

Sex, Race, and Politics in the U.S.

A Call to Action to Address Racial Justice in Sexuality Education



SIECUS
SEX ED FOR SOCIAL CHANGE

WOCSHN
WOMEN OF COLOR SEXUAL HEALTH NETWORK



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Acknowledgments

This publication was conceptualized and written in collaboration between the [Women of Color Sexual Health Network \(WoCSHN\)](#)—an online-based, collective organization for women/femme-identifying gender expansive sexuality professionals of color—and [SIECUS: Sex Ed for Social Change](#). It emerged in recognition that many sex educators were unaware of how the lived experiences of racism informed and impacted adolescent sexual identity and experience. In many ways, it is a love song to youth of color and a call to action for the field of sex education.

Most importantly, we are immensely grateful for the thought leadership, partnership, friendship, and support of Cindy Lee Alves and Mariotta Gary-Smith, who co-created this publication.

Cindy Lee Alves is a sexologist, educator, and founder of Ascension Institute, a learning space offering workshops, consulting, and private coaching centering Black and Indigenous communities of color across system-impacted identities. With over 14 years of experience, they specialize in sexuality education and justice with a commitment to pleasure, wellness, and liberation. Cindy Lee earned her Master of Education (M.Ed.) and ABD status (All But Dissertation) from Widener University's Center for Sexuality Studies after obtaining a Bachelor of Arts in both Psychology and Women's Studies from Stony Brook University. They are also recognized for their contributions as a founding member of the Women of Color Sexual Health Network's Leadership Collective.

Mariotta Gary-Smith is a third-generation social justice agitator from the Pacific Northwest and an alum of the 2008–2009 Inaugural Class at the Center of Excellence for Sexual Health (CESH) Scholars Fellowship Program at Morehouse School of Medicine, the Rollins School of Public Health, and Agnes Scott College, respectively. Mariotta has built a reputation for thoughtful, challenging, and honest exchanges (presentations, workshops, and trainings) about racial justice and equity, sexuality/sex education, and social critique; and the impact of White Supremacy/White Nationalism on Black sexuality, reproductive rights/justice, and liberation. In 2009, Mariotta co-founded WoCSHN. She's an AASECT (American Association of Sexuality Educator, Counselors & Therapists) Certified Sexuality Educator, past AASECT Annual Conference Co-Chair (2016-2017), and a past Associate Editor for the American Journal of Sexuality Education (AJSE).

SIECUS: Sex Ed for Social Change has served as one of the national voices for sex education since 1964, asserting that sexuality is a fundamental part of being human, one worthy of dignity and respect. SIECUS works to create a world that ensures social justice is inclusive of sexual and reproductive rights. Through policy, advocacy, education, and strategic communications efforts, SIECUS advances sex education as a vehicle for social change—working toward a world where all people can access and enjoy their own sexual and reproductive freedom.

SIECUS would like to express our deepest appreciation to Gabrielle Doyle, state partnerships manager, for her dedication to this project and to Michelle Hope Slaybaugh, director of social impact and strategic communications. We also extend special thanks to Anupriya Jacob, Meghana Sinnappan, and Amanda Bule, SIECUS policy interns, for their assistance. Without this team, this publication wouldn't exist. Thank you!

It is critical to acknowledge that this research builds off of the prominent field of many sex educators and professionals who have long advocated for the inclusion of a racial justice lens within sex education (Ward & Taylor, 1991; Connell & Elliott, 2009; Schroeder, 2009; Whitten & Sethna, 2014; Gilbert, in press). Without their work, this publication would not be possible. While we cannot name everyone, SIECUS commends the continuous efforts of those who center this conversation within their work and continue to fight to advance the discussion and acknowledgement of race within the sex education field. In particular, SIECUS lifts up the efforts of Black & Indigenous educators in this regard, including Dr. James Wadley of the Association of Black Sexologists and Clinicians; Dr. Tracie Gilbert of Thembi Anaiya, LLC; Dr. Bianca Laureano of AnteUp!; Ericka Hart; Dr. Jaymie Campbell; Dr. Shemeka Thorpe and Gabrielle Evans of The Minority Report; Aida Manduley; Dr. Tanya Bass, the SouthernSexologist™; Dr. Ashley Townes; Stephanie Zapata; and countless others. ■

Cover photo courtesy of Shingi Rice.

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PART ONE

Foreword and Summary



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LUIGI ESTUYE

Sex education is not exempt from the evil of systemic racism and white supremacy woven in American Society. In fact, the mythology of white supremacy is based on an idealized goal of the United States (U.S.) as a white nation state that exerts population controls to maintain power over racial and ethnic minority groups through political, economic, and social dominance.

Controlling the formation of sexual identities through racialized stereotypes and the reproduction of racial and ethnic minority groups is central to effective population controls. Sex education programs that perpetuate harmful racialized stereotypes of the racialized other can support these false narratives.

In order to avoid being an unwitting tool in the perpetuation of white supremacy, sex education programs must proactively consider the implications of their curricula that weaponize the sexuality of people of color (POC)¹ through racial stereotyping. In doing so, comprehensive sex education can actively acknowledge the intersectionality of race and sexuality to deliver culturally responsive, anti-racist, and stigma-free programming for POC and their white counterparts.

State departments of education, individual school districts, and even sex educators themselves must update their sex education provisions and curricula to ensure comprehensive sex education programs utilize a racial justice lens. This will support young people in developing a shared understanding of how racial stereotypes distort public perceptions of sexuality and impact the lived experiences of POC in America. These steps must be taken in order to create a shared responsibility to resist these stereotypes and the racist behaviors and public policies that perpetuate them.

White supremacy is a term used to characterize various belief systems central to which are one or more of the following key tenets:

1. whites should have dominance over people of other backgrounds, especially where they may co-exist;
2. whites should live by themselves in a whites-only society;
3. white people have their own “culture” that is superior to other cultures;
4. white people are genetically superior to other people.

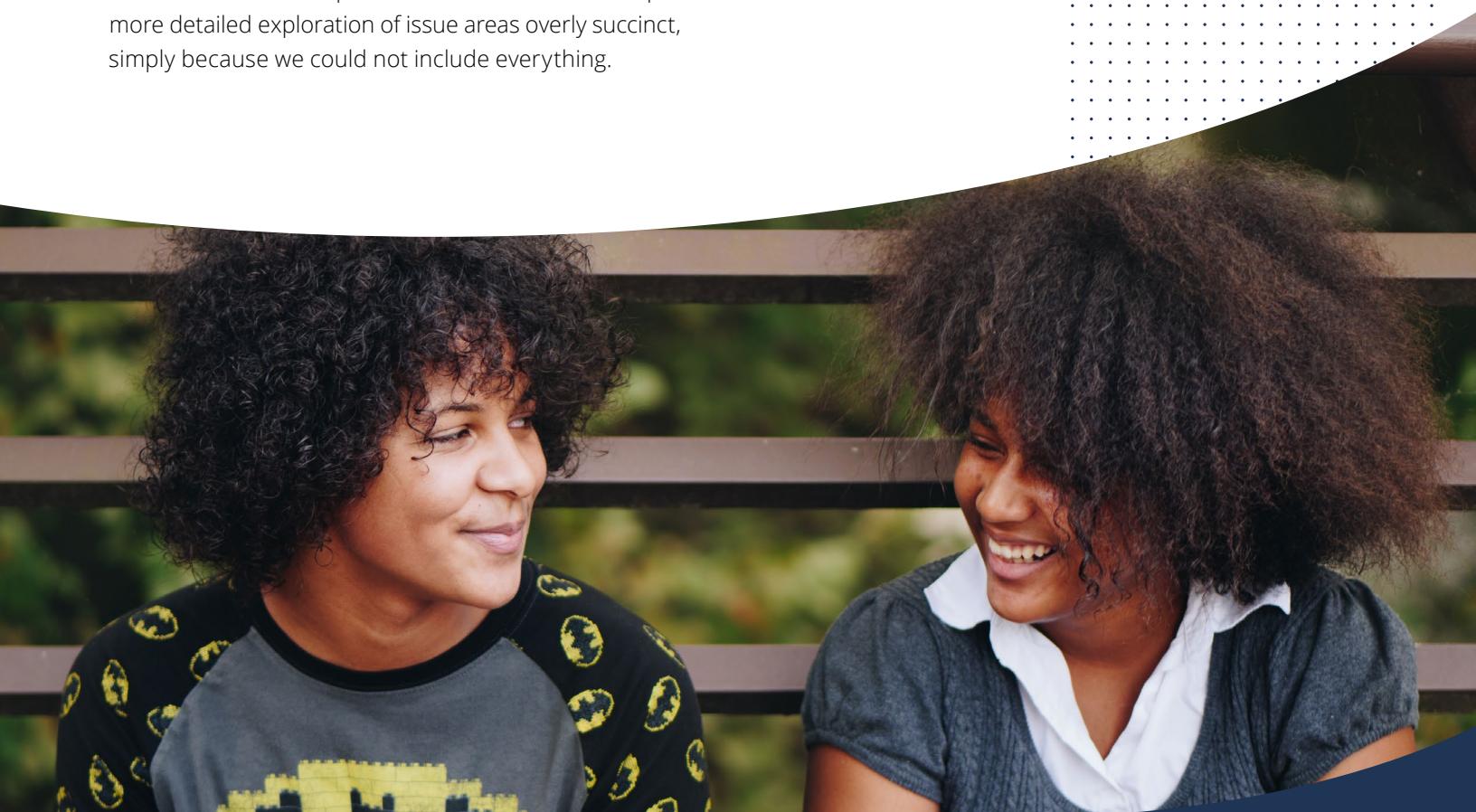
As a full-fledged ideology, white supremacy is far more encompassing than simple racism or bigotry. Most white supremacists today further believe that the white race is in danger of extinction due to a rising “flood” of non-whites, who are controlled and manipulated by Jews, and that imminent action is needed to “save” the white race.²



Thus, the purpose of this publication is to offer a rationale and a call to action for creating anti-racist sex education programs that purposefully abandon any “color-blind” approaches to sex education. This resource includes: a timeline of historical experiences of racism; an exploration of the formation of racialized sexual identities and how the sexualization of race was used to suppress and impact marginalized communities including Black, Native American or Indigenous, Asian American, Pacific Islander, and Latinx communities; ways that systemic racism has impacted the classroom and student experiences of sex education; and, finally, examples of how sex educators can incorporate anti-racist lessons into programs in alignment with the [National Sex Education Standards \(NSES\), second edition.³](#)

SIECUS recognizes that the historical harm and confluence of race and sexuality for communities of color is extensive, traumatic, and entirely too massive to include within this publication. We acknowledge that there are whole histories and episodes that are not included within the discussion, and we beg the reader’s understanding that in certain instances, the authors made the difficult decision to exclude topics and discussions or to keep more detailed exploration of issue areas overly succinct, simply because we could not include everything.

In order for sex education programs to be anti-racist, it is crucial that educators understand that race is not biological but is instead a social construct. There is no genetic basis for the varying classifications of race, the myth of which has been used to fuel racist narratives concerning racial hierarchy and social stratification.⁴ Despite this, the discrimination that POC, including Black, Indigenous, Asian American and Pacific Islander, and Latinx individuals, face is real and tangible. Further, the racial identities referenced within this document are heterogeneous, and individuals often experience multiple forms of racial profiling and discrimination based upon various intersecting identities. Research referenced within this resource may also conflate race and ethnicity, which can further erase the experiences of multiracial individuals.⁵ This document is not intended to represent or speak on behalf of all communities and youth of color; instead, it represents overarching ways in which racial stereotypes have been used to suppress the sexuality, reproductive health, and wellbeing of POC communities.





Similarly, generalizations concerning sex and gender often exclude the lived experience of transgender and gender non-conforming individuals. When speaking to the lived experiences of different communities of color, this document often references the racialized experiences of men and women. While the experiences of cisgender men and women vary greatly, transgender, non-binary, and other gender variant individuals face additional discrimination within our society, which has centered the experiences of cisgender individuals. This cisnormative lens is omnipresent within the research and statistics referenced within this resource. When speaking to the reproductive health and healthcare experiences of women, it can be inferred that the narrative is referencing cisgender women but may also be true for all individuals with uteruses regardless of their gender identity. When speaking to gender-based discrimination that impacts women, it can also be inferred that such discrimination not only impacts cisgender women, but also transgender women and those who present as female regardless of their gender identity. The same is true for narratives concerning the experiences and health of men. For more information on reproductive justice and gender identity, view [Queering Reproductive Justice: A Mini Toolkit](#).⁶

For the field of human sexuality education, educators, academics, and practitioners are being increasingly called on to recognize the ways that white supremacy has long impacted the field. They are also being called on to take action by making immediate changes to incorporate anti-racist pedagogy within the field in service of racial justice. Sex educators must understand how important it is for sex education programs to recognize the diversity of lived experiences of the young people coming to these programs. While the broad spectrum of gender identity and sexual orientation is becoming more readily recognized as essential topics within sex education, many sex educators have struggled to recognize the way in which race interplays with sexual identity formation. Racialized stereotypes of the sexualities of POC have been wielded against individuals and whole communities throughout U.S. history as a rationale for the perpetration of state-sanctioned actions of harm, violence, and

oppression. The use of an intersectional framework allows us to recognize the overlap of racist, classist, xenophobic, and other forms of oppression that marginalize sexual identity formation of young POC.

It is crucial that sex educators recognize and understand that fear of the uncontrolled sexuality, reproduction, and potential population growth of communities of color lies at the root of white supremacist concerns of political power and control, and impact public policies that are inextricably linked to the everyday experiences of sexualization and oppression for communities of color.

This is a call to action to human sexuality experts and educators to incorporate a racial justice lens into human sexuality education programs and curriculum. ■

¹ Recently, anti-racist advocates have begun using the term “BIPOC” to mean Black, Indigenous, and (other) People of Color as a means of differentiating racism specifically impacting Black and Indigenous communities. As this publication seeks to explore the impacts of white supremacy on all communities of color, including Asian American and Pacific Islander, Latinx, and immigrant communities, this publication uses the term “people of color.”

² Anti-Defamation League. (n.d.). *White supremacy*. <https://www.adl.org/resources/glossary-terms/white-supremacy>.

³ Future of Sex Education. (n.d.). *National sex education standards* (2nd ed.). <https://siecus.org/wp-content/uploads/2020/03/NSES-2020-2.pdf>.

⁴ Gannon, M. (2016, February 5). *Race is a social construct, scientists argue*. Scientific American. <https://www.scientificamerican.com/article/race-is-a-social-construct-scientists-argue/>

⁵ Gendered Innovations. (n.d.). *Race and ethnicity*. <https://genderedinnovations.stanford.edu/terms/race.html>.

⁶ National LGBTQ+ Task Force. (2019, June). *Queering reproductive justice: A mini toolkit*. <https://www.thetaskforce.org/wp-content/uploads/2019/06/Queering-Reproductive-Justice-Mini-Toolkit.pdf>.

PART TWO

Introduction

To begin, sex educators must have a shared understanding of how racialized sexual identities have impacted the lived experiences of POC in America, recognizing that in some instances, racialized sexual stereotypes have been used as the justification for public policy to develop the insidious systems of discrimination with which we still contend. This paper was developed to draw connections to the ways that systemic racism have impact on the classroom and student experiences of sex education, and finally, to provide an exploration of how sex educators can incorporate these lessons into programs that align with the [NSES, second edition.](#)⁷



PHOTO BY
ANNA SELLE



Characteristics of Effective Comprehensive Sex Education⁸

Comprehensive Sex Education (CSE)

Comprehensive Sex Education (CSE) is comprised of programs that build a foundation of knowledge and skills relating to human development, relationships, decision-making, abstinence, contraception, and disease prevention. Ideally, school-based CSE should begin in kindergarten and continue through 12th grade. At each developmental stage, these programs teach age-appropriate, medically accurate, and culturally responsive information that builds on the knowledge and skills that were taught in the previous stage.⁴ Further, CSE addresses topics such as violence prevention, mental and emotional health, personal skills such as communication and personal safety, reproductive health, sexual behavior, topics related to sexual orientation and gender identity, race and ethnicity, ability, and society and culture. ■

⁷ Ibid., 6.

⁸ Ibid., 6.

Characteristics of Comprehensive Sex Ed:

- Is research-based, medically accurate, and developmentally appropriate;
- Provides functional knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors;
- Addresses individual values, attitudes, beliefs, and group norms that support health-enhancing behaviors;
- Focuses on increasing personal perceptions of risk and harmfulness of engaging in specific unhealthy practices and behaviors, as well as reinforcing protective factors;
- Addresses social pressures and influences;
- Provides age- and developmentally appropriate information, learning strategies, teaching methods, and materials;
- Incorporates learning strategies, teaching methods, and materials that are trauma-informed, culturally responsive, sex positive, and grounded in social justice and equity;
- Encourages the use of technology to access multiple valid sources of information, recognizing the significant role that technology plays in young people's lives; and
- Includes teacher information and lesson plan for professional development and training to enhance effectiveness of instruction and student learning.



PART THREE

Timeline

When sex education accurately reflects on and articulates historical realities, we can further conceptualize and make connections as to how racialized sexual identities took root and have shaped harmful public policy. Understanding this history opens our eyes to the insidious system of discrimination with which POC still contend today.

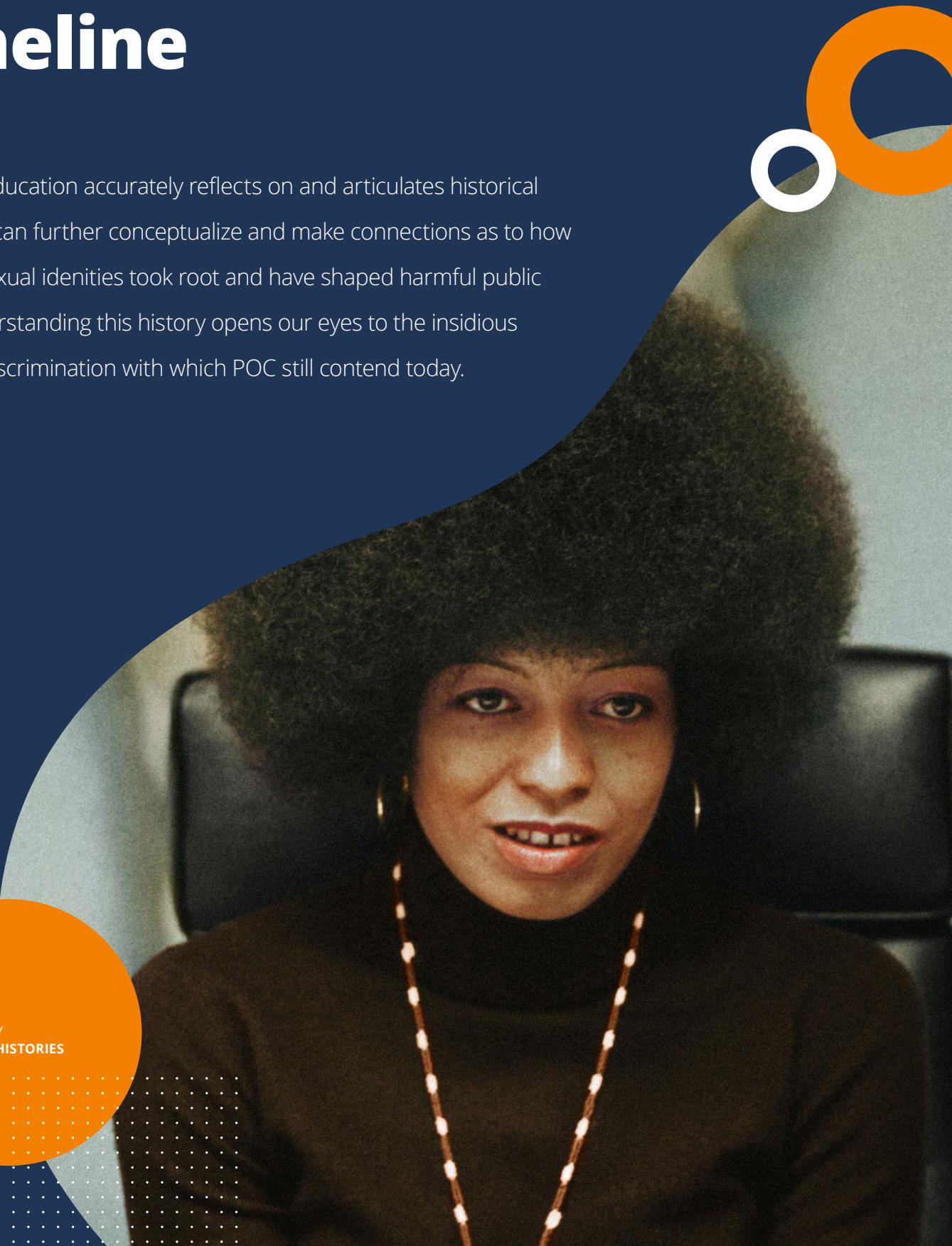


PHOTO BY
UNSEEN HISTORIES

This timeline draws upon a Reproductive Justice (RJ) framework that connects race, sexuality, human rights and social justice, and the oppressive legislation that has been developed and promoted to uphold a white supremacist ideology throughout the development of this nation.



Reproductive Justice (RJ)—a term coined by Black women in 1994—is an intersectional theory emerging from the experiences of marginalized women and transgender people of color. This timeline includes examples of POC whose multiple communities experience complex oppressions.

While the events listed below are only a snapshot of major historical events, they do provide a roadmap for sex educators to gain a deeper understanding of the many ways that events have created and shaped systemic racism in classroom and student experiences of sexuality, sex education and, finally, to provide an exploration of how sex educators can incorporate these lessons

into programs that align with the NSES, second edition. Lastly, the naming of these events allow us to understand how we have arrived here and how sex education—taught through a racial justice lens—can lead to new pathways toward social justice.

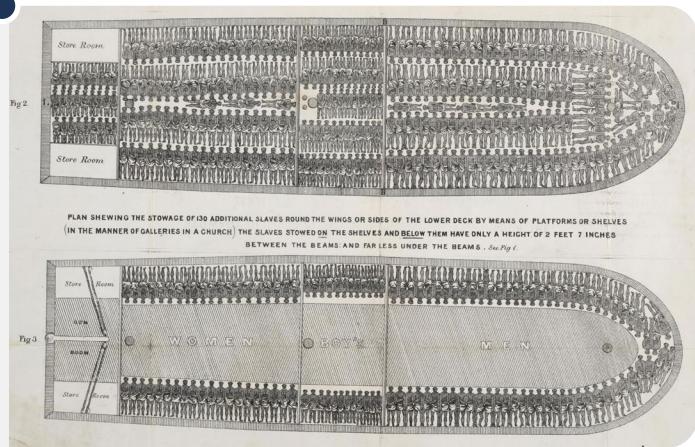


1619

First known slave ship arrives in America

The first known enslaved African people were brought to Jamestown through the Middle Passage of the Transatlantic Slave Trade by the Dutch, marking the emergence of the institution of slavery in America.

204 YEARS



FEBRUARY 1823

Johnson v. M'intosh

The first case within the Marshall Trilogy, which legitimized the federal government's claim to U.S. land through the "Doctrine of Discovery," thus permitting the federal government to own and distribute Native land.



FEBRUARY 1823

Worcester v. Georgia

The Supreme Court case that established the formal relationship between Indigenous tribes and the state and federal government and that built the foundation of tribal sovereignty in the U.S.

MAY 1838

Trail of Tears

The Indian Removal Act of 1830, signed into law by Andrew Jackson, was the first of several policies that resulted in the forced removal of tens of thousands of Indigenous peoples from their land in what is now recognized as Georgia, Tennessee, Alabama, and Florida. The Trail of Tears refers to the over 5,000-mile-long journey that members of tribal nations, such as the Cherokee, Seminole, and Choctaw, were forced to make to relocate to the established Indian territory of Oklahoma. The "trail" also refers to the collective suffering of Indigenous peoples during this relocation, as approximately 15,000 Indigenous people died along the trail due to exposure to the elements, starvation, and disease.

JUNE 1865**Juneteenth**

The oldest known celebration honoring the true end of slavery in the U.S. when Union General Gordan Granger led federal troops to Galveston, Texas, to announce the end of the Civil War and the subsequent freedom of Texan slaves, who were previously uninformed that their freedom was formerly secured by the Emancipation Proclamation two years earlier, in January 1863.

**MARCH 1875****Page Act**

The first federal immigration law enacted in the U.S. was a restriction that marked the end of open borders. The act prohibited the immigration of Chinese, Japanese, and other Asian contract laborers, felons, and women brought to the U.S. for "lewd and immoral purposes," referring to prostitution. Xenophobic stereotypes surrounding the sexuality of Chinese women resulted in their overrepresentation among immigrants impacted by this discriminatory act. This act preceded the Chinese Exclusion Act, and other laws prohibiting Asian immigration, by seven years.

1882**Chinese Exclusion Act**

The first immigration law that restricted a specific ethnic/racial group—Chinese laborers. Although there was no specific mention of gender, the law reinforced the proliferation of the Page Law, allowing immigrant officials to practically ban all Chinese women from entering the U.S. off the assumption that these women were immigrating under the purposes of prostitution.⁹

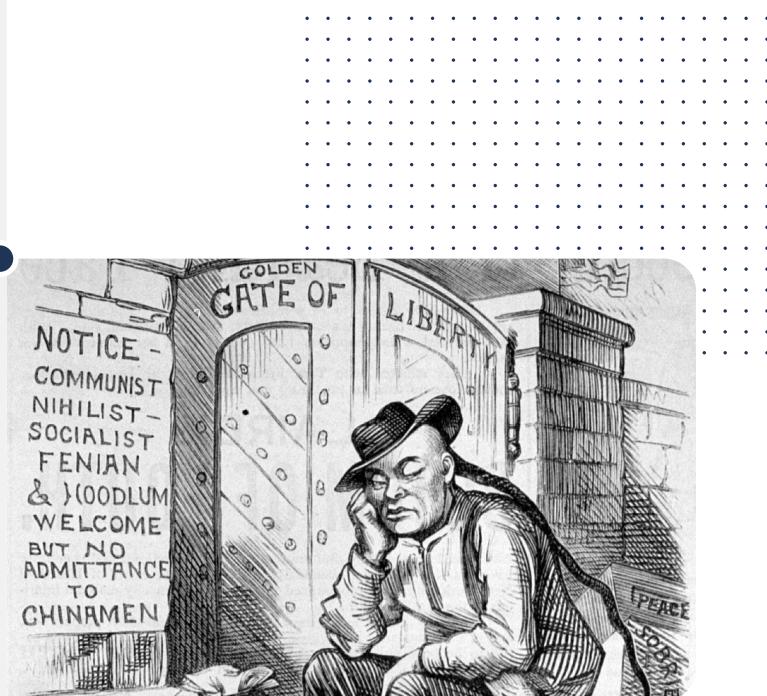
⁹ Lee, Catherine. (2010). "Where the danger lies": Race, gender, and Chinese and Japanese exclusion in the United States, 1870-1924. *Sociological forum*, (25)2, 248-271. <https://doi.org/10.1111/j.1573-7861.2010.01175.x>.

DECEMBER 1865**Passage of the 13th Amendment**

Ratified on December 6, 1865, the 13th Amendment abolished slavery in the U.S. except as a punishment for a crime.

1870**Jim Crow segregation laws**

State and local laws that enforced racial segregation in all public facilities in the U.S. Provisions of Jim Crow laws were taken from the Black Codes, which continued to exploit Black people for undercompensated labor and continued the "inferiority" and dehumanization of Black people after the Civil War. Jim Crow laws not only enforced racial stratification by preventing Black people from entering or using "white-only" spaces and facilities—such as buses, restrooms, restaurants, and water fountains—but also promoted voter disenfranchisement through poll taxes, residency requirements, and literacy tests.



FEBRUARY 1887**Dawes Act**

Authorized the federal government to subdivide reservations through the allocation of land to individual people or heads of households. The Dawes Act not only promoted and encouraged the assimilation of Indigenous peoples but also permitted tribal land to be sold to non-Native people.

MAY 1896***Plessy v. Ferguson***

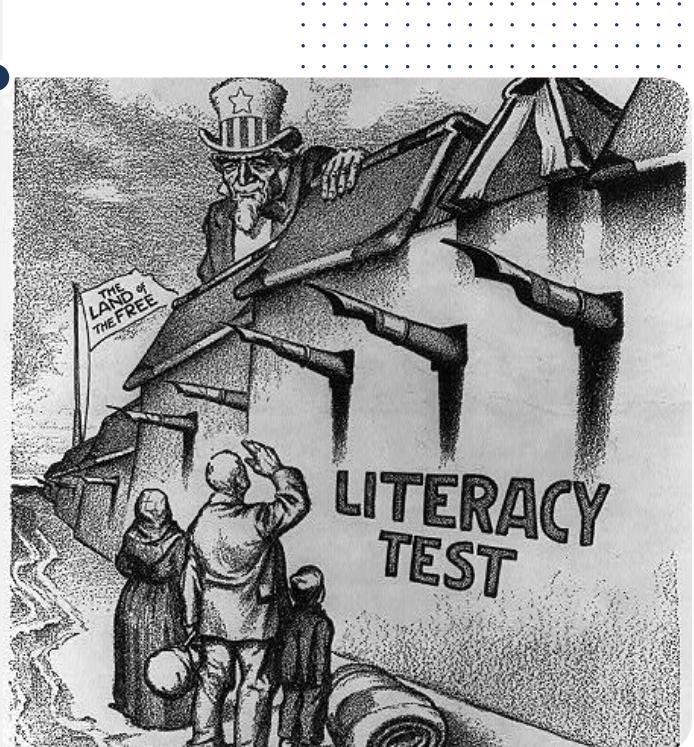
In a 7-1 decision, the Supreme Court of the U.S. upheld Jim Crow segregation policies and subsequently legitimized racial segregation in the U.S. through its "separate but equal" ruling.

**1917****Immigration Act of 1917**

Mostly known for the Literacy Act, which created literacy tests to restrict immigration, the Immigration Act of 1917 also enacted the Asiatic Barred Zone Act into immigration policy. In the early 1900s, South Asians (mostly Indian Americans, more specifically Punjabi Sikhs) worked lumber mills, railroads, and farms down the Pacific Coasts of Canada and the U.S. The Asiatic Exclusion League (AEL) targeted China, Japan, Korea, and, now, India as threats to the U.S. The AEL argued that "Hindoos" were dangerous and cheap laborers who were unassimilable because of their support to Indian nationalism and its ensuing threat to American security. As South Asians were harassed, prohibited from owning land, and driven out of towns, the 1911 U.S. Immigration Commission identified South Asians as the "least desirable race of immigrants thus far admitted to the United States." A few years later, the Immigration Act of 1917 introduced the Asiatic Barred Zone officially banning 500 million people in India from immigrating to America. As the Chinese were already barred due to the Chinese Exclusion Act, the Asiatic Barred Zone barred immigration from India, Afghanistan, Persia (now Iran), Arabia, parts of the Ottoman Empire and Russia, Southeast Asia, and the Asian-Pacific islands.

1887**Indian Boarding Schools**

The purpose of the assimilation era of federal Indian policy was to "Americanize" Indigenous peoples into mainstream Euro-American society and culture, systematically abolishing cultural ties that people had to their land and tribes. Implemented through the passage of the Civilization Fund Act of March 3, 1819, and the Peace Policy of 1869, Indian Boarding Schools played a key role in cutting Native children off from their communities beginning at a young age. Many of these boarding schools were led by Catholic Church officials and Christian missionaries due to the inseparable ties between Christianity and Western values, manifesting as judeo-christian ethics. As a result, these schools were a central force in assimilating Native children into American society. Indian Boarding schools added to the subsequent violence and abuse of Native children through mandating school uniforms and haircuts, changing their formal Indigenous names to Americanize them, and depriving children of food or medical care. Survivors of the boarding schools often describe the physical, emotional, and sexual abuse that took place within the schools that has resulted in trauma still felt by Indigenous communities generations later.



MAY 1924**Immigration Act of 1924**

Limited the number of immigrants granted entry into the U.S. through a national origins quota, which permitted the distribution of immigration visas to two percent of the total population of each nationality in the U.S. based upon the 1890 census.

1927***Buck v. Bell***

Set a legal precedent in which states were permitted to sterilize those being held at public institutions on the notion that imbecility, epilepsy, and feeble-mindedness have a genetic basis. These broad terms permitted the unjust targeting and sterilization of marginalized communities.

JUNE 1924**Indian Citizenship Act**

The federal government granted citizenship status to all Native Americans born in the U.S. following a series of regulations that limited citizenship to Indigenous peoples who assimilated into Euro-American society. However, this act gave states the authority over matters of voting, and several states, most notably Maine, Arizona, Utah, North Dakota, and New Mexico, barred their sizable Indigenous populations from the right to vote.

**FEBRUARY 1942****Executive Order 9066**

Shortly after the bombing of Pearl Harbor by the Japanese Combined Fleet under Chief Isoroku, President Roosevelt signed Executive Order 9066 with the intention of preventing espionage in the U.S. The order also represented discriminatory sentiment against Japanese communities due to resentment and fear of Japanese Americans' growing economic success and settlement along the West Coast. Executive Order 9066 served as the catalyst for Japanese internment during World War II (WWII) and resulted in the disruption of thousands of families' lives along with the loss of life, businesses, and homes. Many Japanese Americans were nonconsensually sterilized while in internment.

MAY 1954***Brown v. Board of Education***

The Supreme Court ruled that separating children in schools on the basis of race is unconstitutional. This court case overruled the "separate but equal" decision of *Plessy v. Ferguson* and signaled the end of legalized racial segregation in schools across the country.

JUNE 1954**Operation Wetback**

The immigration law enforcement initiative that utilized military-style tactics to remove Mexican immigrants, some of whom were American citizens, from the U.S. This resulted in the largest mass deportation in American history, with an estimated 1.3 million people forcibly sent to Mexico.

SEPTEMBER 1957**Little Rock Nine**

A group of nine Black students who enrolled at the formerly all-white Central High School in Little Rock, Arkansas, as a pilot test of the recent *Brown v. Board of Education* ruling that found segregation in public schools unconstitutional. The students were barred from entering the school by Governor Orval Faubus and were only granted entry after intervention on behalf of President Dwight Eisenhower.

**MARCH 1965****Moynihan Report**

Named after its author, Daniel Patrick Moynihan, the report addressed Black urban poverty and the increasing number of Black single-mother families. Moynihan's report argued that poverty experienced in Black communities was largely due to the disproportionate number of Black single mother families and, further, the breakdown of the nuclear family structure. The report left a lasting impact on welfare policy by cementing the issue of race and poverty to welfare and further reinforced the narrative of promiscuous Black women as "welfare queens" who abuse the public benefits system through procreation.

SEPTEMBER 1976**Hyde Amendment**

The Hyde Amendment prohibits Medicaid funding for abortion services except in cases of rape, incest, or a threat to a pregnant person's life. Henry Hyde, the author, sought to prohibit abortions for *all* women yet found that he could only inhibit access to abortion care through Medicaid. As a result, the amendment disproportionately harms low-income people, POC, young people, and immigrants who historically utilize Medicaid for insurance coverage. The Hyde Amendment was first enacted in 1977 and has been continuously reauthorized by Congress each year.

1978**Indian Child Welfare Act**

The Indian Child Welfare Act was established to create new standards and protocols to govern the removal and placement of American Indian children in foster and adoptive homes. The law was enacted after recognition that American Indian children were being removed from their homes and tribal communities at a much higher rate than non-Native children. This led to the acknowledgment that Tribes and families needed to be involved in child welfare cases.

AUGUST 1965**Voting Rights Act of 1965**

Signed into law by President Lyndon B. Johnson during the civil rights era, this act overruled legal barriers that prevented Black people from exercising their right to vote under the 15th amendment. This included literacy tests, poll taxes, and voting laws that resulted in discrimination against racial and language minorities.

OCTOBER 1965**Immigration and Nationality Act of 1965**

Abolished national-origins quota system that used race and national origin to determine immigration to the U.S. The system was replaced with a new policy that focused on family members of American citizens, highly skilled laborers and professionals, and political refugees. The emphasis on skilled immigrants created the model minority myth that Asians are "naturally" good at science and math due to cultural values of hard work and discipline.¹⁰ This myth not only creates an immense pressure and toxic culture for Asian American communities, but it also overshadows low-income and refugee Asian sub-groups that experience higher rates of poverty similar to Black and Latino communities.

¹⁰Ngai, M. (2015, October 15). *Asian immigration and the myths modeled around model minorities*. New America. <https://www.newamerica.org/weekly/asian-immigration-and-the-myths-modeled-around-model-minorities/>.



OCTOBER 1986**Anti-Drug Abuse Act of 1986**

This act established a number of “mandatory minimum” prison sentences for varying drug offenses. Notably, one mandatory minimum included a five-year prison sentence for possession of five grams of crack cocaine versus 500 grams of powder cocaine. The 1:100 ratio of crack cocaine to powder cocaine directly targeted low-income Black individuals who were more likely to use crack cocaine due to its inexpensive price. This act was one of many enacted during the War on Drugs era, which was responsible for the disproportionate targeting and incarceration of Black people.



¹¹ Center on Budget and Policy Priorities. (2021, March 3). *Policy basics: Temporary assistance for needy families*. <https://www.cbpp.org/research/family-income-support/temporary-assistance-for-needy-families>.

MARCH 2003**Creation of ICE**

The U.S. Immigration and Customs Enforcement (ICE) is a federal law enforcement agency under the Department of Homeland Security whose purpose is to arrest, detain, and deport undocumented immigrants inside the U.S. Under the Trump administration, ICE was authorized to detain anyone who resides in the U.S. “illegally”.

AUGUST 1996**Personal Responsibility and Work Opportunity Act**

Signed into law by President Bill Clinton, this act created a new welfare program entitled the Temporary Assistance for Needy Families (TANF). The program was designed to move families off welfare through the implementation of work requirements, marriage promotion programs, and capping the length of time in which a family may receive benefits. Because TANF's block grant has been funded at \$16.5 billion each year since 1996, its total value has decreased by about 40 percent due to inflation. TANF also permits states broad discretion over the eligibility and levels for cash benefits and services, which prevents low-income families from gaining assistance or meeting their basic needs. Subsequently, many states' benefits have decreased by at least 20 percent since 1996 and almost every state leaves families of three below half the poverty line. The varied benefit levels across state lines has resulted in continuing nationwide racial disparities as many states with lower cash benefits have larger Black populations.¹¹



JUNE 2013***Shelby County v. Holder***

The landmark Supreme Court decision that permitted nine states, primarily in the South, to amend their election laws without advance federal approval. Under this ruling, select states may reinforce discriminatory laws that result in racialized voter suppression.

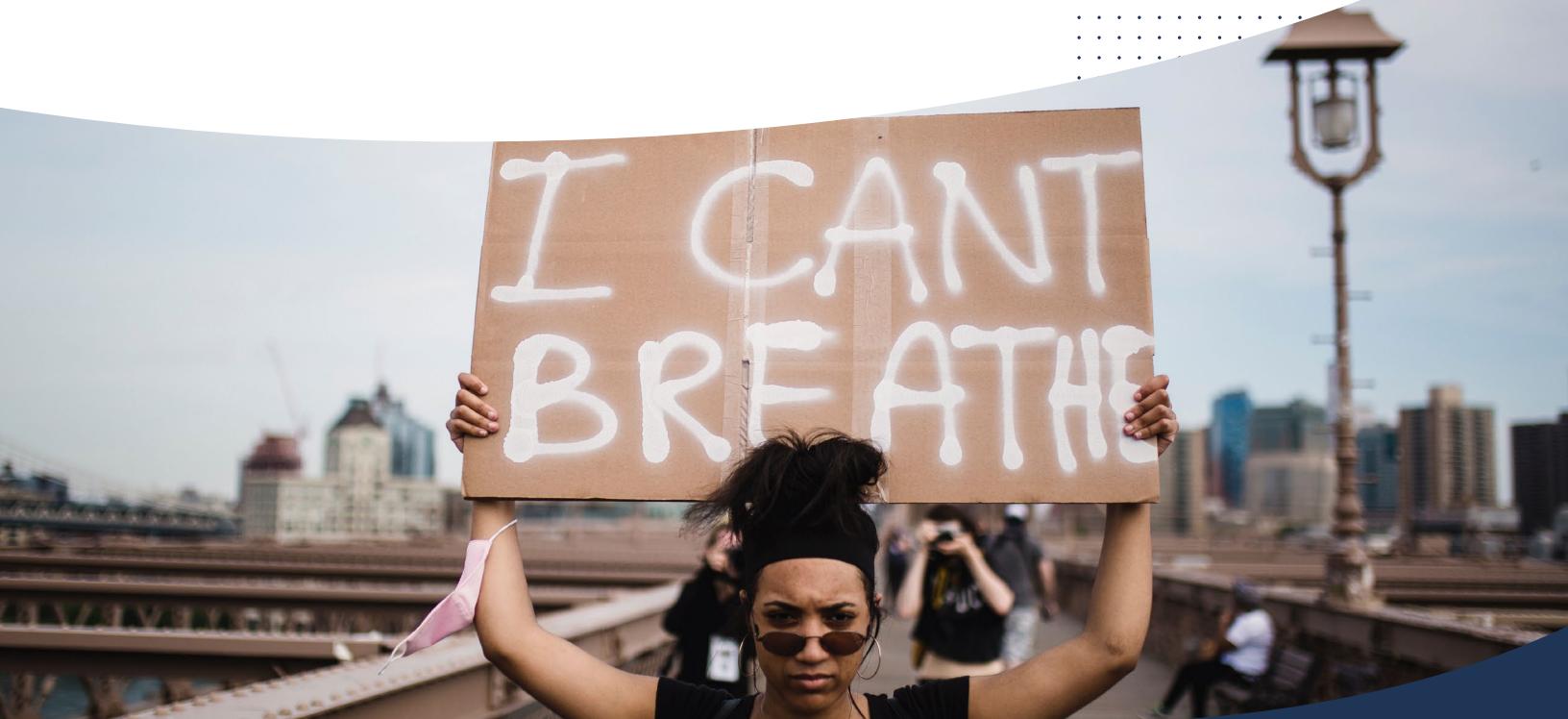
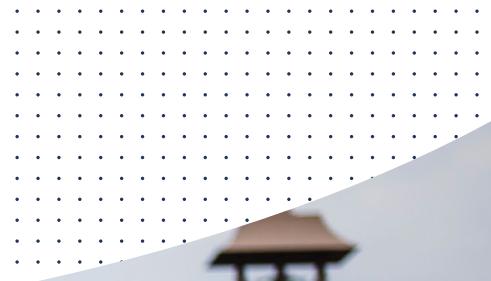
**JULY 2020****The BREATHE Act**

Developed by the Movement for Black Lives, the [BREATHE Act](https://breathetheact.org/wp-content/uploads/2020/07/The-BREATHE-Act-PDF_FINAL3-1.pdf)¹² builds upon the momentum of the Black Lives Matter movement to further protect communities of color and divest federal resources from policing and incarceration. Under the proposed legislation, federal funding to expand the U.S. criminal-legal system would be eliminated and replaced with federal grant programs that center decarceration and community-led approaches to public safety and promote educational justice. This includes changing school funding formulas, developing curricula highlighting the impacts of colonialism, genocide, and slavery, and providing accessible health services at schools and nearby centers. Further, key changes would be made to policing and jailing practices to reduce the criminalization of marginalized communities. ■

¹²Movement for Black Lives. (n.d.). The BREATHE Act. https://breathetheact.org/wp-content/uploads/2020/07/The-BREATHE-Act-PDF_FINAL3-1.pdf.

FEBURARY 2019**Title X Domestic “Gag Rule”**

Under the Trump Administration, the Department of Health and Human Services issued a ruling that prohibits Title X providers from referring patients for abortion care and requires complete financial and physical separation from facilities that provide abortions.





PART FOUR

The Formation of Racialized Sexual Identities in America

American history is rife with instances of sexual and reproductive abuse and exploitation against individual communities of color, which creates the historical context in which today's sexual violence and exploitation of communities of color continues to occur. Throughout U.S. history, dehumanizing narratives created stereotypes of the depraved sexuality and reproductive abilities of non-white populations that have been used as rationale to justify the systems of control at the first point of contact: genocide of Native American/Alaskan Natives, enslavement of Africans, and the exclusion and expulsion of non-European immigrants. Racialized sexual stereotypes have also laid the foundation for the systematic disenfranchisement of many communities of color through the suppression of autonomous sexuality, reproduction, and the ability to parent.





The explorations below offer a high-level summary of the ways that these sexual stereotypes have shaped the public narratives that continue to inform the points of entry and systemic control experienced by POC groups.

Reproductive Control as a Tool of Indigenous Genocide

The U.S. policy of attrition toward Native American populations has included prominent genocidal elements underscored by an expectation for the eventual extinction of Native communities. In fact, U.S. treaties and the recognition of tribal sovereignty is embedded in an underlying legal theory that the eventual extinction of Native American communities will prevent a sizeable population of people from claiming the land upon which the U.S. is established, thereby preventing them from contesting and threatening its foundation.

The United Nations recognizes that acts of genocide include: forced abortions, sterilization, and the prevention of birth and parenting, including forcibly removing children from targeted populations to be raised by the dominant group, as methods of perpetrating genocide and restricting the growth of the victim population.¹³ The United Nations also recognizes that sexual violence has historically been used as a weapon of war by oppressive forces to reign terror over victimized communities.

¹³ United Nations Office on Genocide Prevention and the Responsibility to Protect. (n.d.). *Genocide*. <https://www.un.org/en/genocideprevention/genocide.shtml>

Defined by Maria Yellow Horse Brave Heart, Ph.D, **historical trauma** is the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.

Defined by SisterSong, **Reproductive Justice** is the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

The United Nations recognizes that sexual violence has historically been used as a weapon of war by oppressive forces to reign terror over victimized communities.

Beginning with the colonization of the U.S. starting in the 16th century, the widespread sexual abuse and murder of Native American men and women was commonplace. Indigenous women were particularly targeted because of their ability to give birth and therefore raise future generations of Native youth.¹⁴ Colonizers, including U.S. President Andrew Jackson, emphasized the need to kill Indigenous women and children to fully eradicate the tribes the colonizers sought to eliminate. Some Native American tribes also experienced additional cultural oppression due to their embrace of and reverence for gender expression and identity beyond the gender binary. For example, some Indigenous tribes recognize Two-Spirit identity.¹⁵ The Catholic Church targeted these tribes for forced assimilation to annihilate these practices and to impose binary gender identities and heteronormative sexual practices.

Through the devastating injustices imposed on Native communities through mass murder, forcible removals of entire tribal communities from their sacred ancestral lands, quantifying tribal membership by blood quantum, and the ongoing practice of forcibly removing Native children from their families through Indian Boarding Schools and adoption into non-Native families, this historical trauma and genocidal actions continue to impact Native communities today. Sexual stereotypes evolved to justify this violence against Native communities.

Native American women's sexuality has continually been viewed with both fetishized desire and revealed suspicion and fear. Native American women continue to experience disproportionately high rates of sexual violence, disappearance, and murder. Native American men have historically faced one-dimensional stereotypes concerning their "savage" and violent nature. Meanwhile, Native American Two-Spirit and gender non-conforming people have been forced underground for being "sexual deviants." Such trauma has contributed to the current high rates of adverse health outcomes and social problems, including disproportionately high rates of suicide, homicide, domestic violence, substance abuse disorders, incarceration, and child abuse among Native American people.¹⁶

¹⁴Theobald, B. (2019, November 28). *A 1970 law led to the mass sterilization of Native American women. That history still matters.* TIME. <https://time.com/5737080/native-american-sterilization-history/>.

¹⁵ Indian Health Service. (n.d.). *Two-spirit.* <https://www.ihs.gov/lgbt/health/twospirit/#:~:text=Among%20the%20Navajo%2C%20two%20spirit,wealthier%20members%20of%20the%20tribe.>

¹⁶ Moss, M. (2019, May 9). *Trauma lives on in Native Americans by making us sick – while the US looks away.* The Guardian. <https://www.theguardian.com/commentisfree/2019/may/09/trauma-lives-on-in-native-americans-while-the-us-looks-away>.





The Legacy of Sexual Control During Enslavement

The sexual exploitation of communities of color continued through American state-sanctioned slavery and the use of sexual violence to maintain the economic system of slavery. Whereas Native populations were forcibly attacked for fear of their reproduction, enslaved African people experienced sexual violence on a continuum founded on the desire to control reproduction to economically benefit from this control. Enslavers routinely raped enslaved women for both personal power and economic gain, enslaved people were subjected to nude physical auction examinations to determine their reproductive capacity, and enslaved women were subject to occasional forced abortions following a sexual assault.¹⁷

Between the years 1845–1849, surgeon and enslaver Dr. J. Marion Sims performed numerous experimental reproductive surgeries on enslaved women, ignoring their humanity and not offering any form of anaesthesia or pain management options.¹⁸ It was because of these inhumane experimental surgeries that Sims would emerge as the “father of modern gynecology” and, until recently, had a statue in his honor in New York City.

The sexual exploitation of communities of color continued through American state-sanctioned slavery and the use of sexual violence to maintain the economic system of slavery.

It was at this time that dangerous sexual stereotypes regarding both enslaved men and women became prominent; Black women were often portrayed as either hypersexual and fertile “Jezebels” or asexual “Mammies.”¹⁹ Black men, however, seen as reproductive competitors to white men and feared for their potential to impregnate white women, were cast as violent and highly dangerous sexual predators. These stereotypes evolved to justify

additional abuse of Black individuals following emancipation. Most prominently during the Jim Crow Era and its policies of forced segregation, Black men were routinely targeted and lynched following false accusations of raping or sexually violating white women. In the South, such accusations made up nearly 25 percent of lynchings.²⁰ Accusations of rape and assault against Black men and boys could be based on allegations of “sexual violence,” which ranged from behaviors as benign as knocking on the door of a white woman’s house to simply associating with white women.²⁰ These dangerous and deadly stereotypes of the predacious, sexually deviant Black man lives on today and contributes to the continued community segregation and over-policing of both Black men and boys within communities and schools.

For Black women, the end of slavery resulted in the emergence of new concerns over their fertility and a redoubling of efforts to control their reproduction. While much of the discussion throughout this document traces these threads and implications, what is clear is the uniquely horrific ways that the socio-cultural narrative stigmatizes and punishes Black women for having children and simultaneously shames and penalizes Black women for exercising reproductive autonomy. That Black women are subjected to higher rates of sexual assault, violence, and coercion and reflects a direct correlation to the historical experiences of enslaved people.

¹⁷ Wilson, D. R. (2021). Sexual exploitation of Black women from the years 1619-2020. *Journal of Race, Gender, and Ethnicity*, 10(1), 122-129. <https://digitalcommons.tourolaw.edu/jrge/vol10/iss1/13/>.

¹⁸ Ojanuga, D. (1993). The medical ethics of the ‘father of gynaecology’, Dr J Marion Sims. *Journal of medical ethics*, 19(1), 28-31. <https://jme.bmjjournals.org/content/medethics/19/1/28.full.pdf>.

¹⁹ Pilgrim, D. (2012). *The mammy caricature*. <https://www.ferris.edu/jimcrow/mammies/>.

²⁰ Equal Justice Initiative. (2017). *Lynching in America: Confronting the legacy of racial terror* (3rd ed.). <https://lynchinginamerica.eji.org/report/>.



Exclusion to Prevent Immigrant Population Growth

Non-European immigrant populations, particularly Latinx, Asian, and Pacific Islander people, have also been subjected to cruel abuse and stereotyping that informs the way in which their sexuality is viewed and warped by popular media. These stereotypes have not only served to dehumanize and group all Asian Americans and Pacific Islanders (AAPI) and Latina women as sexual deviants, but do so by denying the vast cultural, historical, and social differences of their homelands. For example, AAPIs hail from over 30 different Asian countries, speak more than 100 different languages, and make up the most rapidly growing proportion of immigrant, refugee, and asylum seekers, making this both one of the most uniquely diverse communities in the U.S. and one whose experiences are the least understood. Meanwhile, Latinos count more than 20 national origins and hold a pan-ethnicity incorporating a diversity of inter-related cultural and linguistic heritages, as well as indigenous ancestry. Multiracial Latinx individuals often face erasure and multifaceted oppression based upon their identity. Afro-latinx individuals in the U.S., who primarily identify as Latinx with Caribbean roots, represent a quarter of the U.S. Latinx population.²¹ Persistent Latinx anti-Blackness further perpetuates the erasure of Afro-Latinx identity.²² In addition, these suppressive stereotypes cause immigrant women to be particularly vulnerable to sexual assault and human trafficking.²³

Yet, dating back to the 1800s, AAPI women have been continuously portrayed as dangerous, sexually promiscuous, and a threat to American values. These stereotypes were used as the basis for passing the nation's first anti-immigrant legislation, the Page Act, and establishing an exclusionary and enforcement-based immigration system in the U.S. that specifically targeted non-European nations. This sentiment was further underscored during WWII, in which engaging with Japanese women for sexual pleasure was commonplace but seeking further relationships with them, including marriage, was regarded as a failure of masculinity.²⁴ Latina women have also faced similar stereotypes of being hypersexualized. One study found that across top grossing films over the past decade, Latina women are more likely to be sexualized than their Black or Asian peers.²⁵

²¹ López, G., & Gonzalez-Barrera, A. (2016, March 1). *Afro-Latino: A deeply rooted identity among Hispanics*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2016/03/01/afro-latino-a-deeply-rooted-identity-among-u-s-hispanics/>.

²² Al Día. (n.d.). *The Afro-Latino story of Latino anti-Blackness*. <https://aldianews.com/thought-leaders/thought-leaders/afro-latino>.

²³ American Civil Liberties Union. (n.d.). *Human trafficking: Modern enslavement of immigrant women in the United States*. <https://www.aclu.org/other/human-trafficking-modern-enslavement-immigrant-women-united-states>; National Immigrant Women's Advocacy Project. (2014, March 31). *Dynamics of sexual assault and the implications for immigrant women*. <https://niwplibrary.wcl.american.edu/pubs/ch1-dynamics-sexual-assault-implications.pdf>.

²⁴ Dougherty, D.T. (2014). *Exotic femininity: Prostitution reviews and the sexual stereotyping of Asian women* [Master's thesis, University of North Texas]. University of North Texas Digital Library. https://digital.library.unt.edu/ark:/67531/metadc700002/m2/1/high_res_d/thesis.pdf.

²⁵ Smith, S.L., Choueiti, M., Case, A., Pieper, K., Clark, H., Hernandez, K., Martinez, J., Lopez, B., Mota, M. (2019, August). *Latinos in film: Erasure on screen and behind the camera across 1,200 popular movies*. USC Annenberg Inclusion Initiative, National Association of Latino Independent Producers, Wise Entertainment. <https://assets.uscannenberg.org/docs/aii-study-latinos-in-film-2019.pdf>.



Harmful rhetoric concerning the sexuality of Asian and Latinx women has further extended to delegitimize the formation and stability of their families by using their potential reproductive abilities to introduce discriminatory immigration policies. Beginning in the 1980s and 1990s, the term “anchor baby” has been used to stigmatize the children of immigrants, namely Asian and Latinx individuals, who are accused of immigrating to America to give birth to children who can claim citizenship status and establish a pathway to citizenship for themselves and extended family members.²⁶ This derogatory and racist rhetoric, which dehumanizes immigrant parents and paints them as deceptive nation invaders, has been repeatedly been used by members of Congress to advance anti-immigration legislation and to legitimize efforts to repeal the 14th Amendment of the Constitution, which, in part, extends birthright citizenship to anyone born in the U.S.²⁷ Recent efforts to separate Latinx parents from their children at the Southern border of the U.S. is another example of this effort to dehumanize and prevent family formation by Latinx families.

In stark contrast to AAPI women, Asian men have historically faced oppressive stereotypes that paint AAPI men as weak, emasculated, and lacking any type of sexuality.²⁸ While this portrayal originated during the 1800s as a way to undermine the “threat” Chinese men posed during their immigration to the U.S., it was soon replaced by propaganda that highlighted Japanese men’s supposed immorality and deviance during WWII.

Following the end of the war, the passive, desexualized stereotype once again rose in popularity. This image has been exemplified through media portrayals that routinely fail to center romantic storylines involving AAPI men and has been reinforced through the “model minority” stereotype that portrays AAPI men as passive and lacking any sort of romantic life.

While the historical narrative surrounding the sexuality of Latino men varies greatly from that of Asian men, it similarly deprives Latino men of expressing their sexuality in a manner that’s free from bias or stigma. Immigrant Latino men have been repeatedly painted as dangerous sexual predators, a racist trope that President Trump often referred to throughout his presidency during anti-immigration speeches.²⁹ ■

²⁶ Chan, P. (2015, September 17). *The history and stereotypes behind the term “anchor babies.”* Generation Progress. <https://genprogress.org/the-history-and-stereotypes-behind-the-term-anchor-babies/>.

²⁷ Marshall, L. (2010, August 25). *14th Amendment repeal push is un-American.* U.S. News and World Report. <https://www.usnews.com/opinion/leslie-marshall/2010/08/25/14th-amendment-repeal-push-is-un-american>.

²⁸ Ibid., 18.

²⁹ Warner, J.A. (2005). Immigration law, enforcement practice and statistical enumeration: *Consequences for immigrant stereotyping.* *Journal of Social and Ecological Boundaries*, 56-80.

This brief overview of different racialized sexual stereotypes is in no way comprehensive. It is not intended to further hurt or insult communities by its brevity but was written to establish a common understanding of how different racialized identity groups have adverse sexual stereotypes prescribed to them, which impact their rights, media portrayals, experiences, and freedom. This summary makes clear that the intersection and intertwining of sexuality and racial identity must be understood, acknowledged, and taught about within comprehensive sex education programs in order to help dispel its power within public consciousness.

PART FIVE

Racialized Sexuality as Justification for Systemic Discrimination

Human sexuality educators and experts have an important role to play in dismantling white supremacy. Sex educators must recognize that race is an integral and inherent part of each individual's sexuality and lived experiences. It is essential for educators and experts to challenge racialized and sexualized narratives that have been used to demonize and distort popular perceptions of entire categories of people as a form of power and control. People of conscience who seek to be active participants in dismantling white supremacy must proactively work to relearn U.S. history in order to recognize how historical narratives of race and sexuality continue to inform our world today.



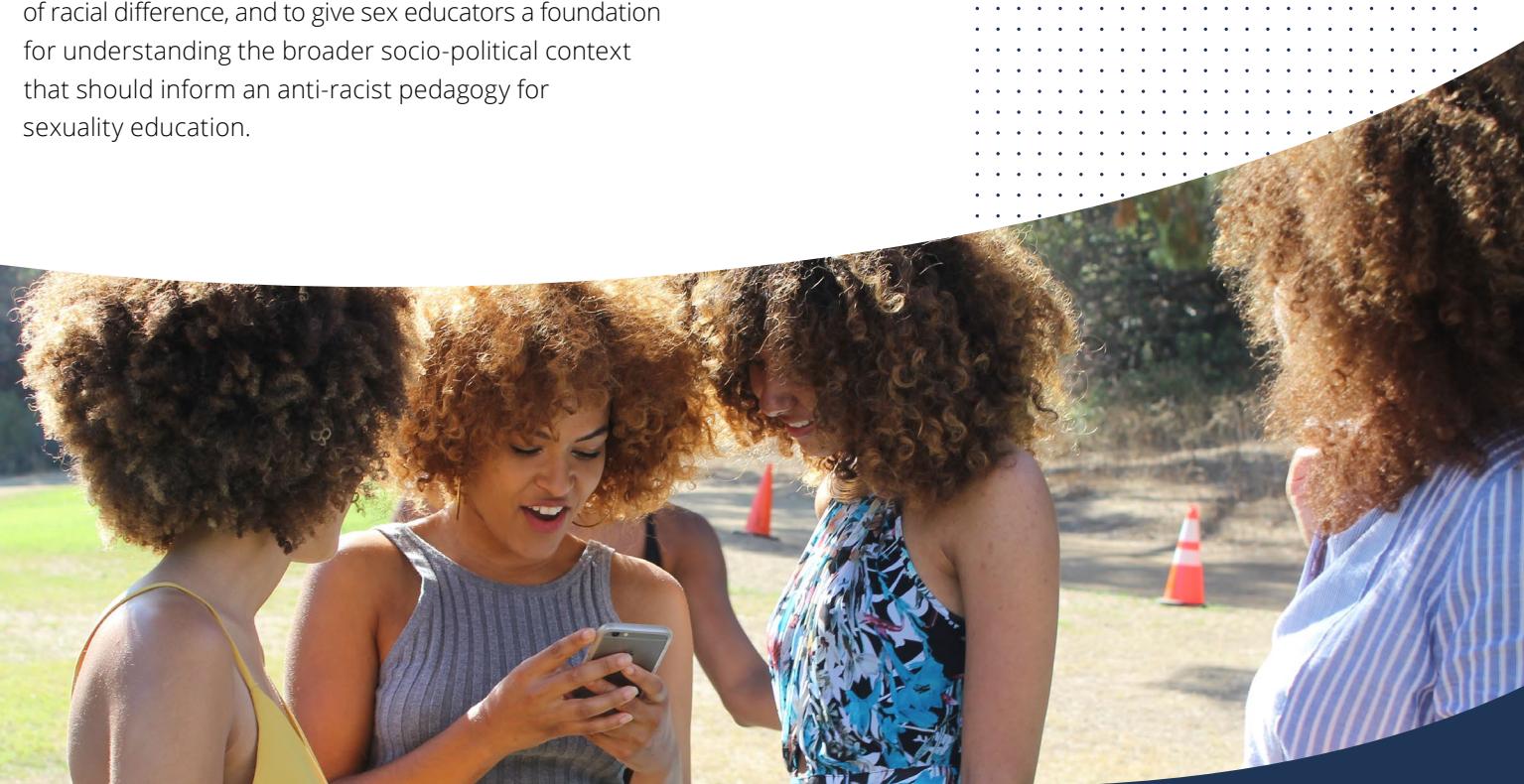
PHOTO BY
CHARLES EUGENE

Racialized sexual stereotypes have been used to underpin U.S. public policy at the international, national, state, and local levels, effectively permeating throughout U.S. life.

Sex educators who recognize the real-world harm that failure to normalize, affirm, and assert the sexuality and reproductive autonomy of POC have on perpetuating white supremacy and systemic racism also hold the key to combatting this most basic tool of control.

This section seeks to move beyond gross, derisive generalizations of racialized and sexualized identity formation and microaggressions to explore a few ways that these stereotypes have been used to justify and inform public policies that continue to cause discrimination, exploitation, harm, and violence against communities of color. We explore how racism and sexuality intersect to create systems of oppression and discrimination in order to answer the question of why it is important for human sexuality education to recognize experiences of racial difference, and to give sex educators a foundation for understanding the broader socio-political context that should inform an anti-racist pedagogy for sexuality education.

"Racial purity" laws were passed in the U.S. to prohibit sexual intercourse and marriage between certain racial groups. Similar to "racial purity" laws passed in Nazi Germany, this body of law concerning miscegenation includes statutes, regulations, and decisional authority.





Immigration Policy

U.S. immigration policy is founded on white supremacist fears that non-white migration would transform the U.S. The very first immigration legislation passed used racialized sexual stereotypes as justification for the unprecedented action of prohibiting a nationality of people from entering the country. All subsequent U.S. immigration policy builds upon this legacy. Prior to the passage of the Chinese Exclusion Act of 1882, the Page Act of 1875 was enacted to repress the spike in immigration to California following the 1848 California Gold Rush.³⁰ The legislation effectively prohibited the immigration of Chinese, Japanese, and other Asian contract laborers, felons, and women to the U.S. for “lewd and immoral purposes,” referring to prostitution. The public discourse at the time clearly show that xenophobic stereotypes surrounding the sexuality of Chinese women that first emerged in the 1850s fueled the bill’s successful passage. Chinese women were overwhelmingly viewed as dangerous, immoral prostitutes who threatened the institution of marriage and would “weaken” the white race through having mixed-race children.³¹

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Such stereotypes were legitimized under the passage of a California statewide prostitution law entitled “An Act to Prevent the Kidnapping and Importation of Mongolian, Chinese, and Japanese Females, for Criminal and Demoralizing Purposes” in 1870, which required all Asian women who sought to immigrate to California to present proof that they were of “correct habits and good character.”³² While the law was eventually amended in 1874 to apply more generally to immigrants, the passage of the federal Page Law utilized similar exclusionary, racist reasoning to further prevent Asian women from immigrating to the U.S. The impact of the Page Law quickly materialized in devastating ways. In practice, Chinese women were forcibly separated from their families and barred entry to the U.S. during the immigration process, resulting in a 68 percent decrease of Chinese women successfully entering the U.S.³³

³⁰ Immigration History. (n.d.). *Page Law (1875)*. <https://immigrationhistory.org/item/page-act/>.

³¹ Randall, V.R. (2012, June 16). *Marriage and morality: Examining the international Marriage Broker Regulation Act - D. Prostitutes as a Corrupting Force*. Race, Racism, and the Law. <https://www.racism.org/articles/citizenship-rights/immigration-race-and-racism/1506-marriage-and-morality?start=5>.

³² Randall, V.R. (2012, June 16). *Marriage and morality: Examining the international Marriage Broker Regulation Act - A. Act to Prevent Kidnapping and Importation of Mongolian, Chinese, and Japanese Females*. Race, Racism, and the Law. <https://www.racism.org/index.php/en/articles/citizenship-rights/immigration-race-and-racism/1506-marriage-and-morality>.

³³ Peffer, G.A. (1992). From under the Sojourner’s shadow: A historiographical study of Chinese female immigration to America, 1852-1882. *Journal of American Ethnic History*, 11(3), 41-67. <https://www.jstor.org/stable/27500958?seq=1>.



Public Charge

Efforts to exert reproductive and population control over non-White immigrants perpetuates throughout U.S. immigration policies. The Immigration Act of 1882 was the first federal regulation that legitimized denying an immigrant a green card, a visa extension, or admission to the U.S. based on the notion that they may become a “public charge.” While the act doesn’t define the term, immigration officials asserted that an individual is considered a public charge if they’re more likely to be dependent on the government for support, including cash assistance or publicly funded long-term institutional care. This judgment call is based on a number of factors; including but not limited to age, health, family status, financial status and resources, and education.

Immigration officials have utilized this inadmissibility test to determine immigration eligibility for over 100 years. Then, in 2019, the Trump administration published new rules to expand the current definition of public charge to include a minimum income threshold and consideration of credit scores, an English proficiency standard, and whether the individual is likely to use additional services, including healthcare, nutrition, or housing programs.

In 2017, 32 percent of undocumented immigrant women of reproductive age were uninsured, over triple the number of uninsured women born in the U.S.

The ruling went into effect in early 2020 following a series of injunctions and has already demonstrated itself to be a significant threat to the health and wellbeing of immigrants nationwide.³⁴ Because the new public charge standards now consider an individual’s use of health care programs, namely enrollment in Medicaid, millions of immigrants dropped coverage or refused to apply for coverage for fear it harms their chances of maintaining or achieving citizenship.³⁵ This only furthers current health disparities for immigrants. In 2017, 32 percent of undocumented immigrant women of reproductive age were uninsured, *over triple* the number of uninsured women born in the U.S.³⁶ Further, only half of immigrant women at risk of unintended pregnancy were able to receive contraceptive care in the previous year.³⁷

The systemic barriers to health care for immigrants are now only further amplified by the fear of loss of citizenship status, resulting in inconsistent access to reproductive healthcare for millions of individuals and families.

Structural racism that inhibits individual reproductive health care decisions has manifested in recent ways that goes beyond access to abortion care. In 2020, a whistleblower complaint filed by Dawn Wooten, a nurse practitioner, revealed that medical professionals at the Irwin County immigration detention center in Georgia had performed mass hysterectomies on immigrant women without their full consent.³⁸ Reports obtained by board-certified gynecologists revealed unnecessary medical procedures performed on at least 16 women by the detention center's primary gynecologist.³⁹

³⁴ National Immigration Law Center. (2020, July 29). *Judge issues two nationwide injunctions blocking "public charge" immigration rules amid COVID-19 pandemic.* <https://www.nilc.org/2020/07/29/injunctions-block-public-charge-rules-amid-pandemic/>.

³⁵ Artiga, S., & Garfield, R. (2019, September 18). *Estimated impacts of final public charge inadmissibility rule on immigrants and Medicaid coverage.* Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/estimated-impacts-of-final-public-charge-inadmissibility-rule-on-immigrants-and-medicaid-coverage/>.

³⁶ Guttmacher Institute. (2018, December 14). *Gains in insurance coverage for reproductive-age women at a crossroads.* <https://www.guttmacher.org/article/2018/12/gains-insurance-coverage-reproductive-age-women-crossroads>.

³⁷ Hasstedt, K., Desai, S., & Ansari-Thomas, Z. (2018, November). *Immigrant women's access to sexual and reproductive health coverage and care in the United States* [Issue brief]. The Commonwealth Fund. https://www.guttmacher.org/sites/default/files/article_files/attachments/immigrant_womens_access_to_sexual_and_reproductive_health_coverage_and_care_in_the_united_states.pdf.

³⁸ Treisman, R. (2020, September 16). *Whistleblower alleges 'medical neglect,' questionable hysterectomies of ICE detainees.* NPR. <https://www.npr.org/2020/09/16/913398383/whistleblower-alleges-medical-neglect-questionable-hysterectomies-of-ice-detainee>.

³⁹ Dickerson, C. (2020, September 29). *Immigrants say they were pressured into unneeded surgeries.* The New York Times. <https://www.nytimes.com/2020/09/29/us/ice-hysterectomies-surgeries-georgia.html>.



Welfare Reform

Following WWII, a conservative backlash against New Deal programs began utilizing racialized sexual stereotypes of Black women to reimagine the public image of beneficiaries of public benefits from white widows deserving of public sympathy and care to single Black mothers who were taking advantage of public services. This change stemmed from the gradual racialization of welfare programs that took place in the decades after WWII.⁴⁰ After the implementation of a new governmental program entitled the Survivor's Insurance Program, dedicated to widowed mothers, 43 percent of Aid to Families with Dependent Children (AFDC) recipients were instantly transferred to this new program.⁴¹ Further, an increasing number of Black and Latina women receiving public benefits nationwide resulted in a similar number of Black and white children benefiting from the program by 1967 and continuing through the present day.⁴²

Soon single mothers receiving public aid, and particularly Black single mothers, were routinely blamed for societal problems such as crime and drug use in part due to their "moral failure" of remaining unmarried.⁴³ This notion was further legitimized by the Moynihan Report.⁴⁴ Written by Assistant Secretary of Labor Daniel Patrick Moynihan and released in 1965, the publication detailed how poverty within Black communities was directly connected to the absence of fathers and the role of the "Black matriarch," contributing to development of the "welfare queen" stereotype.⁴⁵ Touted by politicians, the image of a Black single mother—the "welfare queen"—abusing the public benefits system to support her lavish lifestyle was used in popular media to further sway public opinion against public assistance recipients and push for reform.

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⁴⁰ Onwuachi-Willig, A. (2005). The return of the ring: Welfare reform's marriage cure as the revival of post-bellum control. *California Law Review*, 93, 1647-1696. https://scholarship.law.bu.edu/cgi/viewcontent.cgi?article=1315&context=faculty_scholarship.

⁴¹ Ibid.

⁴² Ibid.

⁴³ Huda, P.R. (2001, February). Singled out: A critique of the representation of single motherhood in welfare discourse. *William and Mary Journal of Race, Gender, and Social Justice*, 7(2), 341-381. <https://scholarship.law.wm.edu/wmjowl/vol7/iss2/3/>.

⁴⁴ Geary, D. (2015, September 14). *The Moynihan Report: An annotated edition*. The Atlantic. <https://www.theatlantic.com/politics/archive/2015/09/the-moynihan-report-annotated-edition/404632/>.

⁴⁵ Economic Security Project. (2020, June 8). A "welfare queen" myth reading list. <https://medium.com/economicsproj/a-welfare-queen-myth-reading-list-74fe6a228422>.

Over time, these racist myths eventually led the public to evolve its perception of poverty from a public problem fueled by structural systems of inequality to a private, individual problem to be solved by meeting work requirements and marriage promotion programs. By 1996, President Bill Clinton ushered in a new era of reform with the implementation of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA).⁴⁶ Congress's emphasis on the establishment of a homogeneous family model is evident within PRWORA's legislative text, which emphasizes heterosexual marriage as the "foundation of a successful society." Within the act, the Temporary Assistance to Needy Families (TANF) program replaced the Aid to Families with Dependent Children (AFDC) program as the government program dedicated to supporting low-income single parents.⁴⁷

While the TANF program has received substantial criticism for the way in which it has failed to adequately serve its recipients as a whole, the program has also directly infringed upon the ability of recipients to make autonomous family planning decisions.⁴⁸ Under TANF, states began spending their block grants on programs that comply with TANF requirements, including marriage promotion programs.⁴⁹ This included cash incentives to recipients who get married, withholding funds from recipients who are living with men who aren't the biological father of their children, providing marriage and relationship classes, and putting up billboards in low-income communities that promote the value of marriage.⁵⁰

In addition to marriage promotion programs, states also began to implement fatherhood initiatives designed to "promote responsible fatherhood."⁵¹ While this intersected with TANF following the reauthorization of the program in 2006, grassroots initiatives focused on responsible fatherhood occurred as early as 1968, and federal interest in promoting responsible fatherhood began under the Reagan administration in 1984.⁵² Despite being designed to promote responsible parenting and economic stability, such programs further underscored the assumption among members of Congress that single parents, particularly Black single mothers, were responsible for their own plight and should lift themselves out of poverty through establishing a married, two-person household. The programs continued to paint single-mother households as illegitimate and pigeonhole fathers, particularly Black fathers, as either morally good or bad through cultural narratives concerning "deadbeat" versus "dead broke" fathers.⁵³



TANF has directly infringed upon the ability of recipients to make autonomous family planning decisions.



Additional harm and insult occurred when new racialized sexual stereotypes that public benefit recipients, and specifically that Black mothers, were having children to simply collect additional benefits and resulted in states implementing Family Cap policies. Such policies were designed to inhibit mothers receiving public assistance benefits from receiving increased aid after the birth of additional children under the guise of dissuading TANF recipients from “taking advantage” of anti-poverty programs. They gained traction across 24 states between 1992 and 2003 and continue to remain in effect in some form in 16 states.⁵⁴ Reminiscent of previous efforts rooted in eugenics to limit the reproduction of low-income POC, Family Cap policies relied upon the harmful stereotype that “welfare queens” were irresponsible in their family planning decisions and required intervention from the state to limit the monetary compensation families may acquire.⁵⁵ In practice, Family Cap policies have been found to have no significant impact on birth rate but have had the detrimental effect of increasing deep poverty.⁵⁶ In all, Family Cap policies reinforced continuing racialized sexual stereotypes concerning public benefits recipients and infringe on the ability of recipients to parent freely, and such policies must continue to be eradicated to ensure that low-income families receiving welfare benefits have the ability to choose if, when, and how they parent.

⁴⁶ Office of the Assistant Secretary for Planning and Evaluation. (1996, August 31). *The Personal Responsibility and Work Opportunity Reconciliation Act of 1996*. <https://aspe.hhs.gov/reports/personal-responsibility-work-opportunity-reconciliation-act-1996>.

⁴⁷ Ibid., 13.

⁴⁸ Matthews, D. (2016, June 20). “If the goal was to get rid of poverty, we failed”: the legacy of the 1996 welfare reform. Vox. <https://www.vox.com/2016/6/20/11789988/clintons-welfare-reform>.

⁴⁹ Parker, A. (2008). Can't buy me love: funding marriage promotion versus listening to real needs in breaking the cycle of poverty. *Southern California Review of Law and Social Justice*, 18(2), 493-536. [https://gould.usc.edu/students/journals/srlsj/issues/assets/docs/issue_18/Parker_\(MACRO\).pdf](https://gould.usc.edu/students/journals/srlsj/issues/assets/docs/issue_18/Parker_(MACRO).pdf).

⁵⁰ Ibid.

⁵¹ Office of Family Assistance. (2006, June 29). *Reauthorization of TANF interim final rule*. U.S. Department of Health and Human Services, Administration for Children and Families. <https://www.acf.hhs.gov/ofa/policy-guidance/reauthorization-tanf-interim-final-rule>.

⁵² Ibid.; Israel, A.B. (2019). *The social construction of Black fatherhood in responsible fatherhood policies* [Doctoral dissertation, University of Arkansas—Fayetteville]. <https://scholarworks.uark.edu/cgi/viewcontent.cgi?article=5077&context=etd>.

⁵³ Ibid., 24.

⁵⁴ Center on Reproductive Rights and Justice at Berkeley Law. (2016, August). *Bringing families out of ‘cap’tivity: The path toward abolishing welfare family caps* [Issue brief]. https://www.law.berkeley.edu/wp-content/uploads/2015/04/2016-Caps_FA2.pdf; Wiltz, T. (2019, May 3). *Family welfare caps lose favor in more states*. Pew Research Center. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2019/05/03/family-welfare-caps-lose-favor-in-more-states>.

⁵⁵ Simmonds, J. (2006). Coercion in California: Eugenics reconstituted in welfare reform, the contracting of reproductive capacity, and terms of probation. *Hastings Women’s LJ*, 17(2), 269-294. <https://repository.uchastings.edu/cgi/viewcontent.cgi?article=1384&context=hwlj>.

⁵⁶ Dyer, W. T., & Fairlie, R. W. (2004). Do family caps reduce out-of-wedlock births? Evidence from Arkansas, Georgia, Indiana, New Jersey and Virginia. *Population Research and Policy Review*, 23(5), 441-473. <https://people.ucsc.edu/~rfairlie/papers/published/prpr%202004%20family%20caps.pdf>; McKernan, S. M., & Ratcliffe, C. (2006, May 23). *The effect of specific welfare policies on poverty*. Urban Institute. <https://www.urban.org/research/publication/effect-specific-welfare-policies-poverty>.

Limitations to Access to Abortion Care

Black and Latinx people have historically been forced into a double bind in which they're shamed and stigmatized for having multiple children but are also uniquely targeted and accosted for accessing abortion care. Further, AAPI people face harmful stereotypes concerning sex-selective abortions that have resulted in imprisonment for people accessing abortion care.

Title X

First established in 1970, the Title X Family Program is the only federally funded program dedicated to providing low-cost reproductive health care services nationwide. Made up of state and local health departments, family planning councils, Planned Parenthood affiliates, and other privately operated non-profits, Title X recipients provide reproductive health care services ranging from contraceptive services to preventive care and annually serve close to four million patients a year.⁵⁷

Black and Latinx people have historically been forced into a double bind in which they're shamed and stigmatized for having multiple children but are also uniquely targeted and accosted for accessing abortion care.

Title X services have played a critical role in ensuring reproductive health care services are accessible to all, with 65 percent of patients receiving free services because they live at or below the federal poverty level. 40 percent of Title X patients are uninsured, 38 percent have Medicaid, and 20 percent have private insurance coverage. Through their broad range of services, Title X clinics successfully prevented hundreds of thousands of sexually transmitted infections (STIs), cases of infertility, and cervical cancer and helped individuals avoid or delay pregnancies.

Despite the critical nature of this program, the Trump administration took significant steps to undermine the Title X program through the implementation of a domestic "gag rule" in 2019.⁵⁹ The ruling prevents Title X grantees from providing referrals for abortion care, pressures providers to encourage young patients to involve their parents in their reproductive health care decisions, and prohibits Title X clinics from being monetarily or physically connected to abortion services. While Title X clinics have never been permitted to use federal funds for abortion services, this ruling undermines the ability of physicians to provide comprehensive care to their patients and puts abortion further out of reach for millions of Americans. As a result, 23 percent of providers were forced to withdraw from the Title X program and have turned to additional state and external funding to maintain their practice. While numerous states have established funding to support providers who have left the program, clinics may be forced to reduce their services in light of decreased funding.



Uncoincidentally, attacks to the Title X program hit POC, and women of color in particular, the hardest. An overwhelming majority of Title X patients are women, and over one third of Title X patients identify as POC with 22 percent identifying as Black and 33 percent identifying as Hispanic or Latino.⁶⁰

The Hyde Amendment

While abortion remains legal in the U.S. despite efforts to reduce access to abortion care, regulatory restrictions have resulted in the procedure being virtually inaccessible for many communities nationwide, particularly POC communities. Anti-choice legislators have been successful in reducing access to the procedure through strict regulations that have significantly limited who has the means to obtain abortion care, regardless of its legal status.

Enacted in 1977, the Hyde Amendment prohibits the use of federal funds for any health benefit coverage that includes abortion care unless in the case of incest or a life-threatening illness. The Hyde amendment guides public funding of federal Medicaid programs for low-income communities and has been routinely reauthorized since its inception. The discriminatory amendment has directly and intentionally infringed upon the ability of low-income people, POC, young people, and immigrants to access affordable abortion care, interfering with their ability to make family planning decisions that is best for them and their family. In 2015 alone, 54 percent of women aged 15–44 (about 7.15 million) enrolled in Medicaid lived in the 34 states and the District of Columbia where abortion was not covered under the state Medicaid programs. Further, women of color are disproportionately represented among Medicaid recipients, making up over half of those affected by the Hyde Amendment.⁶¹ Black women in particular represent over a quarter of women impacted by the Hyde Amendment.

Consequently, people who become pregnant in such states while on Medicaid are then forced into a situation in which they must decide whether to carry a pregnancy to term or pay out of pocket for abortion care. This may mean refraining from purchasing basic necessities to afford the costly procedure, the median cost of which is \$500 at 10 weeks gestation.⁶² Beyond the cost of the procedure, further barriers to abortion care result in additional costs related to travel, lodging, childcare, and potential wages lost from time taken off of work. The Hyde amendment has been continuously challenged by pro-choice advocates pushing for the end of Hyde through the passage of the EACH Woman Act, which would ensure that anyone who receives insurance coverage through the federal government would be able to access all pregnancy-related care.

⁵⁷ National Family Planning and Reproductive Health Association. (n.d.). *Title X: Key facts about Title X*. https://www.nationalfamilyplanning.org/title-x_title-x-key-facts.

⁵⁸ Gold, R. B., & Sonfield, A. (2019, October). *Title X family planning services: Impactful but at severe risk*. Guttmacher Institute. <https://www.guttmacher.org/article/2019/10/title-x-family-planning-services-impactful-severe-risk>.

⁵⁹ U.S. Department of Health and Human Services. (2019, March 4). *Compliance with statutory program integrity requirements*. <https://www.federalregister.gov/documents/2019/03/04/2019-03461/compliance-with-statutory-program-integrity-requirements>.

⁶⁰Ibid., 26.

⁶¹ Donovan, M. K. (2019, March). *EACH Woman Act offers bold path toward equitable abortion coverage*. Guttmacher Institute. <https://www.guttmacher.org/article/2019/03/each-woman-act-offers-bold-path-toward-equitable-abortion-coverage>.

⁶²In Our Own Voice: National Black Women's Reproductive Justice Agenda. (n.d.). *Black women and reproductive health: Fast facts*. <http://blackrj.wpengine.com/wp-content/uploads/2015/10/BlackWomen-andReproductiveHealthFS.pdf>.

⁶³All Above All. (n.d.). *EACH Act fact sheet*. <https://allaboveall.org/resource/each-act-fact-sheet/>.



Anti-Choice Restrictions to Care

These anti-abortion efforts have also extended into individual states. Currently, an overwhelming 43 states prohibit abortion after a specific point during the pregnancy, 12 states restrict coverage of abortion in private insurance plans, 18 states mandate counseling prior to obtaining an abortion, 26 states require an individual seeking an abortion to wait a period of time (often 24 hours prior to the procedure being performed), and 37 states require parental involvement in a young person's decision to have an abortion.⁶⁴

Further, targeted regulation of abortion providers (TRAP) laws are in place across 23 states that require abortion providers to meet medically unnecessary requirements in order to provide abortion care.⁶⁵ Such requirements include providers meeting specific building codes, burdensome licensing standards, mandated transfer agreements with nearby hospitals, and clinician requirements. When a clinic is not able to comply with such requirements, they're often left no other choice than to close their doors. Between 2011–2017, 32 states enacted 394 new restrictions.⁶⁶ States in the Southern region of the U.S. saw a net decline of 50 clinics, more than any other region in the country, with 25 clinic closures in Texas alone. Texas's burdensome transfer agreement requirements were found unconstitutional in the 2015 Supreme Court case *Whole Woman's Health v. Hellerstedt*, and an identical Louisiana law was similarly found unconstitutional in *Jane Medical Services LLC v. Russo* in 2020.⁶⁷

Groups such as Life Always, Life Dynamics, and the Radiance Foundation have weaponized racial justice movements including Black Lives Matter to push forward a discriminatory anti-choice agenda that shames

individuals for making the best reproductive health decisions for their life and future.⁶⁸ Such organizations often equate abortion to genocide and slavery in a manipulative effort to dissuade Black and Latinx individuals from accessing abortion care and instead seek out crisis pregnancy centers (facilities that pose as legitimate health providers but whose main purpose is to discourage and prevent abortion).⁶⁹ In 2011, a series of anti-abortion billboards appeared in Georgia, New York City, and California touting racist, anti-choice messages such as "The most dangerous place for a Latino is in the womb" and "Black children are an endangered species."⁷⁰ Denounced by collectives including SisterSong and the Trust Black Women Partnership, the billboards were later removed, but the same harmful messaging continues to be used to this day: Black and Latinx individuals shouldn't have abortions.⁷¹

⁶⁴ Guttmacher Institute. (2022, January 1). *An overview of abortion laws*. <https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>.

⁶⁵ Guttmacher Institute. (2022, January 1). *Targeted regulation of abortion providers*. <https://www.guttmacher.org/state-policy/explore/targeted-regulation-abortion-providers>.

⁶⁶ Nash, E., & Deweke, J. (2019). *The U.S. abortion rate continues to drop: Once again, state abortion restrictions are not the main driver* (Policy Review Vol. 22), Guttmacher Institute. https://www.guttmacher.org/sites/default/files/article_files/gpr2204119.pdf.

⁶⁷ Oyez. (n.d.). *Whole Woman's Health v. Hellerstedt*. <https://www.oyez.org/cases/2015/15-274>; Oyez. (n.d.). *Jane Medical Services LLC v. Russo*. <https://www.oyez.org/cases/2019/18-1323>.

⁶⁸ Bomberger, R. S. (2020, June 5). *Top ten reasons I'll never support the #BlackLivesMatter movement*. Radiance Foundation. <https://www.theradiancefoundation.org/blm>.

⁶⁹ Life Dynamics. (n.d.). *Abortion and African Americans*. <https://lifedynamics.com/busted-the-abortion-industry/abortion-african-americans>.

⁷⁰ Wright, K. (2011, February 25). *Georgia anti-abortion billboards turn up in Los Angeles, too*. Colorlines. <https://www.colorlines.com/articles/georgia-anti-abortion-billboards-turn-los-angeles-too>; Solomon, A. (2011, February 25). *9 reasons to hate anti-abortion billboards that target Black women*. Colorlines. <https://www.colorlines.com/articles/9-reasons-hate-anti-abortion-billboards-target-black-women>; Carmon, I. (2011, June 8). *Anti-abortion billboards targeting Latinos now*. Jezebel. <https://jezebel.com/anti-abortion-billboards-targeting-latinos-now-5809939>.

⁷¹ SisterSong. (n.d.). *Our mission*. <https://www.sistersong.net>; Trust Black Women Partnership. (2018). *Our history*. <https://trustblackwomen.org/our-roots>.

AAPI people are also uniquely targeted by anti-abortion regulations. Currently, 11 states have restrictive sex selective abortion bans, and similar legislation has been introduced across the majority of states nationwide.⁷² Notably, 12 of the 15 states with the largest AAPI populations have introduced sex selective bans.⁷³ AAPI individuals also face additional stigma that has resulted in discriminatory sentencing. Under the deceptive guise of gender equity, these bills prohibit providers from performing an abortion if it's suspected that the patient is seeking an abortion based on the sex of the fetus. This discriminatory regulation relies upon the racist stereotype that AAPI individuals have a preference for sons and will terminate a pregnancy if it's determined the fetus is a girl. In 2015, Purvi Patel, an Indian-American woman, was the first person to be charged with feticide and child neglect following an attempt to end her pregnancy.⁷⁴ Although she was sentenced to over 20 years for the bogus charges, she was released the following year after the court affirmed that feticide laws should not be used to prosecute those who seek to end their pregnancy.⁷⁵

Restrictions on access to abortion care harm every community in the U.S. However, it is no coincidence that lawmakers disproportionately target low-income communities and communities of color when enacting restrictions on abortion care. Black women have more than double the unintended pregnancy rate of white women due to discriminatory socioeconomic barriers and account for 28 percent of all abortions across the country.⁷⁶ Further, Hispanic women make up 25 percent of abortion patients in the U.S.⁷⁷ States considered hostile to abortion are also uniquely concentrated in the South, with states such as Arkansas, Louisiana, Mississippi, and

Missouri representing four out of the six states considered very hostile to abortion rights.⁷⁸ These limitations present geographical barriers to comprehensive reproductive health care in Southern communities, which consist of the highest concentration of Black people compared to any other region. While the legal right to abortion remains intact, obtaining abortion services remains accessible only to those who can afford the high costs associated with it.

Attacking the reproductive health decisions of individuals rather than the real, systemic barriers that prevent many Black and Latinx communities from making autonomous decisions about their reproductive health and future is not only deeply anti-choice, but doing so further puts the onus on Black and Latinx individuals to solve the health disparities their communities have faced. Moreover, it perpetuates the long legacy of reproductive control and exploitation of Black, Latinx, and Native women. ■

⁷² National Asian Pacific American Women's Forum. (2020, August 7). *Sex selective abortion ban fact sheet*. <https://static1.squarespace.com/static/5ad64e52ec4eb7f94e7bd82d/t/5f2d67293c57ab090234ed66/1596811049786/Sex+Selective+Abortion+Bans+FactSheet+August+2020.pdf>.

⁷³ Ibid.

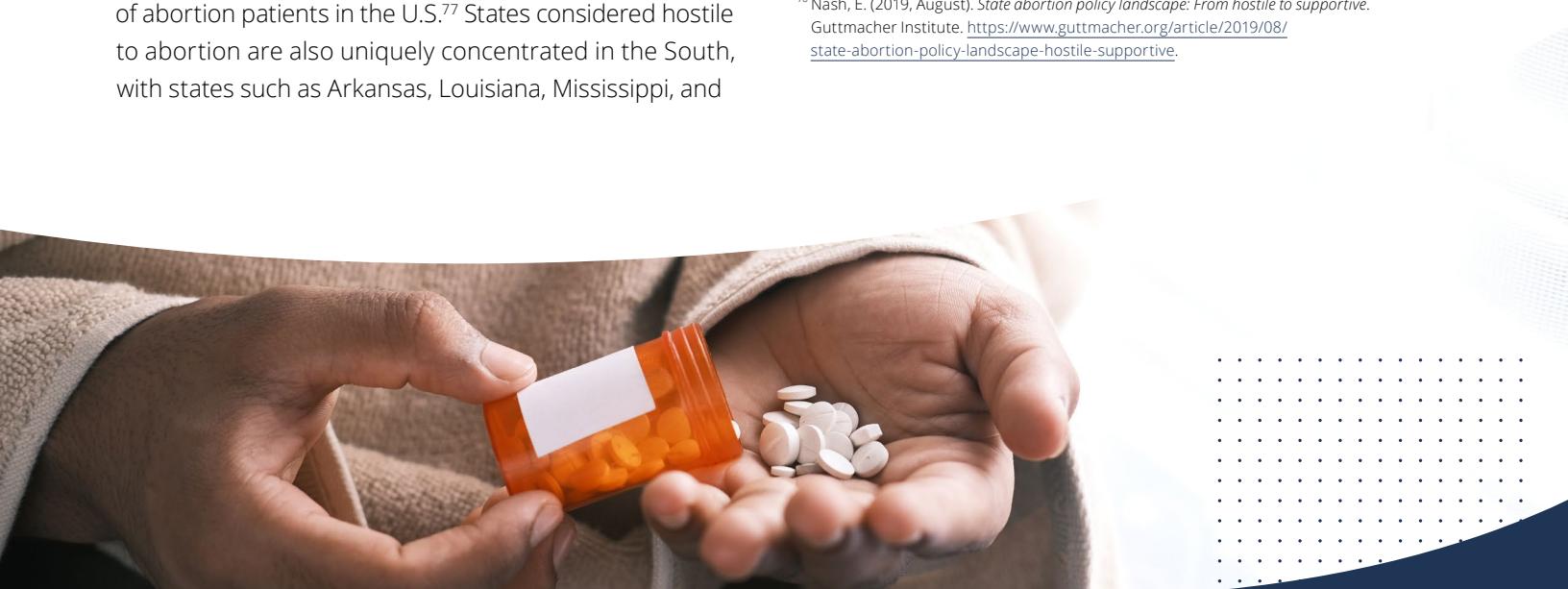
⁷⁴ National Asian Pacific American Women's Forum. (2016, May 19). *National Asian Pacific American Women's Forum denounces attack on pregnant women's rights*. <https://www.napawf.org/press-releases/052216>.

⁷⁵ National Asian Pacific American Women's Forum. (2016, September 1). *National Asian Pacific American Women's Forum celebrates release of Purvi Patel*. <https://www.napawf.org/press-releases/090116>.

⁷⁶ Guttmacher Institute. (2019, January). *Unintended pregnancy in the United States*. <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>.

⁷⁷ Jerman, J., Jones, R. K., Onda, T. (2016, May). *Characteristics of U.S. abortion patients in 2014 and changes since 2008*. Guttmacher Institute. <https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014>.

⁷⁸ Nash, E. (2019, August). *State abortion policy landscape: From hostile to supportive*. Guttmacher Institute. <https://www.guttmacher.org/article/2019/08/state-abortion-policy-landscape-hostile-supportive>.





PART SIX

Impacts of Systemic Racism in Schools

According to the [NSES, Second Edition](#),⁷⁹ sex education is supposed to ensure that young people navigate sexual development and grow into sexually healthy adults. Quality sex education programs can also yield a wide range of additional benefits for young people, including: delaying the onset of sexual activity, increasing condom and contraceptive use, reducing unintended pregnancy and STIs, increasing self-protective knowledge and skills to avoid unwanted touching and child sexual abuse, lowering the risk of sexual assault, increasing acceptance of LGBTQ+ students, reducing bullying, and increasing academic achievement.



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However, in order for quality sexuality education programs to have such profound benefits for all students, we must ensure that social and emotional learning efforts and health outcomes reflect the diversity of lived experiences of the young people receiving these supports.

When students of color are negatively impacted and harmed by hostile school environments and by curricula that erases or ignores the lived experiences of their families and communities, education programs will fail these students. As educators, incorporating an anti-racist pedagogy in the classroom means that we think critically to recognize and uncover the ways that schools can and have been used as tools of white supremacy, cultural genocide, and social control of POC students. This section seeks to connect the dots between public policies that have historically harmed communities of color and the experiences of POC youth within public education settings.

Forced Cultural Assimilation and Genocide

Schools have a particularly fraught reputation in Native American communities. The United Nations recognizes that the repression of a particular culture, religion, or language acts as a form of cultural genocide when the intention is to destroy a particular social or cultural group.⁸⁰ Within the U.S., from the late 1800s through the mid 1900s, at least 100,000 Native youth were removed from their homes to attend boarding schools operated by the federal government and Catholic Church officials in an effort to assimilate Native youth into Euro-American culture. First erected in 1860 by the Bureau of Indian affairs on the Yakima Indian Reservation, boarding schools and day schools were established with the intention of using instruction to assimilate Native youth into “mainstream culture” through education.⁸²

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Young people within these schools were subjected to religious training that prohibited traditional practices and beliefs and enforced heteronormative gender and sexual identity expressions, as well as “citizenship training” on topics such as the principles of democratic society and the political structure. Such topics were taught in an effort to inundate Native communities with white supremacist and heteronormative values and eradicate Indigenous culture, traditional religious beliefs, language, and values.

⁷⁹ Ibid., 6.

⁸⁰ Stop Genocide Now. (n.d.). *Genocide 103: Tools of genocide*. <https://stopgenocidenow.org/learn/genocide-103-2/>.

⁸¹ Equal Justice Initiative. (2014, September 1). *“Cultural genocide” and Native American children*. <https://eji.org/news/history-racial-injustice-cultural-genocide/>.

⁸² Northern Plains Reservation Aid. (n.d.). *History and culture: Boarding schools*. http://www.nativepartnership.org/site/PageServer?pagename=airc_hist_boardingschools.

As Native American families and tribes resisted these efforts, the U.S. adopted an increasingly aggressive approach to address the “Indian problem” and forcibly assimilate Native youth into American culture, manifesting in the development of off-reservation boarding schools that Native families were coerced and forced into sending their children.⁸³ Captain Richard H. Pratt established the first and most well known off-reservation boarding school, the Carlisle Indian School in Pennsylvania, in 1879, and popularized the harsh and often abusive methods used to strip Native youth of their cultural identities in boarding schools that gradually appeared across the nation. Under Pratt’s guidance that the boarding schools should “kill the Indian, save the man,” young people forced to attend such schools had their hair – a sacred symbol in many Indigenous cultures – cut short, traded their clothing for uniforms, were stripped of their Native name, were punished for speaking their native language, and were often forbidden from contacting their family and community members.⁸⁴ During the summer, rather than returning to their communities, youth were placed

for hire in non-native families.⁸⁵ In addition to the harsh military-esque life students were subjected to, youth were denied adequate food and medical care and were subject to routine physical and sexual abuse.⁸⁶ Devastatingly, hundreds of young people died from the extreme abuse, with some 500 children dying while under the supervision of the Carlisle Indian School alone.⁸⁷

⁸³National Museum of the American Indian. (2015, March 3). *The “Indian problem”* [Video]. YouTube. <https://www.youtube.com/watch?v=if-BOZgWZPE&t=1s>; Ibid., 31.

⁸⁴Sister Sky. (2019, January 4). *The significance of hair in Native American culture*. <https://sistersky.com/blogs/sister-sky/the-significance-of-hair-in-native-american-culture>; Ibid., 31; Pember, A. (2019, March 8). *The traumatic legacy of Indian boarding schools*. The Atlantic. <https://www.theatlantic.com/education/archive/2019/03/traumatic-legacy-indian-boarding-schools/584293/>; Kliewer, A., Mahmud, M., & Wayland, B. (n.d.). *“Kill the Indian, save the man”: Remembering the stories of Indian boarding schools*. University of Oklahoma, Gaylord College of Journalism and Mass Communications. <https://www.ou.edu/gaylord-exiled-to-indian-country/content/remembering-the-stories-of-indian-boarding-schools>.

⁸⁵Landis, B. (1996). *Carlisle Indian Industrial School history*. <http://home.epix.net/~landis/history.html>.

⁸⁶Ibid.

⁸⁷Ecoffey, B. (2013, September 5). *Native sun news: Death rate cover-up at Carlisle Indian School*. Native Sun News. <https://www.indianz.com/News/2013/09/05/native-sun-news-death-rate-cov.asp>.





By 1926, an overwhelming 83 percent of Native school-age youth were attending the 357 boarding schools established across 30 states.⁸⁸ While the boarding schools remained active in varying capacities through the 1950s, increased attention was brought to the abusive practices of the boarding schools by Native American activists in the following decades, which resulted in greater control over the Native American boarding schools by Native tribes.⁸⁹ This included the passage of the Indian Self-Determination and Education Assistance Act of 1975, which aided in the transition from federal to Native American control of education.⁹⁰ Three years later, the Indian Child Welfare Act was passed to implement further regulations regarding the removal of Native youth from their homes.⁹¹

While the most egregious abuses faced by Native youth within the schools may have been replaced by more equitable practices within the schools that remain open, the lasting generational trauma resulting from the forced removal and severe neglect of young people continues to be felt to this day. Youth who attended the negligent schools passed along the significant loss of culture and sense of identity to following generations, and, in some cases, the continuation of abuse.⁹² Because of this compounding and continuing trauma, Native Americans report experiencing significant adverse health outcomes and related traumas. Native communities report psychological distress 2.5 times more than the general population, with the suicide death rate for Native youth aged 15–19 being *more than double* their white peers.⁹³ Further, more than 4 in 5 American Indian and Alaska Native men and women report experiencing violence in their life, with 56.1 percent of women experiencing sexual assault.⁹⁴

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While exact figures are unclear, the suppression of Two-Spirit identity has also resulted in higher rates of abuse and assault, trauma, and adverse mental health outcomes.⁹⁵ Such staggering rates underscore the unique needs of Native youth within their communities and local education agencies (LEA), particularly within sex education. Within sex education, instruction must address the disparate rates of abuse and trauma Native communities have experienced, especially as it relates to sexual assault and barriers facing LGBTQ+, including Two-Spirit, Native peoples. This trauma-informed lens is essential to ensure Native young people receive instruction that is mindful of their lived experiences and doesn't indirectly shame or stigmatize students who have experienced abuse.

⁸⁸The National Native American Boarding School Healing Coalition. (n.d.). *US Indian boarding school history*. <https://boardingschoolhealing.org/education/us-indian-boarding-school-history/>.

⁸⁹ Heard Museum. (n.d.). *Remembering our Indian school days: The boarding school experience*. <https://heard.org/home/wp-content/uploads/2013/12/School-BoardingSchool.pdf>.

⁹⁰ Indian Self-Determination and Education Assistance Act, Pub. L. No. 93-638 (1975). <https://www.bie.edu/sites/default/files/documents/idc2-087684.pdf>.

⁹¹ National Indian Child Welfare Association. (n.d.). *About ICWA*. <https://www.nicwa.org/about-icwa/>.

⁹² *Tracing the path of violence: The boarding school experience*. (2003). https://peerta.acf.hhs.gov/sites/default/files/public/uploaded_files/Tracing%20the%20Path%20of%20Violence.pdf.

⁹³ Centers for Disease Control and Prevention. (2017). *Health, United States, 2017: With special feature on mortality*. <https://www.cdc.gov/nchs/data/hus/hus17.pdf>; Centers for Disease Control and Prevention (2021, December 2). *WISQARS: Web-based injury statistics query and reporting system*. <https://www.cdc.gov/injury/wisqars/index.html>.

⁹⁴ Rosay, A. B. (2016, May). *Violence against American Indian and Alaska Native women and men: 2010 findings from the national intimate partner and sexual violence survey*. U.S. Department of Justice, National Institute of Justice.

⁹⁵ Lehavot, K., Walters, K. L., & Simoni, J. M. (2010). Abuse, mastery, and health among lesbian, bisexual, and two-spirit American Indian and Alaska Native women. *Cultural Diversity and Ethnic Minority Psychology*, 15(3), 275–284. <https://doi.org/10.1037/a0013458>; Minnesota Indian Women's Sexual Assault Coalition. (n.d.). *Walking in two worlds: Understanding the two-spirit and LGBTQ+ community*. <http://www.tribal-institute.org/2014/INCTwo-SpiritBooklet.pdf>.



Segregation and School Resourcing

The segregation of youth of color within school systems nationwide has deep, historical roots that shaped the way in which many students, particularly Black youth, were barred from accessing quality public education that was afforded to white youth.⁹⁶ During the Jim Crow era, state and local laws enforced racial segregation throughout the U.S., particularly in creating segregated towns, churches, and schools. Jim Crow laws not only enforced racial stratification by preventing Black people from entering or using “white-only” spaces and facilities, such as buses, restrooms, restaurants, and water fountains, but also by relegating Black youth to lower-quality and less-resourced public schools.

Beginning in 1933, under President Roosevelt’s New Deal, the federal government began a program designed to increase housing in suburban communities nationwide.⁹⁷ Officials classified neighborhoods into four categories with the most “high risk” neighborhoods for mortgage lenders being marked in red.⁹⁸ Uncoincidentally, the “hazardous” neighborhoods “red-lined” by the federal government were primarily made up of Black communities segregated under Jim Crow laws.⁹⁹ Such communities were then systematically denied qualification for federally subsidized mortgages based on this discriminatory coding system. As a result, homes in redlined neighborhoods gradually lost value, and owners were often forced to turn to other predatory lenders if they sought to purchase new property.

Despite the landmark Supreme Court case *Brown v. Board of Education*, which found segregation within schools to be unconstitutional in 1954, segregation within schools across the nation continues to be a reality.¹⁰⁰ According to one report, segregation impacting Black youth was at its peak in 1968 and slowly declined until the early 1980s.¹⁰¹ Since then, however, new evidence concerning the continuation of successful desegregation efforts has nearly flatlined. Today, over half of school-aged youth are enrolled in predominantly nonwhite or predominantly white school districts.¹⁰²

⁹⁶ Library of Congress. (n.d.). *Brown v. Board at fifty: "With an even hand."* <https://www.loc.gov/exhibits/brown/brown-segregation.html>.

⁹⁷ Gross, T. (2017, May 3). A ‘forgotten history’ of how the U.S. government segregated America. NPR. <https://www.npr.org/2017/05/03/526655831/a-forgotten-history-of-how-the-u-s-government-segregated-america>.

⁹⁸ Domonoske, C. (2016, October 19). Interactive redlining map zooms in on America’s history of discrimination. NPR. <https://www.npr.org/sections/thetwo-way/2016/10/19/498536077/interactive-redlining-map-zooms-in-on-americas-history-of-discrimination>.

⁹⁹ Ibid.

¹⁰⁰ Huston, L. A. (2009). *High court bans school segregation; 9-0 decision grants time to comply*. New York Times. <https://archive.nytimes.com/www.nytimes.com/learning/general/onthisday/big/0517.html#article>.

¹⁰¹ Reardon, S.F., Weathers, E.S., Fahle, E.M., Jang, H., & Kalogrides, D. (2019, September). *Is separate still unequal? New evidence on school segregation and racial academic achievement gaps*. Stanford Center for Education Policy Analysis. <https://cepa.stanford.edu/sites/default/files/wp19-06-v092019.pdf>.

¹⁰² EdBuild. (n.d.). *23 billion*. <https://edbuild.org/content/23-billion>.

The close ties between redlining, segregation, and current disparities in school funding continue to show up in tangible ways, as attendance zones across the country continue to reflect the disproportionate lack of investment in redlined communities.¹⁰³ School funding is dependent on a mix of federal, state, and local funding, with local funding coming from property taxes.¹⁰⁴ As a result, predominantly nonwhite school districts receive \$23 billion less in funding than white districts despite serving the same number of young people, while wealthy districts receive and are able to invest a higher monetary amount per student.¹⁰⁵ Such a staggering difference in funding is a direct result of segregated and redlined communities and the deeply racialized way in which school district boundaries are drawn, and it perpetuates the significant differences in education that young people receive based on their zip code. State laws permit, and in some cases require, districts to define the school attendance zone, the geographical boundaries that determine what public schools a student may attend.

What results is a self-fulfilling prophecy; affluent families move to districts that have high ranking public schools, further driving up property values and continuing to make well-funded schools unattainable for low-income families. When school funding falls short, we know that under-resourced schools lack the means to provide comprehensive sex education and instead resort to free but harmful abstinence-based programming. The result

When school funding falls short, we know that under-resourced schools lack the means to provide comprehensive sex education and instead resort to free but harmful abstinence-based programming.

is evidence that there is less comprehensive sexual education programming offered in schools and districts, particularly in the south and with disproportionately higher populations of Black and Latinx students, perpetuating gaps in information, learning, access to services, and support for these youth.

¹⁰³ Deroche, T. (2020, June 10). *Redlining: The real reason our schools are segregated*. Project Forever Free. <https://projectforeverfree.org/redlining-the-real-reason-our-schools-are-segregated/>.

¹⁰⁴ Urban Institute. (2017, November 29). *How do school funding formulas work?* <https://apps.urban.org/features/funding-formulas/>.

¹⁰⁵ Ibid., 34.





Charter Schools

The rise in charter schools has been one policy response to differential resourcing and quality of public schools. While charter school operations vary drastically depending on the state in which they're located, the implication of charter schools nationwide has played a significant role in the way in which many youth of color receive education. With the first charter school law emerging in 1991, charter schools now educate over 3 million students across 45 states.¹⁰⁶

Charter schools overwhelmingly serve more Black youth, Latinx youth, and low-income youth than traditional public school systems across the country.¹⁰⁷ Further, over half of charter schools are located within cities.¹⁰⁸ While parents may choose to enroll their children in charter schools in an effort to afford their children a better education than what may be provided by their public school, they do not go without their faults.

Charter schools work as independent, publicly funded schools that work under contract, or charter, with their district, state, or other authorizing entity to serve students on a first-come, first-served basis regardless of their designated district.¹⁰⁹ The charter outlines the way in which the school will be run and operated, often giving the schools immunity from laws and regulations that other traditional public schools must follow, including sex education requirements.¹¹⁰

Due to the vast differences in curriculum requirements in addition to the frequent omission from statewide requirements, the consistency in sex education across charter schools is unclear at best. While some states, such as California, have mandated charter schools to teach sex education, others lack such oversight.¹¹¹ For example, the New Orleans school system in Louisiana is now entirely handled by charter schools as a result of the dissolution of the Orleans Parish School Board in 2005 following the widespread devastation of Hurricane Katrina. While advocates report this flexibility does allow for better sex education in some schools, the quality or presence of the curriculum remains inconsistent.¹¹² Such discrepancies further divide which youth are afforded quality, comprehensive sex education nationwide.

¹⁰⁶ Jason, Z. (2017). *The battle over charter schools*. Harvard Ed. Magazine. <https://www.gse.harvard.edu/news/ed/17/05/battle-over-charter-schools>; Education Commission of the States. (n.d.). *50-state comparison: Charter school policies*. <https://www.ecs.org/charter-school-policies>.

¹⁰⁷ In Perspective. (2018). *Key facts about charter schools*. http://www.in-perspective.org/files/CharterSchoolsInPerspective_GuidetoResearch_KeyFacts.pdf.

¹⁰⁸ Ibid., 35.

¹⁰⁹ Ibid., 35.

¹¹⁰ Ibid., 35.

¹¹¹ Pupil instruction: sexual health education: charter schools, A.B. 2601, (2018, September 18).

¹¹² https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB2601.

SIECUS. (n.d.). Louisiana State Profile. https://siecus.org/state_profile/louisiana-state-profile/.



Special Education

Currently, only a handful of states mandate sex education for youth with disabilities (YWD). Beyond these outliers, YWD may experience exclusion from general education courses, including sex education, or receive instruction that disregards their unique needs. Beyond representing a systemic issue in which the sexuality of youth with disabilities is disregarded, young POC are particularly disadvantaged when it comes to this oversight. Despite non-discrimination protections within the [Individuals with Disabilities in Education Act \(IDEA\)](#), students of color are far more likely to be diagnosed with disabilities compared to their white peers.¹¹³ Further, Black, American Indian, and Alaska Native students are far more likely to be diagnosed with intellectual disabilities and emotional disturbances.¹¹⁴ Experts report that this reveals a larger problem regarding appropriate disability classifications for students.¹¹⁵ Within such referral practices, both the preparedness of educators to address unique learning needs and the way in which the racial diversity of the student body is reflected among staff must be considered.¹¹⁶ When educators fail to provide culturally responsive assessments of youth of color, the trauma that many youth of color endure may be misinterpreted and inadvertently weaponized to further the use of special education as a “tool of segregation.”¹¹⁷ In addition to the multitude of additional barriers this creates for youth, including higher rates of disciplinary action, it often further removes young people from the health education curriculum afforded to their peers.¹¹⁸

Policing in Schools

Just as Native American students historically (and continue to) experience extremely abusive and psychological harmful practices in Indian Boarding Schools, young Black and Latinx youth currently experience hostile school environments that have increasingly served as pathways to incarceration. Implicit bias and racist perceptions of young Black and Latinx youth as older, less innocent, and more mature than their age result in harsher punishments for these youth, creating an academic environment full of landmines that too many children are

Black, American Indian, and Alaska Native students are far more likely to be diagnosed with intellectual disabilities and emotional disturbances.

caught in. The popularity of school-based law enforcement skyrocketed in 1999 in the aftermath of the Columbine high school shooting. The following year, the federal government distributed \$68 million to 289 localities across the nation to increase police presence in schools.¹¹⁹ Since then, an estimated \$1 billion has been spent by state and local governments to expand the presence of such officers, particularly within districts that are primarily composed of Black or Latinx youth.¹²⁰ There is little evidence to suggest that school-based law enforcement is effective in creating safer school environments or increasing students’ perception of safety.¹²¹

¹¹³ Individuals with Disabilities Education Act. (n.d.). U.S. Department of Education. <https://sites.ed.gov/idea/>; National Center for Learning Disabilities. (2020). *Significant disproportionality in special education: Current trends and actions for impact*. https://www.nclld.org/wp-content/uploads/2020/10/2020-NCLD-Disproportionality-Trends-and-Actions-for-Impact_FINAL-1.pdf.

¹¹⁴ Ibid.

¹¹⁵ Anderson, J. (2020, March 5). *Harvard EdCast: Racial differences in special education identification*. Harvard Graduate School of Education. <https://www.gse.harvard.edu/news/20/03/harvard-edcast-racial-differences-special-education-identification>.

¹¹⁶ Ibid., 36.

¹¹⁷ Garvey, M. (2018, May 15). *For students of color with disabilities, equity delayed is equity denied*. American Civil Liberties Union. <https://www.aclu.org/blog/disability-rights/disability-rights-and-education/students-color-disabilities-equity-delayed>.

¹¹⁸ Nowicki, J. M. (n.d.). *K-12 education: Discipline disparities for Black students, boys, and students with disabilities. Report to congressional requesters*. US Government Accountability Office. <https://eric.ed.gov/?id=ED590845>.

¹¹⁹ Girouard, C. (2001, March). *School resource officer training program*. U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. <https://www.ojjdp.gov/pdffiles1/ojjdp/fs200105.pdf>.

¹²⁰ Justice Policy Institute. (2020, July 9). *The presence of school resources officers (SROs) in American schools*. https://justicepolicy.org/wp-content/uploads/2022/02/School_ResourceOfficers_2020.pdf.

¹²¹ Stern, A., & Petrosino, A. (2018). *What do we know about the effects of school-based law enforcement on school safety?* WestEd Justice and Prevention Research Center. <https://www.wested.org/wp-content/uploads/2018/04/JPRC-Police-Schools-Brief.pdf>.



However, we know that the increased presence of police within schools has resulted in the disproportionate arrest and referral to law enforcement of Black and Latinx youth.¹²² Such staggering rates underscore the way in which thousands of youth of color are routinely criminalized and traumatized within school systems.¹²³

Striking disparities in the way in which youth of color are policed and punished within school systems continues to remain prominent across the nation. Despite representing just 15 percent of the student body during the 2015-2016 school year, Black youth represented an alarming 31 percent of students referred to law enforcement or subject to school-related arrests.¹²⁴ Further, Black youth faced significantly higher rates of out-of-school suspensions. Black young men are suspended at over *three times* the rate in which they're enrolled despite little evidence that such extreme action is warranted based on student behavior, highlighting the significant role implicit bias plays in disciplinary action.¹²⁵ Research has shown that Black youth are also routinely viewed as less innocent than their white peers and dehumanized by police officers, contributing to the way in which Black youth and other youth of color receive discriminatory punishment beginning as early as preschool.¹²⁶ Known as the school-to-prison-pipeline, the policing and push-out of Black and Brown young people through both suspension and expulsion results in such youth being *three times more likely* to be in contact with the juvenile justice system.¹²⁷ LGBTQ+ youth of color are particularly overrepresented within this system, revealing the way in which students often face compounding discrimination based on the intersections of their identities.¹²⁸

Black young men are suspended at over three times the rate in which they're enrolled.

The continuous policing of youth of color by educators and school-based law enforcement not only severely disrupts their education and access to comprehensive sex education programming but further reinforces the lack of autonomy students have over their bodies.

Beyond subjective infractions that result in physical violence on behalf of school-based law enforcement, Black students are routinely targeted for "disrupting" classrooms based on needless infractions such as wearing braids or hair extensions.¹²⁹

The resulting school culture, reinforced nationwide, is one in which students of color, and particularly Native, Black, and Latinx youth, are continuously traumatized and criminalized by the same system that's supposed to foster learning and growth. The essential information provided within advanced sex education programs becomes inaccessible when young people are barred from them based on discriminatory expulsions or suspensions and, worse, become entangled in the juvenile justice system. To foster a culture of learning and mutual respect, all young people must be taught by anti-racist educators that actively incorporate a culturally responsive lens not only in their curriculum, but in their teaching and conflict management practices as well.

¹²² Education Week. (2017). *Policing America's schools: An Education Week analysis*. <https://www.edweek.org/which-students-are-arrested-most-in-school-u-s-data-by-school#/overview>.

¹²³ Nayeb, H., & Meek, A. (2020, June 23). *What the research shows: The impact of school resource officers*. Chicago Lawyers' Committee for Civil Rights. <https://www.clccrl.org/blog/2020/6/23/research-sros>.

¹²⁴ U.S. Department of Education Office for Civil Rights. (2019, May). *School climate and safety: Data highlights on school climate and safety in our nation's public schools*. <https://www2.ed.gov/about/offices/list/ocr/docs/school-climate-and-safety.pdf>.

¹²⁵ United States Government Accountability Office. (2018, March). *Discipline disparities for Black students, boys, and students with disabilities*. <https://files.eric.ed.gov/fulltext/ED590845.pdf>.

¹²⁶ Goff, P. A., Jackson, M. C., Di Leone, B. A. L., Culotta, C. M., & DiTomasso, N. A. (2014). The essence of innocence: consequences of dehumanizing Black children. *Journal of Personality and Social Psychology*, 106(4), 526-545. <https://www.apa.org/pubs/journals/releases/psp-a0035663.pdf>; U.S. Department of Education Office for Civil Rights. (2014, March). *Civil rights data collection: Data snapshot (school discipline)* (Issue Brief No. 1). <https://www2.ed.gov/about/offices/list/ocr/docs/crdc-discipline-snapshot.pdf>.

¹²⁷ Nelson, L., & Lind, D. (2015, October 27). *The school to prison pipeline, explained*. Vox. <https://www.vox.com//2015/2/24/8101289//school-discipline-race/>; Fabelo, T., Thompson, M. D., Plotkin, M., Carmichael, D., Marchbanks, M. P., & Booth, E. A. (2011, July). *Breaking schools' rules: A statewide study of how school discipline relates to students' success and juvenile justice involvement*. Council of State Governments Justice Center, The Public Policy Research Institute. https://csgjusticecenter.org/wp-content/uploads/2020/01/Breaking_Schools_Rules_Report_Final.pdf.

¹²⁸ Hunt, J., & Moodie-Mills, A. C. (2012, June 29). *The unfair criminalization of gay and transgender youth*. Center for American Progress. <https://www.americanprogress.org/article/the-unfair-criminalization-of-gay-and-transgender-youth/>.

¹²⁹ Lattimore, K. (2017, July 17). *When Black hair violates the dress code*. NPR. <https://www.npr.org/sections/ed/2017/07/17/534448313/when-black-hair-violates-the-dress-code>.



Creating Safe and Affirming Schools

In the face of growing pressures against school systems to address the racial violence perpetrated against young students of color, an increasing number of advocates are working to disinvest local police departments from schools. [One interactive map](#), developed by the Justice Policy Institute, highlights efforts nationwide to terminate contracts with school resource officers and reallocate funding towards more equitable student initiatives.¹³⁰ In 2020 alone, millions of dollars have already been reallocated to support Black student achievement. Multiple districts are choosing to reallocate funding to mental health professionals, and the Spokane School Board in Washington voted to replace their enforcement personnel with “Safety and Wellness Specialists” who will focus on the social-emotional wellness of school staff and students. Following this trend, school districts have the opportunity to redirect funds previously reserved for school resource officers into programs, including comprehensive sex education, that address healthy relationships and interpersonal violence.¹³¹

Advanced sex education that addresses healthy relationships and interpersonal violence has the transformative power to create safer school environments.¹³² While LGBTQ+ youth in particular benefit from inclusive instruction, such instruction has the power to create a more positive school climate for all students. An increased investment in sex education programming that includes a racial justice framework can further extend these benefits.

Additionally, the American Federation of Teachers has called for the separation of school safety from policing.¹³³ Beyond advocates at the policy and educator level, students have led the conversation surrounding the removal of police from their schools, sharing their personal encounters with police and student resource officers.¹³⁴ While the effort to fully remove police presence from schools nationwide continues on, it’s essential to recognize the way in which such programs have been continuously overfunded and staffed when compared to other essential school programs. As of 2016, an overwhelming 14 million students were in schools with police presence but no counselor, nurse, psychologist, or social worker.¹³⁵ Through the strategic investment in these key services, schools will be able to better serve the needs of young people, and particularly young POC, who need culturally responsive, trauma-informed care over discriminatory disciplinary action.

¹³⁰ Kittredge, J. (2020, December 15). *An increasing number of jurisdictions are moving away from having law enforcement officers in schools, with the list seeming to grow by the day*. Justice Policy Institute. <https://public.tableau.com/app/profile/jeremy.kittredge/viz/SROUpdate/Dashboard1>.

¹³¹ Ibid., 8.

¹³² Goldfarb, E. S., & Lieberman, L. D. (2021). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health*, 68(1), 13-27.

¹³³ American Federation of Teachers. (2020). *Confronting racism and in support of Black lives*. <https://www.aft.org/resolution/confronting-racism-and-support-black-lives>.

¹³⁴ Onyenacho, T. (2020, July 21). *Black and brown students are organizing to remove police from their schools*. Colorlines. <https://www.colorlines.com/articles/black-and-brown-students-are-organizing-remove-police-their-schools>.

¹³⁵ Mann, A., Whitaker, A., Torres-Gullien, S., Morton, M., Jordan, H., Coyle, S., & Sun, W. L. (2019). *Cops and no counselors: How the lack of school mental health staff is harming students*. American Civil Liberties Union. <https://www.aclu.org/report/cops-and-no-counselors>.



Abstinence Only Until Marriage (AOUM) Programming

Since 1981, the federal government has funneled over \$2.2 billion into ineffective AOUM programming.¹³⁶ Also known as “sexual risk avoidance” (SRA) programming, these programs utilize a shame-based approach in an attempt to pressure young people into remaining sexually abstinent until marriage. While these harmful programs negatively impact all youth, research has revealed that Black students nationwide are more likely than their white peers to receive AOUM or SRA instruction due to the increased likelihood of such programs being directed toward lower income school districts.¹³⁷ Further, Black youth are less likely than their white peers to receive instruction on HIV/AIDS and birth control.¹³⁸

Success Sequencing

Often touted as “insurance against poverty,” success sequencing relies upon the theory that if an individual graduates high school, finds full time employment, and waits until they are at least 21 and married to have children, they will be financially successful.¹³⁹ While this theory relies upon the notion that if you follow these exact steps you’ll be safeguarded from experiencing poverty, it ignores the deeply unjust reality of *who* overwhelmingly experiences poverty and additional systemic factors that contribute to young parenthood and inability to obtain a high school diploma in the U.S.

Similar to the way in which politicians have historically blamed Black single mothers for their need for governmental support, success sequencing uses a harmful, victim-blaming approach that overwhelmingly blames low-income communities of color for the poverty they experience if they fail to follow the strict path

to adulthood outlined within the success sequencing framework. Further, success sequencing imposes stigmatizing notions upon young people concerning when it is appropriate to parent and marry, without regard for their own lived experiences. It also fails to acknowledge that the most important factor to escape poverty is the availability of living wage employment opportunities.

Success sequencing continues to be used to justify harmful AOUM or “sexual risk avoidance” programming. Despite evidence proving that AOUM programming is unsuccessful in its mission of reducing teen pregnancy, it continues to receive millions of federal dollars annually. One report revealed that Black students nationwide are more likely than their white peers to receive AOUM programming due to the way in which funds are allocated based upon the percentage of low-income youth in each state.¹⁴⁰ As a result, young POC are not only stigmatized based upon their proximity to living in poverty, but they also receive instruction that fails to equip them with medically accurate information necessary to maintain their health and wellbeing. ■

¹³⁶SIECUS. (2019). *A history of AOUM funding*. <https://siecus.org/wp-content/uploads/2019/05/AOUM-Funding-History-Report-5.2019.pdf>.

¹³⁷Kuehnel, S. S. (2008). Abstinence-only education fails African American youth. *Washington University Law Review*, 86(5) 1241-1271. https://openscholarship.wustl.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1136&context=law_lawreview.

¹³⁸Ibid.

¹³⁹Wang, W., & Wilcox, W. B. (n.d.). *The millennial success sequence: Marriage, kids, and the “success sequence” among young adults*. Institute for Family Studies. <https://aei.org/wp-content/uploads/2017/06/IFS-MillennialSuccessSequence-Final.pdf>.

¹⁴⁰Ibid., 40.



PART SEVEN

An Anti-Racist Review of the National Sex Education Standards

The NSES were originally developed to address the inconsistent implementation of sex education programs nationwide, to increase the availability of quality sex education for young people. When the NSES were updated in 2020, they were updated to ground sexuality education in social justice and equity, to honor the diversity of students, including racial, ethnic, gender, orientation, ability, socio-economic status, and academic experiences, and to promote awareness, understanding, and appreciation for diversity and inclusion within sex education classrooms.

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HANDY WICAKSONO



In order to achieve these goals, sex education programs should incorporate anti-racist, trauma-informed, and culturally responsive teaching pedagogical practices.¹⁴¹

Sex educators must be able to recognize, acknowledge, and respond to students while exploring the impact of historical and intergenerational trauma on today's youth and current lived experiences. This section explores some ways that sex educators can incorporate an understanding of the history of white supremacy and racial oppression within a sex education context, in an effort to acknowledge these harms, and to facilitate educational opportunities that strive to use this information to normalize, validate, and value the sexuality, reproduction, autonomy, and empowerment of youth of color.

Sex educators must be able to recognize, acknowledge, and respond to students while exploring the impact of historical and intergenerational trauma on today's youth and current lived experiences.

The NSES is organized by seven topic areas to establish essential content and skills for K-12 sex education programs. This section explores these topics and discusses important differences of racial experience and historical context that sex educators can use to incorporate an anti-racist lens within their curricula. In doing so, this resource seeks to align with the Sex Education Collaborative's upcoming guide, *Centering Racial Justice in Sex Education: Strategies for Engaging Professionals and Young People*. It is our intent that these resources offer sex educators the tools necessary to ensure that sex education results in sexually healthy and well-developed young people, regardless of and inclusive of race.

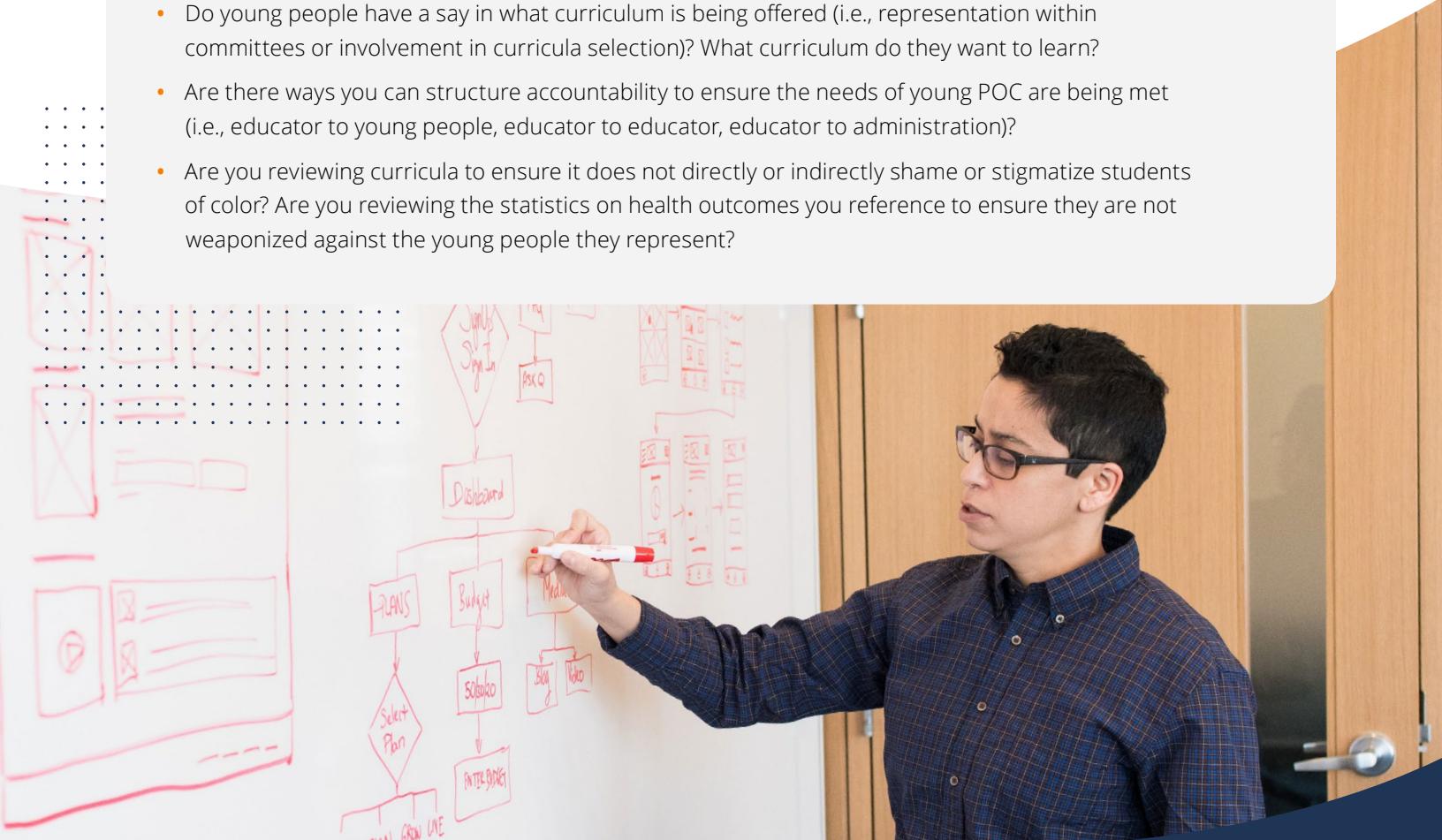
¹⁴¹Fava, N. M., & Bay-Cheng, L. Y. (2013). Trauma-informed sexuality education: Recognising the rights and resilience of youth. *Sex Education*, 13(4), 383-394. <https://www.tandfonline.com/doi/abs/10.1080/14681811.2012.745808>; Burnham, K. (2020, July 31). *5 culturally responsive teaching strategies*. Northeastern University Graduate Programs. <https://www.northeastern.edu/graduate/blog/culturally-responsive-teaching-strategies/>; Flowers, S. C. (2018). Enacting our multidimensional power: Black women sex educators demonstrate the value of an intersectional sexuality education framework. *Meridians*, 16(2), 308-325. <https://read.dukeupress.edu/meridians/article-abstract/16/2/308/138970/Enacting-Our-Multidimensional-Power-Black-Women>; Kaufman, T. (n.d.). *What is trauma informed teaching? Understood*. <https://www.understood.org/articles/en/what-is-trauma-informed-teaching>.





Questions for Educators:

- What concrete tools (such as curricula, media, or staff) are available to you right now that uplift and center Black voices and perspectives? If there are none, consider why this is and what needs to happen to ensure this is part of your organization's institutional resources.
- Are you able to access and pay Black educators in your area to supplement your own personal growth as well as your organization's?
- Do you have consistent engagement with POC in your current classes or workshops? What is the outreach strategy for this, who is in charge of it, and how is it employed?
- How are you including the intersecting identities of youth of color in your classrooms?
- Do your images, diagrams or figures, and examples include depictions of individuals of a multitude of racial backgrounds?
- Are you equipped to answer questions and respond to comments rooted in racial biases? Do your answers address these biases directly?
- What work is needed regarding your own internalized biases?
- What adaptations are you making to evidence-based curricula to ensure the needs of young POC are being included? What support do you need from supervisors or administration to make these adaptations?
- Do young people have a say in what curriculum is being offered (i.e., representation within committees or involvement in curricula selection)? What curriculum do they want to learn?
- Are there ways you can structure accountability to ensure the needs of young POC are being met (i.e., educator to young people, educator to educator, educator to administration)?
- Are you reviewing curricula to ensure it does not directly or indirectly shame or stigmatize students of color? Are you reviewing the statistics on health outcomes you reference to ensure they are not weaponized against the young people they represent?



Anatomy & Physiology



The NSES topic outlines the functional knowledge that students need to understand basic human functioning.

As all human anatomy and physiology is unique and the same, there are no additional recommendations to incorporate an anti-racist perspective within this topic.



Puberty & Adolescent Sexual Development



The NSES topic outlines the functional knowledge and essential skills students need to understand pivotal milestones for every person that impact physical, social, and emotional development, and that sexual development is normal and healthy.

Adultification of Black Youth

Sex educators should acknowledge the different social expectations and implicit bias experienced by Black youth. Similar to the way in which young Black men are routinely perceived as less innocent than their white peers, adolescent Black girls are subjected to similar biases that result in their adultification—or adults perceiving these young people as older, less innocent, and more mature based on racial stereotypes and bias. Some young Black females may experience early puberty and the timing of such puberty may predispose young Black women to inappropriate hypersexualization; this may, in turn, contribute to the way they are perceived by others.

Consequently, teachers may subconsciously provide harsher punishment to young Black girls who may be perceived as “un-ladylike” or who fail to conform to traditional, passive norms of femininity often aligned with whiteness. One report by researchers at Georgetown University revealed that adults often view Black girls as sexually active at an early age and less innocent, likely resulting from internalized bias concerning the sexuality of Black women and girls.¹⁴²

Adults often view Black girls as sexually active at an early age and less innocent, likely resulting from internalized bias concerning the sexuality of Black women and girls.

¹⁴¹ Blake, J.J., & Epstein, R. (2019). *Listening to Black women and girls: Lived experiences of adultification bias*. Georgetown Law Center on Poverty and Inequality, Initiative on Gender Justice & Opportunity. <https://genderjusticeandopportunity.georgetown.edu/wp-content/uploads/2020/06/Listening-to-Black-Women-and-Girls.pdf>.

Gender Identity & Expression



The NSES outlines the functional knowledge and essential skills that students need to address fundamental aspects of people's understanding of who they are as it relates to gender, gender identity, gender roles, and gender expression, as well as how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations, and the importance of advocating for safety and equity.

Violence Against Transgender POC

Transgender people in America experience a disproportionate amount of violence and adverse health outcomes in all facets of their life, stemming from persistent anti-trans stigma, the denial of opportunities, and increased risk factors like intimate partner violence and sexual assault, engagement in survival sex work, poverty and homelessness, and lastly, physical and mental disparities.¹⁴³ This devastating reality manifests in high rates of verbal, physical, and sexual assault; rejection from their family and community; homelessness; poverty; employment discrimination; and adverse mental health outcomes.¹⁴⁴ Across the board, these outcomes are heightened for transgender POC due to the intersecting impact of transphobia and racism.

Across the board, these outcomes are heightened for transgender POC due to the intersecting impact of transphobia and racism.

Within the 2015 National Transgender Survey, it was reported that Latinx (43 percent), Native American and Alaska Native (41 percent), multi-racial (40 percent), and Black (38 percent) participants were more than **three times** as likely than the general population to live in poverty, compared to the overall survey sample, which was two times as likely.¹⁴⁵

Further, American Indian and Alaska Native participants reported experiencing homelessness at nearly twice the rate of the overall survey sample. Undocumented participants also faced unique challenges compared to the overall survey sample, with half of undocumented participants reporting having experienced homelessness and an astonishing 68 percent experiencing intimate partner violence.¹⁴⁶

¹⁴³ Human Rights Campaign. (n.d.). *Dismantling a culture of violence: understanding anti-transgender violence and ending the crisis.* <https://assets2.hrc.org/files/assets/resources/2018AntiTransViolenceReportSHORTENED.pdf>.

¹⁴⁴ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey.* National Center for Transgender Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>.

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.



According to recent data, transgender people are 49 times more at risk of living with HIV compared to the general population.¹⁴⁷ More specifically, transgender women of color continue to face some of the highest levels of HIV infections; one CDC study surveying seven major cities in the U.S. found that 62 percent of Black transgender women and 35 percent of Hispanic transgender women had HIV, compared with 17 percent of white transgender women.¹⁴⁸ In addition to this, Black transgender women continue to face disparate rates of violence, representing the majority of transgender people who have been killed over the past several years in the U.S.¹⁴⁹

Black transgender women continue to face disparate rates of violence, representing the majority of transgender people who have been killed over the past several years in the U.S.

To cultivate a society in which transgender, non-binary, and other gender-nonconforming people are fully affirmed and accepted, it is essential that young people receive sex education that is inclusive of the broad spectrum of gender identities. Curriculum must acknowledge the way in which transgender and gender expansive communities of color experience unique barriers that often result in adverse health outcomes. However, this should not be to the omission of positive discussion of transgender and gender expansive identity.

Two-Spirit Identity

First coined in 1990 at the third annual inter-tribal Native American/First Nations gay/lesbian American conference, *Two-Spirit* is an umbrella term used to describe gender-variant people in some Native tribes. While the definition may vary among tribes, Two-Spirit typically refers to someone whose body “houses a masculine spirit and feminine spirit” or may be used more generally.¹⁵⁰ Two-Spirit individuals historically held unique roles within their tribes and have been documented in over 130 tribes across North America.¹⁵⁰ Following the colonization of Indigenous tribes, Two-Spirit individuals have been shamed and excluded from many Native communities. As a result, many Two-Spirit individuals experience increased rates of assault, adverse mental health, addiction, discrimination, unemployment, and further abuse when compared to their cisgender peers. According to the 2019 GLSEN National School Climate Survey, 56.3 percent—more than any other racial or ethnic group—of Native and Indigenous youth reported feeling unsafe at school based upon their gender expression.¹⁵¹ The same is true for the 68.2 percent of Native American, American Indian, and Alaska Native youth who reported experiencing victimization in school based upon their gender expression.

¹⁴⁷ Avert. (2019, October 10). *Transgender people, HIV and AIDS*. <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/transgender>.

¹⁴⁸ U.S. News and World Report. (2021, April 16). *4 in 10 transgender women have HIV: CDC*. <https://www.usnews.com/news/health-news/articles/2021-04-16/4-in-10-transgender-women-have-hiv-cdc>.

¹⁴⁹ Human Rights Campaign. (2019). *A national epidemic: Fatal anti-transgender violence in the United States in 2019*. https://assets2.hrc.org/files/assets/resources/Anti-TransViolence_Report2019.pdf.

¹⁵⁰ Ibid., 33.

¹⁵¹ GLSEN. (2019). *The 2019 national school climate survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. https://www.glsen.org/sites/default/files/2020-10/NSCS19-Full-Report_2.pdf.

Sexual Orientation & Identity



The NSES outlines the functional knowledge and essential skills that students need to address fundamental aspects of people's understanding of who they are as it relates to sexual orientation and identity, as well as how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations, and the importance of advocating for safety and equity.

LGBTQ+ Youth of Color

LGBTQ+ youth of color hold multiple marginalized identities that may result in compounding forms of discrimination. The racism that LGBTQ+ students of color face, for example, may often influence the homophobia they experience and can result in increased adverse health outcomes for LGBTQ+ youth of color. According to the 2019 GLSEN National School Climate Survey, all LGBTQ+ youth of color were at greater risk of experiencing multiple forms of victimization when compared to their white LGBTQ+ peers.¹⁵² 73.6 percent of Native and Indigenous youth and 61 percent of Arab American, Middle Eastern, and North African youth reported feeling unsafe at school based upon their sexual orientation, more than any other racial group. However, Black LGBTQ+ youth were more likely to report feeling unsafe based upon their racial identity.

Additional surveys reveal further disparities for youth of color. More than three-fourths of Black LGBTQ+ youth report having heard family members say negative things about LGBTQ+ people, and nearly half of Black LGBTQ+ youth report feeling critical of their LGBTQ+ identities.¹⁵³ One report found that LGBTQ+ youth of color also perceive a higher level of surveillance and discriminatory punishment.¹⁵⁴ For example, it was reported that a Black

gay student was suspended for wearing extensions in his hair, while cisgender young women at the same school received no such punishment.

Youth of color also face unique challenges when coming out to loved ones based upon different cultural notions concerning LGBTQ+ identity. For additional information, please see the below resources.

Further Reading:

- [Coming Out: Living Authentically as Black LGBTQ+ People](#)
- [Coming Out: Living Authentically as LGBTQ+ Latinx Americans](#)
- [Coming Out: Living Authentically as LGBTQ+ Asian and Pacific Islander Americans](#)

¹⁵² Ibid.

¹⁵³ Human Rights Campaign. (2019). *Black and African American LGBTQ+ youth report*. https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/assets/resources/HRC_2019_Black_and_African-American_LGBTQ+-Youth_Report-FINAL-web.pdf.

¹⁵⁴ GSA Network. (n.d.). *LGBTQ+ youth of color: Discipline disparities, school push-out, and the school-to-prison pipeline*. https://gsanetwork.org/wp-content/uploads/2018/08/LGBTQ+-brief_FINAL.pdf.

Sexual Health



The NSES outlines the functional knowledge and essential skills students need to understand sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV), including how they are prevented and transmitted, their signs and symptoms, and testing and treatment; how pregnancy happens, decision-making to avoid a pregnancy, and pregnancy prevention and options; and the personal and societal factors that influence sexual health decision-making and outcomes.

Eugenics and Abuse by Health Care Professionals

The legacy of racism can be traced through the abuses carried out by health care professionals that worked to control the bodies of POC and their families in the name of advancing the reproductive health care field. Black, Latinx, and Indigenous communities suffered from experimentation and forced sterilization, the impact of which continues to be felt to this day and makes racialized people more vulnerable to disparate sexual and reproductive health outcomes.¹⁵⁵

Experimentation on Black women in the U.S. began with routine sexual abuse during their enslavement and non-consensual experimental reproductive surgeries such as Cesarean sections.¹⁵⁶ Beginning in the 1870s, eugenic programs emerged that sought to control the reproduction of Black communities through coercive sterilization.¹⁵⁷ These eugenic programs would continue in various ways over the course of a century and were often overseen by Eugenics Boards that reviewed petitions to implement the sterilization of thousands of individuals based upon low socioeconomic status, marital status, or mental disability.¹⁵⁸

Black, Latinx, and Indigenous communities suffered from experimentation and forced sterilization, the impact of which continues to be felt to this day and makes racialized people more vulnerable to disparate sexual and reproductive health outcomes.

¹⁵⁵ Prather, C., Fuller, T. R., Jeffries IV, W. L., Marshall, K. J., Howell, A. V., Belyue-Umole, A., & King, W. (2018). Racism, African American women, and their sexual and reproductive health: A review of historical and contemporary evidence and implications for health equity. *Health equity*, 2(1), 249-259. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6167003/>.

¹⁵⁶ Ibid., 47.

¹⁵⁷ National Human Genome Research Institute. (2021, December 1). *Eugenics and scientific racism*. National Institutes of Health. <https://www.genome.gov/about-genomics/fact-sheets/Eugenics-and-Scientific-Racism>.

¹⁵⁸ Krase, K. (2014, October 1). *The history of forced sterilization in the United States*. Our Bodies Ourselves. <https://www.ourbodiesourselves.org/book-excerpts/health-article/forced-sterilization/>.



In 1932, the U.S. Public Health Service recruited low income and uneducated Black men in Alabama to determine the effects of untreated syphilis in what became known as the Tuskegee Syphilis Study.¹⁵⁹ The longest running medical experiment in the U.S., the study became known for its poor ethical practices, including researchers observing men without their informed consent, denying newly available treatment and effective care to track the disease's full progression, and withholding information from the men until 40 years later, in 1972. A devastating 128 of the 600 participants died throughout the duration of the experiment. Further, at least 40 spouses of the participants were diagnosed with syphilis, and the disease was passed to 19 infants at birth. This experiment symbolized rampant racism in the public health sector that has continuously failed to provide adequate care for Black individuals. Generations of families were adversely impacted by the dehumanizing study, leading to the continued mistrust of the federal government.

In what became known as the "Mississippi appendectomies," the sterilization of Black women in the South became widespread in the following decades. Starting with 200,000 cases in 1970 and rising to over 700,000 cases in 1980, such practices were led by health care professionals who failed to obtain the informed consent of their patients and performed the surgeries without any medical basis. In North Carolina alone, an overwhelming 65 percent of sterilization procedures were performed on Black women during this time.¹⁶⁰ In Alabama, the case of the Relf sisters remains

In North Carolina alone, an overwhelming 65 percent of sterilization procedures were performed on Black women during this time.

a prominent example of these abuses. In what resulted in a lawsuit that successfully influenced guidelines for the use of government funds for sterilization, three sisters, all underage, were subjected to cruel medical interventions without parental consent. The oldest daughter, who was 17 at the time, was given contraceptive shots that had yet to move out of the investigational phase. The two youngest sisters, who were 12 and 14 at the time, both received tubal ligations. The sisters were targeted by the Montgomery Community Action Committee's Family Planning Service because their family was receiving government benefits. This case brought to light thousands of similar cases in which Black women were sought out by medical centers and had their government benefits threatened if they did not undergo sterilization procedures.¹⁶¹ Further, primarily young Black women suffered unnecessary hysterectomies from the practices of medical students at teaching hospitals.

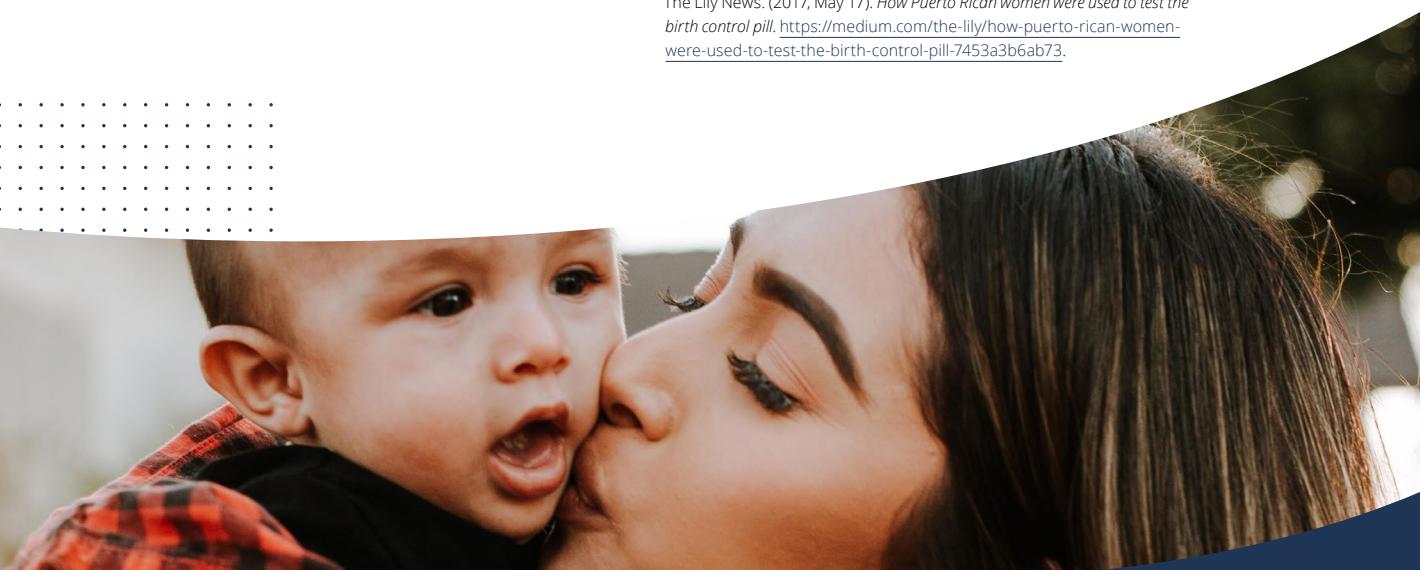
¹⁵⁹ Centers for Disease Control and Prevention. (2021, April 22). *The Tuskegee timeline*. <https://www.cdc.gov/tuskegee/timeline.htm>.

¹⁶⁰ Ibid.

¹⁶¹ Ibid., 48.

During the first half of the 20th century, eugenic practices driven by anti-immigration discourse against Latina women led to the sterilization of Mexican American women in California institutions.¹⁶² Anti-Mexican sentiment spurred racial inferiority and harmful stereotypes that portrayed Mexican women as “sexually deviant criminals” and led to a disproportionate number of Latina women being placed in both prisons and psychiatric institutions. Laws enacted as early as 1907 permitted the federal government to sterilize women perceived as “insane,” “feeble-minded,” and “diseased,” therefore incapable of making their own family planning decisions.¹⁶³ In 1927, the Supreme Court case *Buck v. Bell* set a legal precedent that permitted states to sterilize inmates of public institutions through the justification that imbecility, epilepsy, and feeble-mindedness could be genetically passed down.¹⁶⁴ Institutions used the term “feeble-minded” broadly, including everything from developmental disorders to criminality. Through these laws, eugenicists used the argument of “intellectual inferiority” to target Mexican American communities. In California alone, authorities sterilized 20,000 people—more people than any other state—under a sterilization law that was in effect until 1979.¹⁶⁵

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Mexican Americans were not the only Latinx group subject to eugenic practices. The Puerto Rican government and the U.S. government led a population-control discourse including promoting sterilization as the best form of birth control for the majority of Puerto Rican women and imposing a limit of children per family.¹⁶⁶ The Puerto Rican government passed a law permitting sterilization in 1937, leading to the forced sterilization of approximately one-third of Puerto Rican women up until the 1970s.¹⁶⁷ Throughout the 1950s, low-income Puerto Rican women unknowingly became test subjects in clinical trials regarding the effectiveness of the first birth control pill. Despite not having the informed consent of the patients, as many as 1,500 women ingested medication that had unknown risks and side effects.¹⁶⁸ Many women stopped taking the medication due to extreme nausea, and three women died during the trial as a result of the high levels of estrogen in the medication. There were no investigations conducted following the three deaths.

¹⁶² Reichel, C. (2018, April 27). *Forced sterilization in California targeted Latina women*. The Journalist's Resource. <https://journalistsresource.org/politics-and-government/eugenics-sterilization-california-latina/>.

¹⁶³ Ibid., 48.

¹⁶⁴ Antonios, N., & Raup, C. (2012, January 1). *Buck v. Bell* (1927). The Embryo Project Encyclopedia. <https://embryo.asu.edu/pages/buck-v-bell-1927>.

¹⁶⁵ Stern, A. M. (2005). Sterilized in the name of public health: Race, immigration, and reproductive control in modern California. *American Journal of Public Health*, 95(7), 1128-1138. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449330/>.

¹⁶⁶ Planas, R. (2013, June 5). *Mexican Americans sterilized disproportionately in California institutions, study says*. The Huffington Post. https://www.huffpost.com/entry/mexican-americans-sterilized_n_3390305.

¹⁶⁷ Ordover, N. (2014, February 24). Puerto Rico. <https://eugenicsarchive.ca/discover/tree/530ba18176f0db569b00001b>.

¹⁶⁸ The Lily News. (2017, May 17). *How Puerto Rican women were used to test the birth control pill*. <https://medium.com/the-lily/how-puerto-rican-women-were-used-to-test-the-birth-control-pill-7453a3b6ab73>.



Following the establishment of the Indian Health Services (IHS) in 1955, thousands of Indigenous women were forcibly sterilized by the department's physicians for over two decades.¹⁶⁹ The IHS provided medical services to Indigenous people through the U.S. federal government's agreement to provide care for sovereign tribes in exchange for the land taken from tribes. Similar to other federal institutions that dehumanized the women of color in which they victimized, the IHS performed such sterilizations under the assumption that Native women were morally, mentally, and socially defective, and not intelligent enough to use other methods of birth control beyond sterilization. Between 1970 to 1976, 25–50 percent of all Native women of childbearing age were sterilized without their informed consent, with sterilization rates as high as 80 percent on some reservations despite the presence of sterilization laws.¹⁷⁰ Native women were also coerced into using long-acting hormonal contraceptives by the IHS such as Depo-Provera and Norplant, birth control methods that were considered risky and carcinogenic prior to the approval of both products by the Food and Drug Administration (FDA)

Between 1970 to 1976, 25–50 percent of all Native women of childbearing age were sterilized without their informed consent, with sterilization rates as high as 80 percent on some reservations.

in 1992. Doctors believed that preventing women from having their periods through Depo-Provera would keep them "cleaner" for their caretakers, building off of the legacy of racist stereotypes that paint Indigenous women as inherently dirty, impure, and therefore in need of cleansing.

¹⁶⁹ Blakemore, E. (2016, August 25). *The little known history of the forced sterilization of Native American women*. JSTOR Daily. <https://daily.jstor.org/the-little-known-history-of-the-forced-sterilization-of-native-american-women/>.

¹⁷⁰ Smith, A. (2003). Not an Indian tradition: The sexual colonization of native peoples. *Hypatia*, 18(2), 70–85. <https://vawnet.org/sites/default/files/assets/files/2016-10/NotIndianTradition.pdf>.



Maternal Mortality and Health Risks

Maternal mortality refers to the death of a person while pregnant, or within 42 days of termination of pregnancy, no matter the duration and site of the pregnancy.¹⁷¹ According to the CDC, about 700 women die each year in the U.S. as a result of pregnancy or delivery complications.¹⁷² The mortality rate in the U.S. has significantly increased from 7.2 deaths per 100,000 live births in 1987 to 17.4 deaths per 100,000 live births in 2018.¹⁷³ These numbers indicate that the U.S. has one of the highest Maternal Mortality Rates (MMR) in the world.¹⁷⁴ Further, there are considerable racial and ethnic disparities in pregnancy-related mortality. In 2018, the MMR for Black women was 2.5 times the rate of white women and 3.1 times the rate of Hispanic women.¹⁷⁵

These numbers indicate that the U.S. has one of the highest Maternal Mortality Rates (MMR) in the world.

There are several factors that contribute to the astronomically high MMR in the U.S. Studies show that increasing numbers of pregnant women in the U.S. have chronic health conditions such as hypertension, diabetes, and chronic heart disease that put women at a higher risk of having pregnancy complications.¹⁷⁶ One study conducted at the University of Michigan found that there was a nearly 40 percent higher prevalence of chronic conditions among pregnant women from 2007 to 2015, with the greatest increases occurring within low-income women and women living in rural areas.¹⁷⁷ Further, a significant percentage of pregnancy related deaths in the U.S. from 2011 to 2016 were caused by: hemorrhage (11.0 percent), infection or sepsis (12.5 percent), cardiomyopathy (11.0 percent), other cardiovascular conditions (15.7 percent), and noncardiovascular medical conditions (13.9 percent)—60 percent of which were preventable.¹⁷⁸

Racial and ethnic disparities lead to an increase in maternal mortality rates for women of color, with the highest MMR presented in Black women overall. These trends can be explained by a myriad of factors ultimately rooted in systemic racism in the health care sector, including persistent racial biases among health providers that undermine the experiences of Black patients and perpetuate false notions about the biology of Black individuals.¹⁷⁹ These social determinants of health—which are contributing factors of preventable pregnancy-related deaths—include community factors (unstable housing, limited access to transportation), health facility factors (lack of appropriate personnel or services), provider factors (missed or delayed diagnosis and lack of continuity of care), and system-level factors (inadequate access to care).¹⁸⁰ A lack of access to basic rights such as clean drinking water also impacts reproductive health by jeopardizing one's ability to have a healthy pregnancy.¹⁸¹

¹⁷¹ Hayes, T. O., & McNeil, C. (2019, September 9). *Maternal mortality in the United States*. American Action Forum. <https://www.americanactionforum.org/insight/maternal-mortality-in-the-united-states/>.

¹⁷² Centers for Disease Control and Prevention. (2020, August 13). *Maternal mortality*. <https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html>.

¹⁷³ Hoyert, D. L., & Miniño, A. M. (2020). *Maternal mortality in the United States: changes in coding, publication, and data release, 2018* (National Vital Statistics Report Volume 69, Number 2). Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69-02-508.pdf>.

¹⁷⁴ Ibid.

¹⁷⁵ Ibid., 50.

¹⁷⁶ Ibid., 50.

¹⁷⁷ Admon, L. (2019, December 3). *Rural women at higher risk of life-threatening pregnancy complications*. University of Michigan Institute for Healthcare Policy and Innovation. <https://ihpi.umich.edu/news/rural-women-higher-risk-life-threatening-pregnancy-complications>.

¹⁷⁸ Centers for Disease Control and Prevention. (2019, May 10). *Vital signs: Pregnancy-related deaths, United States, 2011–2015, and strategies for prevention, 13 States, 2013–2017*. <https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm>.

¹⁷⁹ Sabin, J. A. (2020, January 6). *How we fail Black patients in pain*. Association of American Medical Colleges. <https://www.aamc.org/news-insights/how-we-fail-black-patients-pain>.

¹⁸⁰ Ibid., 51.

¹⁸¹ National Partnership for Women and Families. (2020, July). *Clean water and reproductive justice: Lack of access harms women of color*. <https://www.nationalpartnership.org/our-work/repro/reports/clean-water-and-reproductive-health.html>.

Quality of care plays a significant role in racial disparities in pregnancy-related deaths. Marginalized pregnant people are more likely to have limited access to quality care in hospitals and lack of prenatal and postnatal care during their pregnancy, with 32 percent of Black women reporting nonexistent prenatal and postnatal care.¹⁸² Further, a national study found a similar prevalence of complications among Black and white women, but a significantly higher case-fatality rate among Black women.¹⁸³ This data suggests that Black women are more likely than white women to receive care in hospitals that provide lower quality of care. Black women are twice as likely to experience severe maternal morbidity (SMM) and have the highest infant mortality rate of any racial or ethnic group in the U.S.¹⁸⁴

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The data demonstrates the vitality of addressing multiple factors that contribute to pregnancy related deaths. To reduce pregnancy-related deaths means reducing social inequities and dismantling the systemic racism at hand that severely impacts the quality of life for communities of color that contribute to these disproportionately high rates of maternal mortality.

¹⁸²Ibid., 50.

¹⁸³Centers for Disease Control and Prevention. (2019, September 6). *Racial/ethnic disparities in pregnancy-related deaths — United States, 2007–2016*. <https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>.

¹⁸⁴Taylor, J., Novoa, C., Hamm, K., & Phadke, S. (2019, May 2). *Eliminating racial disparities in maternal and infant mortality*. Center for American Progress. <https://www.americanprogress.org/article/eliminating-racial-disparities-maternal-infant-mortality/>.





STIs and Teen Pregnancy

While nationwide data concerning health outcomes related to reproductive health is critical in highlighting disparate rates of adverse health outcomes, this information can be manipulated in harmful ways that blame and stigmatize the communities it represents. This is particularly true when it comes to data surrounding STIs and teen pregnancy. Due to consistent health disparities and structural inequalities in healthcare and education, such as a lack of access to reproductive health care and advanced sex education, young POC are routinely overrepresented within such health indicators. For example, Black youth aged 15–19 have contracted STIs including chlamydia, syphilis, and gonorrhea at rates between five and 16 times higher compared to their white peers.¹⁸⁵ In 2018, gay and bisexual men, 51 percent of whom were Black, represented the majority of new HIV diagnoses among youth aged 13–24.¹⁸⁶ Further, the pregnancy rate for Black youth aged 15–19 has been,

on average, 2.5 higher than their white peers since 1991.¹⁸⁷ Similarly, Latinx youth of the same age have a pregnancy rate that remains at about twice the rate of their white peers.¹⁸⁸ Young people are more than their health behaviors and outcomes, and the structural barriers, rooted in systemic racism, to reproductive health care and education must be centered within conversations regarding youth health outcomes. This is particularly true when discussing adverse health outcomes that young POC experience.

¹⁸⁵In Our Own Voice: National Black Women's Reproductive Justice Agenda. (2020). *Black youth deserve comprehensive approaches to sexual health education.* http://blackrj.org/wp-content/uploads/2020/04/6217-IOOV_SexEd.pdf.

¹⁸⁶Centers for Disease Control and Prevention. (2022, January 12). *HIV and youth.* <https://www.cdc.gov/hiv/group/age/youth/index.html>.

¹⁸⁷Kost, K., & Maddow-Zimet, I. (2017, September). *Pregnancies, births, and abortions among adolescents and young women in the United States, 2013: National and state trends by age, race and ethnicity.* Guttmacher Institute. <https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013#figure3>.

¹⁸⁸Ibid.

Consent & Healthy Relationships



The NSES outlines the functional knowledge and essential skills students need to successfully navigate changing relationships among family, peers, and partners. Special emphasis is given to personal boundaries, bodily autonomy, sexual agency and consent, and the increasing use and impact of technology within relationships.

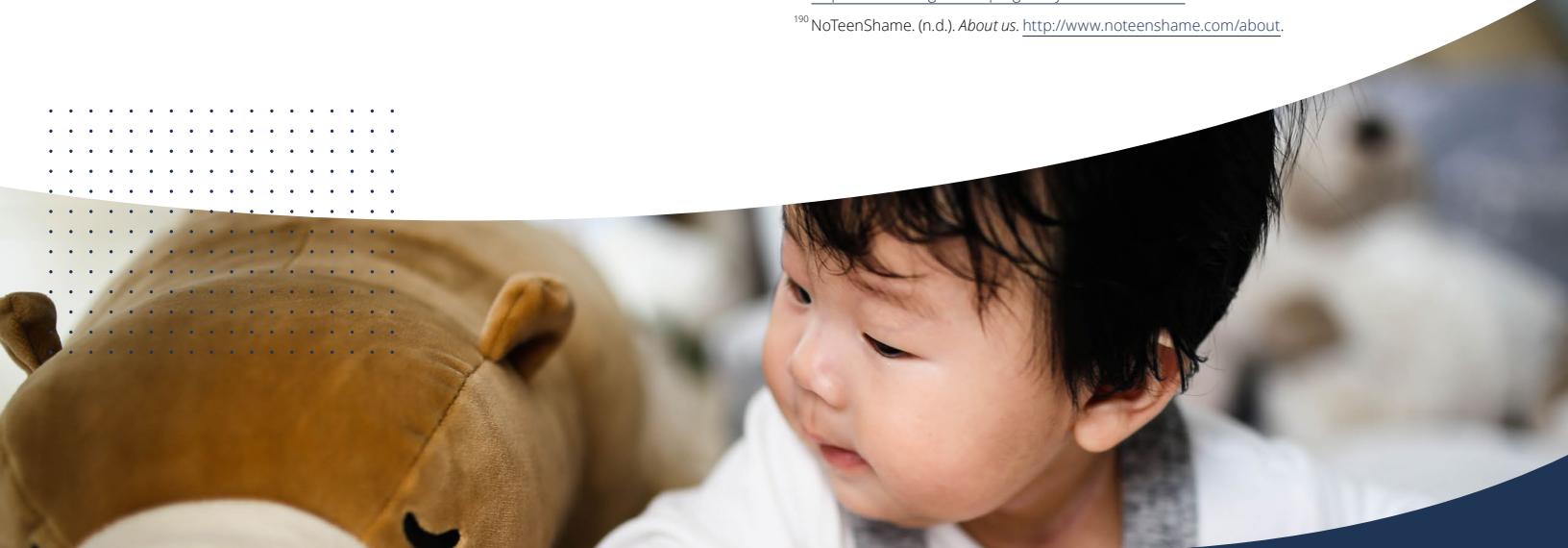
Shaming Teen Parents

Teen parents have been continuously shamed and ostracized for having children at a younger age. While it's essential that young people receive sex education that allows them to make informed decisions about when and how they parent, young parents must receive the support they need to achieve their goals. Popular campaigns surrounding teen pregnancy often paint young parents as irresponsible and immoral, and young parents of color are particularly susceptible to stigmatizing messaging concerning teen pregnancy due to compounding stigma and discrimination. The stigma associated with young parenting can negatively impact a young parent's decision-making ability and, further, their ability to consent to decisions made that impact their lives and families.

While American Indian and American Native, Hispanic, and Black teens aged 15–19 all have birth rates more than double the rate of their white peers, a multitude of factors must be considered when accessing this data.¹⁸⁹ This includes socioeconomic factors that inhibit access to comprehensive sex education and reproductive health care. Beyond the factors that may contribute to these rates, young parents of color must be met with bias-free support and given the platform to share their own stories and experiences. Young parents nationwide have already started this conversation through [#NoTeenShame](#), a nationwide movement founded by seven young mothers in 2013 to address the stigma surrounding teen parenting and advance policies to support younger parents.¹⁹⁰

¹⁸⁹ Centers for Disease Control and Prevention. (2021, November 15). *About teen pregnancy*. <https://www.cdc.gov/teenpregnancy/about/index.htm>.

¹⁹⁰ NoTeenShame. (n.d.). *About us*. <http://www.noteenshame.com/about>.



Interpersonal Violence



The NSES outlines the functional knowledge and essential skills students need to understand interpersonal and sexual violence, including prevention, intervention, resources, and local services, and emphasizes the need for a growing awareness, creation, and maintenance of safe school and community environments for all students.

Abuse of Indigenous Women

The unique relationship between Native peoples and the U.S. federal government allows for the abuse against Indigenous peoples to continue at disparate rates. Violence against Indigenous women has reached unprecedented levels on tribal lands. More than four in five Native women have experienced violence and more than one in two have experienced sexual violence.¹⁹¹ Devastatingly, Indigenous women are murdered at more than 10 times the national average on some reservations.

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The sheer number of missing and murdered Indigenous women is astronomically high due to the lack of adequate federal response and reporting through the criminal justice system. During 2016, there were 5,712 cases of missing Native women reported to the National Crime Information Center, and only 116 of these cases were logged by the U.S. Department of Justice.¹⁹² Statisticians infer that these numbers are likely much higher than what research shows. The Supreme Court case *Olphant v. Suquamish Indian Tribe* (1978) held that Indian nations

cannot prosecute non-Indian lawbreakers on their land, inhibiting these nations from prosecuting non-Native individuals, who commit about 96 percent of reported sexual violence against Native women.¹⁹³ Similar federal policy creates the circumstances in which data on crime committed in Native reservations is underreported to both tribal and federal authorities while no federal Indian agency exists to collect such information.

The high rates of abuse against Native women increases the prevalence of Post Traumatic Stress Disorder (PTSD) within Native communities; this psychological stress, coupled with intergenerational, cultural, and historical trauma through federal Indian policy, creates a space where Native peoples cannot access true livelihood.¹⁹⁴

¹⁹¹ Indian Law Resource Center. (n.d.). *Ending violence against Native Women*. <https://indianlaw.org/issue/ending-violence-against-native-women>.

¹⁹² Bleir, G., & Zoledzowski, A. (2018, August 27). *Murdered and missing Native American women challenge police and courts*. The Center for Public Integrity. <https://publicintegrity.org/politics/murdered-and-missing-native-american-women-challenge-police-and-courts/>; <https://www.nytimes.com/2019/04/12/us/native-american-women-violence.html>.

¹⁹³ Fletcher, M. L. M. (2014, October 1). *A short history of Indian law in the Supreme Court*. https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/2014_vol_40/vol--40--no--1--tribal-sovereignty/short_history_of_indian_law/; National Congress of American Indians Policy Research Center. (2018, February). *Violence against American Indian and Alaska Native women*. https://www.ncai.org/policy-research-center/research-data/prc-publications/VAWA_Data_Brief_FINAL_2_1_2018.pdf.

¹⁹⁴ Futures Without Violence. (n.d.). *The facts on violence against American Indian/Alaskan Native women*. <https://www.futureswithoutviolence.org/userfiles/file/Violence%20Against%20AI%20AN%20Women%20Fact%20Sheet.pdf>.

Human Trafficking

Human trafficking continues to be a persistent global phenomenon that disproportionately impacts women and girls.¹⁹⁵ Sex trafficking is the most common form of human trafficking, representing over 70 percent of all human trafficking.¹⁹⁶ Additionally, the global popularity of social media has created unique circumstances that expand the vulnerability of young people to succumbing to human trafficking through popular social media platforms. In a report published in 2021 by the Human Trafficking Institute, findings concluded that 65 percent of underage victims recruited online in 2020 into active criminal sex trafficking cases were recruited through Facebook, while 14 percent were recruited through Instagram. Eight percent were recruited through Snapchat.¹⁹⁷ Within the U.S., victims from East Asia represent the largest portion of transregional trafficking victims at 16 percent. Further, a significant amount of victims have been trafficked from the Philippines, China, and Thailand.¹⁹⁸ While about 47 percent of all trafficking victims originate from the U.S., this information reveals the disparate way in which AAPI

women are targeted for sex trafficking. It's reported that there are at least 9,000 illicit massage businesses open across the U.S., and AAPI women looking to immigrate to America are targeted to work within these parlors based on their financial need and limited proficiency in English.¹⁹⁹ Experts in human trafficking report that the continued fetishization of AAPI women, including stereotypes concerning their "submissive" nature, contributes to the popularity of these centers.²⁰⁰ ■

¹⁹⁵ United Nations Office on Drugs and Crime. (2016). *Global report on trafficking in persons*. https://www.unodc.org/documents/data-and-analysis/glotip/2016_Global_Report_on_Trafficking_in_Persons.pdf.

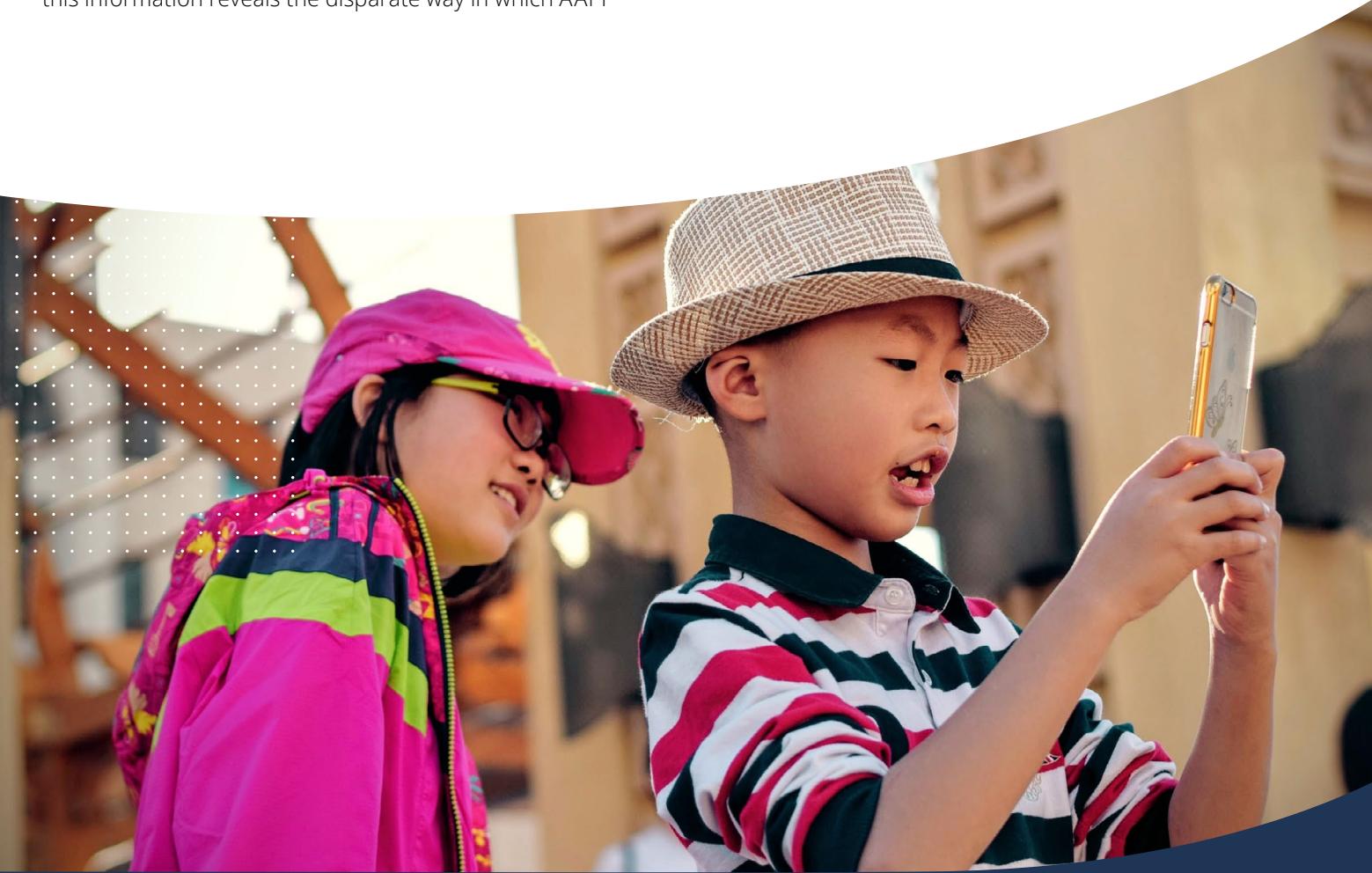
¹⁹⁶ Ibid.

¹⁹⁷ Fight the New Drug. (2021, August 11). *How sex traffickers use social media to contact, recruit, and sell children*. <https://fightthenewdrug.org/how-sex-traffickers-use-social-media-to-contact-recruit-and-sell-children-for-sex/>.

¹⁹⁸ Ibid.

¹⁹⁹ Polaris Project. (2017, March). *The typology of modern slavery*. <https://polarisproject.org/wp-content/uploads/2019/09/Polaris-Typology-of-Modern-Slavery-1.pdf>.

²⁰⁰ Dastagir, A. E. (2019, March 1). *From harmful fetishes to sex trafficking, Robert Kraft case highlights risks facing Asian women*. USA Today. <https://www.usatoday.com/story/news/investigations/2019/03/01/robert-kraft-sex-trafficking-sexual-stereotypes-asian-women-fetish-chinese-korean-prostitution/3016047002/>.



PART EIGHT

Conclusion and Policy Recommendations

Connecting America's racist and reproductive oppressive past with current injustices is essential in confronting the ways in which school systems and educators perpetuate harm against students of color. Sex educators must prioritize harm reduction by normalizing human sexuality that acknowledges the way that the sexuality of POC has been weaponized in order to begin to undue that harm and to center the health, safety, and wellness for youth of color.



Identifying these root causes and how they subtly, or not so subtly, manifest in classrooms is the beginning point to implementing sex education that advances racial justice.



Recommendations for Policy Makers:

- Pass the [Real Education and Access for Healthy Youth Act of 2021 \(REAHYA\)](#), new legislation that combines last Congress's Real Education for Healthy Youth Act (REHYA) and Youth Access to Sexual Health Services (YASHS).²⁰¹
- Mandate comprehensive sex education.
- Mandate a culturally responsive curriculum.
- Mandate regular teacher training that meets the [National Teacher Preparation Standards for Sexuality Education](#).²⁰²
- Mandate equitable, increased funding for sex education programming.



Recommendations for State Boards of Education:

- Examine sex education standards to identify which points in the states mandatory and model curriculum, ignore, leave out, or use (micro)aggressions against young POC.
- Examine current and past hiring practices regarding health education standards. Is the expertise of sex education and reproductive health researchers of color represented?
- Mandate that sex education policies align with the [National Sex Education Standards](#).²⁰³

²⁰¹ SIECUS. (n.d.). *The Real Education and Access for Healthy Youth Act (REAHYA)*. <https://siecus.org/wp-content/uploads/2021/06/REAHYA-2021-Fact-Sheet-1.pdf>.

²⁰² Future of Sex Education. (n.d.). *National teacher preparation standards for sexuality education*. <https://siecus.org/wp-content/uploads/2018/07/teacher-standards.pdf>.

²⁰³ Ibid., 6.



Recommendations for School Districts:

- Examine current and past hiring practices regarding health educators.
- Mandate regular teacher training that meets the National Teacher Preparation Standards for Sexuality Education.



Recommendations for Teachers:

- Review your sex education curriculum to identify which points in your curriculum, ignore, leave out, or use (micro)aggressions against young POC.
- Incorporate elements of culturally responsive curriculum to address the unique needs and histories of specific communities of color.
- Disinvest in curricula that emphasizes or utilizes success sequencing.
- Incorporate a historical analysis in your sex education course to address past and present racist abuses against communities of color that inhibit principles of reproductive justice and racial justice.
- Ensure anatomical displays, diagrams, and any visual examples used are diverse so young POC can see themselves in programming.
- Center diversity in all sex education topics, such as discussing sexual orientation and gender identity.
- Listen to the thoughts, opinions, and experiences of students of color in the classroom.

For further guidance, the following non-exhaustive list of organizations and collectives are dedicated to advancing access to reproductive health care and education for communities of color nationwide:

- [The Afiya Center](#)
- [Black Mamas Matter Alliance](#)
- [Healthy Native Youth](#)
- [In Our Own Voice: National Black Women's Reproductive Justice Agenda](#)
- [National Latina Institute for Reproductive Health](#)
- [National Asian Pacific American Women's Forum](#)
- [Native American Women's Health Education Resource Center](#)
- [New Voices](#)
- [SisterLove](#)
- [SisterReach](#)
- [SisterSong: Women of Color Reproductive Justice Collective](#)
- [URGE: Unite for Reproductive and Gender Equity](#)
- [Women of Color Sexual Health Network](#) ■



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