitable workplaces.** Expand employer education and technical assistance on preventing harassment, discrimination, and retaliation across industries and leadership levels.

6. **Increase support for women entrepreneurs**. Expand grants, technical assistance, procurement access, capital navigation, and support that recognizes the caregiving responsibilities disproportionately carried by women.

From Silence to Security

CONFRONTING VIOLENCE AGAINST WOMEN

1. **Increase funding for legal services.** Expand support for legal representation related to protection orders, custody, housing, and other civil matters affecting survivors.

2. **Establish statewide standards for sexual-assault care.** Create a consistent hospital standard, ensure access to trained Sexual Assault Nurse Examiners, and support certification, education, and compliance.

3. **Uplift and enhance recommendations identified in Pennsylvania's statewide strategic plan to address violence against women.** This includes strengthening and coordinating prevention, survivor services, housing, law enforcement and justice system partner trainings, health care, and data across agencies and communities.

4. **Increase public education on local courts and judicial elections.** Increase public education on local courts and judicial elections. Explain the role of Magisterial District Judges, who are elected officials, and why trauma-informed practices and voter participation in these elections are essential for improving survivors' experiences in court.

5. **Expand housing and economic supports for survivors.** Increase investments in emergency shelters, transitional housing, rental assistance, and employment support.

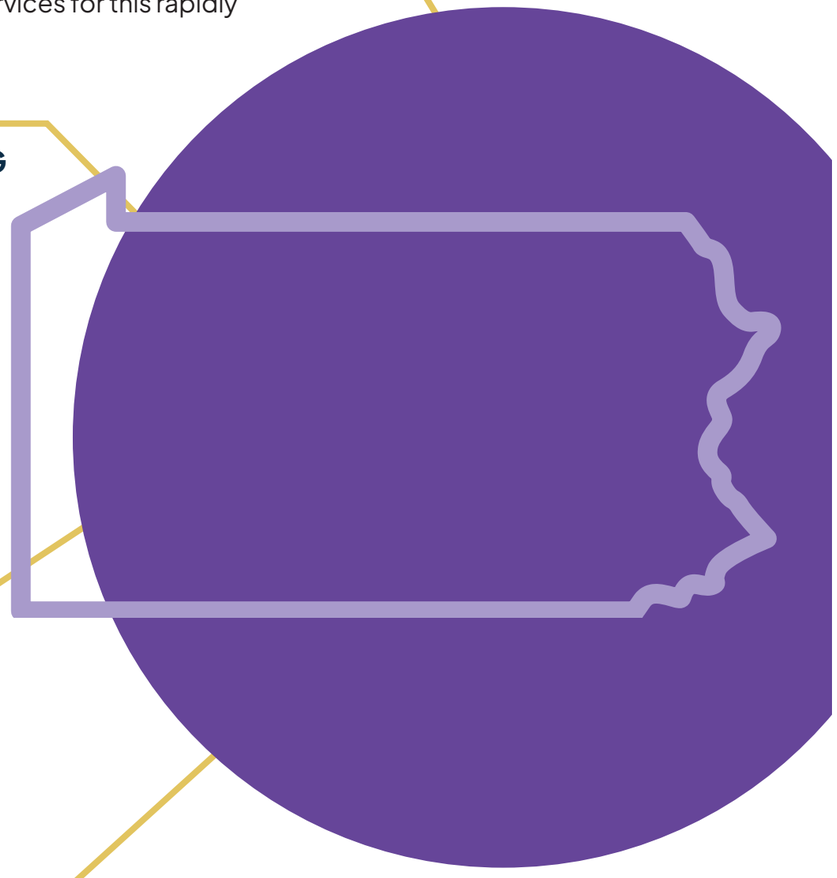
6. **Stabilize funding for victim services.** Support sustainable investments in victim services agencies and secure long-term solutions for VOCA and VCAP funding to ensure survivors can access critical services, advocacy, and financial assistance.

Through funding and statewide initiatives, Governor Josh Shapiro has already taken several steps to meet the needs of women and help shape a more equitable path forward.

Statewide Plans

AGING OUR WAY, PENNSYLVANIA: A PLAN FOR LIFELONG INDEPENDENCE:
a 10-year roadmap to meet the needs of the older Pennsylvanians and improve services for this rapidly growing population.

PENNSYLVANIA HOUSING ACTION PLAN:
a strategic vision to build, preserve, and stabilize housing across the Commonwealth.



HEALTHY MOMS, VIBRANT FUTURES:
an initiative defining clear priorities and actionable steps to drive awareness of maternal health needs.

OFFICE OF GUN VIOLENCE PREVENTION PROGRESS REPORT & ACTION PLAN:
a review of steps taken and new actions needed to maintain Pennsylvania's progress in preventing and reducing gun violence.

Budget Accomplishments in Fiscal Year 2023-24

CHILD CARE SERVICES
$66.7 million increase to provide 75,000 low-income families with affordable and accessible child care.

MENTAL HEALTH
$20 million to increase base funding for counties to provide critical mental health services and address deepening workforce shortages.

OLDER ADULTS
Invested $5 million to support older adults by reducing the wait list for the Help at Home (OPTIONS) Program and gave an additional $1 million for Senior Community Center grants to improve safety and accessibility, repair or replace essential equipment, and invest in technology to create safe, welcoming spaces for seniors to gather and socialize.

MATERNAL HEALTH
Invested $2.3 million to expand maternal health programming and study ways to reduce maternal mortality and morbidity.

COMMUNITY VIOLENCE
Record state funding investments in grants and technical assistance to address community violence throughout the Commonwealth, including $40 million through the successful Violence Intervention and Prevention program housed in the Pennsylvania Commission on Crime and Delinquency (PCCD), on top of other funding at PCCD to make communities safer and improve school and public safety.

IT'S ON US PENNSYLVANIA
Invested an additional $250,000 to support the It's On Us Pennsylvania initiative – which aims to create an environment where sexual violence is unacceptable, and survivors are supported – and to keep college students across Pennsylvania safe from campus sexual assault.

HISTORICALLY DISADVANTAGED BUSINESSES
Invested $20 million in historically disadvantaged businesses in the Commonwealth and provided sustainable, state support to the Historically Disadvantaged Business Program for the first time.

On average, disadvantaged businesses have less access to capital, are three times more likely to be denied loans, pay a higher interest rate, and receive lower loan amounts than non-minority owned firms.

Budget Accomplishments in Fiscal Year 2024-25

MENSTRUAL HYGIENE PRODUCTS
Secured $3 million in state funding to make menstrual hygiene products available at no cost in Pennsylvania schools, an initiative that receiving bipartisan support in the legislature and was championed by First Lady Lori Shapiro.

DOMESTIC VIOLENCE
Increased funding for domestic violence services by an additional $2.5 million through the Pennsylvania Department of Human Services (DHS).

MATERNAL MORTALITY
Secured the first-ever state investment of $2.3 million in addressing maternal mortality and signed a bill into law that ensures improved access to timely data on maternal health and mortality in Pennsylvania.

EARLY CHILDHOOD EDUCATION
Increased early childhood education funding by $17.7 million:
- $15 million for the Pre-K Counts program.
- $2.7 million for the Head Start Supplement Assistance program to support our early learners and stabilize our workforce.

AFFORDABLE HOUSING
To keep more Pennsylvanians in their homes and ensure their constitutional rights are protected, the budget included:
- A $5 million increase for the Homeless Assistance Program, where rental assistance, bridge housing, emergency shelter, eviction prevention, and other innovative supportive housing services can be provided.
- The first-ever state investment of $2.5 million in access to counsel for those facing eviction proceedings.
- $2.5 million to create a Local Government Emergency Housing Support program for our cities and counties.

AGING WITH DIGNITY
To ensure Pennsylvania seniors can live out their golden years with dignity, the budget included:
- $75 million in increased funding for the care of seniors and adults with disabilities living in skilled nursing facilities.
- $2.95 million to support the Department of Aging's implementation of Aging Our Way, Pennsylvania. Through these initiatives, the Commonwealth can enhance accessibility, empower caregivers, bridge disparities, and build a resilient and compassionate community for everyone.
- $1.9 million to create the first Alzheimer's Disease and Related Disorders Division within the PDA to support Pennsylvanians living with these conditions and their caregivers.

Budget Accomplishments in Fiscal Year 2025-26

CHILD CARE CRISIS
- Invested $25 million to establish a new Child Care Staff Recruitment and Retention Program to provide $450 annually per employee to licensed child care providers in the Child Care Works program.
- Invested an additional $7.5 million for the Pre-K Counts program to help providers raise wages and stabilize the early educator workforce.
- Included an increase of $10 million for Early Intervention to provide coaching support and services to families with children with developmental delays and disabilities.
- Continued support for the Employer Child Care Contribution Tax Credit, which encourages businesses to help employees cover child care costs, and the Child and Dependent Care Enhancement Tax Credit for working families.

WOMEN'S HEALTH AND MENSTRUAL EQUITY
Invested another $3 million to provide free period products to students in all of Pennsylvania's school districts, intermediate units, career and technical centers, and brick-and-mortar charter schools.

VICTIM'S COMPENSATION
Provided a temporary fix by transferring funds from the Medical Marijuana Program Fund to support the Pennsylvania Commission on Crime & Delinquency's VCAP (Victim Compensation Assistance Program). The program provides financial assistance to crime victims for expenses such as relocation, medical bills, counseling, funeral costs, and lost wages, with nearly 40% of claim costs related to sexual violence.

Budget Accomplishments in Fiscal Year 2026-27

NURSING WORKFORCE
Strengthened the nursing pipeline through a new initiative to train more nurses by providing tuition assistance to nursing students and aligning them with hospital placement upon graduation.

SEXUAL ASSAULT
Provided an additional $12 million for rape crisis centers, doubling their funding, to better provide survivors access to compassionate, trauma-informed care and supportive services.

CHILD CARE
$5 million increase for recruitment and retention bonuses for child care workers, raising payments by nearly $100 each.



A Shared Responsibility

Men and community partners can listen with intention, believe women, share caregiving responsibilities, challenge harmful behavior, and support workplace and community systems that advance safety and equality.

Women and community organizations can continue building networks of support, sharing information, mentoring emerging leaders, creating spaces for lived experience to guide action, and advocating to institutions for measurable progress.

Policymakers and government systems can design services in partnership with women, use statewide data and lived experience together, publish anecdotal and measurable outcomes, coordinate across agencies, and sustain public engagement beyond the release of this report.

Together, Pennsylvania can build on the progress reflected across six decades of reports on the status of women and continue toward safe, prosperous, and healthy lives for all women. We encourage future commissions to continue the conversation: when we listen to women, we make progress.

Additional supporting materials, including resources the Governor's Advisory Commission on Women used to gather information and compile this report, can be found at www.pa.gov.

SCAN FOR RESOURCES



Pennsylvania
Governor's Advisory
Commission on Women