Status of Women & Girls in Minnesota

Research Overview

Research & writing by the University of MN Humphrey School’s Center on Women & Public Policy in partnership with the Women’s Foundation of Minnesota
Acknowledgments

Women’s Foundation of Minnesota and University of MN Humphrey School’s Center on Women & Public Policy

A strong partnership is the foundation of *Status of Women & Girls in Minnesota*. Debra Fitzpatrick, director of the Center on Women & Public Policy, analyzed and summarized the data, produced new research, and wrote the Research Overview. At the Women’s Foundation of Minnesota, Lee Roper-Batker (president & CEO), Kim Borton (director of programs), Mary Beth Hanson (director of communications), and Terry Williams (vice president) helped shape and edit the report’s content through production and to final publication.

We thank the following community partners for their participation in the working groups:

**ECONOMICS WORKING GROUP**

Cecilia Alvarez, Entrepreneur’s Assistance Network
Rep. Connie Bernardy, Minnesota House of Representatives
Toni Carter, Ramsey County Commissioner
Terra Cole, Heritage Park Neighborhood Association
Ann DeGroot, Minneapolis Youth Coordinating Board
Mary Deutsch Schneider, Legal Services of Northwest Minnesota
Marcia Fink, Twin Cities United Way
Tracy Fischman, AccountAbility Minnesota
Jennifer Godinez, Minnesota Minority Education Partnership, Inc.
Joanne Green, University of Minnesota
Maria Harrraty, Humphrey School of Public Affairs
Lorrie Janatopoulos, Arrowhead Economic Opportunity Agency
Jennifer Keil, Hamline University School of Business
Liz Kuoppala, Minnesota Coalition for the Homeless
Deborah Levison, Humphrey School of Public Affairs
Angie Miller, Community Action Duluth
Sen. Sandy Pappas, Minnesota Senate
Anita Patel, YWCA of Minneapolis
Jodi Sandfor, Humphrey School of Public Affairs
Alvine Siaka, African Health Action
Patty Tanji, Pay Equity Coalition of Minnesota
Sen. Patricia Torres Ray, Minnesota Senate
Rachel Vilas, Dept. of Employment and Economic Development
Jessica Webster, Legal Aid
Barb Yates, Think Small

**HEALTH WORKING GROUP**

Rachel Callanan, American Heart Association, Minnesota
Xiaoying Chen, Office of Minority and Multicultural Health, Minnesota Department of Health
Archelle Georgiou, Society for Women’s Health Research
Amy Godecker, Minneapolis Department of Health & Family Support
Keli Johnson, Health Policy and Management, School of Public Health, University of Minnesota
Vinoth Kutty, Hennepin County Office of Multi-Cultural Services
LeAnn Littlewolf, Women’s Health Center of Duluth
June LaValleur, formerly Dept of Obstetrics, Gynecology & Women’s Health, University of Minnesota
Michelle Lamere, Clinical and Translational Science Institute, University of Minnesota
Karen Law, Pro-Choice Resources

**SAFETY WORKING GROUP**

Danette Buskovich, Office of Justice Programs, Minnesota Department of Public Safety
Justice Margaret Chutich, Minnesota Court of Appeals
Chuck Derry, Minnesota Men’s Action Network

**SAFETY WORKING GROUP**

Suzanne Ewell, Office of Justice Programs, Minnesota Department of Public Safety
Carla Ferrucci, Minnesota Association for Justice
Candice Harshner, Program for Aid to Victims of Sexual Assault (PAVSA)
Ed Heisler, Men as Peacemakers
Suzanne Koeppinger, formerly MN Indian Women’s Resource Center
Lauren Martin, University of Minnesota Urban Research and Outreach-Engagement Center
Jim McDonough, Ramsey County Commissioner
Rep. Erin Murphy, Minnesota House of Representatives
Liz Richards, Minnesota Coalition for Battered Women
Ebony Ruhland, Council on Crime and Justice
Susan Segal, Minneapolis City Attorney’s Office
Rose Theilen, former Wright County Commissioner
Cheryl Thomas, formerly Advocates for Human Rights
Patty Wetterling, Sexual Violence Prevention Program, Minnesota Department of Health

**LEADERSHIP WORKING GROUP**

Mary Angela Baker, Center for Continuing Education & Leadership Institute, St. Catherine University
Susy Bates, womenwinning
Laura Bishop, Best Buy
Anita Gelttidge, Office of Equity and Diversity, University of Minnesota
Duchess Harris, Macalester College
Trista Harris, Minnesota Council on Foundations
Rebecca Hawthorne, Minnesota Census on Corporate Women, St. Catherine University
Liz Johnson, VoteRunLead
Sheila Kiscaden, Blue Earth County Commissioner
Nicole LaLoi, Tucker Center, University of Minnesota
Rep. Tira Liebling, Minnesota House of Representatives
Becky Lourey, Nemadji Research
Teri Richardson, Minnesota State Board of Investments
Melissa Stone, Humphrey School of Public Affairs
Doran Schrantz, ISAIAH
Deborah White, Tri-College NEW Leadership Development Institute

**SAFETY WORKING GROUP**

Roxana Linares, Centro
Migdalia Loyola-Melendez, Planned Parenthood
Jennifer O’Brien, Powell Center for Women’s Health, University of Minnesota
Melanie Peterson-Hickey, Center for Health Statistics, Minnesota Department of Health
Barbara Porter, Mayo Medical School
Michael Resnick, Division of Pediatrics and Adolescent Health, University of Minnesota
Sheila Riggio, Primary Dental Care, University of Minnesota
April Shaw, Congresswoman Betty McCollum

**SAFETY WORKING GROUP**

Rachel Callanan, American Heart Association, Minnesota
Xiaoying Chen, Office of Minority and Multicultural Health, Minnesota Department of Health
Archelle Georgiou, Society for Women’s Health Research
Amy Godecker, Minneapolis Department of Health & Family Support
Keli Johnson, Health Policy and Management, School of Public Health, University of Minnesota
Vinoth Kutty, Hennepin County Office of Multi-Cultural Services
LeAnn Littlewolf, Women’s Health Center of Duluth
June LaValleur, formerly Dept of Obstetrics, Gynecology & Women’s Health, University of Minnesota
Michelle Lamere, Clinical and Translational Science Institute, University of Minnesota
Karen Law, Pro-Choice Resources

**SAFETY WORKING GROUP**

Suzanne Ewell, Office of Justice Programs, Minnesota Department of Public Safety
Carla Ferrucci, Minnesota Association for Justice
Candice Harshner, Program for Aid to Victims of Sexual Assault (PAVSA)
Ed Heisler, Men as Peacemakers
Suzanne Koeppinger, formerly MN Indian Women’s Resource Center
Lauren Martin, University of Minnesota Urban Research and Outreach-Engagement Center
Jim McDonough, Ramsey County Commissioner
Rep. Erin Murphy, Minnesota House of Representatives
Liz Richards, Minnesota Coalition for Battered Women
Ebony Ruhland, Council on Crime and Justice
Susan Segal, Minneapolis City Attorney’s Office
Rose Theilen, former Wright County Commissioner
Cheryl Thomas, formerly Advocates for Human Rights
Patty Wetterling, Sexual Violence Prevention Program, Minnesota Department of Health

**SAFETY WORKING GROUP**

Suzanne Ewell, Office of Justice Programs, Minnesota Department of Public Safety
Carla Ferrucci, Minnesota Association for Justice
Candice Harshner, Program for Aid to Victims of Sexual Assault (PAVSA)
Ed Heisler, Men as Peacemakers
Suzanne Koeppinger, formerly MN Indian Women’s Resource Center
Lauren Martin, University of Minnesota Urban Research and Outreach-Engagement Center
Jim McDonough, Ramsey County Commissioner
Rep. Erin Murphy, Minnesota House of Representatives
Liz Richards, Minnesota Coalition for Battered Women
Ebony Ruhland, Council on Crime and Justice
Susan Segal, Minneapolis City Attorney’s Office
Rose Theilen, former Wright County Commissioner
Cheryl Thomas, formerly Advocates for Human Rights
Patty Wetterling, Sexual Violence Prevention Program, Minnesota Department of Health
At the Women’s Foundation of Minnesota, we know that when women thrive, so do their families and communities. And when you build pathways to prosperity for women, Minnesota succeeds. Gender equality is the key.

Since women’s suffrage (1920), we’ve seen nearly 10 decades of landmark laws and institutional changes, as well as shifts in attitudes and behaviors that make our state and country a more equitable place for women and girls.

Since the last publication of Status of Women & Girls in Minnesota (June 2012), new comprehensive laws in our own state have given us tangible reasons to hope that ending gender discrimination is within reach.

On Mother’s Day (May 11, 2014), Minnesota Gov. Mark Dayton signed the Women’s Economic Security Act into state law. Minnesota became the first state in the nation to write a comprehensive women’s economic security package — one designed to break down barriers to economic progress for women — into state law.

We are proud that our Economics research served as the basis for the new laws. This is an excellent example of how data drives policy change — the key reason why we produce Status of Women & Girls in Minnesota every two years in Economics (pg. 4-8), Safety (pg. 9-11), Health (pg. 12-14), and Leadership (pg. 15-17).

Yet as we pause to celebrate the progress made, the data show us that we have more work to do. Gender inequality continues to render women the nation’s poorest, reinforce systemic violence against women and girls, produce substandard health outcomes, and deny women leadership opportunities across all sectors.

Through this research report, we raise awareness about the road ahead to energize the momentum toward policy changes that move us closer to gender equality. We also hope to inspire and engage more Minnesotans — citizens, philanthropists, and leaders — to demand economic opportunity, safety, wellness, and equal leadership for all of the state’s women and girls.

About the Status of Women & Girls in Minnesota Project

Since 1990, the Women’s Foundation of Minnesota has conducted research to inform its grantmaking and policy work. Launched in 2009, Status of Women & Girls in Minnesota is an ongoing collaborative research project of the Women’s Foundation of Minnesota and the University of MN Humphrey School’s Center on Women & Public Policy. Annually, data specific to Minnesota women and girls is gathered and analyzed in economics, safety, health, and leadership.

The project represents a unique approach to research by using a gender-race-geography-equity lens. Experts from academia, government, nonprofit and private sectors, elected bodies and philanthropy participated in working groups and reviewed data on women and girls in Minnesota to identify the key issues outlined in the research, and proffer solutions.

The data reviewed and included here comes from published reports produced by government agencies and nonprofits, and original gender-based analysis of publicly available datasets (primarily the American Community Survey and the Minnesota Student Survey). Tables that provide additional detail and geographic breakdowns are available at WFMN.ORG.
To achieve economic security, women must first have economic opportunity, including access to education, employment, workforce development, and childcare.

The data show that Minnesota can do better to create more economic opportunities and pathways to prosperity for its girls and women. The wage gap continues to shortchange women, regardless of education, age, race/ethnicity, or region of the state. Women remain clustered in low-wage work, representing two-thirds of those in the state earning at or below the minimum wage and continuing to be the majority of those living below the poverty line. While Minnesota continues to be a national leader in women’s workforce participation and women earn a majority of all post-secondary degrees, these changes have not translated into economic equality. At the same time, affordable, quality childcare has grown increasingly out of reach, even for those in the middle class.

**Minnesota’s higher education system remains gendered.** Business is the most common bachelor’s degree field for Minnesota’s 25-30 year old women and men. Beyond that, degrees break down along gendered lines. Among Minnesota’s young bachelor’s degree holders, after business, women most frequently have degrees in education, medical/health and psychology while men have degrees in engineering, computer/information science and social sciences. Nationally, desegregation of the workforce has stalled since the mid 90’s and now segregation is actually increasing among younger workers.

**Occupational clustering contributes to the wage gap, threatens women’s economic security and stability, and compromises the productivity of Minnesota’s economy.** Twenty-nine percent (29%) of Minnesota’s white men work in sales, office and service compared to 63% of African American, 62% of American Indian and 57% of Latina women.

**Women-owned businesses are concentrated in traditional fields.** While women own 29% of businesses overall; they own 53% of healthcare and social assistance firms and 44% of educational firms. Only 17% of 2010 computer science bachelor’s degrees earned in Minnesota went to women and only 20% of computer/information sciences degrees from Minnesota technical colleges were earned by women.

**Twenty-eight percent (28%) of the state’s computer programmers, 25% of software engineers/developers and 19% of hardware engineers are women.**

**In Minnesota and nationally workforce development programs reinforce occupational clustering.** For example, sixty-three percent of Minnesota Dislocated Worker Program participants who ended up with jobs in the service sector were women (with average earnings six months after exiting the program of $11,030) and 95% of those who went on to work in construction and related fields were men (with average exit earnings of $19,980).
With increasing numbers of women breadwinners, the disadvantage of lower wages across almost all occupations and lower wages in female-dominated professions affects our families and communities. Not only are female-dominated occupations generally compensated at lower levels overall, women in these occupations generally earn less than comparable men in the same occupation. The wage gap grows for women when they have children (7%).

The fastest growing fields for women are healthcare-related and have among the highest pay gaps—with Minnesota women in healthcare practitioner or technician jobs earning 57¢ for every $1 earned by a man.

Pay equity policies matter. Minnesota has a model Local Pay Equity law based on the concept of comparable worth. And in fact the overall pay gap for Minnesota women employed by local government is almost half (13%) of that for those employed by the private sector (23%).

Minnesota ranks 39th in the country for percentage growth in women-owned firms and 32nd in revenue growth.

In 2012, Minnesota’s unincorporated, full-time self-employed women had the highest pay gap (46¢ on a comparable man’s dollar) by sector.

Women of all types have a significant gap in income compared to the year-round median earnings of white males.
The pay gap compared to white men is larger for women of color and women from immigrant and refugee communities, leading to significant lifetime loses and higher poverty rates. National research estimates lifetime losses for Latinas at $900,000 over a career.\(^{14}\) Minnesota’s working women of color who are mothers are also more likely to be the primary or sole breadwinner for their family.\(^{15}\)

Although women are receiving the majority of degrees, they need them to earn as much as men with less formal education.

Minnesota women (25-30 years old) with a Master’s degree who are working full-time earn $4,816 less than a comparable man with a bachelor’s degree and earn just $1,184 more per year on average more than men with AA degrees.\(^{16}\) Because of lower post-graduate salaries and the need for higher degree acquisition to earn similar salaries, young women also shoulder disproportionate levels of student loan debt.\(^{17}\)

The pay gap continues for younger women. After controlling for degree, occupation, specialty, hours worked and other factors, research shows a 7% unexplained gap right out of college\(^{18}\) and another study shows a $16,000 gap right out of medical school.\(^{19}\)

Unconscious bias and stereotyping on the part of both men and women contributes to the pay gap. A 2012 National Academy of Sciences study had science faculty from research-intensive universities rate randomly assigned male or female applications for a laboratory manager position. It found that both male and female faculty rated the male applicant as significantly more competent and hireable than the (identical) female applicant and offered a higher starting salary and more career mentoring to the male applicant.\(^{20}\)

Minnesota’s rental housing affordability is ranked among the worst in the Midwest, placing it out of reach for most Minnesota female-headed families. Sixty-seven percent (67%) of female-headed households in rental housing and 49% of those who own their home are paying costs that exceed 30% of their income. From 2008 to 2011, the proportion of renting female-headed households in extremely unaffordable units (paying more than 50% of income) increased by 46% (from 28% to 41%).\(^{21}\)

Lack of affordable housing has contributed to a 32% increase in the number of homeless people in the past six years, many of them women with children.\(^{22}\)

Forty-one percent (41%) of homeless adults (half of whom are women) are on a waiting list for subsidized housing.\(^{23}\)

The average two bedroom apartment in Minnesota costs $836 a month. A full-time, minimum-wage ($7.25) worker earns $1,160 per month, leaving roughly $324 a month to pay for all other expenses including food, transportation, child care, etc.\(^{24}\)

Minnesota’s children and young adults are most likely to be homeless. Children with parents and unaccompanied minors make up 24% of the Minnesota population, but represent 36% of Minnesota’s homeless population. Young adults (18 to 21) are 6% of the population, but 10% of Minnesota’s homeless population. Fifty-seven percent (57%) of the state’s homeless young adults are women, which puts them at greater risk for sexual exploitation and violence.\(^{25}\)

Female-headed households are less likely to be living in a home they own than other families, and the proportion of these households that own has declined. While 88% of married couple families (similar to 2000) and 63% of male-headed households live in homes they own, only 48% of female-headed families do so (down from 59% a decade ago).\(^{26}\)
Minnesota is a national leader in women’s workforce participation. While the number of working mothers has declined nationally in recent years, in Minnesota it has only increased. Workforce participation of mothers with children under six has increased the most – from 74% in 2000 to 79% in 2011.

Today, being a worker with caregiving responsibilities is the rule rather than the exception. The U.S. has among the longest working hours in the developed world, coupled with among the lowest levels of public assistance for caregiving.

Motherhood, the most prominent form of caregiving, is a key trigger for negative gender stereotyping at work.

Family responsibility discrimination cases increased by 400% between 1989 and 2008, at the same time as other types of discrimination cases have declined. People, including employers, assume that mothers are less competent and less committed than non-mothers or fathers and offer women lower salaries, are less likely to promote women or offer them mentoring or additional education in part because of the threat that they may become mothers.

Nearly seven in 10 (68%) caregivers report making work accommodations during their prime earnings years because of caregiving. These adjustments include arriving late/leaving early or taking time off, cutting back on work hours, changing jobs, or stopping work entirely. Seventy-five percent (75%) of Minnesotans who provide 20+ hours per week of regular unpaid care or assistance to a friend or family member who has a health problem, long term illness or disability are women. Compared to other demographic groups, low-income workers, minorities, and women are more likely to reduce their work hours or leave the workforce because of their caregiving role.

From December 2010 to January 2014, the number of families on waiting lists for Minnesota basic sliding fee childcare assistance more than doubled. The state’s low reimbursement rates for subsidized childcare contributes to below living wages for Minnesota childcare workers.

Working mothers in Minnesota are increasingly the primary breadwinner in the family.

56-68% in 2004 (depending on type of provider) to around 25% in 2012. Both point to a real decrease in the state’s commitment to families struggling with care costs and quality.

In Minnesota, low-wage women, disproportionately women of color and immigrants, make the upper middle-class dual-earner family lifestyle possible. Women comprise 95% of Minnesota’s childcare workers and 80% of personal care attendants, earning an average of $10 an hour. The state’s low reimbursement rates for subsidized childcare contributes to below living wages for Minnesota childcare workers.

The majority of Minnesota women do not use paid leave to help manage their dual roles of worker and caregiver, in part because they lack benefits. Estimated leave usage ranges from a high of 49% among Minnesota white women to a low of 38% for Latinas. Only 12% of U.S. workers have access to paid family leave benefits through their employers. Eighty-percent (80%) of low-wage workers (a majority are women) do not have access to paid sick days.

Minnesota's female-headed families have few financial assets, making them four times more likely than other family households to be in "asset poverty," a measure that establishes a minimum threshold of wealth needed for household security: 41% of single parent households statewide, 56% in St. Paul and 63% in Minneapolis do not have enough savings or wealth to provide for basic needs during a sudden job loss or medical emergency.28

While the "mancession" has abated, bringing Minnesota men and women's unemployment rates closer to equal, just 1% apart, unemployment rates for female-headed families are nearly twice as high.29

Women remain underrepresented among those receiving unemployment benefits. While Minnesota did adopt several provisions encouraged in the federal American Recovery and Reinvestment Act to make the Unemployment Insurance system more inclusive of women, 55% of recipients are men, while they make up just half of the Minnesota workforce.28 Many women, disproportionately women of color, who do not qualify for these benefits must turn to the much more stigmatized support of Minnesota's welfare program (MFIP).

The poverty rate for Minnesota's African American families with children is higher than the national average, 13.9% for married households in Minnesota compared to 11% nationally and 58.7% for Minnesota's female-headed families versus 47.5% nationally. Poverty rates are also high for Latina (50%) and American Indian (52.1%) female-headed families.29

There are more than twice as many Minnesota elder women living in poverty than men (38,463 compared to 16,915).40

Minnesota women over 65 have lower retirement earnings (almost 50% less) due in part to the pay gap, workforce clustering, and disproportionate caregiving responsibilities.

With longer life expectancies than men, women tend to live more years in retirement and have a greater chance of exhausting their savings and assets. Older women are also much more likely than their male counterparts to live alone during retirement – 72% of Minnesota’s seniors living alone are women.41

Institutional factors that lead to lifelong disparities

Disparities in access to high-quality early education and care for Minnesota’s infants, toddlers and preschoolers are often accompanied by disparity in health and social well-being. Research shows that these disparities get magnified over time, showing up later in college readiness and completion, and ultimately, in earnings and overall economic and social well-being.42

<table>
<thead>
<tr>
<th>EARLY CHILDHOOD</th>
<th>HIGH SCHOOL</th>
<th>HIGHER EDUCATION</th>
<th>EARNINGS</th>
<th>POVERTY RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost for White married couple family: 30% of income</td>
<td>White: 68%</td>
<td>White women: 43%</td>
<td>White women: $41,124</td>
<td>White women: 11.9%</td>
</tr>
<tr>
<td>Cost for African American married couple family: 50% of income</td>
<td>African American: 22%</td>
<td>African American women: 16%</td>
<td>African American women: $31,958</td>
<td>Black women: 36.3%</td>
</tr>
<tr>
<td>Cost for Latino married couple family: 68% of income</td>
<td>Latino: 40%</td>
<td>Latina women: 15%</td>
<td>Latina women: $29,434</td>
<td>Latina women: 26.2%</td>
</tr>
<tr>
<td>Cost for Asian American married couple family: 36% of income</td>
<td>Asian American: 51%</td>
<td>Asian American women: 48%</td>
<td>Asian American women: $38,225</td>
<td>Asian American women: 14.4%</td>
</tr>
<tr>
<td>Cost for American Indian married couple family: 62% of income</td>
<td>American Indian: 37%</td>
<td>American Indian women: 8%</td>
<td>American Indian women: $32,225</td>
<td>American Indian women: 37.1%</td>
</tr>
</tbody>
</table>

From 2000 to 2012, the number of Minnesota families with children below the poverty line rose from 49,818 to 81,734. 64% increase
The world over, gender-based violence is a reality for women and girls.

According to the United Nations Population Fund, gender-based violence “...reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims. Violence against women has been called ‘the most pervasive, yet least recognized human rights abuse in the world.’”

Here in Minnesota, the data reveals the realities and related effects of sexual and physical violence for all women and girls, particularly for women and girls of color. The consequences include mental health issues, such as depression and suicidal thoughts and attempts; chronic disease and health problems; teen pregnancy; substance abuse; homelessness; and lost economic productivity and security. And the normalization of violence in our culture and in the media exposes women and girls to harassment and bullying, date rape, domestic violence, stalking and sex trafficking.

Almost sixty percent (60%) of Minnesota 9th and 11th graders spent two or more hours per school night watching television, movies or videos, where they are bombarded with images of sexualized female bodies. Even in our G-rated family films, female characters continue to show dramatically more skin than their male counterparts, and feature extremely tiny waists and other exaggerated body characteristics.

From a very young age, this hypersexualization and objectification of female characters leads to unrealistic body ideals.1 Girls exposed to sexualizing and objectifying media are more likely to experience body dissatisfaction, depression, lower self-esteem, and diminished cognitive abilities. Such exposure also impacts girls’ and boys’ views on dating, boys’ views on sexual harassment of girls, and “normalization” of sexual violence by both boys and girls.2

VIOLENCE GROWS OVER A LIFETIME

The prevalence of violence in the lives of Minnesota women grows over a lifetime and by mid-life impacts 1 in 3.


<table>
<thead>
<tr>
<th></th>
<th>High School</th>
<th>College</th>
<th>Mid-Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEXUAL VIOLENCE FROM INTIMATE PARTNER</td>
<td>0%</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>PHYSICAL VIOLENCE FROM INTIMATE PARTNER</td>
<td>0%</td>
<td>10%</td>
<td>30%</td>
</tr>
</tbody>
</table>
Many teen girls regard harassment and violence as a normal part of everyday life in middle and high schools. Approximately one in four Minnesota 9th grade girls report “unwanted sexual comments, jokes and gestures.”

One-third to one-half of overweight girls report harassment or bullying based on their appearance, and 42% of Somali girls report the same based on ethnicity and national origin.

Harassment and bullying based on non-dominant identities is more common in rural areas of the state. Asian and African American 9th and 11th grade girls, Latinos and lesbians report higher levels of bullying in rural areas of the state. Thirty-two percent (32%) of Asian girls in greater Minnesota report bullying or harassment based on race, compared to 19% in the Twin Cities metro area. Seventy-three percent (73%) of lesbian students in greater Minnesota report the same because of sexual orientation, compared to around half of those in the metro.

In Minnesota, the most common forms of bullying are verbal and based on enforcement of gender norms. “Whore,” “slut,” “fag,” “dyke” or “gay” are the most common and lethal derogatory expressions used by teens.

Nine out of 10 LGBT students reported regularly hearing homophobic, sexist and negative remarks related to their gender expression (e.g., someone not acting “feminine” or “masculine enough”). Nationally, girls whose “…bodies are really developed, more than other girls…” are most likely to be sexually harassed, followed by girls who are either very pretty or considered “not pretty.” Boys who are “…not very masculine…” are also at high risk for harassment.

The consequences of bullying in Minnesota are significant

Reported mental health outcomes for Minnesota 9th and 11th grade girls who have been bullied weekly or more

<table>
<thead>
<tr>
<th>Issue</th>
<th>70%</th>
<th>71%</th>
<th>46%</th>
<th>48%</th>
<th>18%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very trapped, lonely, sad, depressed or hopeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep trouble, bad dreams, or falling asleep during the day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thinking about ending life or committing suicide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hurting or injuring self, such as cutting, burning, or bruising</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempted suicide during the last year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Minnesota Student Survey, 2013

By the time they graduate from high school, a significant number of Minnesota girls have experienced dating violence. Thirteen percent (13%) of 11th grade girls in the Twin Cities metro area and 15% in greater Minnesota report that they have been pressured to have sex by a date when they didn’t want to. Research shows that girls themselves, the media and the general public continue to trivialize and hold girls accountable for rape, deflecting responsibility from the men and boys who perpetrate the violence.

Sexual assault is common on our college campuses. By age 23, nearly one in four of Minnesota’s female college students reports that they have been sexually assaulted. This level of violence has remained relatively constant over the past decade.

By mid-life, 33% of Minnesota women have experienced a rape crime. The proportion of lifetime victims varies across the state, from 18% in southeast Minnesota, to a high of 33% in West Central. American Indian women (42%) have experienced a rape or attempted rape at higher rates than white women (25%). Asian women have the lowest rates at 9.4%.

According to the Centers for Disease Control, most female rape victims (estimated at 452,000 in Minnesota) experienced their first rape before the age of 25; 30% were between 11 and 17 years old, and 12% less than 10 years old. Eight percent (8%) of Minnesota 11th grade girls report sexual abuse inside or outside of their family at some point in their life. The highest levels are among American Indians (16%), African Americans (13%), andLatinas (15%).

Sexual abuse includes the sex trafficking of Minnesota girls. Research by the MN Indian Women’s Resource Center found that childhood sexual abuse was a common precursor to sex trafficking, with the average age between 12 and 14 years old. Studies estimate that within the first 48 hours of being away from home, a girl will be approached by a pimp. In one 2013 72-hour sex trafficking sting, a FBI-led operation rescued 105 children and netted 152 pimps in 76 cities nationwide, including four pimps in the Twin Cities metro area.

Violence & Abuse Have Multi-Generational Consequences

<table>
<thead>
<tr>
<th>萝</th>
<th>NOT SEXUALLY ABUSED</th>
<th>SEXUALLY ABUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>11th GRADE BOYS</td>
<td>11th GRADE BOYS</td>
<td></td>
</tr>
<tr>
<td>1%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Have hit, slapped or physically hurt girlfriend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3%</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Have pressured girlfriend into having sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Have been involved in a pregnancy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Minnesota Student Survey, 2013
Intimate partner violence can escalate in predictable and deadly ways. In 2013, 15 of the 25 cases of intimate-partner homicide in Minnesota occurred after the woman had left the relationship or when she was attempting to leave. Well-documented factors that predict escalation to lethal levels of violence such as extreme jealousy and dominance, rape, serious injury from prior abuse, threats with weapons were present in most of these cases.19

Intimate-partner (or domestic) violence, sexual violence, and stalking survivors experience short- and long-term chronic disease and other health impacts.18 Survivors of these forms of violence in their lifetime are more likely than women who did not experience them to report post-traumatic stress disorders, depression, asthma, diabetes, irritable bowel syndrome, frequent headaches, chronic pain, difficulty sleeping, activity limitations, and poor physical and mental health. Forty-nine percent (49%) of college students who reported a lifetime experience with sexual assault and 43% of those reporting intimate-partner violence also report depression, compared to just 16% of students without.21

While only about 25-35% of domestic violence survivors report the crime to authorities, such reporting in immigrant communities is believed to be even lower. Studies have found that immigrant survivors are less likely to seek assistance or report violence because they are afraid they, their partners and/or their children will be deported. In addition, lower incomes, less access to financial resources, and a lack of culturally responsive services constrain options.22

Domestic violence is the second leading cause of homelessness among Minnesota women.

Almost one-third reported that they were homeless in part due to an abusive relationship. Nearly 50% of homeless women stayed in an abusive relationship because they had no other housing options. Homeless women are also more likely to be a victim of childhood sexual and physical abuse.23

Mental health effects for Minnesota children who witness physical abuse in their homes, and those who experience it directly, are equally devastating. Seventy-one percent (71%) of girls from homes with domestic violence reported depression and hopelessness, 36% hurt themselves, and 35% contemplated suicide. Twelve percent (12%) of girls living with domestic violence attempted suicide in the past year (compared to 3% for those from homes without violence).24

Over 60,000 Minnesota women sought domestic violence services in 2012 and estimates are that only 1 in 5 women who are victims access services.17 Women subjected to intimate partner violence are more likely to say that they did not report the violence to the police because they feared the abuse would get worse or that the abuser would not let them report, and are more likely to have gone to an emergency room or sought medical attention or counseling than male victims.18

We could fill Target Field 17 times with the Minnesota women who have experienced rape, physical violence and/or stalking.

The CDC estimates that 684,000 Minnesota women are survivors and Target Field holds 39,000 people.
According to the World Health Organization (WHO), “...‘health’ is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.” In this section, we focus on health outcomes that are unique to women and girls, and on health disparities between groups of women in the state.

When compared to other states, Minnesota’s health outcomes for women and girls look positive. But a closer examination of the data reveals persistent health disparities for Minnesota women of color and women in greater Minnesota.

Reducing health disparities and increasing health outcomes for all Minnesota women and girls goes beyond physical and mental health. It requires social and economic health and opportunity of families, communities, and the entire state.

What is “health?”

A growing body of research shows how living conditions and social and economic opportunity determine health outcomes. “[H]ealth starts in homes and schools, socialization and play. Many Minnesotans, especially populations of color... experience inequitable living conditions and unequal treatment in many aspects of life. Historical, institutional and personal racism have contributed to these inequities, which in turn lead to poorer health status.”

A majority of Minnesota adult women are now considered obese or overweight. In 2012, 24% of Minnesota women were obese and 31% overweight, with greater Minnesota women at even higher risk. These levels have been relatively flat for the past four years, but have grown slightly since 2000, when 28% of the state’s women were overweight and 17% obese. Excessive weight places women at higher risk for many chronic diseases, such as diabetes, cancer, heart disease, and stroke.

Minnesota’s 9th and 11th grade girls are less likely than boys to be physically active for 60 minutes or more daily (11% of girls, compared to 25% of boys), and white girls are more likely to participate in school sports daily than girls of color (37% compared to 18-21% of Latinas, American Indian, Asian-American and African American girls).

Cancer is now the leading cause of death for Minnesota women. Forty-one percent (41%) of Minnesota women will be diagnosed with a potentially serious cancer, while Minnesotans are 6% less likely than the nation, as a whole, to die from cancer. Women are most likely to be diagnosed with breast cancer, but are more likely to die from lung cancer.

American Indians in Minnesota are two times more likely to die from cancer than in the United States, as a whole. Minnesota’s African American women are less likely to be diagnosed with breast cancer than white women, but are more likely to die from it, in part because of later-stage diagnosis.

Minnesota continues to experience lower mortality rates due to heart disease and stroke than the United States, as a whole, with a 38% decline in stroke mortality and a 31% decline in heart disease mortality since 2000. However, Minnesota’s American Indian women have a 34% higher heart disease mortality rate than white women. African American women have a 22% higher stroke mortality rate than white women. Minnesota women are significantly less likely than men to be accessing rehabilitation services after a heart attack or stroke.
A significant proportion of sexually active Minnesota 8th and 9th graders do not practice pregnancy prevention. Twenty-five percent (25%) of African American girls who are sexually active and 21% of Latinas used no form of birth control the last time they had intercourse; 16% of American Indian and Asian American and 14% of white girls took similar risks. One-third of sexually active 8th and 9th graders report that they never discuss pregnancy prevention with their partner.7

Nearly half of Minnesota’s pregnancies are unintended. For some women, this means that there is less opportunity to prepare physically and financially, take advantage of pre-pregnancy risk identification, and initiate needed changes in diet, exercise, smoking and drinking that help ensure a healthy pregnancy.13

Access to prenatal care remains unequal. While 90% of white pregnant women in Minnesota are accessing first trimester prenatal care, only 63% of American Indian, 73% of Latinas, and 74% of African American pregnant women receive this critical care. Women who access prenatal care receive important components of care necessary for a healthy pregnancy and that prevent prematurity or low-birth weight. Lower rates of prenatal care are also linked to higher infant mortality.11

Compared to other age groups, recent research suggests that young adults in the United States have relatively high rates of mental health problems. Forty-one percent (41%) of Minnesota’s women college students report a diagnosed mental-health condition at some point in their life; 28% report a depression diagnosis.12

Minnesota student data is consistent with research showing that gender norms and social definitions of masculinity and femininity have psychological consequences that emerge in adolescence.13 On average, women and girls are more likely to have internalizing problems, like depression, that are more self-destructive, while men and boys have externalizing problems, like anti-social behavior, that are more destructive to others. Minnesota’s 9th grade boys are twice as likely as girls to have hit or beat someone up, while girls are twice as likely to report significant problems with feeling very trapped, lonely, sad, blue, depressed, or hopeless.14

The intersection of race, gender and class impact mental health profiles.15 In most cases, when gender is combined with other often stigmatized identities such as being overweight, gay, or from a community of color the negative mental health consequences are magnified. African American women have similar mental-health outcomes to white women, who have higher socio-economic status, on average. Research links these better-than-average mental-health outcomes to African American cultural conceptions of gender that result in higher levels of self-esteem and self-value for women.16

Minnesota women and girls suffer disproportionately from many “internalized” mental-health conditions, and with counselor-to-student ratios in Minnesota ranked 49th in the nation,17 too many are left untreated. Women and girls of color are less likely than white girls to receive therapeutic treatment.18 Fifty-eight percent (58%) of African American 9th grade girls and 66% of similar Asian girls who reported a long-term mental or emotional problem said they had not received treatment, compared to 35% of white girls.19
Women remain responsible for the majority of unpaid caregiving in our society and low-income women provide more unpaid care, in part, because they do not have the financial resources to secure paid help. Women comprise 75% of Minnesotans providing 20-plus hours per week of regular care or assistance to a friend or family member with a health problem, long-term illness or disability. These caregivers are more likely than others to be at risk for physical strain, emotional stress, and financial hardships. Minnesota high school girls, overall, are twice as likely as their brothers to say they did not participate in after-school activities because they had to care for other family members; 25% of Asian American and Latina girls provided this reason.

Minnesota’s workforce development system reinforces the clustering of women in low-paid caring professions by training them disproportionately for jobs in these occupations. Seventy-three percent (73%) of Minnesota seniors that live alone are women. These women are at greater risk for loneliness and related mental-health problems (34% compared to 9% for those who do not live alone) and are less likely (25% compared to 5%) to have someone to take care of them if they become sick or disabled. These problems are more pronounced in rural areas where distances are greater and isolation more common. Minnesota’s elder women are also twice as likely to live in poverty, with significantly lower retirement and social-security income available to pay for care.

Forty percent (40%) of Minnesota women workers, overall, do not have access to paid sick days.

Eighty percent (80%) of Minnesota’s low-wage workers, disproportionately women, do not have paid sick leave. Without paid leave, these women are more likely to send children to school and daycare when they are sick, more likely to go to work and spread illness when they are sick, and more likely to return to work before it is medically advisable, thereby extending or compromising recovery.

Many uninsured women in Minnesota are full-time low-wage workers. Approximately 42% are working more than 35 hours per week, earning a median income of $23,000.

Centro supports Latino families in the Twin Cities to envision and live a strong future. While the organization offers a wide range of programs, Women’s Foundation funding supports wellness programs that deliver a culturally appropriate continuum of care for Latina women and girls.

Maternal & Child Health, an intensive three-month program in partnership with Hennepin County Medical Center, combines health and parenting education. It connects pregnant Latinas with community mentors and a bilingual doctor for the culturally appropriate pre-natal services and support they need to carry out a healthy pregnancy. The program increases parent education and empowerment and reduces social isolation, leading to healthier pregnancies, births, and babies.

Through this program, Karen, a first-time mother, learned how to have a healthy pregnancy, raise a healthy baby, and model a healthy family. “The best part was connecting and learning from other mothers. The program offered me so much more than information; I felt supported and loved.”

Who is uninsured?

While overall the percentage of Minnesotans who are uninsured is low, access to health insurance is not shared equally.
At the Women’s Foundation of Minnesota, we look toward the day when women enjoy equal influence at all levels of government, businesses and nonprofits, bringing new perspectives and expertise that advance equality and justice.

The data paint a vivid picture of inequality. In fact, at all levels of leadership—from the state Legislature and county commissions to Minnesota courts and schools—women remain conspicuously underrepresented across the state.

In this section, we look at three key areas of leadership: politics, businesses & nonprofits, and law. Across all three, the data show that progress for women leaders in Minnesota has slowed, stalled, and in some professions, gone backwards.

Research shows that the most productive companies have the most women in leadership. Diverse women leaders also signal to our girls that their options are limitless and to our boys that women are equals. In this global economy, we cannot afford to leave any of the state’s talent on the sidelines.

Women in elected office at the Minnesota Legislature are stuck at one-third, slightly below historic highs. Sixty-eight (68) women serve in the Minnesota House and Senate. The historic high of 70 women was achieved from 2006-2008.1

Overall averages mask the fact that large parts of greater Minnesota are not represented by women at all. Almost one-third of the state’s three-seat legislative districts (two House and one Senate) include no women and two-thirds of those are in rural areas of the state.2

More than 50% of Minnesota’s county commissions do not include women. Representation has actually fallen from a historic high of 15% (1998) to the current 14%. Essentially, women’s voices are shutout of public funding decisions that total $5 billion, annually.3

Across the state, women are underrepresented in city government. One in four city councils has no women and 72% of Minnesota’s city council members are men. Women mayors are similarly rare, at 16%. Other local leadership roles remain gendered, with women filling 89% of clerk-treasurer roles but only 26% of city manager or administrator roles.4
Women of color and LBT (Lesbian, Bisexual, Transgender) women are absent from the majority of local elected bodies. Even in the socially, racially, culturally diverse Twin Cities metro area, the 13-member Minneapolis City Council includes just one woman of color and the seven-member St. Paul City Council has none.

Only two of Minnesota’s eight congressional districts are represented by women and one of those women will not seek reelection in 2014.

Women bring different life experiences to the political decisionmaking process.

While not true of every woman, research provides considerable evidence that women public officials, on average, do have a gender-related impact on public policy and the policymaking process. Women voters can drive policy change. In 2012, Minnesota women voters were instrumental in defeating the constitutional amendment that would have banned same-sex marriage: 57% of women voted “no” on the amendment, compared to 47% of men.

Women and Women of Color are Underrepresented in Minnesota City Government

Women voters can drive policy change. In 2012, Minnesota women voters were instrumental in defeating the constitutional amendment that would have banned same-sex marriage: 57% of women voted “no” on the amendment, compared to 47% of men.6

Women and Women of Color are Underrepresented in Minnesota City Government

Women voters can drive policy change. In 2012, Minnesota women voters were instrumental in defeating the constitutional amendment that would have banned same-sex marriage: 57% of women voted “no” on the amendment, compared to 47% of men.6

City government leadership roles remain gendered

Women voters can drive policy change. In 2012, Minnesota women voters were instrumental in defeating the constitutional amendment that would have banned same-sex marriage: 57% of women voted “no” on the amendment, compared to 47% of men.6

Women and Women of Color are Underrepresented in Minnesota City Government

Women voters can drive policy change. In 2012, Minnesota women voters were instrumental in defeating the constitutional amendment that would have banned same-sex marriage: 57% of women voted “no” on the amendment, compared to 47% of men.6

City government leadership roles remain gendered

Women voters can drive policy change. In 2012, Minnesota women voters were instrumental in defeating the constitutional amendment that would have banned same-sex marriage: 57% of women voted “no” on the amendment, compared to 47% of men.6

Women and Women of Color are Underrepresented in Minnesota City Government

Women voters can drive policy change. In 2012, Minnesota women voters were instrumental in defeating the constitutional amendment that would have banned same-sex marriage: 57% of women voted “no” on the amendment, compared to 47% of men.6

City government leadership roles remain gendered

Women voters can drive policy change. In 2012, Minnesota women voters were instrumental in defeating the constitutional amendment that would have banned same-sex marriage: 57% of women voted “no” on the amendment, compared to 47% of men.6

Women and Women of Color are Underrepresented in Minnesota City Government

Women voters can drive policy change. In 2012, Minnesota women voters were instrumental in defeating the constitutional amendment that would have banned same-sex marriage: 57% of women voted “no” on the amendment, compared to 47% of men.6

City government leadership roles remain gendered

Women voters can drive policy change. In 2012, Minnesota women voters were instrumental in defeating the constitutional amendment that would have banned same-sex marriage: 57% of women voted “no” on the amendment, compared to 47% of men.6
By multiple measures, women make great business leaders. A study in the Harvard Business Review (2012) found that women business leaders outscored their male counterparts on 15 of 16 competencies. At every level, more women were rated by peers, bosses, and direct reports as better overall leaders than their male counterparts, and the higher the level of leader, the wider the gap.7

Going the extra mile helps, but is not enough. A 2011 study of 3,400 new, high-potential male and female MBA grads found that women who did everything possible to advance their career got more promotions and higher pay than women who didn’t, but they still lagged behind men.8

Research shows that a minimum of three women on a board is needed to substantially change group dynamics, impact interactions, influence issues, and affect outcomes.8A Only 11 of Minnesota’s top 100 publicly-held companies meet this criteria.9

Even in sectors where women are the majority of the workforce, top leadership is male.

![Women business leaders outscored their male counterparts on 15 of 16 leadership and management competencies.](2012 Harvard Business Review)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBA Grads</td>
<td>70%</td>
<td>73%</td>
</tr>
<tr>
<td>CEOs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>84%</td>
<td>74%</td>
</tr>
<tr>
<td>Superintendents</td>
<td></td>
<td>86%</td>
</tr>
</tbody>
</table>

American Community Survey 2012; Star Tribune and MN Department of Education

Minnesota’s Top Companies are not Diversifying their Boards

Number of New Independent Corporate Directors in Minnesota’s Top 100 Publicly-held Companies by Sex and Race

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>58</td>
<td>14</td>
</tr>
<tr>
<td>2011</td>
<td>45</td>
<td>5</td>
</tr>
<tr>
<td>2012</td>
<td>44</td>
<td>11</td>
</tr>
</tbody>
</table>

2012 Minnesota Census of Women in Corporate Leadership

While women have comprised nearly half of law school students since the 1980’s, parity in the courts and law firms evades them. According to a MN State Bar Association study (2011), 55% of male and female attorneys said they saw gender bias in legal workplaces, 50% said the same of interactions with opposing counsel, and 40% in Minnesota courtrooms, all up from 2006.11 Legal occupations have among the highest pay gaps in the state (50%).12

Decisions which profoundly impact women’s lives are made in our state and federal courts, yet women remain underrepresented on most courts. In 2013, Jane Kelley became the second woman to ever be appointed to the Federal 8th Circuit Court of Appeals. This powerful court, which includes Minnesota, sits just below the U.S. Supreme Court and is now tied for the worst gender diversity in the country. Only 29% of Minnesota’s Supreme Court justices are women.13

While progress has been made to increase the gender diversity of Minnesota’s state courts, it is not spread evenly throughout the state. In some rural areas, significant disparities persist: notably the 6th District Court in northeast and the 8th District Court in west central, each with just 18% women.12 13
What can you do?

**ECONOMICS:**
- Educate and encourage the girls in your life to pursue careers in science, engineering and the skilled trades.
- Advocate for policies that expand access to high-quality, affordable early learning and childcare.
- Support legislation that expands paid family and sick leave for working families and assist older women’s retirement security.
- Buy from women-owned, women-run businesses (www.wbenc.org).
- Learn more about how to negotiate for the wage you deserve (www.wageproject.org). Then, coach the girls and women in your life to do the same.
- Take the Harvard Implicit Association Test to learn more about assumptions we make and the consequences in our workplaces (http://bit.ly/1bqPi0F).

**SAFETY:**
- Support MN Girls Are Not For Sale, a campaign of the Women’s Foundation of Minnesota to end the sex trafficking of Minnesota girls (WFMN.ORG).
- Pay attention to the way others in your life talk about women and girls. Challenge racist, sexist and homophobic comments.

**HEALTH:**
- Mentor a girl or young woman in your life; caring relationships with adults help create resiliency.
- Buy organic or locally sourced food.

**LEADERSHIP:**
- Run for elected office and invite other women to run too! Attend Vote, Run, Lead or another political training.
- Join a judicial selection commission or another body that recommends leadership appointments.
- Recruit and coach a woman colleague for a promotion or leadership role at work or in the community.
- Host a Miss Representation viewing party with your friends and family (therepresentationproject.org).
- Take the stairs, walk to the store, bike, do yoga – just move your body!
- Create an ongoing, open dialogue with girls and boys in your life about reproductive and sexual health.
- Learn about the social determinants of health (http://bit.ly/5fyX4n) and support policies and programs that help create economic, social and physical environments that promote good health for all.

**What can you do?**

**JOIN THE REPRESENTATION PROJECT AND USE THEIR TOOLS TO IDENTIFY SEXIST MEDIA DEPICTIONS AND START CONVERSATIONS WITH TEENS AND WITHIN YOUR FAMILY ABOUT THE POWERFUL INFLUENCES OF MEDIA (THEREPRESENTATIONPROJECT.ORG).**

**SHARE SEXUAL ASSAULT RESOURCES WITH GIRLS AND WOMEN, AS WELL AS SCHOOLS, LAUNCHED BY THE WHITE HOUSE TASK FORCE TO PROTECT STUDENTS FROM SEXUAL ASSAULT (HTTP://1.USA.GOV/1IIXRGXU).**

**EDUCATE THE MEN IN YOUR LIFE ABOUT HOW THEY CAN HELP CHANGE BOYS’ ATTITUDES ABOUT SEXUAL AND DOMESTIC VIOLENCE (MENASPEACEMAKERS.ORG OR ACALLWOMEN.ORG).**

**CALL YOUR CHILD’S SCHOOL AND INSIST THAT SEXUAL AND DOMESTIC ABUSE IS ADDRESSED IN HEALTH EDUCATION MATERIAL.**

**HELP YOUR LOCAL SCHOOL DISTRICT IMPLEMENT MINNESOTA’S NEW ANTI-BULLYING LAW, THE SAFE AND SUPPORTIVE SCHOOLS ACT.**

A note about race, ethnicity and sex

Throughout this report, we use the words Latina/o, American Indian, African American, Asian American and White to represent racial/ethnic categories. We recognize that individuals identify in various ways and some may not use these words, preferring other identifiers. The American Community Survey and many other surveys and data collection tools include self-identification data items in which participants choose the race or races with which they most closely identify, and indicate whether or not they are of Hispanic or Latino origin (often the only categories for ethnicity).

We recognize that racial categories are a social-political construct for the race or races that respondents consider themselves to be and “generally reflect a social definition of race recognized within the context of the United States (Census Bureau).”

For the purpose of Census Bureau surveys and the decennial census, sex refers to a person’s “biological” sex and participants are offered male and female as options. Throughout this report we use the terms men and women, boys and girls and are relying on the self-identification of individuals. We recognize that individuals identify in various ways and some individuals may express their gender and/or sex differently. While working with the limitations of available survey data, we acknowledge and respect the variation in these expressions.