



A Better Way Forward for the Women at Mass. and Cass

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*This memo was prepared by the **Women and Incarceration Project** at Suffolk University's Center for Women's Health and Human Rights.*

Women living at Massachusetts Avenue and Melnea Cass Boulevard (Mass. and Cass) in Boston struggle with an array of short-term and long-term challenges related to their experiences of gender inequality and violence. To address this, **Mayor Wu's recent decision** to develop transitional housing in the vicinity of Mass. and Cass is a suitable first step in enabling women to (re)build their lives by staying near their current sources of health care, caseworkers, and social networks. To meet women's needs, this housing must provide:

- private and secure individual living quarters
- restrooms that ensure bodily dignity
- autonomy to come and go at will
- the right to receive visits from friends and family
- safety from sexual assault
- freedom from harassment by police, and
- freedom from threats of eviction for breaking rules that do not harm other residents

Most importantly, transitional housing must be part of a clearly articulated and funded plan to help women move into permanent housing with appropriate supports that allow them to fully (re)build and reclaim their lives.

Key Principles of Transitional Housing for Women

Transitional housing should not simply seek to put a roof over the heads of women who have been living on the street. To truly ensure the safety of these women and fully realize the potential of this policy intervention, this housing site must provide refuge and support from **sexual abuse**, facilitate voluntary treatment for substance use and its **risks**, and curtail the never-ending **cycling of harmful institutions** that fails to place women in permanent housing. Mayor Wu's proposed transitional housing must incorporate the following:

Privacy, security and autonomy: Successful transitional housing must maximize opportunities for women to re(gain) a sense of control over their bodies. The lack of private sleeping quarters and restrooms at many shelters and residential facilities is especially terrifying for women who have experienced abuse. Women need to be able to control the lighting in their sleeping spaces, shower when they feel the need to do so, and use their phones at will. Moreover, given common histories of having been kicked out of their parental homes, couch surfing with friends and cycling through multiple shelters and institutions, transitional housing must allow women the security that comes from knowing they can remain in the housing even if they fail to follow minor rules and regulations.

Support for the maintenance and creation of social networks: For many women, **the key to survival is the networks of relationships** with friends, romantic partners, family members and service providers. On top of improved mental and physical health, **studies** show that a protective community provides safety from and accountability for sexual assault. Private and secure rooms that protect women from sexual predation must be balanced by communal spaces that allow for visits from family and friends and for residents to spend time in community comfortably. In order to preserve these relationships, women need to be able to come and go at will in order to see their families and friends and manage medical and other appointments.

Opportunities for women to spend significant time with their children, when their health allows: Based on **data of incarcerated women** nationally, as well as anecdotal conversations with Boston women, it is likely

that many women at Mass. and Cass are mothers who had custody of their children taken from them or were able to place their children with relatives. For children, **relationships with their mothers are associated with better health and well-being**. For mothers, **relationships with children moderate substance use and reduce mortality**. Transitional housing must allow children to visit and provide appropriate spaces stocked with toys and facilitate access to kitchens so that mothers may care for their children in a private and dignified manner.

Presence of social services and trusted workers: Mass. and Cass, with its proximity to proven and trusted **harm reduction services**, is a logical option for this community. Nearby Boston Medical Center (BMC) provides essential services such as medication-assisted treatment—including daily methadone—as well as specialized clinics for women's health and treatment of trauma. Given the exceptionally high rates of chronic and acute illnesses and a recent HIV outbreak, the expert care at BMC can be life-saving. The proximity to and familiarity with BMC also provides a long-term crutch for some women.

One woman Sered interviewed explained that although she now has permanent housing in Brighton she sometimes comes and sits outside BMC when she feels that her mental health challenges are at a danger point. Knowing that “they know me there” often is sufficiently comforting to head off a major crisis.

Facilitation and support for a variety of voluntary substance use treatment options: The best, most effective treatment options center the autonomy of unhoused women and their ability to make their own choices about their lives, bodies, and health care. Coerced treatment (whether explicitly through civil commitment or implicitly through requiring participation in a treatment program in order to access other services or to avoid incarceration) is both **ineffectual** and places women at higher **risk of drug overdose and death**.

A Clear Path to Permanent Housing

Any short-term solutions to current encampments must be part of funded plans for low-threshold, permanent housing that ensures safety and privacy and facilitates the preservation and nurturing of family and other important relationships.

Most importantly, the City and State must develop ongoing, participatory processes to assess needs and potential solutions that center the input of unhoused women living in the area. As Representative Ayanna Pressley (MA-07) **stated**, “those closest to the pain should be closest to the power.”

For additional proposals, see *Protect Human Life and Respect Human Dignity through Housing First and Public Health* (Public Health & Human Rights for Mass. and Cass Coalition).