# FROM MARGIN TO CENTER:

A Policy Platform Calling for Reproductive Justice by and for Young Women and Nonbinary People of Color



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© April 2021, Young Womxn of Color for Re	producti
<b>The Young Womxn of Color for Rep</b> of Advocates For Youth, is a council of 14 educate, empower, and fight back against is We seek to aid young womxn of color in har	-24 yea ssues im

ctive Justice Leadership Council (YWOC), a project ar old young womxn of color organizers who are working to npacting their community through a reproductive justice lens. ig their power and mobilize them in solidarity with each other to create a society free from all forms of oppression, specifically those that directly impact young womxn of color. YWOC serves as the leadership council for the YWOC4RJ Collective and regularly engages the larger collective through online and offline activism opportunities. YWOC is currently made up of 16 womxn from across the country organizing to decrease sexual health disparities in communities of color, advocating for the inclusion of young womxn<sup>1</sup> of color in creating solutions to address the impacts of oppression, and building power with a new generation of organizers for reproductive justice.

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## 1. Acknowledgements & Introduction

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tive Justice, a project of Advocates For Youth

# Introduction

America is not a nation that provides reproductive freedom for all who call it home. We are not equally afforded the choice to have or not have children. Nor are we all able to raise our children in a safe environment, free from violence. Access to healthcare, education, and other necessities is not evenly dispersed. Reproductive justice means that not only do we believe everyone should have access to the reproductive healthcare they need and deserve, but also that they should have reproductive health, wellness, safety, access, and freedom in a variety of ways that are connected to our decisions to parent or not have children. This goes beyond the need to ensure everyone can obtain contraceptives or an abortion - this is about the holistic experiences of young women and nonbinary people of color and our need for reproductive freedom and an end to all forms of oppression.

In the current moment, women and nonbinary people of color in the US face marginalization for both race and gender, as well as potentially experiencing classicism, homophobia, transphobia, ableism, and xenophobia. Much of this is exacerbated for youth of color in particular, because we are often denied agency due to our age on top of already experiencing multiple forms of oppression.

But, just because this is the way it has been doesn't mean it is the way it always has to be--the moment is now to bring forth an intersectional feminist vision for what the United States could become. Despite a longstanding history of state sanctioned and interpersonal violence against young women and nonbinary people of color, it is time for an active investment in young people of color and our futures. While we acknowledge that policy alone will not end oppression or marginalization, we also recognize that policies are the rules of the institutions that greatly impact our lives. This means that who writes these rules and who these rules are written for are of the utmost importance.

What could an intersectional feminist America look like and how do we get there? What does reproductive justice look like in real time? What would reproductive health, wellness, safety, access, and freedom for young women and nonbinary people of color - and for all people-look like legislatively? This document outlines our vision and policy platform with recommendations and legislative solutions. If you are interested in using these policies in your advocacy or state legislation, please contact us for assistance at ywoc4rjleadership@gmail.com.

## 2. Young Women & Nonbinary People of Color Need **Reproductive Health, Wellness, & Safety**

Safety for young women and nonbinary people of color means the ability to make informed decisions about our bodies and health, and freedom from state sanctioned and interpersonal violence. This includes widespread availability of medically accurate health information that enables people to seek the care they need and make informed decisions about their health, body, and families, including if and when they choose to parent. Safety also means the ability to access reproductive healthcare without fear of discrimination or being treated differently because of our identitities. This means actually investing in young women and nonbinary people of color and must include funding to research reproductive health disparities among our populations, funding to shift these disparities, sexual violence prevention as well as accountbility for those who cause us harm, and an end to all forms of state sanctioned violence.

### Best Practices & Policy Resources to Increase Safety for Young Women and Nonbinary People of Color:

- color are doing worse than white women.<sup>2</sup>

Black women die from cervical cancer at twice the rate of white women, and the subtypes of HPV most common in Black and white people are not comparable.<sup>3</sup>

experiences with HPV and cervical cancer.



**1.** The US has wide disparities in healthcare, and in every major reproductive rights and sexual health indicator, from maternal mortality to the incidence of cervical cancer, women of

 Lawmakers should pass legislation that requires study of disparities of young people of color's reproductive health, like New Jersey's Assembly Bill 5029 which required their Office on Minority and Multicultural Health to study racial disparities on sexual and reproductive health of African-American women.

Lawmakers should pass legislation to fund research and data collection that prioritizes people of color's

- 2. Around 10% of women of childbearing age have endometriosis.<sup>4</sup> It is challenging for people with uteruses to get diagnosed with endometriosis generally, but it is even more challenging for people of color.<sup>5</sup> Although overall, people of all races suffering from endometriosis struggle to get diagnosed, less research has been done about endometriosis and its effects on Black people and other people of color which leads to fewer diagnoses, which then makes it difficult to get treatment.6
  - · Lawmakers should pass legislation that will educate young people with uteruses in public schools throughout the state about endometriosis at the age of disease onset - when they get their first period as a pre-teen or teenager, like New York Senate Bill 1016.
- **3.** Implicit bias among health care providers leads to women and nonbinary people of color not being believed about our pain and symptoms.<sup>7</sup>
  - Lawmakers should pass state legislation that makes implicit bias training for race, sexual orientation, and gender - a continuing education requirement for all medical professionals like California Assembly Bill No. 241.
- 4. There are enormous racial disparities in who survives pregnancy and childbirth between white people and people of color. Black, Native American and Alaska Native people are roughly three times more likely to die from causes related to pregnancy.<sup>8</sup> Young people in particular have a higher risk of maternal mortality.9
  - Federally, lawmakers should pass the "Mothers and Offspring Mortality & Morbidity Awareness (MOMMA) Act (H.R. 1897 and S. 916.), which would expand pregnancy-related Medicaid coverage to cover a year after childbirth-as close to 40% of maternal deaths happen during this time period.<sup>10</sup> The MOMMA Act would also require coverage of oral health care during pregnancy, as untreated dental disease is the cause of many adverse pregnancy outcomes.<sup>11</sup>
  - Create state maternal mortality review boards, similar to ones created through the passage of NY Assembly Bill A3276.
  - Expand state Medicare coverage to include:
    - Doulas similar to this Rhode Island H 5609 bill where "qualified, trained doulas would • be eligible for reimbursement through private insurance and Medicaid for up to \$1,500 per pregnancy."
    - Postpartum care similar to TX HB744 "that would extend pregnancy-related Medicaid coverage from the current limit of 60 days following childbirth to one year post-partum. Postpartum coverage is particularly important, since a large portion of maternal deaths occur not during labor, but in the months after labor (a time during which many parents have lost their Medicaid coverage)."
    - Abortions - similar to Texas' HB1362 and SB448, which would lift the state Medicaid funding ban for abortion care and add abortion care to the list of services covered by the Medicaid program.
- 5. Many have illustrated a clear connection between reproductive justice and environmental justice.<sup>12</sup> The environment around us impacts our ability to have or not have children and raise them safely. from clean water and clean air, to food, land and products that do not have dangerous toxins. Unsafe water, like the water many people of color have been drinking in Flint, Michigan, is directly tied to both fetal death and low fertility rates.13

Federally, lawmakers should support policies to regulate toxins in beauty and menstrual products by passing the Safe Cosmetics and Personal Care Products Act of 2019, "the only federal cosmetic safety legislation that would immediately ban more than a dozen of the worst toxic chemicals from cosmetics, fund research into safer alternatives, address the over-exposure of communities of color to toxic chemicals, require full fragrance ingredient disclosure, and ban most animal testing."

- the cost of clean water more affordable for every person.<sup>13</sup>
- like this NY bill, Senate Bill S2387B.
- those informed decisions.
  - this policy in Broward County, Florida.
  - ensure that federal funding is allocated to comprehensive sex education programs.
  - stigma and shame, and stifling young people from honest discussion about sexuality.
- public constitute just the tip of the iceberg.<sup>17,18</sup>
  - wellbeing, at a local, federal, and state level.
  - police departments that refuse to ban all forms of police sexual misconduct.
- surveyed in a 2016 study banned the use of force against pregnant people.<sup>19</sup>

Lawmakers should include increasing federal funding for state and local water infrastructure, and make

Lawmakers should pass state legislation requiring the disclosure of ingredients in menstrual products

6. Young people of color have the right to lead healthy lives and make decisions about their health, and having accurate information and education is critical to being able to make

 Lawmakers should mandate comprehenisve sex education that is medically accurate and age appropriate and includes consent and LGBTQ rights and justice in all K - 12 public schools. This can be done at a state level, like the California Healthy Youth Act, AB 329, Washington SB 5395 or Florida SB 1056, or locally, like

At a federal level, lawmakers should pass the Real Education for Healthy Youth Act (REHYA) which would

Lawmakers should finally end the funding of dangerous abstinence-only-until-marriage (or "sexual risk avoidance") programs that harm young people by providing medically inaccurate information, reinforcing

7. State sanctioned violence hurts young women and nonbinary people of color - not only do policing and prisons traumatize young people who are put in cages, but they are also a huge waste of resources that could go towards supporting young people's safety, health, and wellbeing. Close to 2,000 young people are arrested in the US on a daily basis, and in 2018 alone, 728,280 people under 18 were arrested in the U.S - on average a young person is arrested every 43 seconds in the US.<sup>14</sup> The US spends approximately \$5 billion per year to incarcerate young people.<sup>15</sup> After excessive force, police sexual violence is the second most frequently reported form of police misconduct - and victims of sex-related police crime are typically younger than 18 years of age.<sup>16</sup> While young Black men are the demographic most likely to be murdered by police, police violence impacts young women and nonbinary people of color as well, as police sexual violence disproportionately targets Black women, girls, trans, gender nonconforming and nonbinary people. A police officer is caught in an act of sexual misconduct every five days on average - and many researchers agree that reported incidents that become

· Lawmakers should defund the police and redirect funding from local police programs toward sexual violence prevention programs and other programs that support young people's safety, health, and

Lawmakers should enact and enforce zero-tolerance policies toward sexual harassment and assault of members of the public by police officers. In the interim, lawmakers should deny federal funding to any

Lawmakers should ban use of tasers or excessive force on all people. In the interim, lawmakers should ban use of excessive force against pregnant people specifically - fewer than half of the police departments

- · Lawmakers should evaluate the usage of juvenile detention centers and the harmful practices that occur within them, as well as re-direct the funds that go to juvenile detention centers to programs and interventions that actually support young people's safety, health, and well-being.
- Lawmakers should ban illegal "gender searches" on trans people and nonbinary people.

The epidemic of sexual violence disproportionately impacts young women and nonbinary people of color. Roughly three out of five American Indian and Alaska Native women have been assaulted in their lifetimes, and around 52 percent of African American women, 51 percent of White women, and 50 percent of Asian American women have been assaulted.<sup>20</sup> Additionally, girls between ages 16-19 are four times more likely than the general population to be victims of rape, attempted rape, or sexual assault.<sup>21</sup> Close to half of students in grades 7-12 and around two-thirds of college students report experiencing sexual harassment in schools.<sup>22</sup>

- Lawmakers should create requirements for accurate research about sexual violence in schools state lawmakers should require their State Department of Education to develop a comprehensive, standardized campus climate survey for schools to administer every two years.
- Lawmakers should work to implement comprehensive sex education that includes consent and healthy relationships.
- Lawmakers should make sure information about reporting sexual violence and resources for surivviors are clear and accessible, which includes making sure every school gives all students with a written copy of its rules and policies regarding gender-based misconduct.
- For more policies and practices to support survivors in schools, lawmakers should adopt recommended policies and practices in the Know Your IX State Policy Playbook.



## 3. Young Women & Nonbinary People Of Color Need



Reproductive freedom for young people of color means the ability to make decisions about our bodies and health without criminalization, stigmatization, and discrimination. It also means the ability to be who we are without fear of discrimination and violence, to be able to make decisions about our own bodies and healthcare without parental interference, and an end to all reproductive coercion by the state and intimate partners.

#### Best Practices & Policy Resources to Increase Reproductive Freedom for Young Women and Nonbinary People of Color:

- specific health and safety needs that must be addressed, first and foremost.
  - this DC City Council bill, or at a state level this NY State bill.
- Additionally, states should ban using condoms as evidence for "prosition-related" offenses.
- continuing their education.<sup>23,24</sup>
  - students for medical and legal appointments.
- penalties for folks living with HIV, which is a step in the right direction.

  - PEP during HIV post-test counseling.

## **Reproductive Freedom**

**1.** Lawmakers should pass legislation that will decriminalize sex work. Young sex workers have

Lawmakers should pass policies that remove penalities for engaging in the sex trade at a local level, like

2. Many pregnant or parenting young people are unfairly and unjustly pushed out of

 Lawmakers should pass legislation that supports the rights and wellbeing of pregnant and parenting students, like Maryland House Bill 616 which allows excused absences for pregnant and parenting

3. People living with HIV are unfairly criminalized in many ways. Although no one should be criminalized for living with HIV at all, some states have put forth HIV modernization laws which reduce the

At a state and local level, HIV related laws need to be modernized, including updating the state's sex education curriculum or standards to include up-to-date, inclusive, culturally responsible, and medically accurate information about HIV. For example, Georgia representative Jasmine Clarke introduced HB 133, to modernize information about HIV in sex education curricula, which currently only mentions AIDS.

States should prioritize minors' access to pre-exposure prophylaxis (PrEP). PrEP is an HIV prevention method in which young people who are not living with HIV take medicine daily to reduce their potential exposure to HIV. In August 2019, California Governor JB Pritzker signed the Youth PrEP Bill, HB 2665, which allows minors to access preventative health care services, like PrEP, without parental consent. Three years ago, California Governor Jerry Brown signed Public Health: HIV, AB 2640, which ensures that people who are not living with HIV, but may be deemed high risk, will receive information about PrEP and

- Cities should also prioritize the accessibility and distribution of PrEP. For example, Atlanta's Mayor Keisha Lance Bottoms introduced legislation to boldly expand access to PrEP, and it was unanimously approved by the city council. Atlanta's legislation authorizes \$100,000 to provide PrEP to groups that include LGBTQ young people of color.
- States should also provide funding for programs supporting people living with HIV. These programs include AIDS Drug Assistance Programs (ADAP), Medicaid, and those that support peer navigation, educate communities on testing and treatment options, and ensure a smoother transition to adult HIV care.
- Federally, lawmakers should pass the PrEP Access and Coverage Act. •
- 4. Fear of discrimination may stop many queer and trans womxn of color from going to the doctor or obtaining other services. Lawmakers should work to end the ability to discriminate against people in healthcare, in particular LGBTQ people.
  - Promote equal recognition and treatment of all families, including LGBTQ families.
    - Lawmakers should pass state legislation like SB618, an LGBTQ Family Justice Bill in Hawai'i, which would prevent many queer couples from needing to pay several thousands of dollars to adopt a child that their partner has, even if the couple is married - this bill would change that and allow the 2nd parent to be put on the childs birth certificate at no additional cost.
    - Lawmakers should pass state legislation like The California Foster Care Non-Discrimination Act, AB 458, which prohibits discrimination in the foster care system for LGBTQ people, people living with HIV, and other protected groups.
    - Lawmakers should pass the federal Equality Act, or state legislation that "would provide consistent and explicit non-discrimination protections for LGBTQ people across key areas of life, including employment, housing, credit, education, public spaces and services, federally funded programs, and jury service."
    - Prevent any healthcare provider from practicing "conversion therapy" with any minors through passage of state legislation like VA Senate Bill 245.
- 5. The majority of states currently enforce laws that require a young person to notify or obtain consent from one or both parents before they can receive abortion care.<sup>25</sup> Young people of color are the experts of our own lives. Lawmakers should end mandated parental notification and involvement laws at the federal or state level.
  - Lawmakers should pass the MY Access Act (Minors & Youth Access to Sensitive Health Services Act). "which would guarantee that minors and young adults who are dependents on their parents' insurance plans may independently consent to a range of sensitive health care services and to receive those services in a manner that is confidential from the moment they seek services through any billing or communications that follow."
- 6. 1 in 4 women will have an abortion in her lifetime, and access is consistenetly threatened by laws that create obstacles to care.<sup>26</sup> For people of color, abortion restrictions can cause disproportionate harm.
  - Allow minors to access all care, including abortion without mandated parental notification or involvement by passage of laws such as this DC law.
  - Decriminalize all abortions, including self-managed abortions, with passage of state legislation like this MA bill.
  - Reverse the Hyde Amendment in annual appropriations bills, which would then allow public funds to be used for abortion. Additionally federal lawmakers should pass the EACH Act, which would lift bans on private and public insurance abortion coverage, ensuring that every person, regardless of income, can get the affordable abortion care they need.

## 4. Young Women & Nonbinary People Of Color Need **Reproductive Healthcare Access**





Young womxn of color need access to all forms of reproductive health care on demand and without apology. Overall, treating healthcare as a right available to all through a universal healthcare system would lead to widespread access for young women and nonbinary people of color. This would include the passage of legislative packages like Medicare for All, and guaranteed access to care within school systems with services provided in schools from K-12 through public college.

Best Practices & Policy Resources to Increase Access for Young Women and Nonbinary People of Color:

- of an estimated 70,000 people a year.<sup>27</sup>
  - Hyde Amendment.
- face assault and other forms of violence while inside.<sup>29</sup>
  - does MD Senate Bill 598
  - MA S.2063.
  - pregnant incarcerated people.
  - •

1. Guaranteed universal healthcare, including all forms of reproductive care, such as contraceptives and abortion for all who need it would be a major shift in acess, as it would prevent the deaths

· Lawmakers should pass a Medicare for All federal bill, which includes reversal of the

· Federally, Lawmakers should pass the Health Equity and Access under the Law (HEAL) for Immigrant Women and Families Act which would ensure that immigrants could access publicly funded healthcare.

2. The number of women who are incarcerated in the US is rapidly growing, and around twothirds of them are women of color.<sup>28</sup>LGBT people are more likely to be incarcerated and more likely to

Requiring all corrections and detention centers to have menstrual products for incarcerated people as

Ending shackling of pregnant people during labor by passing state legislation similar to

Lawmakers should pass legislation similar to MD Senate Bill 629: Pregnant Inmates Bill which requires all prisons, jails, and detention centers to develop and provide written policies about providing care for

Lawmakers should pass state legislation like FL SB 852 which requires that pregnant incarcerated individuals that go into labor in correctional facilities are transported to an appropriate medical facility without delay, given proper medical care, and not placed in restrictive housing involuntarily.

- 3. Everyone, including trans and gender non-conforming young people, should be able to safely access simple necessities like restrooms and housing at their schools.
  - Create gender neutral restrooms and housing on all college campuses.
    - Lawmakers should pass state bills like Illinois Senate Bill 556, The Equitable Restrooms Act, which states "in a place of public accommodation or public building shall be identified as allgender and designated for use by no more than one person at a time or for family or assisted use."
    - Individual school districts and universities can change policies to adopt gender neutral housing on campus. Lawmakers should pass school district legislation similar to this Denver, Colorado school district resolution that requires each school have at least one gender neutral restroom.

Access to reproductive and sexual health services within schools, from K-12 through higher education, would improve access to care for young womxn of color and assist us to get the care we deserve. Services that need to be accessible include:

#### **Contraceptives:**

- Make contraceptives available at all public school health centers 24/7, like MD HB1111/SB969 which would make Plan B available at all hours to college students in Maryland.
- Lawmakers should pass state legislation similar to the Maryland Contraceptive Equity Act which
  requires insurance companies to cover contraceptives as well as eliminates co-pays for birth
  control.
- On a school district or college campus level, make free condom dispensers widely available in school restrooms.

#### Medication abortion:

- Make abortion medication available in all public university health centers as was done through the Just Care bill in California.
  - PrEP (pre-exposure prophylaxis):
    - Lawmakers should pass state legislation like Connecticut House Bill 6540 which "increases access to preventative and prophylactic interventions for minors at risk of exposure to HIV. In addition to the provision of treatment, any licensed physician or advanced practice registered nurse may now examine and provide prophylaxis for HIV infection for a minor without parental consent".

Many who cannot afford pads and tampons--which experts estimate is around one in five young people who menstruate- miss school while on their periods.<sup>30</sup>

• Make menstrual products free in all state public schools as is done in this state bill in VA, or in the the Menstrual Equity Act, which if passed would make free menstrual products available for free in K-12 schools, public universities, and public facilities throughout California.

This Policy Platform seeks to share what young women and nonbinary people of color need and how policy makers can provide solutions to address the reproductive oppression that young people of color face. True reproductive health, safety, freedom, and access can be achieved through the demolition of racism, sexism, classism and other forms of oppression like transphobia, homophobia, ageism, and ableism. Young women and nonbinary people of color are often the most marginalized within American society, and in order to free all people, the most marginalized need to be freed first. Although we are quite far from everyone within the US having the safety, freedom, and access they deserve, this platform provides some best practices and policy solutions that would move us closer to reproductive justice for young people of color and for all.



# References

- 1. The word womxn is an alternative spelling to avoid the suggestion of sexism perceived in the sequences m-a-n and m-e-n. We are using womxn with an x to connote that we strive to be intentionally inclusive of trans women and nonbinary people, and to denote inclusion of all women- and femme-identified people. Additionally, there is a lack of robust data about nonbinary and trans folks, and throughout this document we refer to some legislation and data that only includes cis women. We acknowledge that language is constantly shifting and although we aim to be more inclusive by using the word womxn, not all nonbinary people and trans women feel represented by the word womxn. We are currently in the process of renaming YWOC and removing womxn from the name. Source
- "Addressing Disparities in Reproductive and Sexual Health Care in the U.S." Center for Reproductive Rights. Accessed February 19, 2020. https:// reproductiverights.org/addressing-disparities-reproductive-and-sexualhealth-care-us.
- Duke Medicine. "HPV strains affecting African-American womxn differ from vaccines." ScienceDaily. www.sciencedaily.com/ releases/2013/10/131028100851.htm (accessed February 19, 2020).
- Giudice, Linda C. "Endometriosis." New England Journal of Medicine 362, no. 25 (2010): 2389-2398.
- Bougie, Olga, Jenna Healey, and Sukhbir S. Singh. "Behind the times: revisiting endometriosis and race." American journal of obstetrics and gynecology 221, no. 1 (2019): 35-e1.
- Maisha Z. Johnson. I'm Black. I Have Endometriosis and Here's Why My Race Matters. 2019, June 26. Healthline. https://www.healthline.com/ health/endometriosis/endo-race-matters#1
- Reports, Consumer. "Is Bias Keeping Female, Minority Patients from Getting Proper Care for Their Pain?" The Washington Post, July 29, 2019. https:// www.washingtonpost.com/health/is-bias-keeping-female-minoritypatients-from-getting-proper-care-for-their-pain/2019/07/26/9d1b3a78a810-11e9-9214-246e594de5d5\_story.html.
- Rabin, Roni Caryn. "Huge Racial Disparities Found in Deaths Linked to Pregnancy." The New York Times. The New York Times, May 7, 2019. https://www.nytimes.com/2019/05/07/health/pregnancy-deaths-.html.
- Nove, Andrea, Zoë Matthews, Sarah Neal, and Alma Virginia Camacho. "Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries." The Lancet Global Health 2, no. 3 (2014): e155-e164.
- "Pregnancy-Related Deaths." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, May 7, 2019. https://www. cdc.gov/vitalsigns/maternal-deaths/index.html.
- Hwang, Sunah S., Vincent C. Smith, Marie C. McCormick, and Wanda D. Barfield. "The association between maternal oral health experiences and risk of preterm birth in 10 states, pregnancy risk assessment monitoring system, 2004–2006." Maternal and child health journal 16, no. 8 (2012): 1688-1695.
- Grossman, Daniel, and David JG Slutsky. "The effect of an increase in lead in the water system on fertility and birth outcomes: The case of Flint, Michigan." (2017).
- http://3hqwxl1mqiah5r73r2q7zll1-wpengine.netdna-ssl.com/wp-content/ uploads/2019/01/CWC\_Report\_Full\_report\_lowres.pdf

- Source: Children's Defense Fund https://www.childrensdefense.org/ policy/resources/soac-2020-youth-justice/
- 15. Source: No Kids in Prison https://www.nokidsinprison.org/solutions/ reinvesting-dollars
- Stinson Sr, Philip Matthew, John Liederbach, Steven L. Brewer Jr, and Brooke E. Mathna. "Police sexual misconduct: A national scale study of arrested officers." Criminal Justice Policy Review 26, no. 7 (2015): 665-690.
- 17. Ritchie, Andrea J. "EXPANDING OUR FRAME." (2019). https://docs. wixstatic.com ugd/0c71ee\_0430993a393840f7af620d34b8e4624e.pdf
- 18. Source: As We #SayHerName, 7 Policy Paths to Stop Police Violence Against Black Girls and Women
- 19. https://www.nfg.org/resources/we-sayhername-7-policy-paths-stoppolice-violence-against-black-girls-and-women
- Policy Insights Brief: Statistics on Violence Against Native womxn. 2013, February. NCAI Policy Research Center. http://www.ncai.org/ attachments/PolicyPaper\_
- 21. https://www.rainn.org/statistics/children-and-teens
- 22. Hill, Catherine, and Holly Kearl. Crossing the Line: Sexual Harassment at School. American Association of University Women. 1111 Sixteenth Street NW, Washington, DC 20036, 2011.
- 23. Source; https://www.aclu-wa.org/blog/pregnant-and-parenting-studentsare-still-being-pushed-out-school
- 24. Source: https://nwlc.org/resources/stopping-school-pushout-for-girlswho-are-pregnant-or-parenting/
- 25. https://advocatesforyouth.org/resources/fact-sheets/abortion-andparental-involvement-laws/
- Jones, Rachel K., and Jenna Jerman. "Population group abortion rates and lifetime incidence of abortion: United States, 2008–2014." American Journal of Public Health 107, no. 12 (2017): 1904-1909.
- Galvani, Alison P., Alyssa S. Parpia, Eric M. Foster, Burton H. Singer, and Meagan C. Fitzpatrick. "Improving the prognosis of health care in the USA." The Lancet 395, no. 10223 (2020): 524-533.
- Overlooked: womxn and Jails in an Era of Reform. Vera Institute. (2016). http://www.safetyandjusticechallenge.org/wp-content/uploads/2016/08/ overlooked-womxn-and-jails-fact-sheet-web.pdf
- Visualizing the unequal treatment of LGBTQ people in the criminal justice system. Prison Policy Initiative. (2021) https://www.prisonpolicy.org/ blog/2021/03/02/lgbtq/
- 30. State of the Period Report. Thinx & PERIOD.https:// cdn.shopify.com/s/files/1/0795/1599/files/State-ofthe-Period-white-paper\_Thinx\_PERIOD.pdf?455788 tWAjznFslemhAffZgNGzHUqIWMRPkCDjpFtxeKEUVKjubxfpGYK\_ Policy%20Insights%20Brief\_VAWA\_020613.pdf







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