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# SHADOW CEDAW REPORT FOR THE UNITED STATES

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# Shadow CEDAW for the United States of America

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## I. Introduction

Under the auspices of the United Nations, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was opened for signatures in 1979, and entered into force as part of the international human rights legal framework in 1981 (UN, n.d.). While the United States signed CEDAW in 1980 under the Carter Administration, the US Congress has never ratified the Convention. CEDAW and its subsequent General Recommendations are viewed as the “international women’s bill of rights,” committing its signatories to a range of measures to improve the situation of women in their countries (UN, n.d.). As part of this commitment, each signatory nation submits a national report every four years to the CEDAW Committee, which issues a “concluding observation” commenting on each report (UN, n.d.). Many non-governmental organizations also submit “shadow CEDAWs” to the Committee, which, while not official national reports, may highlight issues that should be brought to the attention of the Committee but that are not covered, or not adequately covered, in the official national report (IWRAW, n.d.).

Because the United States has never ratified CEDAW, there has never been a US CEDAW national report prepared by the federal government. Even laying to one side the rubric of CEDAW, we cannot find any attempt by the US federal government to examine in one comprehensive report the situation of US women. Furthermore, to our knowledge, while US non-governmental organizations have produced excellent reports on one or more facets of women’s situation, there has never been an attempt at a comprehensive shadow CEDAW report for the United States. We aim to provide just such a report, in the hopes it will become a baseline against which progress and regress for US women can be measured over time in a relatively holistic fashion. We also hope this shadow CEDAW report for the U.S. will provide perspective on what the most urgent problems facing US women are in 2023, and which problems are perhaps less pressing.

One of the major issues confronting those who wish to develop an overall strategy for US women is that important data is either missing (UNWomen complains it only can find data on 36% of gender-related SDG indicators for the U.S., for example (UN Women, n.d.)), or relevant sex-disaggregated data is located with a particular organization or government agency. There are many organizations and governmental agencies which collect and/or analyze data on particular phenomena of import to women. If you want maternal mortality statistics, the Centers for Disease Control is your best bet (Hoyert, 2021). State of women in the U.S. labor market? The Center for American Progress has an excellent women-focused analysis of data from the Bureau of Labor Statistics (Almeida and Slas-Betsch, 2023), and the Bureau also does its own analysis (U.S. Bureau of Labor Statistics, 2021). The National Partnership for Women and Families tracks the gendered wage gap (National Partnership for Women and Families,

2023), or there's the McKinsey report on women in the U.S. workplace (Krivkovich et al, 2022). The Women's Bureau of the U.S. Department of Labor has a database on county-by-county childcare costs in the U.S. (Women's Bureau, n.d.). Data from the quintennial National Intimate Partner and Sexual Violence Survey is analyzed by a number of organizations, such as the National Sexual Violence Resource Center.(NSVRC, 2010), or RAINN, the Rape, Abuse and Incest National Network (RAINN, n.d., para.1),or the National Center Against Domestic Violence (NCADV, n.d.). Woman officeholders by state? Rutgers University's Center for American Women in Politics has that (CAWP, n.d.), and RepresentWomen has a Gender Parity Index for the fifty states and the U.S. as a whole (Represent Women, 2022).

In other words, the data and its analysis is fairly scattered--and therefore, knowledge about the situation of US women is inevitably fragmented. It's almost impossible to see the overall picture. That is why the US National Strategy on Gender Equity and Equality (n.d.) from the White House Gender Policy Council established by the Biden Administration has no data appendix that would buttress its stated agenda. Indeed, one of the Strategy's primary goals concerns the data problem: "[W]e will embark on a government-wide effort to strengthen data collection and analysis and close gender data gaps . . . The Equitable Data Working Group—established on the first day of the Administration under Executive Order 13985—aims to strengthen data collection, reporting, and transparency across federal agencies and encourage improved, coordinated data across local and state governments. Pursuant to the Gender Policy Council's Executive Order, we will coordinate with this Interagency Working Group and propose reforms to strengthen data collection related to gender across the federal government. We will support collection and analysis of sex-disaggregated data for all programs, to the maximum extent practicable . . . We will encourage more analysis and dissemination of the gender data we do collect, and we will support efforts to close gender data gaps" (40).

Amen. In the meantime, we must struggle along with what data we have, scattered as it is, and try to build a more comprehensive overview from there.

There have been some excellent and innovative attempts in the past and the present to capture a relatively holistic overview of the situation of US women. The original Shriver Report of 2009 (with follow-ups in 2010 and 2014) is perhaps the earliest attempt at a more comprehensive look at US women. Even so, each Shriver Report had a specific theme, which, generally speaking, examined primarily the economic situation of women, and also the economic aspects of their unpaid caregiving labor ("The Shriver Report," n.d.). The Shriver Report effort has been unfortunately been discontinued. A 2020 PNAS article aiming to assess overall progress towards gender equality in the United States examines but five variables, all linked to either education or economic status (England et al, 2020).

There are, of course, the summative indices of the Gender Inequality Index (GII) of UNDP and the Gender Gap Index (GGI) of the World Economic Forum, but these provide a list of numbers which are pertinent, without filling in the context. The GII examines but five variables: the maternal mortality rate, the adolescent birth rate, the gap between male and female representation in the national legislature, the gap between men and women in terms of

secondary education, and the gap between men and women concerning labor force participation (UNDP, n.d.). The GGI utilizes 14 indicators across four pillars, which pillars are economic participation and opportunity, educational attainment, health and survival, and political empowerment (World Economic Forum, 2022). Indicators include female labor force participation, perceptions of wage equality for women, estimated earned income for women, numbers of women as executives/managers/technical workers, literacy, enrollment in primary/secondary/tertiary education, sex ratio at birth, life expectancy, and women's participation in government. While not in the Index, the WEF has begun compiling "complementary indicators" for the four pillars, which extend to expert opinions about adequacy of women's rights in law, maternal mortality, the year women got the right to vote (which is unaccountably 1965 for the U.S. according to WEF), and others (World Economic Forum, 2022).

WEF's complementary indicators rely for much of their content on the OECD's Gender, Institutions, and Development Database (GID-DB). The four overarching areas covered in the database are discrimination in the family, restricted physical integrity, restricted economic access, and restricted civil liberties (OECD.Stat, 2023). This is much more expansive than either the GII or GGI. This database, in turn, is used to create the OECD's Social Institutions and Gender Index (SIGI), which examines 25 variables (OECD, n.d.). The GID-DB, which is updated every 3-5 years, contains numerous variables, which is praiseworthy. However, most of the variables are coded 0-25-50-75-100, based on expert opinion. There is no prose rationale given at all for the assignment of these scores for a particular country (OECD, n.d.). While multi-dimensional in coverage, it is opaque in meaning and interpretation.

Other databases, such as the WomanStats Database, also examine multiple dimensions of women's experience, but multivariate scales are limited in number, including scales on the physical security of women, inequity in family law, government frameworks for gender equality, and others. While this database does compile over 300 qualitative and quantitative indicators, it would be up to the researcher to mine this data to create the type of country report we are envisioning (The Womanstats Project, n.d.)

The World Bank has noteworthy data projects concerning women. The World Bank has a very useful Women, Business, and the Law (WBL) database, which covers laws concerning various aspects of a woman's life, such as access to credit, pensions, pay, marriage laws, etc. However, it is limited to the actual law, and does not take into account actual practice on the ground (Women, Business and the Law (WBL), n.d.). For example, the WBL database notes there are no restrictions on US women's movement outside her home. Of course, in reality, women do face substantial harassment in public places in the U.S. Under marriage, the WBL database notes that women are as free to divorce as men, but the situation is much more complicated than that in the U.S., and many tomes have been written on the discrimination faced by U.S. women in divorce and custody cases (Women, Business and the Law (WBL), n.d.). The World Bank also has a Gender Data Portal, which includes not only all the WBL indicators, but also quantitative indicators relevant to, primarily, education and economic rights, and in addition including information on fertility and health. All SDG-5 indicators are also accessible in the

World Bank's Gender Data Portal. Coverage for the U.S. in the Gender Data Portal is actually spotty, however, and as mentioned before, only numbers are given, with no narrative explaining the situation in context (The World Bank, n.d.)

The UN collects several types of statistics on the situation of women. SDG-5 is about gender equality, and there are six overall dimensions tracked, such as intimate partner violence, the economic situation of women, and women's representation in government. Country profiles with information relevant to SDG-5 are available on a UN website (United Nations, n.d.). The UN also compiles many different datasets that may contain components relevant to women, such as on population and health (United Nations, n.d.). Again, we see the scatteredness of the data, and also the lack of information beyond the number presented. Most promising, UN Women supports a Global Database on Violence Against Women (UN Women, n.d.); however, it is merely a repository of reports that have been submitted (UN Women, n.d.).

There are three U.S.-based efforts that have gone much farther than this: the US Women, Peace, and Security Index of the Georgetown Institute for Women, Peace, and Security (GIWPS) (GIWPS, n.d.), the non-profit Institute for Women's Policy Research's (IWPR) Status of Women in the States Report (IWPR, n.d.), and WalletHub's Best and Worst U.S. States for Women (Gonzalez, 2023). The GIWPS Index is current and ongoing, and examines twelve variables for each US state: 1) percent of women experiencing IPV in the last year, 2) rate per 100,000 women of female gun deaths, 3) healthcare affordability, 4) percent adult women not afraid to walk alone at night in their neighborhood, 5) access to abortion services, 6) seven basic legal protections (minimum wage, paid parental leave, etc.) (GIWPS, n.d.), 7) male attitudes about traditional gender norms, 8) maternal mortality, 9) percentage of adult women working full-time, 10) percentage of women who are working poor, 11) percentage of women in the state's legislature, and 12) percent of women aged 25 or older with a college degree (GIWPS, n.d.). This is a tremendous effort, and despite being limited to twelve variables, incorporates not only the usual economic and educational variables seen in many other reports on US women, but also variables related to violence and to legal discrimination. The Index is being updated on a regular basis, as well.

The IWPR report also has very impressive breadth compared to other efforts. It has seven clusters of variables: 1) Employment and Earnings, 2) Poverty and Opportunity, 3) Health and Wellbeing, 4) Reproductive Rights, 5) Violence and Safety, 6) Work and Family, and 7) Political Participation (IWPR, n.d.). Each cluster has 4-15 variables. A list of all the variables examined can be found on any given state page (IWPR, n.d.). We believe the total is 54 variables examined. This is the largest single report coverage on women in the United States we have found anywhere, and the effort is highly commendable. However, there are some issues. First, the methodology page is not complete, and for at least one cluster there is very little information (IWPR, n.d.). Second, subsets of the 54 variables surround only one given phenomenon; for example, there are six variables alone on abortion access, there are five variables on experience of violence in school by high school students. The figure of 54 variables therefore does not translate into 54 separate phenomena examined. Methodological issues aside, the last time there was full information for each state was 2015, with the data in the

2015 state reports drawn primarily from 2013-2015. There have been very few updates, and then only of a single cluster; for example, there is a 2018 update for the economic variables. However, that means that most of the variables in the report are based on data that is approximately a decade old now.

The third US-based effort is that of WalletHub, which examines each of the 50 states and Washington, DC on two dimensions: women's economic and social well-being, and women's health care and safety. Twenty-five indicators are examined, including those such as median earnings for women, women's unemployment, women living in poverty, high school graduation rates for women, abortion access, depression, suicide, and homicide rates for women (Gonzalez, 2023). Though limited in scope, the effort is promising. Again, though, the emphasis is on a final overall number, and not explanation and interpretation. There appears to have been only one iteration of the index—we could not find any indices for previous years on WalletHub's website.

We applaud all of the efforts surveyed here. And yet, the need for a relatively comprehensive and updated look at the situation of women in the United States is clear. What is needed is a prose report—not simply a list of numbers—that goes beyond one or two areas of concern, that examines both what the law is and what the actual situation on the ground is for women, that traces the trajectory of what is being examined, and which goes beyond the display of a number to a real grappling with each dimension, interpreting the numbers in context, pointing out areas of missing data/information, and exploring what these things actually mean for the lives of U.S. women. Only in this way will policymakers be able to create the type of prioritized policy agenda necessary to improve the situation of women in the United States. We hope our shadow CEDAW effort contributes to fulfilling that need for the United States.

### **Theoretical Framework and Methodology**

CEDAW itself does not purport to be based on any particular theoretical framework. Indeed, the original CEDAW document is a bit scattershot in what it does and does not cover in terms of the rights of women, which is why there have been dozens of subsequent CEDAW General Recommendations that add previously overlooked elements and aspects of women's rights. In particular, the issue of violence against women was not even mentioned in the original CEDAW document, and neither were certain discriminatory practices, such as female genital cutting or polygyny. The document has progressed by accretion, then, and not according to any strategic conceptual plan.

To organize our efforts, we determined to utilize a theoretical framework that would allow us to orient CEDAW articles and General Recommendations around foundational concepts of women's human rights. In that way, not only would we be able to cover all the elements that are usually contained within a shadow CEDAW report, but also additional dimensions that have not yet been addressed through CEDAW. We chose the theoretical framework of Hudson, Caprioli, McDermott and Bowen (2023) in their book *Sex and World Peace* (second edition).



In that work, Hudson et al. assert that there are three main axes of women’s subjugation: 1) lack of physical security for women, 2) discriminatory laws and practices disfavoring women, especially with regard to family and personal status law, and 3) lack of voice for women in the councils of human decision-making. Lack of physical security, which includes not only violence against women in all its many forms, but also lack of societal attention to female-specific causes of mortality, such as maternal mortality, in a sense is the driving force that enables the other two axes of subjugation. Due to human sexual dimorphism, the average man can kill the average woman with his bare hands inside of 15 minutes; the average man can rape and forcibly impregnate the average woman. These material facts, rooted in the real possibility of male violence against women, shape the context in which the situation of women in society develops.

In societies where a general lack of physical security for women is accepted or even promoted, male dominance will bleed over into legal and economic dominance. Societal law will be based around the interests of men, and will discriminate against women. For example, divorce may be almost impossible for a woman to undertake, while it may be very easy for a man to effect. Custody of children and inheritance may be preferentially given to males. Women may find their mobility and economic prospects quite limited compared with men. Certain valuable resources, such as land and concentrated wealth, may be controlled almost exclusively by men.

Lack of physical security for women, coupled with open discrimination against them in law and in the economic realm, in turn spill over into a profound lack of voice for women in how their families, their communities, and their societies are governed. In times past, women were denied the vote. In times present, women are woefully under-represented in the halls of power in most countries of the world, whether we speak of the executive, legislative, or judicial branches of government, and whether we speak of local or national levels of government. This “muting” of women’s wisdom, concerns, and priorities, in turn helps perpetuate the many other forms of subjugation present in the society.

Building upon this conceptual framework, we outline six primary areas of women’s human rights which we address in our shadow CEDAW report for the United States:

- A. Lack of Physical Security
  - 1. Violence Against Women
  - 2. Health Problems for Women
- B. Discriminatory Laws and Practices
  - 1. Family and Personal Status Law
  - 2. Economic Rights of Women
- C. Lack of Voice in the Councils of Human Decision-making
  - 1. Education for Women
  - 2. Women’s Political Participation

We then enumerated CEDAW articles and General Recommendations that pointed to specific phenomena which we should investigate in our shadow CEDAW report, as well as additional

elements that have not yet been addressed through the mechanism of CEDAW. Each of these 72 variables is listed in Table 1.

The structure of the report is as follows: each section of the report corresponds to one variable. For each variable, we lay out the following parameters:

- a) the CEDAW article or General Recommendation to which the phenomenon pertains,
- b) relevant definitions of the phenomenon in question,
- c) the current prevalence of the phenomenon,
- d) the trajectory of the phenomenon's prevalence over time, usually over the last two decades,
- e) pertinent legislation, regulation, and programming undertaken by the government,
- f) an assessment of the enforcement of the law, or the adequacy of the programming,
- g) a final reflection on the phenomenon in the United States, particularly its level of urgency and possible pathways forward.

Each variable was researched by a member of the team, and each variable report was peer-reviewed by team members and the faculty advisor. Determined attempts were made to find, document, and analyze the most recent and most reliable information, and to triangulate that information against other reputable sources. In some cases, no data could be found, and we identify those data gaps where they exist. In other cases, uncovering all pertinent legislation, regulations, and programming proved very difficult, even in the U.S. context. Furthermore, assessment of enforcement/adequacy was undertaken only in the sense that the trajectory of the phenomenon was examined with reference to the introduction of these measures. We very much look forward to opening up this shadow CEDAW to input from the larger women's rights community in order to rectify any shortcomings or errors. We know that many organizations and agencies have an interest in one or more of the variables covered, and will have useful and significant insight thereon.

While an executive summary of the major findings is presented prior to the full report, the final section of the report is a fuller exploration of what the most pressing problems facing American women—as women—today are. That is, in the concluding section, the team triages the 72 variables, highlighting those that might be regarded as the highest priority for policy-making bodies such as the White House Gender Policy Council. We hope this shadow CEDAW report for the United States will also be of use to the State Department's Office of Global Women's Issues as it analyzes the situation of women in other countries, with the aim of developing research and programming priorities. After all, for example, while the U.S. may wish to assist other nations with high maternal mortality rates, S/GWI should recognize that the U.S. has the worst maternal mortality rate among all developed countries, and that nations such as North Macedonia, Kazakhstan, Chile, and Turkey have far lower maternal mortality rates than the United States of America.



Table 1: Variables Reported

Cluster	Sub-Cluster	Variable
<b>Lack of Physical Security</b>	<i>Violence Against Women</i>	Femicide
		Female Genital Mutilation/Cutting (FGM/C)
		Harassment - Online
		Honor-Based Threat and Honor Killings
		Intimate Partner Violence (IPV) and Domestic Violence (DV)
		Labor Trafficking (Forced Labor)
		Pornography
		Prostitution
		Rape and Sexual Assault
		Sex-Selective Abortion – Sex Ratio
		Sex Trafficking
		Stalking
		Surrogacy
		Teen Dating Violence
	<i>Women’s Health</i>	Access to Contraception and Abortion
		Access to Healthcare
		Access to Health Insurance
		Breastfeeding
		Country-Specific Issues: -Eating Disorders -Plastic Surgery
		Drug/Substance Abuse
		Female-Specific Cancers
		Forced Sterilization
		Life Expectancy
		Malnutrition
		Maternal Mortality
		Infant Mortality
		Menstrual Health
Mental Health		
Suicide		
STD Rates		
Teen Pregnancy		

<b>Discriminatory Laws and Practices</b>	<i>Family and Personal Status Law</i>	Bride Price and Dowry	
		Child Marriage	
		Cousin Marriage	
		Incest	
		Inheritance and Property Rights	
		Marital Rape	
		Nationality Rights of Women	
		Polygamy (Polygamous Marriage)	
		Remarriage	
		Widowhood	
		Women's Rights in Marital Dissolution: -Access to Divorce -Spousal Support -Asset Division -Child Custody and Support	
		<i>Economic Rights of Women</i>	Employment Discrimination
			Entrepreneurship
	Family Leave		
	Financial Access		
	Mobility, Physical Security, and Harassment in Public Spaces		
	Poverty		
	Time Poverty		
	The Gender Pay Gap and Occupational Segregation		
	The Status of Disabled Women		
The Status of Older Women			
<b>Lack of Voice in the Councils of Human Decision Making</b>	<i>Education for Women</i>	Access to Education for Pregnant and Parenting Students	
		Fields of Study	
		School Safety for Girls and Women	
		Women's Access to Educational Funding, Scholarship, and Loans	
		Women's Educational Attainment	
	<i>Women's Participation in Leadership</i>	Women CEOs, Board Members, and Managers	
		Women in Elected Office	

		Women in Law Enforcement
		Women in the U.S. Judiciary
		Women in the U.S. Military
		Women’s Participation in Peace Processes and Foreign Affairs
		Women Working in Academia

## II. Executive Summary

For background to our effort, it's important to understand the U.S. relationship with CEDAW, colloquially known as the “international bill of rights” for women. U.S. officials and activists were involved in developing the United Nations Convention on the Elimination of All forms of Discrimination Against Women, also known as CEDAW; however, the U.S. Congress has never ratified it. As a result, the U.S. has never had to report to the UN on the state of American women as part of CEDAW requirements, as other states must. While data relevant to the state of American women is mostly available, it is scattered across government agencies, and oftentimes is not up to date. Our report does not intend to shed light on any new information, per say, however, this Shadow CEDAW is the first of its kind, and is meant to be a fairly comprehensive analysis of the current situation of American women.

When developing a methodology for the report, our efforts were inspired by the U.S. Women, Peace, and Security Index from Georgetown, and the Institute for Women’s Policy Research’s Status of Women in the States Report. With these examples in mind, we analyzed CEDAW’s articles and General Recommendations from the standpoint of Dr. Hudson’s theoretical framework which lays out the three major dimensions of women’s inequality: Lack of Physical Security, Discriminatory Laws and Practices, and Lack of Voice in the Councils of Human Decision Making. This synthesis led to the six major sections of our report: the Economic rights of women, women’s health, violence against women, Family and Personal Status law, education for women, and women’s participation in power. In total we have 72 variables, all related to CEDAW articles, that provide a more adequate understanding of issues that American women face and areas where American women are not thriving. For each of the 72 variables in the report, you will find data on the current situation and its trajectory, the pertinent laws, regulations, and programs, and offer an assessment of those efforts.

We intend for our Shadow CEDAW report to serve as a baseline against which progress and regress for American women can be assessed on a regular basis, potentially one that can be built upon by the White House Gender Policy Council, Furthermore, we hope that our findings can assist the Office of Global Women’s Issues as they approach their 2023 report on Women, Peace and Security, as mandated by the WPS Act of 2017.

References for Introduction found on pages 332-334

The Situation of Women in  
the United States:  
A Shadow CEDAW Report

## TABLE OF CONTENTS

<b>SECTION 1: VIOLENCE AGAINST WOMEN (Leda Amrullah)</b> .....	<b>1</b>
FEMICIDE.....	2
FEMALE GENITAL MUTILATION/CUTTING (FGM/C).....	7
ONLINE HARASSMENT .....	11
HONOR-BASED THREAT AND HONOR KILLINGS.....	14
INTIMATE PARTNER VIOLENCE (IPV) AND DOMESTIC VIOLENCE (DV) .....	17
LABOR TRAFFICKING (FORCED LABOR) .....	25
PORNOGRAPHY .....	30
PROSTITUTION .....	37
RAPE AND SEXUAL ASSAULT .....	43
SEX-SELECTIVE ABORTION – SEX RATIO .....	52
SEX TRAFFICKING .....	56
STALKING.....	62
SURROGACY .....	66
TEEN DATING VIOLENCE.....	69
<b>SECTION 2: WOMEN’S HEALTH (Oluchukwu Nkenke)</b> .....	<b>74</b>
ACCESS TO CONTRACEPTION AND ABORTION.....	75
ACCESS TO HEALTHCARE .....	85
ACCESS TO HEALTH INSURANCE .....	90
BREASTFEEDING.....	95
COUNTRY SPECIFIC ISSUES.....	100
A. EATING DISORDERS.....	100
B. PLASTIC SURGERY .....	104
DRUG/SUBSTANCE ABUSE .....	111
FEMALE-SPECIFIC CANCERS .....	120
FORCED STERILIZATION .....	126
LIFE EXPECTANCY .....	130
MALNUTRITION.....	134
MATERNAL MORTALITY .....	138
INFANT MORTALITY .....	145
MENSTRUAL HEALTH .....	148
MENTAL HEALTH.....	152

SUICIDE.....	157
STD RATES.....	160
TEEN PREGNANCY.....	166
<b>SECTION 3: FAMILY AND PERSONAL STATUS LAW (Dawa Sherpa) .....</b>	<b>171</b>
BRIDE PRICE AND DOWRY.....	172
CHILD MARRIAGE.....	174
COUSIN MARRIAGE.....	177
INCEST.....	179
INHERITANCE AND PROPERTY RIGHTS.....	182
MARITAL RAPE.....	186
NATIONALITY RIGHTS OF WOMEN.....	190
POLYGAMY (POLYGAMOUS MARRIAGE).....	192
REMARRIAGE.....	195
WIDOWHOOD.....	198
WOMEN’S RIGHTS IN MARITAL DISSOLUTION.....	203
<b>SECTION 4: WOMEN’S ECONOMIC RIGHTS (Tatiana Rocabado) .....</b>	<b>213</b>
EMPLOYMENT DISCRIMINATION.....	214
ENTREPRENEURSHIP.....	219
FAMILY LEAVE.....	225
FINANCIAL ACCESS.....	232
MOBILITY, PHYSICAL SECURITY, AND HARASSMENT IN PUBLIC SPACES.....	237
POVERTY.....	241
THE GENDER PAY GAP AND OCCUPATIONAL SEGREGATION.....	248
THE STATUS OF DISABLED WOMEN.....	255
THE STATUS OF OLDER WOMEN (PENSIONS, SOCIAL SECURITY, RETIREMENT).....	259
TIME POVERTY.....	267
UNEMPLOYMENT.....	271
WORK HARASSMENT.....	275
<b>SECTION 5: EDUCATION FOR WOMEN AND GIRLS (Rylee Matousek) .....</b>	<b>278</b>
ACCESS TO EDUCATION FOR PREGNANT AND PARENTING STUDENTS.....	279
FIELDS OF STUDY.....	282
SCHOOL SAFETY FOR GIRLS AND WOMEN.....	285
WOMEN’S ACCESS TO EDUCATIONAL FUNDING, SCHOLARSHIP, AND LOANS.....	290
WOMEN’S EDUCATIONAL ATTAINMENT.....	292



<b>SECTION 6: WOMEN’S PARTICIPATION IN LEADERSHIP (Rylee Matousek)</b> .....	<b>295</b>
WOMEN CEOS, BOARD MEMBERS, AND MANAGERS .....	296
WOMEN IN ELECTED OFFICE.....	299
WOMEN IN LAW ENFORCEMENT.....	303
WOMEN IN THE U.S. JUDICIARY.....	306
WOMEN IN THE U.S. MILITARY .....	308
WOMEN’S PARTICIPATION IN PEACE PROCESSES AND FOREIGN AFFAIRS.....	312
WOMEN WORKING IN ACADEMIA.....	316
<b>FINAL REFLECTIONS .....</b>	<b>320</b>
I. An Overall Assessment of Priority.....	320
II. Limitations and a Call to Action .....	324
<b>BIBLIOGRAPHY.....</b>	<b>331</b>
<b>INTRODUCTION .....</b>	<b>332</b>
<b>SECTION 1: VIOLENCE AGAINST WOMEN.....</b>	<b>335</b>
Femicide References.....	335
Female Genital Mutilation/Cutting (FGM/C) References.....	337
Online Harassment References .....	339
Honor Killings References .....	341
Intimate Partner Violence/Domestic Violence References.....	342
Labor Trafficking (Forced Labor) References.....	346
Pornography References.....	348
Prostitution References .....	351
Rape and Sexual Assault References .....	353
Sex-Selective Abortion References.....	357
Sex Trafficking References .....	359
Stalking References.....	361
Surrogacy References .....	363
Teen Dating Violence References.....	364
<b>SECTION 2: WOMEN’S HEALTH.....</b>	<b>366</b>
Access To Abortion/Contraception References.....	366
Access To Healthcare References .....	370
Access To Health Insurance References .....	372
Breastfeeding References.....	374
Country-Specific Issues: Eating Disorder References .....	376

Country-Specific Issues: Plastic Surgery References.....	378
Drug Abuse/Substance References.....	381
Female Specific Cancers References.....	383
Forced Sterilization References .....	385
Life Expectancy References .....	386
Malnutrition References.....	388
Maternal Mortality References .....	390
Infant Mortality References.....	393
Menstrual Health References .....	394
Mental Health References .....	396
Suicide References .....	399
STD Rates References .....	400
Teen Pregnancy References.....	403
<b>SECTION 3: FAMILY AND PERSONAL STATUS LAW .....</b>	<b>405</b>
Bride Price and Dowry References .....	405
Child Marriage References.....	406
Cousin Marriage References.....	407
Incest References.....	408
Inheritance and Property Rights References .....	410
Marital Rape References.....	412
Nationality Rights of Women References.....	414
Polygamy (Polygamous Marriage) References .....	415
Remarriage References.....	417
Widowhood References.....	418
Women’s Rights in Marital Dissolution .....	421
<b>SECTION 4: WOMEN’S ECONOMIC RIGHTS .....</b>	<b>426</b>
Employment Discrimination References .....	426
Entrepreneurship References.....	429
Family Leave References.....	432
Financial Access References .....	434
Mobility, Physical Security, and Harassment in Public Spaces References .....	436
Poverty References .....	438
The Gender Pay Gap and Occupational Segregation.....	440
The Status of Disabled Women References .....	443

The Status of Older Women References .....	445
Time Poverty References .....	447
Unemployment References .....	449
Work Harassment References .....	450
<b>SECTION 5: EDUCATION FOR WOMEN AND GIRLS .....</b>	<b>452</b>
Access To Education for Pregnant And Parenting Students References .....	452
Fields of Study References .....	454
School Safety for Girls and Women References .....	456
Women’s Access To Educational Funding, Scholarship, And Loans References .....	458
Women’s Educational Attainment References.....	460
<b>SECTION 6: WOMEN’S PARTICIPATION IN LEADERSHIP .....</b>	<b>461</b>
Women CEOs, Board Members, And Managers References .....	461
Women In Elected Office References .....	463
Women In Law Enforcement References .....	465
Women In the U.S. Judiciary References .....	467
Women In The U.S. Military References.....	468
Women’s Participation In Peace Processes And Foreign Affairs References.....	470
Women Working In Academia References .....	472

## LIST OF TABLES

Table 1: Honor Killings in the United States From 1996 to 2021.....	15
Table 2: The lifetime prevalence of experiencing contact sexual violence, physical violence, or stalking by an intimate partner (NISVS, 2017).....	19
Table 3: The lifetime prevalence of experiencing contact sexual violence, physical violence, or stalking by sexual orientation. 2013 NISVS special report .....	19
Table 4: Summary of NNEDV Census Reports on Domestic Violence Services in the United States (2010-2022).....	20
Table 5: Age at Victimization Among Female Victims of Completed or Attempted Rape in the U.S., NCVS 2021.....	44
Table 6: Number and rate of violent victimizations, by type of crime, 2016-2020, survey data ..	46
Table 7: Punishments for Rape and Sexual Assault in Various U.S. States .....	48
Table 8: DOJ and OVW Resources for Medical Forensic Exams .....	50
Table 9: Reported Cases of Sex Trafficking in the United States from 2010 to 2021Reported Cases of Sex Trafficking in the United States from 2010 to 2021.....	58
Table 10: % of Female Age Group that use Contraceptives from 2015 to 2017, and 2017 to 2019 .....	76
Table 11: % of Racial Group that use Contraceptives from 2015 to 2017.....	76
Table 12: Rate of Abortions between 2011 to 2017.....	77
Table 13: Rate of Abortions based on Racial Group between 2002 to 2011 per 1000 .....	78
Table 14: % of Medical (i.e., chemical) Abortions from 2000 to 2020 .....	78
Table 15: Type of Contraception Used by US Women by Age Group between 2017-2019 .....	78
Table 16: % Racial Group who use different Contraceptives between 2017 -2019 .....	79
Table 17: % of Uninsured Women based on Racial Group in 2020.....	91
Table 18: % of Health Coverage among Racial Groups in 2021.....	91
Table 19: % of Uninsured Women of ages 19-64 has fallen between 2001-2016.....	91
Table 20: % of Women who started Breastfeeding and Continued after 6 months.....	96
Table 21: Eating disorders among Women U.S. Armed Forces between 2017 to 2021 .....	102

Table 22: Alcohol Use by Women between 2019 to 2020 .....	112
Table 23: Opioid Misuse by Women between 2019 to 2020 .....	112
Table 24: Prescription Pain Reliever Misuse by Women between 2019 to 2020.....	113
Table 25: Hallucinogen Use by Women between 2019 to 2020 .....	113
Table 26: Marijuana Use by Women between 2019 to 2020.....	113
Table 27: Cocaine Use by Women between 2019 to 2020.....	113
Table 28: Methamphetamine Use by Women between 2019 to 2020 .....	114
Table 29: Prescription Stimulants Use by Women between 2019 to 2020.....	114
Table 30: Prescription Tranquilizers/Sedatives Use between 2019 to 2020 .....	114
Table 31: Percent of Pregnant Women Using Illicit Drugs from 2019 to 2020.....	115
Table 32: Percent of Pregnant Women Using Tobacco Products from 2019 to 2020 .....	115
Table 33: Percent of Pregnant Women Using Alcohol from 2019 to 2020.....	115
Table 34: Percent of Pregnant Women Using Marijuana from 2019 to 2020.....	115
Table 35: Percent of Pregnant Women Using Opioids from 2019 to 2020 .....	116
Table 36: Percent of Pregnant Women Using Cocaine from 2019 to 2020.....	116
Table 37: Rate of Female Adolescents who died by Drug Overdose between 2015-2020 .....	116
Table 38: Rate of Women with Female-Specific Cancers from 2015 to 2019 per 100,000.....	120
Table 39: Death rate of Women with Female-Specific Cancers from 2015 to 2019 per 100,000 .....	121
Table 40: Rate of Female Specific Cancer in the U.S. and U.K.....	121
Table 41: Rate of Women with Breast Cancer from 2009 to 2019.....	122
Table 42: Rate of Women with Uterine Cancer from 2009 to 2019.....	122
Table 43: Rate of Women with Ovarian Cancer from 2009 to 2019 .....	123
Table 44: Rate of Women with Cervical Cancer from 2009 to 2019 .....	123
Table 45: No. of Procedures performed by per between 2005-06 to 2012-1.....	127

Table 46: No. of Procedures performed based on Racial Group between 2005-06 to 2012-13	128
Table 47: Rate of Life Expectancy of Women from 1900 to 2021	131
Table 48: Rate of Women’s Life Expectancy Based on Racial Group	132
Table 49: Rate of Maternal Mortality between 2000-2018 per 100,000 Live Births	139
Table 50: Rate of Maternal Mortality Based on Race (per 100,000 live births)	140
Table 51: Infant Mortality Rate between 2010 to 2023	146
Table 52: Tampon and Diaper Tax Breaks in the U.S.	149
Table 53: Percentage of U.S. Women who had a Mental Illness from 2008 to 2020	153
Table 54: Percentage of Adolescent Girls with Anxiety and /or Depression	154
Table 55: Chlamydia (per 100,000)	161
Table 56: Gonorrhea (per 100,00)	161
Table 57: Syphilis (per 100,000)	161
Table 58: Congenital Syphilis (per 100,000)	162
Table 59: HPV	162
Table 60: Chlamydia Trajectory 2016-2019 (per 100,000)	162
Table 61: Gonorrhea Trajectory 2016-2019 (per 100,000)	162
Table 62: Syphilis Trajectory 2016-2019 (per 100,000)	163
Table 63: Rate of Teen Pregnancy Based on Racial Group in 2021 per 1000	166
Table 64: Rate of Teen Pregnancy Based on Racial Group from 2016 to 2021 per 1000	167
Table 65: Top Ten Occupations with the Largest Number of Women and Women's Earnings in Those Occupations	249
Table 66: Top Ten Women’s Occupation from 1950 to 2010	251
Table 67: Priority Rankings for the 72 Variables Covered in the Report	322



## LIST OF FIGURES

Figure 1: Racial Distribution of Arrestees for Prostitution and Commercialized Vice Offenses in the United States (2019) .....	40
Figure 2: Reported forcible rape rate in the United States from 1990 to 2021 (per 100,000 of the population) .....	46
Figure 3: Reported forcible rape rate in the United States from 1990 to 2021 (per 100,000 of the population) .....	105
Figure 4: Surgical Procedures comparison, 1997 to 2012 .....	106
Figure 5: Surgical Procedures comparison, 2015 to 2019 .....	106
Figure 6: Total Number of Surgical Procedures Comparison 2019,2018, and 2015.....	107
Figure 7: Total Number of Non-Surgical Procedures in 2019, 2018, and 2015 .....	107
Figure 8: Total No. of Surgical and Non-Surgical Procedure Differentiated by Gender in 2019 .	108
Figure 9: Changes in Food Insecurity Prevalence Varied Across U.S. Population Subgroups in 2021.....	136
Figure 10: Unbanked and Underbanked Households (1999-2019).....	234
Figure 11: Population below Poverty (Expressed in %).....	242
Figure 12: Share of the number of poor families per family type .....	243
Figure 13: Composition of Poor Families with Children under 18 Years Old per Year .....	244
Figure 14: Age Earnings Profiled by Gender and DC Savings.....	263
Figure 15: Unemployment Rates for Men and Women (Expressed in %).....	271
Figure 16: Female Share of Bachelor's Degrees by Major, 1971 to 2019.....	283
Figure 17: High School Students and Depression.....	286
Figure 18: Women in Congress.....	300
Figure 19: Percentage of Potential Candidates Who Have Considered Running for Office .....	301



# SECTION 1: VIOLENCE AGAINST WOMEN



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## FEMICIDE

***Related to CEDAW Article (2): calls on States Parties to eliminate discrimination against women in all forms, including gender-based violence, and to take measures to prevent and punish all forms of violence against women.***

***Related to CEDAW Article (5): requires States Parties to take all appropriate measures to modify social and cultural patterns of conduct to eliminate prejudices and practices that are based on the idea of inferiority or superiority of either sex.***

***Related to CEDAW Article (6): requires States Parties to take all appropriate measures, including legislation, to suppress all forms of trafficking in women and exploitation of women. Femicide can be seen as a form of extreme violence against women that sometimes involves trafficking and exploitation.***

***These articles, while not specific to femicide, provide a framework for addressing the underlying factors that contribute to femicide, such as gender discrimination and violence against women, and for taking measures to prevent and punish all forms of violence against women.***

***CEDAW Committee adopted General Recommendation (GR) No. 35 on Gender-Based Violence against Women, Updating GR No. 19. This recommendation addresses various forms of gender-based violence, including femicide, which is the intentional killing of women and girls because of their gender. The CEDAW Committee recommends that states establish legal frameworks and policies to address femicide, including criminalizing and prosecuting femicide as a specific offense, and ensuring that such cases are investigated and tried by specialized units. States are also urged to provide support and protection to victims and their families, including through access to justice, health care, and social services (CEDAW Committee, 2012, para. 30).***

**Definition/Context:** Femicide was originally defined by Dianna Russell, a world-renowned feminist activist, as “the misogynistic killing of women by men”. She later amended her definition to “the killing of females by males because they are female” to include all forms of sexist killing because of misogyny, a sense of superiority, or the assumption of ownership over women (Watts and Zimmerman, 2002).

It is also defined as an intentional killing with a sex-related motivation; femicide may be driven by stereotyped gender roles, discrimination towards women and girls, unequal power relations between women and men, or harmful social norms (UN Women, 2022).

**Prevalence/Current Situation:** The rate of femicide, or the killing of women because of their gender, in the United States is difficult to determine because data collection and reporting methods vary among states and jurisdictions. However, according to a report by the Centers for Disease Control and Prevention (CDC), a total of 2,807 females were murdered in the United

States, and more than half (1,532) were killed by a male intimate partner in 2019. This represents a rate of 1.7 homicides per 100,000 females (CDC, 2021).

The United Nations Office on Drugs and Crime estimates that in 2018 there were 1.2 murders of women per 100,000 in the United States, which, though considerably less than the murder rate for males, was still higher than the rates for women in other countries. Comparatively, the murder rate for women in Canada was 0.9 per 100,000 in 2018, and in the UK, it was 0.7 per 100,000. Even though the murder rates for women in all three of those countries have decreased over the past few decades, the U.S. still has a higher murder rate for women than many other high-income peer countries (According to the United Nations Office on Drugs and Crime, 2021).

According to the Violence Policy Center, which analyzed data from the FBI's Supplementary Homicide Report (SHR), in 2019 the state with the highest rate of female homicide victims in the U.S. was Alaska with a rate of 2.75 per 100,000 population. Other states with high rates of female homicide victims in 2019 include Arkansas with 2.25 per 100,000 population, Wyoming with 2.13 per 100,000 population, and South Carolina with 2.08 per 100,000 population. The states with the lowest rates of female homicide victims in the same year were Massachusetts, Rhode Island, New York, Connecticut, and New Jersey with 0.36, 0.42, 0.43, 0.47, and 0.51 per 100,000 population respectively (Violence Policy Center, 2021). However, it's important to note that this does not necessarily mean that no femicides occurred in those states that year but rather that the data reported to the FBI did not include any cases that met the criteria analyzed in the report (Violence Policy Center, 2021).

Furthermore, a study of FBI data revealed that of all female homicides recorded in 2018 where the relationship between the killer and the victim could be established, 92% of cases involved women or girls being killed by a man they knew, with 63% of those deaths occurring at the hands of current or former spouses or boyfriends, depicting a disturbing rate of almost three women being murdered by men in America every day. By comparison, the corresponding figure for the United Kingdom was 3 women per week (Open Access Government, 2021).

Moreover, there are racial disparities. For example, the National Indigenous Women's Resource Center reports that 94% of homicide cases involving Indigenous women and girls in the U.S. can be attributed to either former or current partners and that the rate of homicide among them was six times higher than that of white women and girls (Hackman, 2021). Overall, Black women were murdered by men at a rate (2.34 per 100,000) more than twice as high as White women (0.99 per 100,000). Asian and Pacific Islander females were the least likely (0.49 per 100,000) of all females of any race to be murdered by a male offender. However, due to inadequate reporting and data collection, the female homicide rate for Hispanic ethnicity on a national scale was not reported (Violence Policy Center, 2021, p. 2).

According to the Violence Policy (2021), firearms were involved in most intimate partner homicides, with Black women disproportionately impacted (Violence Policy Center, para. 2). The report also indicates that the rate of women murdered by men in single-victim/single-offender

incidents has increased by 24% since 2014 to 2020, with a rate of 1.34 per 100,000 females in 2020 (Violence Policy Center, para. 3). Moreover, according to the FBI's Uniform Crime Reports, "in 2020 there were only 384 justifiable homicides committed by private citizens. Of these, only 54 involved women killing men. Of those, only 43 involved firearms, with 33 of the 43 involving handguns" (Violence Policy Center, 2021, para. 5).

**Trajectory/Trends:** In the United States, the killing of women has persisted over centuries and permeates communities, and it is a serious issue (Bautista, 2020). In terms of trajectory, the number of women killed in the U.S. has been steadily rising since 2014, with 1,948 women killed by men in 2017 and, as mentioned above, 2,807 women killed in 2019. Women under 29 and women of color, including trans women, are disproportionately murdered. Black and Native American women experienced the highest rates of homicide between 2003 and 2014, and around 5,600 Native American women were reported missing last year (Bautista, 2020). With domestic violence rates rising during COVID 19 lockdown, communities saw a concomitant rise in the killing of women. For example, Santa Cruz and Lee (2021), indicate that the Los Angeles Police Department (LAPD) reported an 8.5% increase in domestic violence calls in Los Angeles compared to the same period in 2020, and also a 63% increase in intimate partner homicides, most of the victims being women (Santa Cruz & Lee, 2020).

There is also a new and troubling trend of men killing their families and then killing themselves. According to Rahman (2023), murder-suicides (sometimes known as familicides) have reached a record high in the United States with over 1,000 deaths reported in 2020 alone. In contrast, a study by the University of Manchester found that from 2009 to 2019, there were 16 murder-suicides on average per year in England and Wales. According to experts, the difference in murder or suicide incidents in the U.S. versus the U.K. can be attributed to the fact that U.S. has lax gun control laws, but the U.K. has one of the strictest. Consequently, the Gun Violence Archive (GVA) reports that the 670 murder-suicides committed with firearms in 2022 were the most on record. As of March 9, 2023, there had been 134 gun-related murder-suicide incidents, which means 2023 will likely surpass 2022 (Rahman, 2023). In most cases, the killer is male, and the victims are women and children.

**Legislation/Initiatives:** While there are laws against murder in the United States, there are no specific laws addressing femicide. Therefore, the 18 U.S. Code Chapter 51 – Homicide Code § 1111 Murder Code § 1112 Manslaughter, along with state laws against murder, would be used to prosecute femicide crimes. Under American law, murder entails having malicious intent, and manslaughter is considered without malice. Hence if the person is found guilty of murder in the first degree, the person shall be punished by death or by life imprisonment, and whoever is guilty of murder in the second degree shall be imprisoned for any term of years or for life. However, the person who commits involuntary manslaughter shall be fined or imprisoned for up to 8 years or both (18 U.S.C. § 1111, n.d.).

The possession of firearms is now prohibited by federal law for people who have been found guilty of domestic violence against a spouse they are married to, share a home with, or have children with, but not for those who have been found guilty of domestic abuse against a partner

they are dating. Furthermore, this “boyfriend loophole” is not closed in many states, allowing free access to guns to domestic violence perpetrators who are not married or have formerly been married to a domestic violence victim (Rahman, 2023).

Federal laws referring to femicide in the U.S. are The Violence Against Women Act (VAWA) and The Hate Crimes Prevention Act (United States Congress, 2019). While VAWA is a federal law, it can only provide funding to state and local governments to assist in the enforcement of state-level domestic violence laws. On the other hand, state laws and punishments may significantly vary depending on the jurisdiction and the specific circumstances of femicide crimes. For instance, the California Penal Code 422.75 creates an additional penalty for gender-based violence (Cal. Penal Code § 422.75). However, the Texas Penal Code Section 19.02 defines murder and includes femicide as a type of murder (Texas Penal Code § 19.02).

There are several initiatives in the U.S. that are attempting to aid the victims of domestic abuse, femicide, or other types of violence against women like the National Domestic Violence Hotline, National Coalition Against Domestic Violence (NCADV), National Network to End Domestic Violence (NNEDV), Family Violence Prevention and Services Program (FVPSA) to name a few. These programs focus on providing temporary shelter, awareness, education, confidential support, and many other services. (See section on Domestic Violence.)

Moreover, in accordance with the Violence Against Women Act (VAWA) of 1994 and subsequent laws, the Office on Violence Against Women (OVW) of the U.S. Department of Justice is responsible for managing 19 grant programs. These initiatives aim to lower instances of stalking, sexual assault, domestic violence, and dating violence by improving victim services and holding offenders accountable (U.S. Department of Justice, n.d.).

**Enforcement:** According to the Bureau of Justice Statistics (2021), the average time served for murder and non-negligent manslaughter offenses was 22 years in 2018. However, this again does not differentiate between male and female offenders (Bureau of Justice Statistics, 2021). Due to easy access to firearms, murder-suicides are now more prevalent in the U.S.; 9 out of 10 murder-suicides involve a firearm. Moreover, most murder-suicides are committed by men, who often use guns and more commonly involve an intimate partner. Ninety-five percent of the victims in these cases were women, and 92 percent of them involved guns. A few murder-suicide cases have made headlines so far this year, including the death of a Utah man’s five children, his wife, and his mother-in-law before he shot himself (Rahman, 2023).

**Reflection:** The murder rate for women is significantly higher in the United States than in peer nations. In addition, familicides are increasing since 2014 and worsened considerably since 2019. The lack of explicit laws against femicide is a serious challenge that needs to be addressed as it makes the enforcement and prosecution of perpetrators a challenging task. For instance, some states have laws that address domestic violence and homicide, which can include instances of femicide, but there is no uniform definition of femicide or statute across all states. Naming and defining the problem is the first step in fixing the problem.



First, it is essential to ensure the availability of comprehensive, sex-disaggregated data to be able to effectively address femicide incidents. Prevention, protection, and response measures, as well as access to justice, heavily depend on accurate and timely data (UN Women, 2022). For instance, femicide crimes either categorized as female homicide, intimate partner violence, or domestic violence. Though all of them address violence against women, femicide crimes are committed solely for the reason of being a woman, and it should not be included in cases of intimate partner violence or homicide.

Second, financial and housing dependence force women to stay in abusive relationships, often at the expense of their lives. For instance, the National Network to End Domestic Violence (n.d.), states that financial abuse is present in 99% of domestic violence cases and is often used as a tactic to control and trap victims in abusive relationships (National Network to End Domestic Violence, n.d.).

Third, enforcement is a real issue. The “boyfriend” loophole has now been closed, but there are many other enforcement issues in play. For example, we know from very sad experience that guns are still being sold to domestic abusers, despite laws to the contrary, and that police often do not take weapons away from those arrested for abuse, despite laws mandating such action. According to National Coalition Against Domestic Violence, stricter gun laws may help reduce femicide rates in the United States; evidence shows that women in the U.S. are more likely to be killed with a gun than women in other high-income countries. Moreover, the presence of a gun in a domestic violence situation also increases the risk of homicide for women by up to 500% (Bryant & Myhill, 2020).

But perhaps the underlying problem is conceptual. The U.S. federal government does not keep track of the killings of women and girls motivated by their gender, known as “femicide” by the United Nations, regional human rights organizations, and others in the international arena. While the DOJ does keep track of homicides involving intimate partners, there is no federal definition or monitoring of femicide in the U.S., which puts it at odds with many Central and Latin American nations, the UN Office of the High Commissioner for Human Rights, and the UN Human Rights Council (Bakotic, 2021). It is time for the United States to see that femicide and familicide have different characteristics and causes; making that distinction is the first step towards more effective policies to combat these crimes.

References listed on pages 335-336

## FEMALE GENITAL MUTILATION/CUTTING (FGM/C)

*Related to CEDAW Article (5): specifically addresses gender-based violence, including female genital mutilation/cutting (FGM/C). The article calls for state parties to take appropriate measures to eliminate all forms of violence against women and girls, including FGM/C, and to modify or abolish existing laws, regulations, customs, and practices that perpetuate discrimination against women (United Nations, n.d.).*

*General Recommendation (GR) No. 14, urges that state parties take appropriate and effective measures with a view to eradicating the practice of female circumcision. Both CEDAW General Recommendation No. 19, paragraph 20, and No. 24, paragraph 15 (d) and 18, recognize FGM as a violation of women's and girls' right to health. Also, General Recommendation No. 19 discusses FGM as a form of gender-based violence and states that the perpetuation of this practice helps to maintain women in subordinate roles and contributes to the low level of political participation and their lower level of education, skills, and work opportunities (World Vision, 2011).*

**Definition/Context:** The World Health Organization (WHO) defines Female Genital Mutilation (FGM) also known as Female Genital Cutting (FGC) as the practice of partial or total removal of female genitalia for non-medical purposes, and it is recognized as a violation of the human rights of girls and women (WHO, 2023).

FGM is also referred to as female circumcision, which is an inaccurate term for FGM because it differs from male circumcision. In males, a certain part of the skin is removed from the genitalia, but in females, it often includes the removal of a sex organ, the clitoris. The consequences for women can be lifelong, such as infertility, bladder infection, cysts, and childbirth infections; moreover, the removal of certain reproductive organs can lead to a deprivation of sexual pleasures (Smith and Whitcraft, 2015). According to Office on Women's Health, 2021, there are four types of FGM/C.

Type 1--The clitoris is partially or totally removed.

Type 2--The clitoris and the labia are partially or totally removed.

Type 3--The labia are sewn together to narrow the vaginal opening.

Type 4--The most extreme because it involves pricking, piercing, cutting, scraping, and cauterizing (Office on Women's Health, 2021).

**Prevalence/Current Situation:** Female genital mutilation FGM/C is a harmful practice that affects women and girls worldwide, and despite efforts to combat it, it remains a significant problem in the United States. According to Smith and Whitcraft (2015), there were more than 513,000 women and girls affected or at risk of FGM in the U.S. in 2015. According to the CDC, around 118,000 of those at risk live in the 23 U.S. states where FGM is still not prohibited.

However, we could find no official or unofficial estimates since 2016, which means we do not know the estimated prevalence in 2023. There are different reasons why people practice FGM/C. According to the CDC, this increase is the result of a sharp rise in recent decades in the number of people in the U.S. who were born in nations where FGM/C is widely practiced. The organization also noted that this rise happened despite the fact that the prevalence of FGM/C was either stable or even declining in many of these nations. (United States Government Accountability Office, 2016). Furthermore, social acceptability is considered one of the most common reason for FGM/C practice because many families in different cultures and communities feel pressure to abide by the societal norms of their culture, especially when they have emigrated to lands without those norms. Moreover, other reasons such as protecting the chastity of a girl before her marriage, hygiene, the rite of passage (the cultural tradition held for girls as they transition to womanhood) may be given, and it can also be a precondition of marriage (the men in some cultures do not marry a woman who does not undergo FGM). In addition, some insist the harmful practice is a part of religious duty though no religious text requires or mandates FGM (Office on Women's Health, 2022). Hence, it is essential to continue to raise awareness about the harmful effects of FGM and to implement measures to prevent and eradicate this practice.

**Trajectory/Trends:** Since we have seen no estimates given since 2016, we can only speak to the U.S. trajectory up to that year. According to Goldberg et al. (2012), in the U.S., 513,000 women and girls were at risk of FGM/C or its effects in 2012, which was more than three times the earlier estimate based on 1990 data. In comparison to earlier estimates, the number of women and girls under the age of 18 who are at risk for FGM/C increased by more than four times.

In 1990, the CDC projected that among the 168,000 American women and girls who had undergone FGM/C or were at risk of undergoing this procedure, 48,000 were under the age of 18. Furthermore, in 2004, the Population Reference Bureau and the African Women's Health Center at Brigham and Women's Hospital updated the CDC statistics, indicating that in 2000, 227,887 women and girls, including 62,519 girls under the age of 18, had undergone or were at risk for FGM/C. Their research states that since 2012, many constituencies in the U.S. raised concerns about the practice of FGM/C. The reason for the rapid growth--35% in a decade--was associated with the number of immigrants who came or had origin from countries where the harmful practice is accepted and widely performed. Moreover, U.S.-born girls are often subject to FGM while on vacation in their parent's country of origin, and this is referred to as "vacation cutting" (Goldberg et al., 2016).

**Legislation/Initiatives:** Female genital mutilation (FGM) is prohibited in the United States, and the STOP FGM Act 2020 amended federal law 18 U.S. Code § 116 to make it illegal to intentionally transport a girl outside of the country. Moreover, FGM is a criminal offense in 27 U.S. states. Furthermore, on the federal level, anyone who violates the law under title 18 of the U.S. Code § 116 shall be fined or imprisoned for up to 10 years, or both (Congress, 2020). Though in 2018, a District Court in Michigan; declared the older version of the 116 section of the anti-FGM/C law unconstitutional, the law was replaced by an updated version STOP FGM

Act 2020. Furthermore, the state made the practice punishable by up to 15 years in prison adding five years compared to the federal level.

Additionally, the legislation mandates that the Attorney General report to Congress annually on the steps taken by federal, state, and local agencies to safeguard women and children (Equality Now, n.d.). The government believes that FGM is a form of gender-based violence and child abuse that causes long-term physical and mental problems (DHHS, 2022). Furthermore, even without a criminal conviction, breaking the legislation against FGM/C can have serious repercussions for immigration, including making one ineligible for several immigration benefits and rendering them inadmissible to enter or leave the United States (Travel State Gov, n.d.).

According to the AHA Foundation, 40 states have anti-FGM laws in the U.S., but the remaining ten have not criminalized FGM yet. The ten states that are lagging on the criminalization of FGM are Washington, Montana, Nebraska, New Mexico, Alabama, Mississippi, Maine, Connecticut, Alaska, Hawaii, and Washington D.C., with Washington DC having the highest number of women and girls at risk estimated at 51,411 (AHA Foundation, 2023).

**Enforcement:** According to the second GAO report that focuses on the federal government's domestic efforts to combat FGM/C, the official response to FGM/C requires the engagement of multiple federal institutions in the United States. the Department of Education (DoE), the Department of Health and Human Services (DHHS), the Department of State (DOS), the Department of Homeland Security (DHS), and the Department of Justice (DOJ). For instance, DHHS and the DOE are in charge of public health research, policies, and initiatives as well as information dissemination. On the other hand, DHS, DOI, and State Department are jointly in charge of the U.S. immigration system, educating some visa recipients about the health and legal repercussions of FGM/C, conducting investigations, and bringing cases to court (U.S. Government Accountability Office, 2016).

DHS and the State Department are required by law to inform applicants for immigrant or nonimmigrant visas of the negative health impacts of FGM/C and the legal repercussions of engaging in the practice while in the country. The government also promotes participation in the two to five-day cultural orientation process that includes FGM/C. Moreover, according to the U.S. Government Accountability Office 2016 report, FGM/C offenses are not effectively enforced or prosecuted. For instance, between 1997 and 2015, the DOJ's Federal Bureau of Investigation (FBI) conducted two federal investigations, one of which led to prosecution on additional charges (U.S. Government Accountability Office, 2016). Additionally, just one person was deported from the country in July 2005 due to FGM laws, even though ICE investigators had identified at least 25 people in immigration court proceedings who were suspected of participating in the execution of FGM/C; the other 24 people received relief or protection from removal. Moreover, ICE was able to identify most of the people primarily by their admissions of involvement in FGM/C or by examining their travel history and the health records of their children (U.S. Government Accountability Office, 2016).

The study also emphasizes the insufficiency of FGM/C-related investigations and convictions at the national and local levels. For instance, three of the four local law enforcement agencies were aware of at least one FGM/C incidence in their territories, but no charges were brought against anybody. Furthermore, immigrant groups may underreport because of cultural norms, victims' unwillingness to betray their community or family members, and worry about possible repercussions on their legal status (GAO, 2016).

**Reflection:** Given the rise in the estimates of girls at risk for cutting, this agenda takes on a special urgency. The first item on the agenda should be updated statistics and estimates, because the latest figures available are from 2016. Since many states criminalized the practice since that time, we need to know if such criminalization worked to decrease prevalence. There are both short-term and long-term physical and social implications of FGM/C which justifies this call for data collection.

Both government and non-governmental organizations (NGOs) have made efforts to combat FGM. For instance, the AHA Foundation offers suggestions for combating FGM in the U.S., including educational and outreach initiatives, professional development opportunities, support for survivors, advocacy for stricter laws and regulations, and research to better comprehend the prevalence and effects of FGM. Emphasizing the importance of outreach and education initiatives to raise awareness of FGM's negative effects, professionals receiving the necessary training to recognize and address FGM cases, campaigners continuing to push for stronger laws and regulations, and survivors receiving access to medical, psychological, and legal service will help effectively combat FGM/C (U.S. Government Accountability Office, 2016).

Moreover, the U.S. government rejected the GAO's advice to develop a coherent written strategy to educate and engage crucial government bodies regarding FGM/C, indicating its reluctance to address this issue on a deeper more meaningful level. However, it did accept the recommendation to increase the direct dissemination of information on FGM/C to immigrant and nonimmigrant visa recipients who are natives of nations where FGM/C is frequently practiced (U.S. Government Accountability Office, 2016).

Since eliminating FGM has been made a goal of U.S. foreign policy, it is important for the government to have anti-FGM/C laws in all 50 states and develop a comprehensive strategy to address this issue (USAID, 2018). Having credibility abroad requires a unanimous domestic stance against this harmful practice. Hence, communities or individuals who still allow or practice this horrendous tradition should be held accountable by either severe financial penalties or the possibility of being deported to their country of origin. The fact that we could find only one case of deportation in the literature suggests that the existing laws have not been enforced well.

References listed on pages 337-338

## ONLINE HARASSMENT

***CEDAW does not specifically mention online harassment. However, the committee has addressed the issue of violence against women in various forms, including cyber violence, which can include online harassment. General Recommendation No. 35 on Gender-Based Violence against Women, Updating General Recommendation No. 19 (2017) recognizes the pervasive nature of technology-facilitated violence and harassment, and highlights the need for states to address it as a form of gender-based violence (Committee on the Elimination of Discrimination against Women, 2017).***

**Definition/Context:** Online harassment involves using technology such as cellphones, computers, social media, or gaming platforms to intimidate, threaten, or harass someone. It is a type of cyberbullying that can include various forms of aggressive behavior such as name-calling, stalking, and physical threats. (Common Sense Media, 2022). There are six specific behaviors through which online harassment can be measured: offensive name-calling, purposeful embarrassment, stalking, physical threats, harassment over a sustained period of time, and sexual harassment. Moreover, there are "more severe" and "less severe" varieties of online harassment. The "less severe" category includes individuals who have simply experienced name-calling or attempts to embarrass them, while the "more severe" group includes those who have encountered stalking, physical threats, ongoing harassment, or sexual harassment (Vogels, 2021).

**Prevalence/Current Situation:** Online harassment is a prevalent issue in American society, with women and marginalized groups being particularly vulnerable to severe and threatening forms of abuse. According to a survey done by the Pew Research Center, 41% of Americans have experienced some form of online harassment. Furthermore, the survey found that severe online harassment is more likely to happen on dating websites (60%), in personal emails (57%), or on a texting or messaging app (52%). Moreover, 33% of people reported being harassed based on their gender (Vogels, 2021). Additionally, age is considered a significant factor in the prevalence of online harassment, with younger adults more likely to be targeted. Such that 64% of adults under 30 and 50% of those aged between 30 to 49 have experienced online harassment. Younger adults are also more likely to experience severe forms of online abuse, with 48% of 18- to 29-year-olds and 32% of those aged 30 to 49 experiencing it. Online sexual harassment against young women is also common, with 33% of women under 35 and 11% of men under 35 reporting it. LGBTQ+ individuals are more likely to experience online harassment, with 7 out of 10 reporting it, compared to only 23% of straight adults (Vogels, 2021). Overall, the survey highlights the urgent need for measures to prevent and address online harassment, especially for women, young adults, and marginalized groups who are more vulnerable to severe and threatening forms of abuse.

**Trajectory/Trends:** Online harassment is an ongoing problem in American society, and recent data shows that it has intensified and become more gender and politically motivated. For instance, 4 in 10 Americans have experienced some form of online harassment, with a double-digit increase in those experiencing multiple types of abuse since 2014. While the overall



prevalence of online harassment today has remained approximately the same since 2017, there is evidence that online harassment has intensified (Vogels, 2021). Furthermore, the percentage of US women who say they have experienced online sexual harassment has doubled since 2017, and women are three times more likely to have experienced online sexual harassment than men (Jagannathan, 2021). Since 2017, there has been a 6-percentage point increase in the shares of Americans attributing their harassment to their political views or their gender, compared to the rise of harassment due to race or ethnicity, sexual orientation, and religion (Vogels, 2021). Online harassment in the U.S. remains a prevalent issue, with evidence of intensification and increased incidents of multiple types of abuse, especially towards women and minority groups.

**Legislation/Initiatives:** There are no federal laws addressing online or public harassment. Harassment is governed by state laws which differ from state to state. Moreover, the United States has some of the strongest free speech protections in the world, therefore, making it challenging to protect people from online harassment. However, there is a law that criminalizes nonconsensual intimate imagery in 48 states and the District of Columbia (the exceptions are Massachusetts and South Carolina), because it is easy to distinguish this type of harassment compared to textual online harassment. Frankly, the laws now in force regarding cybercrime, harassment, stalking, and hate crimes do not adequately address many severe kinds of online transgression (PEN America, n.d.).

According to the White House 2023, President Biden approved the Omnibus Appropriations Bill in 2022, a funding bill supported by both political parties that prioritize the Administration's goals and takes significant steps to promote women's health and prevent gender-based violence, including online abuse. The aim is to eradicate violence against individuals based on their gender, both offline and online. The omnibus proposes to allocate a funding increase of over 20% in the Violence Against Women Act, amounting to \$700 million for the year 2023. Additionally, the proposal plans to allot \$8 million in funding for developing new programs that can improve the response of law enforcement agencies towards online abuse, such as cyberstalking and the non-consensual distribution of intimate images. This proposal also includes funding for the establishment of a national resource center to tackle these problems (White House, 2023).

Despite existing laws against online harassment, victims often feel that the legal system is not equipped to adequately address the issue. For instance, laws such as Title 18 U.S.C. § 2261A prohibit using the internet to severely harass or stalk someone with the punishment of imprisonment for up to 5 years, Statute 18 U.S.C. § 875 law prohibits making threats across state lines with the punishment of imprisonment of a minimum of 2 years, and 47 U.S.C. § 223 law prohibits making harassing or threatening phone calls or sending harassing or threatening messages across state lines with the punishment of imprisonment, not more than 2 years (PEN America, n.d.). Moreover, a victim might seek a temporary restraining order (TRO), which is an emergency court order as a legal remedy that can be used to stop internet abuse, but it must be secured through a lengthy legal procedure. A victim of online harassment must provide persuasive evidence of the abusive behavior and the suffering caused by the perpetrator's activities in order to obtain a restraining order. The person must also demonstrate that, without

the restraining order, the victim will suffer irreparable harm (PEN America, n.d.). In addition, without a court-ordered subpoena, social media companies may refuse to divulge the true identity of an online harasser (Kunzelman, 2018; Jagannathan, 2021). (For laws on revenge porn, please see the section on Pornography.) While legal remedies such as restraining orders can be sought, the lengthy process and difficulties in identifying perpetrators means that victims of online harassment continue to face significant challenges in seeking justice.

**Enforcement:** Legal options exist for victims of online harassment in the United States, but social media companies need to do more to address the issue. A person may seek legal redress through both criminal and civil law at the state level. The victim and their attorney sue the harasser in civil actions to recover monetary damages and/or other types of remedies. The state prosecutes the harasser in criminal situations, and the punishment for the harasser may include fines, probation, or even prison time. The criminal code in many places does not distinguish between behavior that occurs online and offline. Online harassment must cause the victim significant emotional anguish, put them in reasonable fear of death or serious physical harm, or in the worry that the same thing would happen to a member of their close family or an intimate partner (PEN America, n.d.). However, social media companies are not taking proper measures to address online harassment on their platforms. Other nations, such as the United Kingdom, are proposing new online safety bills which would hold social media companies more strictly accountable, and it is time for the United States to consider doing the same.

**Reflection:** Online harassment against sexual minorities and women is a pervasive problem that remains largely unpunished, despite the evidence of its disproportionate impact and harmful effects on victims. Despite the abundant evidence that sexual minorities and women suffer from online abuse in alarmingly disproportionate amounts and with a troubling level of ease and impunity, technology-facilitated forms of abuse are now left largely unpunished. While certain laws on “dick pics” and “revenge porn” have been promulgated, the internet is a place where women can be harassed almost with impunity. There are other nations that are beginning to address these two phenomena more directly. According to Milmo 2023, the UK is also debating a new online safety bill that will hold social media companies more strictly accountable for the harassment that takes place on their platforms (Milmo, 2023). It is time for the United States to take online harassment and public harassment much more seriously than it currently does. Such harassment literally serves to banish women from digital and physical public spaces, which is anti-democratic (National Democratic Institute, n.d). Hence, implementing stricter laws and holding social media companies accountable for the harassment that takes place on their platforms is imperative to ensure safety and well-being of women and minorities.

References listed on pages 339-340



## HONOR-BASED THREAT AND HONOR KILLINGS

***Related to CEDAW Article (2): requires states to take all appropriate measures to eliminate discrimination against women, including taking action to prevent and eliminate violence against women.***

***Related to CEDAW Article (5): requires states to modify or abolish laws, regulations, customs, and practices that perpetuate discrimination against women, including harmful traditional practices like honor killings.***

***“The U.N. General Assembly passed a resolution in 2004 that recognizes crimes committed in the name of ‘honor’ as a violation of human rights. The resolution, entitled ‘Working towards the elimination of crimes against women and girls committed in the name of honor,’ calls upon states to take various actions, such as: intensifying investigation, prosecution, and punishment of crimes of ‘honor’. The CEDAW Committee is another U.N. agency that has addressed the problem of murders committed in the name of “honor”. The Committee’s General Recommendation No. 19 on Violence Against Women states that legislation removing the defense of honor in cases of murder or assault of female family members is a ‘necessary [measure] to overcome family violence’ “(Smith et al., 2021).***

**Definition/Context:** Honor killing is the practice of killing a family member who is thought to be a "disgrace" to the family. The most frequent justifications for honor killings worldwide are divorce or separation from the husband, refusal to enter into a forced marriage, child marriage, consanguineous marriage, having sex before marriage or out of wedlock, being the victim of rape, getting married without the father's or brother's consent, asking for a divorce, choosing a job that goes against the wishes of the men in the family, type of clothing, and homosexuality (Moghaddam, 2022).

**Prevalence/Current Situation:** Honor crime statistics in the U.S. are not entirely accurate as the crimes are categorized under other types of murder such as homicide. According to Farhana Qazi, a former U.S. government analyst and senior scholar at the Center for Advanced Research on Terrorism, cases of honor killings and/or honor-based threats in the U.S. are usually not reported due to the embarrassment they can bring to the victim and the victim's family. Furthermore, because most of the victims are young women, they might not inform the authorities of honor-based threats as it can attract unnecessary attention to the family (McKay, 2016).

According to the U.S. Department of Justice (DoJ), honor killings are often motivated by the assumption that the victim brought shame to the family of the murderer by dishonoring their religious code of conduct and ruining the family’s reputation within the community. Hence, the only way to restore their reputation is to inflict severe punishment on the female family member or ultimately murder her. Moreover, the report claims that in these patriarchal societies/communities, a man's honor is based on the modesty, chastity, and purity of his female relatives. In addition, boys and men can also become victims of honor abuse if they disobey patriarchal authority or breach sexual norms (McKay, 2016).

According to Pew Research Center, only 0.2% of the world’s Muslims live in North America (Desilver & Masci, 2017) compared to the Muslim population in Europe which was estimated at 25.8 million (4.9%) in 2016 and which is predicted to double to 11.2% in 2050. (Lipka, 2017). In addition, extended family living arrangements, which can increase the likelihood of family conflict and violence, are more common in Europe, which may account for the continent's higher rate of murders with family origins. North America, on the other hand, has a higher percentage of nuclear families, which might provide less opportunity for extended family influence (p.7). It is important to note that honor crimes are not unique to the Muslim community or any particular religion but rather are deeply embedded in cultural norms and practices in a variety of nations, particularly in patriarchal societies where women's behavior is closely monitored (Racknagel, 2014).

In the late 1960s, Phyllis Chesler, a pioneer in the study of violence against women, conducted several scholarly investigations on honor killings in the West, the Middle East, and South Asia. She discovered that while Sikhs and Hindus do carry out these types of killings, the majority of honor killings in both the West and the rest of the globe, according to her analysis, are committed by Muslims against other Muslims. However, Chesler argues that honor killings actually originated in tribalism based on shame and honor, rather than a specific religion (Warraq, 2018).

Furthermore, 91% of victims of honor killings in North America are killed for being "too Westernized," and fathers are almost always engaged in incidents involving daughters who are 18 years old or younger. Worldwide, the average age of the victim of an honor killing is 23 years old. It is also important to recognize that mainstream Muslim authorities condemn this practice as the spokesman for the Council on American-Islamic Relations (CAIR) states that “if anyone mistreats women, they should not seek refuge in Islam.” (McKay, 2016).

**Trajectory:** It is believed that between 1989 and 2009, the number of honor killings rose considerably in the U.S. (Chesler, 2014). According to Van Baak et al. (2022), recent research has summarized the recorded number of honor killings in the United States per year as illustrated below in Table 1

**Table 1: Honor Killings in the United States From 1996 to 2021**

Year	1996	1997	1998	1999	2000	2001	2002	2003	2004
Honor killings	1	0	0	5	0	0	5	0	3
Year	2005	2006	2007	2008	2009	2010	2011	2012	2013
Honor killings	0	5	3	3	9	8	9	3	0
Year	2014	2015	2016	2017	2018	2019	2020	2021	
Honor killings	0	1	0	1	3	9	1	0	

Source: Elaborate by Amrullah L (2023) based on the data retrieved from (van Baak et al., 2022).

There was an average of 2.1 victims of honor killings per year from 1996 to 2010 and an average of 2.8 victims of honor killings per year from 2011 to 2021. (Baak et. Al., 2021), indicating an increase over time.

**Legislation/Initiatives:** There is no law at either the federal or state level in the U.S. that specifically addresses honor killings. Hence, honor killings might be dealt with through various laws like domestic violence, manslaughter, homicide, or murder laws.

**Enforcement:** Only one case stands out for strictly enforcing the punishment of honor killing, the murder of a 16-year-old girl in 1989 committed by her father with the help of her mother. The father killed his daughter by running the vehicle over his daughter for becoming “too Westernized”. Both parents were convicted and sentenced to death. The father died on death row in 1997, and the wife’s sentence was reduced to life in prison without parole (McKay, 2016). In general, the lack of training of law enforcement agencies in identifying and intervening in honor killings comes from the fear of being culturally insensitive. Even when a woman or girl gathers the strength to seek assistance due to honor-based threats, public services frequently fail to provide help because law enforcement officials, educators, and medical professionals simply do not recognize the unique characteristics of honor violence. However, some organizations such as the AHA Foundation that specialize in tackling oppressive traditions have started to work with the police and social organizations to accurately identify the cases and help the victims (Ali,2015).

**Reflection:** The fact that the U.S. lacks laws regarding the cultural practices of developing countries is disturbing. A country that is founded on immigration and refugee populations from the entire world must be alert, identify, and codify any harmful practices that violate human rights and women’s rights. Hence, having laws against honor killings is essential. If not addressed by the government as a separate type of violence, law enforcement will not receive adequate training to deal with threats of honor killings also it will be difficult to track the prevalence and trajectory of the crime. Women who are under threat of honor killing have special and foreseeable needs around which effective programming can be based.

References listed on page 341

## INTIMATE PARTNER VIOLENCE (IPV) AND DOMESTIC VIOLENCE (DV)

***Related to CEDAW Article (4): obliges states to take temporary special measures to eliminate all forms of discrimination against women. In the context of intimate partner violence (IPV) and domestic violence (DV), this means that states must take affirmative actions to address these issues and provide protection and support for victims.***

***Related to CEDAW Article (16): requires states to take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations. This includes taking measures to protect women from IPV and DV, as well as ensuring that women have access to effective remedies, including legal protection, for acts of violence against them.***

***According to GR 19, nations must take all necessary steps to end violence against women to uphold their duties under CEDAW. Whether gender-based violence occurs in the home, community, or society at large, or whether the perpetrators are state or private actors, states are required to prevent gender-based violence, investigate it, punish the perpetrators, and provide meaningful restitution to the victims (Center for Women, Peace and Security, n.d.) The recently approved General Recommendation No. 35 offers more detailed instructions to hasten the eradication of violence against women and girls on the basis of gender (UN Committee on the Elimination of Discrimination against Women, 2017).***

**Definition/Context:** According to the United States Department of Justice, “domestic violence refers to a pattern of abusive behavior used in relationships by one partner to take hold of or maintain control of an intimate partner” (U.S. Department of Justice, Office on Violence Against Women, n.d.). It is a type of violence that occurs between current or previous spouses or dating partners in heterosexual and same-sex relationships. Moreover, it can take various forms such as physical violence, sexual violence, financial violence (Marques, 2018), psychological aggression, and or stalking. In addition, it has long-term negative health implications and a close connection to other types of violence. It might range from a single violent incident that might have long-lasting effects to repeated, severe incidents over many years, and in extreme cases, it could even result in death (Centers for Disease Control and Prevention, n.d.).

IPV and domestic violence can overlap, as both deal with violence and abuse that takes place in relationships, but they can also be separate because domestic violence can also refer to abuse that takes place between family members or other people who are not intimately involved. Overall, there are connections between the two sections, which illustrate the complexity of domestic violence and abuse in relationships and families.

**Prevalence/Current Situation:** People from all socioeconomic backgrounds and educational levels are impacted by domestic violence. Anyone can become a victim of domestic violence regardless of race, age, sexual orientation, religion, sex, or gender identity. It can happen to intimate partners who are married, cohabiting, dating, or who share a child and can occur in

both opposite-sex and same-sex relationships. In addition to IPV, domestic violence includes violence against children, parents, and siblings.

IPV is widespread and each year, millions of people in the United States are impacted by it. According to the Centers for Disease Control and Prevention (CDC, 2021), 1 in 3 women and 1 in 4 men experienced physical violence from intimate partners in their lifetime. Common effects of IPV include injury, symptoms of posttraumatic stress disorder (PTSD), anxiety, terror, requesting police assistance, and missing at least one day of work. Furthermore, if we expand the definition of domestic violence, around 41% of women and 26% of men experienced and or reported physical, sexual, or psychological violence perpetrated by an intimate partner during their lifetime (Centers for Disease Control and Prevention, 2021).

While domestic violence is a global problem, the United States has a higher prevalence of intimate partner violence compared to peer countries. According to the World Health Organization's Multi-Country Study on Women's Health and Domestic Violence against Women 2013, the prevalence of physical or sexual violence by an intimate partner in a woman's lifetime ranges from 15 to 71 % across 10 countries, including Canada and the UK. However, in Western Europe, the lifetime prevalence of intimate partner violence against women ranges from 19 to 44 %. For instance, a 2019 report by the European Union Agency for Fundamental Rights found that 1 in 3 women in the European Union experienced physical and/or sexual violence since the age of 15, and 1 in 5 women experienced stalking. This indicates that domestic violence is also a significant problem in Western Europe, but that the United States has higher rates than several peer West European countries (World Health Organization, 2013). Likewise, gender-based violence is pervasive and common in other Global North nations. For example, recent research discovered that for the year 2020, 22% of women in Western Europe and 32% of women in North America suffered intimate partner abuse (Pycroft, 2022).

IPV is more common in children, adolescents, and people who have experienced sexual assault or emotional abuse. Additionally, women who have experienced partner abuse are nearly five times as likely to attempt suicide compared to women who are not exposed to intimate partner violence and are very likely to develop brain injury from repeated battering (Yvonne Roberts, 2023).

According to the National Coalition Against Domestic Violence, the number of victims of domestic violence in the U.S. is estimated to be 10 million each year, equivalent to 20 people every minute (World Population Review, 2023). Furthermore, the states which have the highest rates of domestic violence against women in their lifetime are Kentucky, Nevada, Missouri, and Arizona. Kentucky has the highest rate of domestic violence against women in their lifetime, making it the state with the worst record of domestic violence 45.3% of women and 35.5% of men reporting having experienced domestic violence (World Population Review, 2023). Furthermore, the Childhood Domestic Violence Association highlights that 50% of all homeless women and children in the United States are fleeing domestic violence (Childhood Domestic Violence Association, 2023). It is estimated that every single day in the U.S, over 30,000 U.S. adults and children seek shelter or refuge to escape an abusive relationship, according to the

Domestic Violence Resource Network (Family and Youth Service Bureau (FYSB), Administration for Children and Families (ACF), U.S. Department of Health and Human Services, n.d.). Moreover, domestic violence disproportionately affects various racial/ethnic and sexual minority groups as Multi-racial, American Indian/Alaska Native, Non-Hispanic Black, Non-Hispanic White, Hispanic descent, Asian-Pacific Islander illustrated in Tables 2 and 3

**Table 2: The lifetime prevalence of experiencing contact sexual violence, physical violence, or stalking by an intimate partner (NISVS, 2017)**

Race	Women	Men
Multi-racial	57%	42%
American Indian/Alaska Native	48%	41%
Non-Hispanic Black	45%	40%
Non-Hispanic White	37%	30%
Hispanic descent	34%	30%
Asian-Pacific Islander	18%	14%

Source: (NISVS), 2017.

**Table 3: The lifetime prevalence of experiencing contact sexual violence, physical violence, or stalking by sexual orientation. 2013 NISVS special report**

Sexual Orientation	
Bisexual women	61%
Bisexual men	37%
Lesbian women	44%
Gay men	26%
Heterosexual women	35%
Heterosexual men	29%

Source: Niolon et al., 2017.

Domestic violence not only poses a significant threat to the physical and mental wellbeing of individuals, but it also has far-reaching economic and social consequences, including a higher risk of victimization for people with disabilities, widespread financial abuse, and harmful health implications.

People with disabilities are at a higher risk of experiencing intimate partner violence, as demonstrated by studies conducted by Smith (2008) and Hahn et al. (2014). Furthermore, the economic cost of IPV is staggering, with the Centers for Disease Control and Prevention (2022) estimating it to be \$3.6 trillion per year in the United States alone. The harmful health implications of IPV are numerous, including mental health issues, smoking, excessive drinking, brain injury, and risky sexual behavior. Additionally, 99% of domestic violence cases also involve financial abuse making it difficult for the victims to secure a shelter due to credit check requirements as reported by the National Network to End Domestic Violence (2022).

**Trajectory/Trends:** The annual National Census of Domestic Violence Services (Census) conducted by the National Network to End Domestic Violence (NNEDV) reveals an alarming increase in the prevalence of reported domestic violence cases over the past two decades, however, since the numbers found in the census only correspond to reported cases, the actual magnitude of the problem of domestic violence is likely much greater than the numbers are projecting. This is because thousands of cases of domestic violence go unreported, which is important to keep in mind when considering the scope of the issue. (Bureau of Justice Statistics, U.S. Department of Justice, 2022).

**Table 4: Summary of NNEDV Census Reports on Domestic Violence Services in the United States (2010-2022)**

Year	Victims Served	Hotline Calls	Unmet Service Requests	Percentage of Unmet Requests for Emergency Shelter
2010	70,648	23,522	9,541	60%
2020	75,525	21,321	11,047	50%
2021	70,032	20,701	9,444	64%
2022	79,335	20,747	12,692	53%

Source: (NNEDV, 2010; NNEDV, 2022; NNEDV 2023).

Table 4 summarizes the information from four different NNEDV (National Network to End Domestic Violence) census reports conducted in 2010, 2020, 2021, and 2022. The reports show the number of victims of domestic violence served, the number of hotline calls received, and the number of unmet service requests in one day. It is evident that the number of victims served and hotline calls have remained somewhat consistent over the years, with a slight increase from 2010 to 2020. However, the number of unmet service requests has remained high, with a significant portion of unmet requests for emergency shelter. This indicates a need for increased funding for domestic violence programs and emergency shelters to address the issue of unmet service requests.

As shelter is considered one of the most important resources for women who try to flee abusive relationships. This recourse was largely lost during the COVID-19 crisis because many organizations were forced to redirect their limited funding for personal protection equipment (PPE) to protect the health of staff and survivors, leading to a significant budget cut and failure to assist more than 10,000 victims of domestic violence who requested help (National Network to End Domestic Violence, 2022). According to Kluger (2021), COVID-19 lockdowns led to an increase in domestic violence, and it is still unclear whether the number of victims and the number of beds in shelters will return to pre-pandemic levels or not (Kluger, 2021).

It is also important to note that several studies have found that the rates of domestic abuse experienced by police officers' partners are much greater than those of the general population. And while all forms of intimate partner violence are reprehensible, it is particularly troubling when domestic abusers are the same people to whom women are supposed to turn for protection. According to two studies, at least 40% of police officer families experience domestic



violence, compared to 10% of families in the general community, as stated by the National Center for Women and Policing Moreover, domestic violence is two to four times more prevalent among police families than it is among American families in general (Friedersdorf, 2014). It is time for states and communities to take another look at those who are enforcing the law, making sure their ranks do not include those charged with domestic violence. ProPublica found that in some locales, every policeman has been convicted of domestic abuse; this is intolerable (Hopkins, 2019).

**Legislation/Initiatives:** Every state in the United States has laws against IPV, insofar as crimes such as rape, stalking, assault, domestic violence, and murder are criminalized by every state. While the specific laws and definitions of IPV vary from state to state, some states that have expanded the definition of IPV to include financial abuse and/or coercive control include California, New Jersey, Illinois, and Vermont (National Network to End Domestic Violence, 2021). Furthermore, some states have taken a more hardline approach to fighting domestic violence. For example, in California even if there is no arrest made and the alleged victim retracts, law enforcement authorities are required to file thorough reports on every case of domestic violence they handle (Shouse Law Group, n.d.).

Moreover, there are instances in which domestic violence becomes a federal crime and not just a state crime. For instance, when a perpetrator crosses state lines (or crosses Indian territory borders) to commit domestic violence, it is considered a federal crime under the 1994 Violence Against Women Act (VAWA). Additionally, domestic violence becomes a federal crime under the Gun Control Act when the perpetrator is found to possess a firearm if convicted of domestic violence or subject to a Protection Order (U.S. Attorney's Office for the Western District of Tennessee, n.d.). Furthermore, habitual domestic violence offenses can also rise to the level of a federal offense. According to Statute 18 U.S. Code § 117, if an individual with two prior convictions commits 'any assault, sexual abuse, or serious violent felony against a spouse or intimate partner, or against a child of or in the care of the person committing the domestic assault' at the federal, state, or Indian tribal court level within any territorial jurisdiction of the United States is punishable by fine or imprisonment of up to 5 years or both and if the victim bears substantial bodily injury the person shall be imprisoned for up to 10 years (American Legal Publishing Corporation, n.d.).

In addition, the U.S. has implemented various laws, programs, and services at the national, state, and local levels to combat domestic violence and support survivors, including the reauthorization of the Violence Against Women Act (VAWA), the American Rescue Plan Act, the National Action Plan on Gender-Based Violence, and various domestic violence coalitions and hotlines. Domestic violence is considered a crime in every place under the United States' jurisdiction (U.S. Department of Health and Human Services, Office on Women's Health, 2022).

For instance, VAWA includes several provisions such as strengthening existing criminal justice responses to domestic violence, sexual assault, dating violence, and stalking; enhancing services and protections for victims; addressing the high rates of violence experienced by Native American and Alaska Native women; promoting prevention efforts through education and



community-based programs; and improving the healthcare system's response to domestic violence and sexual assault (U.S. Department of Justice, Office on Violence Against Women, 2021). In addition, in a VAWA case, the court must order restitution to cover all losses suffered by the victim because of the offense, including medical and psychological care, physical therapy, transportation, temporary housing, childcare costs, lost wages, attorney's fees, expenses associated with obtaining a civil protection order, and any other losses. Similarly, the court may impose restitution requirements in a Gun Control Act case; hence, victims are advised to keep a record of all the expenses caused by domestic violence abuse (United States Department of Justice. 2020).

The American Rescue Plan Act of 2021 includes programs for domestic and sexual violence, culturally specific programs, and robust support for survivors. The Act aims to offer strong support for victims of domestic and sexual abuse, including funding for initiatives and services that can give them access to protection, recovery, and assistance. It includes funding for initiatives supported by the Family Violence Prevention and Services Act (FVPSA), the Victims of Crime Act (VOCA), the Violence Against Women Act (VAWA), the National Domestic Violence Hotline, and Mental Health and Substance Abuse Services. Additionally, the Act of 2021 announced the creation of the National Action Plan to End Gender-Based Violence. The launch and implementation of the National Action Plan on Gender-Based Violence by the administration is timely, as it is meant to ensure a comprehensive, coordinated, and whole-of-government approach to preventing and addressing gender-based violence. This includes improving agency-wide responses and coordination both within and between government agencies, as well as establishing high-level positions and programs within key agencies to better address these issues. (National Network to End Domestic Violence, 2022).

Furthermore, state domestic violence coalitions and the Domestic Violence Resource Network are just two examples of the national, state, and local programs that are funded under the FVPSA by the Administration for Children and Families, a division of the U.S. Department of Health and Human Services (Office on Women's Health, n.d.). Moreover, the Violence Against Women Act (VAWA) of 1994 authorized as part of the Domestic Violence Resource Network the creation of the National Domestic Violence Hotline and the launch of the National Dating Abuse Helpline in 2007 (National Domestic Violence Hotline, 2023). Likewise, the nation's largest anti-sexual violence organization, RAINN (Rape, Abuse & Incest National Network), operates the National Sexual Assault Hotline in partnership with more than 1,000 local sexual assault service providers across the country and operates the DoD Safe Helpline for the Department of Defense (RAINN, n.d.). In addition, in 2019, when VAWA was reauthorized, the infamous "boyfriend loophole" was closed by outlawing gun ownership for those found guilty of abusing, assaulting, or threatening a present or prior intimate partner (Freedom and Citizenship, n.d.).

Looking at the overall effort put forth on this issue, the U.S. is not lacking in legislation and programming at the state and federal levels to combat domestic violence and intimate partner violence.

**Enforcement:** Domestic violence and intimate partner violence in the U.S. has not decreased, and indeed, some researchers say the rates have increased, over the last decade, and we know rates increased during covid lockdown. Government at both the federal and state level cannot be faulted for not attempting to devise legislation and programming to fight this scourge. However, in light of the continued high prevalence, there is room for improvement. One issue is that laws vary from state to state because each state, territory, or tribe determines for itself how domestic violence is defined and how its laws will assist and protect victims. This is significant because it emphasizes how important it is for victims, service providers, and anyone looking for information on domestic violence to be aware of the local laws and resources. This can ensure that those who have been victimized receive the necessary legal and emotional support to stay safe and move past their experiences.

Prevention has come to be seen as key. In the United States, most of the federal programs and resources aimed at addressing IPV are devoted to either legal and criminal justice interventions or support for victim services; however, violence prevention is becoming increasingly important.

Data collection is also very important in the policy response to domestic and intimate partner violence. The U.S. Center for Disease Control and Prevention (CDC) has initiated the National Partner and Sexual Violence Survey (NISVS) which regularly monitors sexual violence, stalking, and intimate partner violence in a public health context (Centers for Disease Control and Prevention, 2022).

It is also critical that law enforcement personnel on the ground be trained to recognize intimate partner violence risk in their interactions with the public. Currently, two victim-focused models of IPV risk assessment are used in the United States: The Lethality Assessment Program (LAP) and the Domestic Violence High-Risk Team (DVHRT) model. LAP assessment attempts to help law enforcement personnel determine the likelihood that a man would kill his female intimate partner, and DVHRT seeks to identify victims at high risk for lethal-like violence using the Danger Assessment–Law Enforcement tool (Maxwell et al., 2020). More and more states are adopting these measures to help law enforcement officers justify a more robust response to domestic violence cases. For example, Utah just passed a law mandating that law enforcement use a LAP, in the wake of the Gaby Petito murder case where law enforcement in the Utah city of Moab did not respond appropriately. The federal government should encourage all states to look into this type of policy response (Schnee, 2023). The idea of a “second responder” or “co-responder” which pairs police with social workers and mental health professionals to respond to high-risk calls such as domestic violence, is being tried in several locales (Greider, 2022). It will be interesting to see if outcomes are less violent with this approach.

**Reflection:** Despite rigorous prevention efforts of the government aimed at educating and bringing awareness to youth and adults, IPV incidents continue to increase nationwide. For the United States to have credibility in championing the promotion of women’s rights and safety beyond its borders, it should act to reduce intimate partner violence. It must adopt policies that strengthen economic support and enforcement against perpetrators of violence against women.

For example, in the UK, victims of domestic violence can receive emergency housing support through local authorities, and the government provides funding for safe accommodation for victims (UK government website, n.d.). According to a report by Sky News Australia (2023), in Australia, domestic violence victims can receive ten days of paid leave as well as a government-provided crisis payment to help them flee to safety.

Resource commitment is key. For instance, FVPSA assists victims of domestic violence and their kids by offering resources and shelters; however, due to limited funding for the programs on federal, state, and local levels, most victims of domestic violence are forced to choose between staying with an abuser or becoming homeless (NNEDV, 2021). Hence, to properly address the crisis of domestic violence, the government must provide adequate funding to top local leading organizations, such as domestic violence shelters, hotlines, and advocacy groups. This specifically entails providing financial support for emergency shelter rooms, legal aid for survivors seeking protection orders, and counseling and support services for survivors and their children. The government can make sure that victims of domestic abuse have the necessary resources and assistance they need to leave abusive relationships and start the process of healing and recovery by providing these organizations with adequate funding.

Moreover, the government must provide necessary training to law enforcement authorities to ensure that policemen assigned to domestic violence cases are not perpetrators of violence themselves. Such perpetrators must be weeded out of the police force. Providing regular training to law enforcement authorities on the dynamics of domestic violence and the appropriate response to such cases would also help prevent police-perpetrated violence and ensure that victims receive the support they need. It's important for police officers to understand the impact of domestic violence on victims and the importance of holding perpetrators accountable. Tools like the Lethality Assessment Protocol should be promoted heavily by the federal government to state law enforcement.

References listed on pages 342-345

## LABOR TRAFFICKING (FORCED LABOR)

***Related to CEDAW Article 11: Women have the right to work, employment opportunities, equal remuneration, free choice of profession and employment, social security, and protection of health. Discrimination on the grounds of marriage, pregnancy, childbirth and childcare is prohibited.***

**Definition/Context:** “Forced Labor, sometimes also referred to as labor trafficking, encompasses the range of activities involved when a person uses force, fraud, or coercion to exploit the labor or services of another person. The International Labour Organization (ILO) estimated that 24.9 million people around the globe were in forced labor as of 2016” (Department of Homeland Security, 2023).

**Prevalence/Current Situation:** Despite the common misconception that forced labor is only a foreign issue, it is an issue in various sectors throughout the United States. The Department of Homeland Security (DHS) has identified forced labor in a range of industries. According to the DHS 2020 report, 19% of forced labor victims are employed in the domestic work sector, 7.8% in agriculture, 6% in construction, 5% in illicit activities, and 6% as traveling sales crews, while the majority of victims are classified as "others" (including restaurants/food service, hospitality, and other sectors) (Department of Homeland Security, 2023). The DHS data further highlights that domestic work is the most common sector for forced labor, and this disproportionately affects women. Additionally, the report identifies several vulnerabilities among forced labor victims in the U.S., such as unstable immigration status, language barriers, poverty and lack of access to basic necessities like food, shelter, and safety, psychological effects of past or recent trauma, lack of social support systems like friends, family, and community, and physical or developmental disabilities (Department of Homeland Security, 2023).

Furthermore, the 2021 Federal Human Trafficking Report reveals that 93% of reported cases of forced labor in 2021 involved foreign nationals (Lane et al., 2022). Despite the widespread assumption that forced labor victims enter the U.S. illegally, research suggests otherwise. According to an investigative report, 71% of forced labor victims legally entered the country through H-2A and H-2B visas, which are issued for seasonal work and are tied to a specific employer (Department of Homeland Security, 2023; U.S. Department of Labor, n.d.). Unfortunately, due to the undercover nature of this crime, the exact numbers of victims are difficult to determine. However, the American Civil Liberties Union (ACLU) estimates that 14,500 to 17,500 people are trafficked into the U.S. each year; however, this figure does not include individuals trafficked within the country (American Civil Liberties Union, n.d.). Similarly, the 2021 National Human Trafficking Hotline Center (NHTHC) report estimates that there were approximately 3,785 likely victims of labor trafficking and 707 victims in the sex and labor categories combined (Polaris Project, 2021). Within the labor trafficking category, 22% of the likely victims were women, and 64% of women victims were subjected to both sex and labor trafficking. Although this section of the shadow CEDAW report focuses on labor trafficking of women unrelated to sex trafficking, it is important to acknowledge that women are disproportionately affected by sex labor, such as forced prostitution and sex trafficking.

Therefore, this report has dedicated separate sections to these issues under the headings "Sex Trafficking" and "Prostitution."

**Trajectory/Trends:** Forced labor is a growing problem in the United States. According to the 2021 Federal Human Trafficking Report, the number of new cases of forced labor filed increased by 22% from 2020 to 2021 (Lane et al., 2022). The report also revealed that from 2017 to 2020, the number of new cases filed for forced labor as a percent of all trafficking cases prosecuted remained relatively stable, with rates of 5%, 6%, 6%, and 5% for those years, respectively. However, in 2021, the percentage increased to 8%. Moreover, an analysis of data from the NHTHC shows that since 2007, the majority of forced labor victims have been victimized in domestic work, which is a predominantly female work sector (National Human Trafficking Hotline, n.d.-a).

Additionally, while gender-disaggregated data for labor trafficking is not available on a yearly basis, NHTHC has gender-disaggregated data in the years 2020 and 2021. Per that data, in 2020, the estimated percentage of victims who were women in labor trafficking was 28%, and it went down to 22% in 2021 (Polaris Project, 2021). Prior to these two years, NHTHC had provided a gender disaggregated data on labor trafficking in a report that covered the 2007 to 2012 period. Per that report for that earlier time period, 61% of labor trafficking and labor exploitation victims were women (Polaris Project, n.d.). Because the definitions used by the NHTHC changed from the earlier time period to the later time period, the two sets of figures may not be comparable.

Lastly, NHTHC data over the years on overall human trafficking shows that the nationality of victims has fluctuated over time. From 2015 to 2018, the majority of victims of overall human trafficking were U.S. citizens or LPRs (Lawful Permanent Residents) every year, but from 2019 to 2021, foreign nationals became the largest group of victims overall (National Human Trafficking Hotline, n.d.-a). Lastly, women have consistently made up the larger part of overall human trafficking victims' profiles since 2007, but this includes sex trafficking as well as labor trafficking (National Human Trafficking Hotline, n.d.-a).

**Legislature/Initiatives:** Chapter 77 of the 18 U.S. Code is dedicated to addressing peonage, slavery, and trafficking crimes. Under this chapter, the Federal Code 18 U.S. Code § 1589 stipulates that forced labor is a federal crime, and perpetrators can face punishment in the form of fines, imprisonment for years, life imprisonment, or a combination thereof, depending on the severity of the offense (18 USC Ch. 77: Peonage, Slavery, and Trafficking in Persons, n.d.). Furthermore, there are various federal laws and initiatives that address forced labor or labor trafficking in the United States (United States Department of State, 2021). Some of the most impactful among these laws and initiatives include the following:

- The 2019 Trafficking Victims Protection Reauthorization Act is a critical part of federal legislation combating all forms of human trafficking (Davis, 2020). This act was first introduced in 2000 as The Trafficking Victims Protection Act (TVPA), and it has been reauthorized several times since then. It offers comprehensive guidance,

tools, and a partnership mechanism for federal and state efforts to combat all forms of trafficking, including labor trafficking. Finally, it provides survivors of human trafficking with information and resources to aid in their recovery (Davis, 2020).

- The Frederick Douglass Trafficking Victims Prevention and Protection Reauthorization Act of 2018 is another significant federal law combating forced labor (U.S. Department of Health & Human Services, n.d.). This bill is currently being introduced on the floor of Congress in order to be reauthorized for 2021. Among other prevention and protection measures for trafficking, particularly for forced labor, this act requires increased reporting obligations regarding the prohibition of goods produced through forced labor (U.S. Department of Health & Human Services, n.d.).
- Another important law is the Justice for Victims of Human Trafficking Act (JVTA) of 2015, which works to improve the services provided to victims of trafficking as well as the response mechanism (National Human Trafficking Hotline, n.d.-b). Many domestic-level victim support funds and assistance programs have been introduced as part of the JVTA (National Human Trafficking Hotline, n.d.-b).
- Wages and the Fair Labor Standards Act establish clear legal standards for minimum wage, overtime pay, work hours, and child labor for all employees in the United States (U.S. Department of Labor, n.d.). As a result, this act provides clear guidance for fair labor standards, which can aid in the prevention of forced labor.
- Another notable federal effort is the Department of Homeland Security's Blue Campaign, which works to combat human trafficking in collaboration with various non-governmental organizations (NGOs), law enforcement, and state/local authorities (Blue Campaign | Homeland Security, n.d.). Furthermore, it organizes public awareness campaigns, trainings, and educational programs to prevent human trafficking and to protect the exploited (Blue Campaign | Homeland Security, n.d.).
- Since 2008, the Department of Health and Human Services (HHS) has funded the National Human Trafficking Hotline, which has been one of the most visible government efforts to combat trafficking (U.S. Department of Health & Human Services, 2020a). It also funds other programs to assist victims of human trafficking in different capacities.
- Finally, for foreign nationals who are victims of trafficking, one of the most important initiatives created by the United States government is an immigration program run by the Department of Homeland Security that provides continuous presence status or grants "T nonimmigrant status" to victims of trafficking, allowing them to remain legally in the United States (United States Department of State, 2021). Furthermore, victims who obtain such status will receive certification from



HHS, granting them access to the same benefits and services as refugees (U.S. Department of Health & Human Services, 2020b).

Overall, at least 15 federal agencies have some level of anti-trafficking enforcement mechanisms and programs in place (Blue Campaign | Homeland Security, n.d.). Several of these organizations collaborate with state and community-level efforts to combat human trafficking, such as labor trafficking. It is important to note that many of these efforts are aimed at combating human trafficking in general, with labor trafficking as a component.

**Enforcement:** Despite the fact that there are numerous resources and organizations in the United States dedicated to combating human trafficking, little attention has been paid to combating forced labor or labor trafficking in particular (Office of Monitor and Combat Trafficking in Persons, 2023). Federal efforts are frequently still primarily focused on combating sex trafficking (Office of Monitor and Combat Trafficking in Persons, 2023). According to the most recent Federal Human Trafficking Report for 2021, only 8% of new cases for forced labor were filed in federal courts, whereas 92% of sex trafficking cases were filed (Lane et al., 2022). According to the same report, while 53% (50) of federal districts charged at least one forced labor case under Chapter 77 of the United States Code, 36 percent (about 18) of those federal districts prosecuted only one forced labor case. In comparison, 99% of federal districts have prosecuted sex trafficking cases (Lane et al., 2022).

Additionally, according to a report published by the Department of State's Office to Monitor and Combat Trafficking in Persons, the United States has been particularly unsuccessful in identifying cases of child labor trafficking and holding potential perpetrators in the private or corporate employment sectors accountable (Office of Monitor and Combat Trafficking in Persons, 2023). Furthermore, the report stated that, despite the fact that foreign nationals make up a large portion of forced labor victims, the U.S. government has failed to provide sufficient and adequate services for labor trafficking survivors with limited English proficiency. Lastly, the federal programs and laws have been very limited in providing services to labor trafficking victims who are children aging out of service, those who do not wish to participate in the criminal justice system, or survivors who struggle with addictions (Office of Monitor and Combat Trafficking in Persons, 2023).

Overall, while the U.S. government is committed to combating human trafficking, efforts to combat labor trafficking have taken a back seat to sex trafficking.

**Reflection:** Forced labor is increasing in the U.S. While women are not the majority of victims, they are still at risk, since some sectors of forced labor, such as domestic labor, involve women disproportionately. Efforts to combat trafficking frequently focus on sex trafficking rather than labor trafficking, resulting in a low number of cases prosecuted in the United States as seen in this report. Unfortunately, one ramification of this is that men and women who are victims of labor trafficking may be overlooked in victim support efforts. The U.S. government must pay more attention to labor trafficking. First of all, labor trafficking awareness programs should be promoted separately from sex trafficking awareness efforts to create a clear distinction between

the two. This will make it easier for people to recognize or identify forced labor. Moreover, to increase the reporting of cases among victims who are foreign nationals, programs such as the T-visa and immigration provisions that allow asylum should be highlighted in awareness campaigns. Many reports have suggested that victims, particularly foreign nationals, frequently do not come forward out of fear of being deported or imprisoned (Spero, 2020). Therefore, such awareness campaigns will encourage victims to come forward and report their experiences. Finally, gender-disaggregated data on forced labor is patchy and is frequently lumped with sex trafficking data. Separating the data on forced labor will provide a better understanding of the severity of the problem for each gender. Overall, the United States government has resources and agencies dedicated to combating trafficking, it is a high priority that it reforms its approaches to labor trafficking so it can be understood and mitigated better.

References listed on pages 346-347



## PORNOGRAPHY

***The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) does not specifically address child abuse or child pornography.***

***Related to CEDAW Article 19, which requires states to take all appropriate measures to prevent all forms of violence against women and girls and to ensure adequate legal and institutional protection and remedies for victims of violence, including children who are victims of violence. (United Nations Human Rights Office of the High Commissioner, n.d., Art. 19).***

***However, General Recommendation No. 35 on gender-based violence against women, specifically addresses the issue of pornography. Section D of the recommendation states: "The Committee is concerned about the prevalence of pornography and the manner in which it is increasingly used to portray, perpetuate and normalize gender-based violence against women. It is also concerned that new forms of technology have facilitated the creation and spread of pornography, including child pornography, on a global scale, and that the impact of pornography on women and girls, as well as men and boys, can be extremely harmful" (United Nations Treaty Collection, 2017).***

**Definition/Context:** According to the Legal Information Institute of Cornell Law School (2020), "Pornography—"porn" or "porno" for short—is material that depicts nudity or sexual acts for the purpose of sexual stimulation. Pornography can take the form of photographs, videos, written material, audio recordings, or animation, among other media formats" (Cornell Law School, 2020). There are different categories of pornography, including consensual pornography, nonconsensual pornography, and child pornography. Nonconsensual pornography, also known as revenge porn, is when sexual graphic videos or images of any person are shared without their consent (Legal Voice, 2022). On the other hand, child pornography, according to federal law, is any visual representation of sexually explicit behavior involving persons younger than 18 years old (Grocki, 2020).

**Prevalence/Current Situation:** Pornography consumption has become increasingly prevalent, especially among young adult men, and it poses significant risks to individuals and society, including the objectification and subjugation of women, exposure to violent and aggressive behavior, and potential links to exploitations such as prostitution, sex trafficking, and child abuse.

Recent statistics show that 40 million U.S. adults are regular users of pornographic material through the use of the internet. Cox, Lee, & Popky, 2022, highlight some statistics related to pornography consumption in the United States, including.

- Up to 65% of young adult men and 18% of young women report watching pornography at least once a week.

- 57% of men ages 30-49 watched pornography in the past month, and 42% watched it in the past week.
- Among youth, 87% of men and 31% of women report having used or viewed pornography.
- Men are four times more likely than women to admit to watching porn in the previous month.
- 60% of men who watched porn in the last 24 hours report having experienced loneliness or isolation at least once during the previous seven days.
- Fewer than four in ten men who have never watched porn say they have felt lonely in the past week, as do 49% of men who have watched it but not in the last 24 hours.

It is important to note that these statistics may not be fully representative of the population, as some individuals may not report their pornography consumption accurately. However, the data from Cox, Lee, & Popky, 2022 suggests that pornography consumption is widespread, with both men and women reporting significant rates of regular use. Furthermore, the sexual objectification and subjugation of women is the main selling point in pornographic production. The instant accessibility of pornographic content online poses a significant risk to youth, as one study at the University of New Hampshire shows that 93% of boys and 62% of girls were exposed to pornography during adolescence (Diaz, 2018).

Diaz 2018, report stated that porn websites have more visits than Netflix, Amazon, and Twitter combined. For instance, according to his report 23 billion visits were made to Pornhub in 2016, which is equivalent to 64 million visits a day adding up to 4.6 billion hours each day spent watching porn. In addition, the report discusses evidence that pornography promotes aggressive and violent behavior toward women by misleadingly indicating that women enjoy violence. In bestselling pornographic videos, 85% of scenes contain physical and verbal aggression (Diaz, 2018). Furthermore, 95% of the time when these acts are filmed, women shown to react by expressing neutrality or pleasure. Brainwashing women with the notion that being abused or injured during intimacy is normal feminine behavior can expose most women and girls to many risks. Thus, sexualizing violence is a strategy for justifying violence against women rather than changing the narrative and curtailing it (National Center on Sexual Exploitation, 2021).

The pornographic violence consumed through videos usually impacts people's personal lives, as one study found that 40% of women who filed battery charges against their partners reported their partners used pornography. It is worth noting that pornography is closely linked to exploitations such as prostitution, sex trafficking, and child abuse (Diaz, 2018).

The human toll of pornography, disproportionately experienced by women, is increasingly being documented. One victim of pornography reported that during a year and a half working in

pornography, she performed in more than 40 films; another victim recalled being severely abused to the extent of bleeding. Furthermore, the victim was stating that “frequently, they’d have to stop filming because I was bleeding, then they’d clean up the blood and keep going” (Salai, 2021). Moreover, after leaving the porn industry, many ex-porn victims experience mental burdens as they know that their porn films will remain on the internet indefinitely, and they cannot do anything about it.

According to Perry and Schleifer's longitudinal study (2018, as cited in Brenner, 2018), for both men and women who started using porn after getting married, the likelihood of divorce doubled. While the divorce rate for men increased from 5 to 10 % after they started using porn, it nearly tripled for women, from 6 to 16 %. Additionally, the correlation between using porn and getting divorced was much stronger in younger people, with 50% of 20-year-olds who started using porn getting divorced compared to 6% of those who didn't (Brenner, 2018).

Research and evidence show that the harm caused by pornography outweighs its “benefits”. For instance, Write et al., 2018 research showed that “sexual satisfaction began to decline with pornography use of a few times a year” notably, “under no circumstances was pornography use associated with greater sexual satisfaction”.

**Trajectory/Trends:** Rates of pornography use are rising, and not only among men. For example, “More than 8 in 10 (81%) women age 65 or older say they have never watched pornography, while less than half (44 %) of young women say the same” (Cox, Lee, & Popky, 2022).

The billion-dollar pornography industry invested a lot of money in glamorizing the abuse and exploitation of women to the extent that some young girls “choose” to enter the market. Porn-adjacent platforms such as OnlyFans have seen an exponential rise in business (Daniel, 2023). The promises of becoming famous and rich “porn stars” might have undermined the judgment of many youths, as many girls in the porn industry are used and disposed of in 3 to 6 months (Diaz, 2018). Moreover, there is a tremendous data gap regarding pornography. There is no reliable information on the number of women involved in this industry. This may be attributed to the short life span of porn careers, as the number of women entering and leaving the business rapidly changes, but it is also due to the lack of government effort in tracking the number of women in pornography due to its “legal” status and assumption of no harm pertaining on women.

Concerning child pornography, which is criminalized at both the state and federal levels, experts state the rapid spread is an epidemic. There were fewer than one million online photographs of child sexual assault just over ten years ago. From 2018 to 2021 the number grew exponentially from 45 million to 85 million (KTTN News, 2022).

The tragedy is that children as young as 3 or 4 years are being sexually abused or in some cases even tortured. Despite government efforts in combating this abhorrent abuse by passing landmark legislation (S.1738 – PROTECT Our Children Act of 2008), in 2008 the epidemic of child sexual abuse grew exponentially. For instance, while funding for the 61 task forces that coordinate state and local responses to online crimes against children remained largely

unchanged between 2010 and 2018, the number of leads forwarded to them increased by more than 400% (Keller and Dance, 2019).

According to Bursztein et al. (2018) the National Center for Missing and Exploited Children (NCMEC) received about 10,000 reports a year since it started its operations in 1998; however, in 2017, the NCMEC received 9.6 million reports of Child Sexual Abuse Imagery (CSAI). Due to fingerprint-based detection and manual review of CSAI, the organization was overwhelmed with the flow of the data. Hence, to keep up with this exponential growth and the frequency of unique images, some researchers proposed developing algorithms that can automatically detect CSAI and reduce the emotional toll on law enforcement officers that are examining CSAI content (Bursztein et al., 2018). Furthermore, the tech industry failed to cooperate with law enforcement authorities to address or prevent the sexual exploitation of children on their platforms because legally they are only required to report images of child abuse when they come across them and not necessarily required to look for them (Keller and Dance, 2019). Even with complete collaboration from tech companies, encryption and anonymization can give criminals access to digital havens.

**Legislation/Initiatives:** Pornography or pornographic materials are legal to purchase or access in the United States. However, it is illegal to intentionally distribute pornography or involve minors in pornography: it is illegal under federal law, including title 18 of the United States Code §1470 and 18 U.S. Code § 1466A respectively, and it is illegal under state law, as well (Cornell Law School, 2020).

Nonconsensual pornography has been a new area of legislation in the United States. A recent law passed in 2023 by the U.S. Congress allows an individual to file a federal lawsuit against a person for disclosing their private information, including images, without their consent. Moreover, Washington D.C. and 48 other states passed laws banning the production and distribution of nonconsensual pornography (revenge porn); the exceptions are Massachusetts and South Carolina (Ballotpedia, n.d.). However, a person may still be prosecuted for revenge porn under other statutes in those two states. For instance, in Massachusetts, a person may be prosecuted under privacy laws, and in South Carolina, under obscenity laws (Find Law Staff, 2022).

Some states have been proactive in passing laws against revenge porn and other types of nonconsensual porn-adjacent activity. For example, in 2019 Texas passed a law making the sending of unsolicited “dick pics” a class C misdemeanor with a \$500 per offense fine (FOX 4 News Dallas-Fort Worth, 2019). In the state of California, nonconsensual pornography is a misdemeanor offense punishable by up to six months in jail and/or a \$1,000 fine for a first offense. A subsequent offense is a felony and carries a maximum sentence of three years in state prison and/or a \$10,000 fine (California Penal Code § 647(j), n.d.)).

However, loopholes in pornography laws exist. For example, it can be claimed that the video or image is an artistic expression and also that people who engage in pornography are paid for their acting skills and not the sex itself. Hence, acting as a subject of artistic expression cannot

be criminalized and is protected by the First Amendment of the U. S. Constitution (HG.org, n.d.). However, if the pornographic material fails the Miller test that specifically singles out work that lacks any serious literary, artistic, political, or scientific value it can be prosecuted under the obscenity laws (HG.org, n.d.).

Federal obscenity laws are criminal offenses, and they are not protected by the First Amendment's right to free speech. Moreover, distribution, transportation, sale, shipment, mailing, production, and engaging in a business of selling or transferring obscene material to adults or minors are all prohibited by federal law and are criminal offenses (United States Department of Justice, 2021). Unfortunately, due to changing norms and high levels of consumption, most pornography, even violent pornography, is not considered obscene. In 2018, 43% of Americans polled thought pornography was “morally acceptable” (Dugan, 2018).

Moreover, the Citizen's Guide to U.S. Federal Law on Child Pornography states that federal law prohibits the production, distribution, reception, and possession of child pornography in interstate or foreign commerce. It also makes it illegal to persuade, induce, entice, or coerce a minor to engage in sexually explicit conduct. Convicted offenders face severe statutory penalties, such as fines and a maximum of 15 years to 30 years in prison (U.S. Department of Justice, n.d.).

The production, dissemination, and possession of any visual representation of a minor engaging in sexually explicit behavior—including computer-generated images or "virtual" child pornography—are all prohibited by a number of federal laws that are currently in force in the United States. These laws include: The Child Pornography Prevention Act (CPPA) of 1996, the PROTECT Act of 2003, the Trafficking Victims Protection Reauthorization Act (TVPRA) of 2008, the Adam Walsh Child Protection and Safety Act of 2006, the Justice for Victims of Trafficking Act of 2015, the International Megan's Law of 2016 (United States Congress, 201; US Department of Justice, n.d.). Furthermore, the PROTECT Our Children Act of 2008 (S.1738, 110th Congress) aimed to strengthen laws against child exploitation and abuse (110th Congress, 2008). In addition, Project Safe Childhood (PSC), a nationwide initiative, was launched in May 2006 by the Department of Justice to combat the growing epidemic of child sexual exploitation and abuse (Project Safe Childhood, n.d.).

**Enforcement:** Obscenity laws in the U.S. are largely ineffective and do not address the harmful impact of violent and non-consensual pornography, which can contribute to the normalization of violent behavior towards women. However, private sector initiatives such as Mastercard and Visa's decision to stop processing payments for Pornhub and civil society efforts are starting to make a difference. Since 2009, only two of the 485 cases reported by the Child Exploitation and Obscenity Section (CEOS) dealt with obscene material as opposed to child pornography (Diaz, 2018). U.S. obscenity laws are, practically speaking, defunct. However, several new initiatives from the private sector and from civil society that may make a difference. Recently, Mastercard and Visa stopped processing payments for Pornhub, due to its unwillingness to remove child porn and nonconsensual porn from its servers (Friedman, 2020).

In addition, there are burgeoning efforts to crack down on violence and hazardous practices in porn that disproportionately hurt female porn actors. According to NCOSE (2021), normalizing and glorifying verbal and physical violence, encourages aggression. According to research, 87% of the time when women are the target of violent acts in pornographic scenes, they react by smiling or acting neutrally. According to a BBC study, 50% of men between the ages of 18 and 39 who engaged in sexual violence were inspired by pornography. The idea that hitting or hurting a woman can be justified as a feminist act blurs the lines and puts all women and girls at risk. In addition to the violence that is already present in pornography, the pornography industry also promotes racist themes, such as racial stereotypes and verbal abuse of Black women (NCOSE, 2021). There are even new efforts to mandate keeping records of injuries to porn actors, regular STD testing, and other measures that would allow harm to be tracked. At the moment, however, there is very little legislation that has passed.

To evade law enforcement detection, child porn perpetrators use encryption techniques and anonymous networks on "The Dark Internet". Furthermore, criminal organizations that are heavily involved in the child porn industry have security manuals for their members to adhere to and not be caught by law enforcement agencies (U.S. Department of Justice, n.d.). Globalization has meant that child porn can be produced in other countries and simply streamed, or "tubed" onto the internet. As soon as one video is taken down, the same video is simply re-uploaded.

There are also efforts at stronger age verification for porn sites. If passed, the Preventing Rampant Online Technological Exploitation and Criminal Trafficking Act of 2022 (PROTECT Act) will close a critical and urgent regulatory gap by requiring pornographic websites to confirm the identity, consent, and age of every person using their platforms. A \$10,000 civil fine would be assessed if this clause wasn't followed. Additionally, it would be necessary for pornographic websites to obtain consent forms that have been signed and attest to the identity and age of any people who appear in uploaded content. Without the consent of the person in the image or video, it must be removed from the platform within 72 hours; failing to do so could lead to the website being fined up to \$10,000 per day per image (Morell, 2022).

Even though Congress gave the Justice Department a significant role in addressing child sexual abuse, it did not create the required monitoring reports or designate a senior official to oversee a crackdown. Additionally, the organization tasked with acting as a federal clearinghouse for the imagery—the intermediary between tech firms and the authorities—was ill-prepared to meet the rising demands (Keller and Dance, 2019).

Furthermore, many of the current issues were anticipated by landmark legislation (S.1738 - PROTECT Our Children Act of 2008) Congress passed in 2008, but the federal government has not implemented the law in its entirety. Only two of the six reports that the Justice Department was required to produce in order to gather information about online child sexual abuse and establish goals to eradicate them have been produced. While the Department of Homeland Security diverted nearly \$6 million from its cybercrime units to immigration enforcement, depleting 40% of the units' discretionary budget, Congress has allotted only half of the \$60



million annually for state and local law enforcement efforts (Keller and Dance, 2019). This raiding of funds is unconscionable. In addition, tech companies are required by federal law to keep records pertaining to their reports of abuse imagery for 90 days, but due to the overwhelming number of reports, requests from the authorities get to companies too late (Keller and Dance, 2019).

**Reflection:** Although there is a substantial amount of materials available on various government or non-government websites about pornography and its negative implications on society and individual's physical and emotional health, there is little to no information on how many women are affected directly by this activity. Despite many efforts, the U.S. government's response to fighting child sexual abuse is inadequate (Keller and Dance 2019). Additionally, most of the focus is put on the consumer/viewer and not on performers/victims of pornography. To address the pornography epidemic, it is imperative to know the number of women who are directly affected or engaged in the porn business. Without comprehensive data on the recruitment, treatment, and health aspects of women that are forced or choose to pursue this path, it is difficult to evaluate the true scale of the problem or have adequate programs to address it.

The outcry of the law enforcement agencies pleading for help in addressing the overwhelming number of cases goes to deaf ears, and the lack of financial and human resources puts significant strain on the mental and physical capacity of the law enforcement agencies (NCOSE, 2021). One investigator recalled the gruesome experience of having to prioritize the cases by age due to the exceeding volume of child abuse crimes (Keller and Dance, 2019). Instead of multiplying the efforts by increasing the funding for combating child sexual abuse, the government blatantly decreases it. No human being is physically or mentally able to moderate abusive sexual content on a regular basis, much less when it involves material that violates children. In addition, pretending that "improved moderation" or any other Pornhub-proposed "improvements" are a remedy for the global crisis of child sexual abuse ignores the scientifically proven connections between pornography and child sexual abuse (NCOSE, 2021).

The U.S. is not helpless in the face of this problem, and it is time for a coordinated agenda of data collection, regulation, and law enforcement.

References listed on pages 348-350

## PROSTITUTION

***While the CEDAW does not specifically mention prostitution, there are several articles that are relevant to addressing the underlying factors that contribute to women's vulnerability to exploitation, including:***

***Related to CEDAW Article (11): recognizes women's right to work and requires governments to take measures to ensure that women have equal access to employment, as well as to social security and other benefits.***

***Related to CEDAW Article (12): recognizes women's right to health and requires governments to take measures to ensure that women have access to health care, including sexual and reproductive health care (United Nations General Assembly, 1979).***

***General Recommendation (GR) No. 38 calls on governments to 'address the adverse collateral effects of anti-trafficking efforts by ensuring that innocent women and girls are not arbitrarily arrested, abused or falsely charged, in particular women belonging to marginalized groups and women in prostitution, including through any raids conducted by law enforcement authorities (Powell, 2021).***

**Definition/Context:** According to the Women's Law organization, prostitution is the practice of exchanging sexual services for cash, food, shelter, drugs, or other things of value. Moreover, forced participation in any of the following activities like phone sex, pornography, escort services, strip clubs, massage parlors or brothels, street prostitution, and domestic and international trafficking is also referred to as sexual exploitation (WomensLaw.Org, n.d.). About 80% or more of prostitutes in the world are female, and 99% of clients of prostitutes are male, making this a highly gendered issue (ProCon.org,2021).

**Prevalence/Current Situation:** Prostitution is a controversial issue that is approached from two perspectives, with one viewing it as sex work and the other as sexual exploitation. According to political theorist Catharine A. MacKinnon, there are two approaches to understanding the global position on prostitution which are the sex work approach and the sexual exploitation approach. When prostitution is referred to as "sex work," the act implies consent, expression of agency, or free will, meaning that the sex worker provides her services based on her choice and is compensated fairly. On the other hand, the sexual exploitation approach considers prostitution an act of oppression and exploitation of persons against their will through coercion to perform sexual acts and generate money for the third party (Powell, 2021).

There are an estimated 1-2 million prostitutes in the United States. Many girls enter prostitution before adulthood and various studies show that 60% to 90% of women who become prostitutes were sexually assaulted in childhood (WomensLaw.org, n.d.). One U.S. study found a high likelihood of premature death among prostitutes at an average age of 34 years compared to people in other pursuits. The leading cause of death among prostitutes is attributed to homicide, drug ingestion, accidents, and alcohol-related causes (Potterat et al., 2004).



In order to look into the mortality rate and causes of death among women who engage in prostitution, Potterat et al. (2004) conducted a 23-year study. According to the study, drug overdose, homicide, and AIDS are the most common causes of death, and the overall mortality rate was found to be significantly higher than that of the general population. Homicide rates were significantly higher than those for the general population at 204 per 100,000 person-years. Epidemiological studies based on United States data suggest that the likelihood of active female sex workers being victimized in a homicide is almost 18 times higher than that of women of similar age and race who do not engage in sex work (United Nations Office on Drugs and Crime, 2018). The observed number of deaths from all causes among the study population of prostitute women was 5.9 times higher than the expected number of deaths based on the age and sex distribution of the general population (Potterat et al., 2004).

Moreover, around 70,000 to 80,000 people are detained for prostitution-related offenses each year in the U.S., costing taxpayers about \$200 million. About 70% of those detained are female prostitutes, compared to male prostitutes and pimps who comprise 20% of those arrested, and only 10% of “john’s” (a potential client). These statistics are equivalent to seven female prostitutes being detained for each client. There are many reasons for this, but the most obvious is that it is much simpler and less expensive for law enforcement to respond to ads or approach obvious prostitutes on the street than it is to allocate the necessary time and resources to prosecute potential clients usually referred to as “Johns” (Lawyers Directory, n.d.)

**Trajectory/Trends:** Most people who are engaged in prostitution are women, who are already among society's most marginalized. Many of these women face significant barriers to accessing social services and health care due to being poor, undocumented, or even homeless. Furthermore, they face intersectional forms of discrimination and stigma because of their race, gender identity, or other characteristics (Powell, 2021). However, according to research, many sex workers would be willing to leave the prostitution work if they had the chance to access other forms of employment.

People who support the sex work model favor decriminalization and the elimination of criminal punishments for individuals involved in the sex industry, including pimps, brothel owners, and prostitutes. Germany, Greece, the Netherlands, and New Zealand are among the countries that have adopted this strategy. Although prostitution is allowed in these countries, most have some type of regulation in place. However, despite having legalized prostitution, countries such as Germany and the Netherlands are now retreating from that stance due to the realization that the harm caused to women vastly outweighs the benefits (Powell, 2021).

In a recent study of US opinion on prostitution from an MTurk survey, 54-59% of respondents indicated some level of acceptability of prostitution (Hansen & Johansson, 2022). Considering the general population’s divided opinion regarding prostitution, it is difficult to estimate the trajectory of prostitution in the U.S. However, due to the lack of various programs addressing women’s access to health care, housing, and employment, it can be assumed that the number of women in prostitution will not decrease any time soon but rather see rapid growth. We are

already seeing the rapid growth of prostitution-adjacent activities such as OnlyFans a subscription-based content platform that allows creators to monetize their content by offering exclusive access to their photos, videos, and other media, including pornographic material (Campbell, 2023).

**Legislation/Initiatives:** Buying and selling sex is illegal in most parts of the U.S. However, legal brothels can be found in 10 out of 17 counties in the state of Nevada (Powell,2021). There are other states that have taken more of an abolitionist approach, where the criminal punishment for the prostitute is far less than that for johns or pimps. For example, in the state of Colorado, a prostitute can be imprisoned for up to 6 months and/or fined from \$50 to \$750; however, the pimp (a person who arranges prostitutes for a client and controls the money coming from this business) or a “john” (a potential client) can face up to 12 years of jail time and a fine of \$750,000. However, in recent years, some US states are contemplating a shift to decriminalization, where none of the parties involved are subject to legal penalty. One of the most interesting cases is in New York state, where two opposing bills are being discussed. The first bill “The Sex Trade Survivors Justice and Equality Act” focuses on adopting a Nordic model by decriminalizing sex workers but retaining penalties for buyers and sellers of prostitution, and the second bill “Stop Violence in the Sex Trades Act” is attempting to fully legalize consensual sex work (Mak, 2022). However, in 2019 attempts to decriminalize sex work failed in both New York and Washington States, but the bills will be discussed again in the future (Chelsea, 2021).

There are federal laws that intersect to some degree with the issue of prostitution. Most important is that sex trafficking/child sex trafficking is a crime under Title 18, Section 1591 of the United States Code (Legal Information Institute, n.d.). When a federal case is brought, the trafficking victim, even if she was forced to work as a prostitute, is not subject to legal penalty. If the victim is not a citizen, they may even be given a T-visa, which allows them to stay in the country while the prosecution of the traffickers is underway.

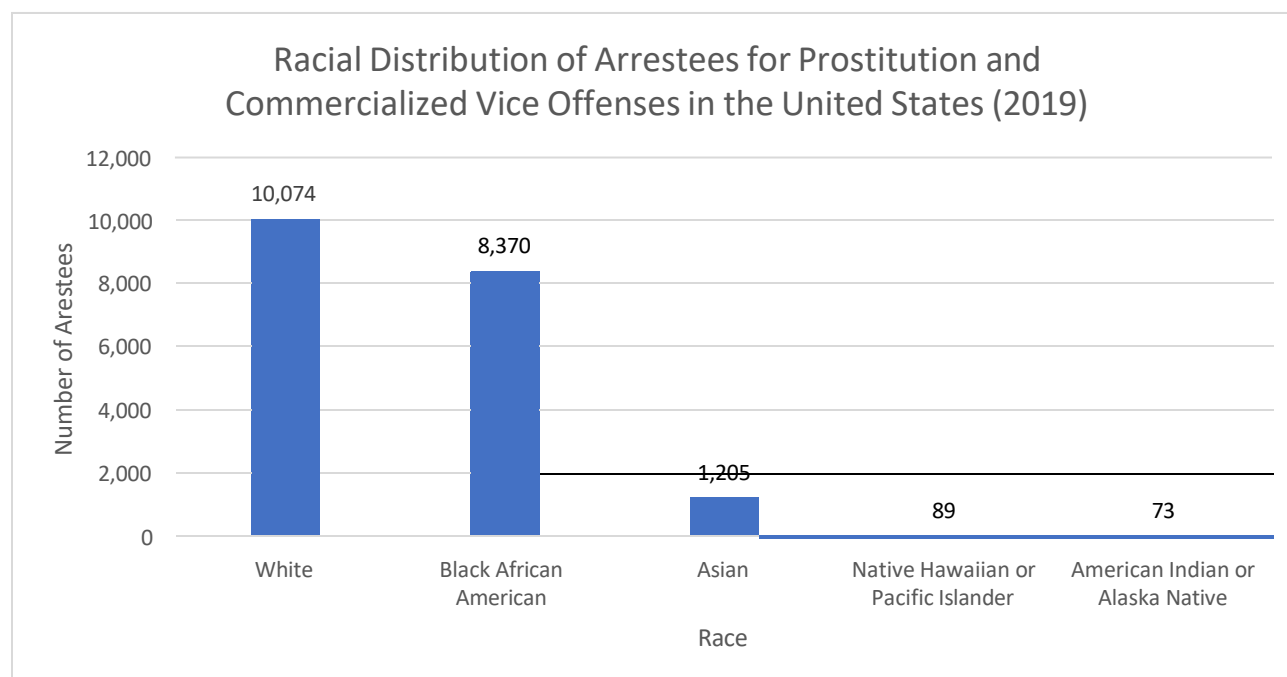
In addition, federal regulations "Anti-Prostitution Loyalty Oath," which was signed into law as part of the Trafficking Victims Protection Reauthorization Act (TVPRA) of 2008, prohibit federal employees, including servicemen and contractors, from paying for sex anywhere in the world. Furthermore, any US citizen paying for sex with children overseas is also subject to federal prosecution under the Protect Act of 2003 (also known as the Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today Act). According to this law, it is illegal for Americans to engage in illicit sexual activity with minors outside of the United States, regardless of whether the activity is permitted abroad. The law, which covers both commercial and non-commercial sexual activity, was created to safeguard children from being sexually exploited by Americans who are traveling abroad. Violation of the law is punishable by prosecution, up to 30 years in prison, fines, and other sanctions. The law also contains clauses allowing for the extradition of criminals to the U.S. for criminal prosecution (U.S. Department of Justice, n.d.).

Those who have been convicted of crimes related to prostitution must register as sex offenders. The Sex Offender Registration and Notification Act (SORNA) aims to close potential gaps and loopholes that existed under prior laws. The system is designed for monitoring and tracking sex

offenders following their release into the community. The Act falls under the jurisdictions of all 50 states, the District of Columbia, and the principal U.S. territories and federally recognized Indian tribes (The United States Department of Justice, 2022).

**Enforcement:** Prostitution in the United States is a complex issue with racial disparities in arrests and challenges in enforcement and support for those involved. According to the UCR Program a national data collection effort administered by the Federal Bureau of Investigation (FBI) to collect data on arrests made by state and local law enforcement agencies across the United States the data for 2019, the racial distribution of arrestees for prostitution and commercialized vice offenses in the United States was as follows: white 10,074; Black African American 8,370; American Indian or Alaska Native 73; Asian 1,205; Native Hawaiian or Pacific Islander 89 (Federal Bureau of Investigation, 2020).

**Figure 1: Racial Distribution of Arrestees for Prostitution and Commercialized Vice Offenses in the United States (2019)**



Source: (Federal Bureau of Investigation, 2020).

It's important to note that the data reported in the UCR Program represents only those arrests made by state and local law enforcement agencies and does not include data on federal arrests. The UCR Program is intended to provide a picture of crime and arrests at the national level and is not specific to any one jurisdiction or level of law enforcement.

Prostitution continues to exist in the United States despite many laws at the state level, and even some laws at the federal level. Issues with enforcement are not uncommon. For example, some New York state legislators argue that even though the majority of sex workers are a vulnerable category of people in society, they are disproportionately affected by police

harassment (Mak, 2022). Furthermore, there is very little government programming targeting prostitutes for assistance in leaving the industry. In addition, new forms of social media coupled with the changing attitudes of Americans toward prostitution may cause a real increase in prostitution over time. As attitudes toward prostitution and technology evolve, it is important for policymakers to address the systemic issues and provide support for individuals involved in prostitution.

**Reflection:** Prostitution remains a complex issue in the United States, with various factors contributing to its persistence and challenges in addressing it effectively. Furthermore, the bulk of the prostitution business is operated underground making it difficult to track or record the cases. It is unclear if there is any arm of the government tasked with monitoring prostitution in the country; we were only able to find data on arrests.

In general, individuals who engage in consensual prostitution are not typically the focus of federal law enforcement efforts. The Department of Justice (DOJ) focuses its efforts primarily on pursuing legal action against those who engage in human trafficking or who use others for commercial sex acts. Despite the fact that many prostitution-related offenses are prosecuted at the state and local levels, it maintains data on federal prosecutions for such offenses. When prostitution is involved in other crimes like trafficking, drug offenses, or money laundering, the DOJ may become involved in those cases as well (National Institute of Justice). The United States has taken a strong stance against sex trafficking with federal and state laws in place to combat this form of exploitation. The U.S. federal government does not itself address prostitution--though it's illegal in most states--but rather it emphasizes the importance of addressing the underlying social and economic factors that contribute to it, such as poverty, homelessness, and substance abuse (U.S. Department of State, 2020).

There will always be a debate over how best to approach prostitution, and the various states of the U.S. have taken different approaches. However, surely no US state would like to see more of its women involved in prostitution given the horrific death and injury rates involved. There is even a feminist argument to be made that a country that allows men to purchase and use the bodies of women cannot credibly be said to support equality between men and women given the highly gendered nature of prostitution. Even countries that formally legalized prostitution are backtracking as the human toll of suffering is uncovered and as legalization fueled demand, leading to increased trafficking. While a political consensus is being formed on these issues in the U.S., the government should at a minimum develop programming focused on the underlying issues that lead women to enter prostitution. Educating youth about the harms of sex trafficking is commendable; however, prostitution (versus sex trafficking) is left to the state governments, and little has been done to address this issue at the federal level. Nevertheless, if girls and women do not have enough opportunities to join the workforce, they will turn to the “oldest profession in the world,” as many refer to prostitution. In addition, programming to help women exit prostitution, if that is what they wish to do, would also seem an important priority.

Research by Farley et al., 1998, found that “violence marked the lives of prostituted people. Across countries, 73 percent reported physical assault in prostitution, 62 percent reported

having been raped since entering prostitution and 67 percent met criteria for a diagnosis of PTSD. On average, 92 percent stated that they wanted to leave prostitution” (Farley et al., 1998). The fact that 92% of respondents in the study stated that they wanted to leave prostitution highlights the often-coercive nature of the sex trade and the limited options that some individuals may have for leaving it.

Prostitution among women can be influenced by a variety of economic, social, and personal factors, so there is no single factor that causes it. However, some studies have found a link between prostitution and child abuse. Girls and women are more likely to turn to prostitution later in life if they suffered abuse, neglect, or trauma as children (Farley et al., 1998). Hence, U.S. government and other stakeholders can cooperate to support women in leaving the prostitution industry and address the underlying issues that make them more susceptible to exploitation. These consist of having access to helplines, legal protections, health and safety information, and employment opportunities. Prioritizing women's safety, dignity, and well-being requires a comprehensive and multifaceted approach.

References listed on pages 351-352

## RAPE AND SEXUAL ASSAULT

***Related to CEDAW Article (2): requires states to take all appropriate measures, including legislation, to eliminate discrimination against women in all its forms, including violence against women (United Nations, 1979).***

***Related to CEDAW Article (5): requires signatory states to take measures to eliminate discrimination against women in all forms of violence, whether physical, sexual or psychological, in the public or private sphere. It also requires states to take measures to prevent and punish all forms of violence against women, including within the family and other domestic situations (United Nations, 1979).***

***CEDAW General Recommendation No. 35, adopted in 2017, focuses on gender-based violence against women, including rape and sexual assault. It calls on States Parties to take comprehensive measures to prevent, investigate, prosecute, and punish such violence, and to provide support services to survivors. The recommendation also emphasizes the importance of addressing the root causes of gender-based violence, including gender stereotypes and discrimination (United Nations Committee on the Elimination of Discrimination against Women, 2017).***

**Definition/Context:** According to the Rape, Abuse and Incest National Network (RAINN), rape or sexual assault is a form of sexual violence that encompasses a range of non-consensual sexual activities. This can include forced sexual intercourse, attempted rape, unwanted sexual touching, and other forms of sexual coercion (RAINN, n.d.).

**Prevalence/Current Situation:** Sexual violence remains a pervasive issue in the United States with alarming rates of assault and a disproportionate impact on certain groups. Every 68 seconds an American is sexually assaulted, and the vast majority are women (RAINN, n.d.). In 2021 in the United States, coming out of lockdown, 324,496 people (aged 12 and above) were raped or sexually assaulted according to the Bureau of Justice's victimization survey data (Criminal Victimization, 2021). Pre-lockdown, in 2018, the figure was 734,640. Furthermore, according to RAINN, 1 out of every 6 American women has been the victim of an attempted or completed rape in her lifetime. In comparison, 1 out of every 33 men has been the victim of an attempted or completed rape in their lifetime. Female college students aged 18-24 are three times more likely than other women to encounter sexual violence (RAINN, n.d.). Furthermore, some groups are disproportionately affected by sexual violence. For instance, more than 2 in 5 non-Hispanic American Indian or Alaska Native and non-Hispanic multiracial women were sexually assaulted at some point in their lives (Centers for Disease Control and Prevention, 2021). Table 5 demonstrates the percentage of completed or attempted rapes that were committed according to the age of the victim in the U.S.

**Table 5: Age at Victimization Among Female Victims of Completed or Attempted Rape in the U.S., NCVS 2021**

Age Range	Percentage of Under-25 Rapes	Estimated Number of Victims
12-14	2.6%	3718
15-17	7.2%	10238
18-20	41.8%	59632
21-24	48.3%	69020

Source: (Bureau of Justice, 2021 NCVS).

Table 5 reveals that the highest percentage of female victims of rape occurred in the age range of 21-24, with 48.3% compared to the age ranges of 12-14 and 15-17 that have lower percentages of rapes, with 2.6% and 7.2%, respectively (Bureau of Justice, 2021).

Moreover, according to research from the Black Women's Blueprint, which polled 1,300 Black women nationwide, 40–60% of black girls were sexually molested before the age of 18. The report further presented that 42% of Black women who took part in the poll and 22% of all Black women reported being sexually attacked at some point in their life (NewsOne, 2011). Similarly, sexual assault is also prevalent in US military academies. Ali 2022, stated that the Pentagon had noted a sharp rise in reports of sexual assault cases in US military academies. For the 2020–2021 academic year, 747 cadets and midshipmen participated in the anonymous survey, which covered the Army, Navy, and Air Force Academies. According to the survey, sexual harassment affected more than 60% of female students, and unwanted sexual contact affected 20%. The survey also revealed that, overall, the rate of sexual assault had increased by 25% from the previous year, with alcohol being a factor in more than half of the reported incidents (Reuters, 2022).

The Third National Inmate Survey (NIS-3) 2011-12, which is part of BJS's National Prison Rape Statistics Program, found that sexual victimization occurs more frequently in prisons than in jails, and staff employees are typically held liable for these offenses. The survey was completed in 233 state and federal prisons, 358 jails, and 15 special confinement facilities operated by Immigration and Customs Enforcement (ICE), the U.S. Military, and correctional authorities in Indian country. Female inmates reported higher rates than male inmates did, as did white inmates over black inmates, and those with college degrees over those without a high school diploma. However, the findings do not represent a complete view of the problem because sexual assault is usually unreported due to victims feeling embarrassed, shame, or having lack of trust in the legal system (Beck et al., 2013).

Moreover, the negative impact of rape can be transferred to all other aspects of the victim's life. The trauma from rape has severe consequences on the victim's physical and mental health, and survivors are more likely to engage in substance abuse, have fewer chances of securing employment, have trouble maintaining personal relationships, and in general have difficulty regaining a sense of normalcy (Centers for Disease Control and Prevention, 2022). Besides physical and psychological costs, the lifetime cost of rape is estimated at \$122,461 per survivor



including medical costs, lost productivity, criminal justice activities, and other costs (Centers for Disease Control and Prevention, 2021).

Despite the evident prevalence of rape and sexual assault in the U.S., it remains widely underreported. According to RAINN, it is estimated that only 230 rapes are reported to the police for every 1,000 rapes. This indicates that for every 1,000 incidents of rape, nearly 770 rapes go undetected or unreported (RAINN, n.d.). Let us use that underreporting ratio to attempt to gauge the scale of the problem in the U.S. If we take the Bureau of Justice's (BoJ) number of victims who have, in a sense, reported their rape through the BoJ's survey for 2021 (324,496), that would translate to over 1.4 million rapes per year, reported and unreported. If we take the FBI's reported rape data figure for 2021 (90,308)—data which only covers 64% of the U.S. population—we might calculate a figure of 141,000 for 100% the population. In turn, that would yield an estimate of about 613,000 rapes, reported and unreported. In either case, those are large figures.

**Trajectory/Trends:** According to the National Institute of Justice (n.d.), it should come as no surprise that rape rates differ significantly between studies depending on the definition of the crime, the population being studied, and the methodology. That makes tracking the trajectory of rape in the U.S. a difficult matter. For example, the FBI changed its definition of what constitutes rape in 2013, so it is hard to compare statistics before that year to statistics after. According to the most recent and methodologically sound studies we could find, sexual assault is still happening at rates that are similar to those reported 20 years ago (Koss, Gidycz, and Wisiewski). However, we caution the reader that even established government data sources differ widely; the numbers obtained from the FBI are based on rapes reported to law enforcement, and their data only covers 64% of the U.S. population; the numbers from the Bureau of Justice are based on victimization surveys, and it is unclear if these crimes were reported to law enforcement or not, and so forth.

Table 6 shows the number and rate of rape/sexual assault victimizations in the United States from 2016 to 2020 from data provided by the Bureau of Justice Statistics, which is based on victimization surveys. Please remember that victimization surveys always yield a different figure than figures provided by the FBI, which reports only on crime reported to law enforcement for 64% of the U.S. population. The number of rape/sexual assault victimizations according to the victimization survey was 298,410 in 2016 and increased to 393,980 in 2017. In 2018, the number increased significantly to 734,630, a difference that is statistically significant at the 95% confidence level (indicated by the dagger symbol). The number decreased to 459,310 in 2019 and further decreased to 319,950 in 2020 as the U.S. entered Covid lockdown. The latest data, for 2021, shows 324,496 victims. Turning to rate, the rate of rape/sexual assault victimizations per 1,000 persons age 12 or older was 1.1 in 2016 and increased to 1.4 in 2017. The rate increased significantly to 2.7 in 2018, which was also statistically significant at the 95% confidence level. The rate decreased to 1.7 in 2019 and further decreased to 1.2 in 2020, with these being the years of Covid lockdown (Bureau of Justice Statistics, 2021). The rate in 2021 was reported as 1.2 (Bureau of Justice Statistics, n.d.).

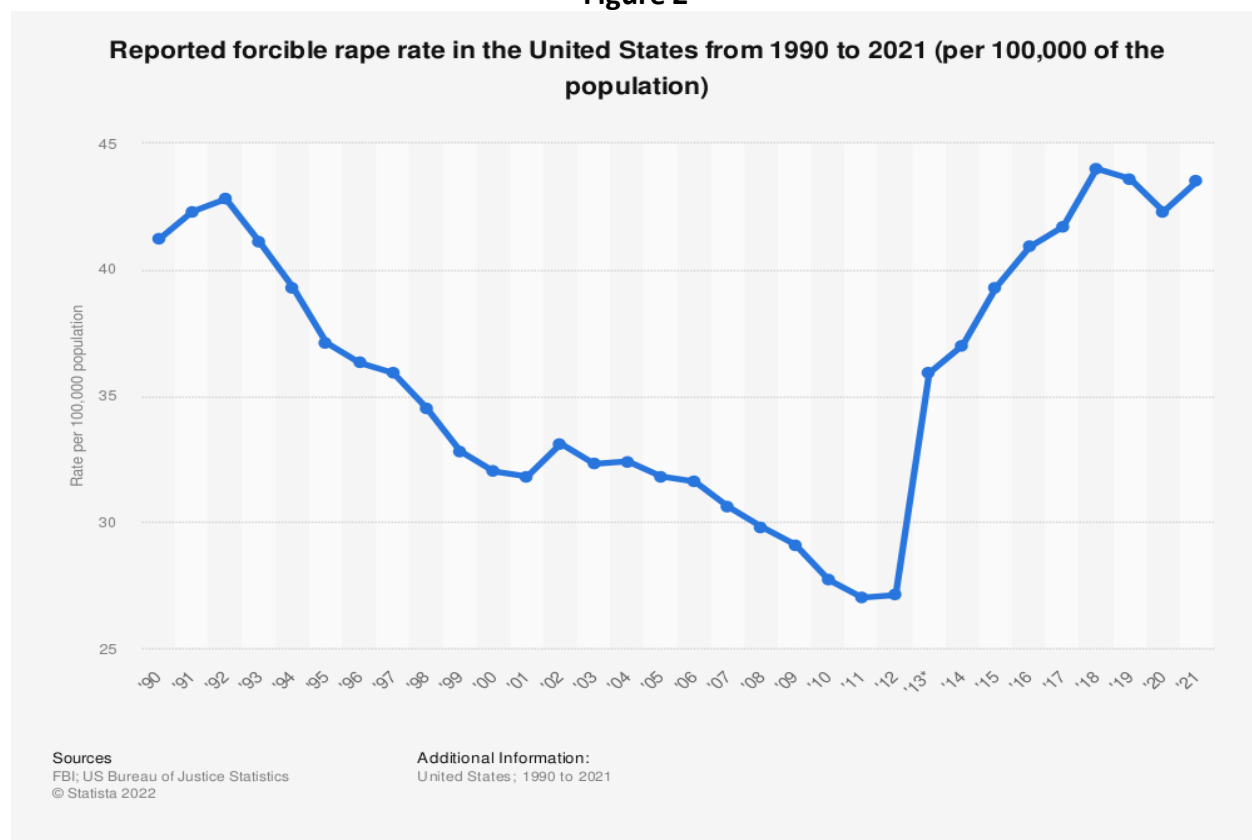
**Table 6: Number and rate of violent victimizations, by type of crime, 2016-2020, survey data**  
**Number and rate of violent victimizations, by type of crime, 2016-2020, survey data**

Type of violent crime	2016		2017		2018		2019		2020*		2021	
	# victims	Rate per 1000a	# victims	Rate per 1000a	# victims	Rate per 1000a†	# victims	Rate per 1000a	# victims	Rate per 1000a	#victims	Rate per 1000a
Rape/sexual assault	298,410	1.1	393,980	1.4	734,630†	2.7†	459,310	1.7	319,950	1.2	324,496	1.2

Source: Quick Graphics, Bureau of Justice Statistics 2023. (Note: Rate is per 1,000 persons aged 12 and older)

It is important to recognize that other data sources give very different figures than the Bureau of Justice. In figure 1. shown below Statista, for example, using FBI data, calculates that the U.S. rape rate has rebounded since lockdown ended and is now approximately the same rate as it was in 2018 before lockdown (Statista Research Department, 2022). Frankly, it is frustrating to encounter such serious discrepancies, and we encourage the federal government to address this data problem (Thompson & Tapp, 2022).

**Figure 2**



However, there is data on selected big cities such as New York. For instance, Balsamini (2021) reports that sexual assault in NYC has risen by 322% compared to the same time last year, based on data from the New York Police Department (NYPD). Fourteen of the 174 rapes reported in New York City between January 1 and April 4 were carried out by strangers, and 160 by "acquaintances." He further states that the increase in reported sexual assaults may be attributed to victims feeling more comfortable reporting incidents due to recent efforts to raise awareness and reduce the stigma surrounding sexual assault. But surely the number of rapes are also rising in that city (Balsamini, 2021).

In sum while the rape data in the United States is not clear-cut at all, what we can say is that rape did significantly decrease during covid lockdown, and has now begun to rebound, and that U.S. rates of rape seem significantly higher than peer nations.

**Legislation/Initiatives:** In the U.S. there are rape laws at the federal and state level. At the federal level, there have been important attempts to punish rape and sexual assault in the military, whose members are under federal law. The United States Uniform Code of Military Justice (UCMJ) contains a section known as 10 U.S. Code 920, also referred to as Article 120, that defines sexual assault and associated offenses for members of the U.S. military (Legal Information Institute, n.d.). Rape, sexual assault, aggravated sexual contact, abusive sexual contact, and sexual contact with a minor are just a few of the crimes covered by Article 120 with regard to service members. It also covers crimes like sexual harassment and indecent exposure. Depending on the nature and seriousness of the offense, violating Article 120 can result in anything from a few years to life in prison. With the passing of the Military Justice Act in 2012, which broadened the definition of sexual assault and increased victim protections, Article 120 underwent a number of revisions. With these changes, law enforcement authorities hoped to allay concerns about sexual assault and harassment in the military and enhance the investigation, prosecution, and reporting of such crimes (10 U.S. Code § 920 - Art. 120, United States, 2006).

Furthermore, President Joe Biden issued an executive order in 2021 declaring sexual harassment to be a crime under the Uniform Code of Military Justice. Also, legislators passed the National Defense Authorization Act in December of the same year, which made changes to the military justice system a part of it. It would remove the option for military leaders to decide whether to pursue criminal charges in cases of rape and sexual assault (Reuters, 2022). Similarly, the Biden Administration has established the office of Special Trial Council to enhance military justice. Finally, per the instruction from the Biden Administration, in December 2023, the Office of Special Trial Counsel (OSTC) will take over prosecutorial decisions in sexual assault, domestic violence, and other special victim matters to provide independent and highly trained prosecutorial expertise (White House, 2023).

When rape or sexual assault takes place on federal property or involves federal employees, federal laws are applicable. There are several laws pertaining to rape on the federal level such as sexual abuse, aggravated sexual abuse, sexual abuse of a ward or minor, and sexual abuse resulting in death (HealthyPlace, n.d.). In some circumstances, the federal laws might be stricter

than the corresponding state laws, while in other circumstances, the state laws might be more severe. Depending on the specifics of the case, both the state and federal governments may pursue criminal charges against rapists. Federal prosecutors may pursue charges in federal court when the state prosecution may be insufficient, or the defendant poses a serious risk to public safety (U.S. Department of Justice, n.d.).

Prisons are a special cases under federal law. The punishment for sexual abuse or rape of a person who is held under the custody in a prison or any other institution within the territorial jurisdiction of the United States is subject to fine or imprisonment for any term of years or life under the Title 18 U.S. Code § 2242 –Sexual abuse (Legal Information Institute, n.d.). Furthermore, the Statute 18 U.S. Code § 2243– Sexual abuse of a minor, a ward, or an individual in Federal custody states that “ if a person engages in a sexual act with a minor who has attained 12 years of age but has not attained the age of 16 years shall be fined under this title and face imprisonment not more than 15 years, or both. A similar punishment shall be granted to someone whose victim is a ward under the custodial “(Legal Information Institute, n.d.).

Moreover, the Prison Rape Elimination Act of 2003 aims to establish guidelines for the prevention, detection, and handling of sexual assault in detention facilities, but more needs to be done to guarantee the security and decency of every prisoner (Bureau of Justice Statistics, 2019). The Act mandates the Bureau of Justice Statistics to carry out an annual comprehensive statistical review and analysis of the incidence and effects of prison rape (Bureau of Justice Statistics, n.d.).

At the state level, the legal consequences for rape, also known as sexual assault, differ significantly between U.S. states. The precise definition of rape and the punishments attached to it can vary significantly, even though most states consider it to be a serious crime. Table 7 compares the potential punishments for rape in a number of states.

**Table 7: Punishments for Rape and Sexual Assault in Various U.S. States**

State	Punishment for Rape	Punishment for Minor Victim
California	3, 6, or 8 years in prison	Additional 1 to 5 years in prison
Texas	5 to 99 years or life imprisonment (first degree felony)	Minimum of 25 years to life in prison if victim is a child, elderly, or disabled
Florida	Up to 30 years in prison	Life imprisonment if victim is a minor
New York	Up to 25 years in prison (felony)	Minimum of 10 years to life in prison if victim is under the age of 13 and maximum is life in prison
Arizona	Up to 14 years in prison (felony)	Life imprisonment if victim is under the age 15
Massachusetts	Up to 20 years in prison	Life imprisonment if victim is under the age 16
Ohio	3 to 11 years in prison (felony)	Minimum of 10 years to life in prison if victim is a minor

Sources: (California Legislative Information, n.d.; Texas State Legislature, n.d.; Florid Legislature, n.d.; New York State Senate, n.d.; Arizona State Legislature, n.d.; Massachusetts Legislature, n.d.; Ohio Legislature, n.d.)

Table 7 lists the rape penalties in various U.S. states. The severity of the rape punishment varies by state, with California imposing the least stringent sentence, which is a minimum of 3 years and a maximum of 8 years. Texas, on the other hand, imposes the toughest punishment for rape, with a range of 5 to 99 years in prison or life in prison, and a minimum of 25 years to life in prison if the victim is a child, an elderly person, or a person with a disability. States differ in their range of sentencing, with some having a fixed term of imprisonment and others having a range of terms. It is important to note that these punishments apply to state laws and that there are also federal laws pertaining to sexual offenses, as noted above, which may result in additional penalties.

Additionally, the government is adopting new initiatives in order to improve data collection on crimes such as sexual assault rape. For instance, the government established the National Incident-Based Reporting System (NIBRS), a comprehensive system for gathering data on criminal incidents and arrests that is used by participating law enforcement agencies each year. The reporting system is collecting the most detailed information available for sexual assault incidents that are handled by law enforcement each year. In 2019, FBI reported that NIBRS data were provided by around 8,500 law enforcement agencies and that more than 146 million people were served. These 8,500 agencies made up roughly 51% of the over 16,500 agencies that provided the FBI with Uniform Crime Reporting (UCR) data in 2019, covering only 64% of the U.S. population. However, before submitting their crime statistics in the NIBRS format, participating states and agencies must satisfy the FBI's NIBRS certification requirements (Bureau of Justice Statistics, n.d.). This effort to collect standardized data is praiseworthy and should provide a much better understanding of rape in the U.S.

**Enforcement:** Despite legislative and programmatic efforts, the U.S. is not making progress in addressing rape rates and has abysmal conviction rates. Since Covid lockdown ended, rape rates have rebounded to the level seen before the pandemic. Despite all the efforts, both legislative and programmatic, that we have detailed in the previous section, the U.S. appears not to be making a dent in this problem. Furthermore, conviction rates are abysmal. The Washington Post recently calculated that only 0.7% of reported rapes end with a felony conviction (Van Dam, 2018). If true, this means that rape is for all intents and purposes decriminalized in the U.S. The corresponding rate for the UK, a peer nation, is 1.3%, which, while also abysmal, is twice as high as the U.S. rate (Reality Check Team, 2019). We cannot express just how terrible such a situation is for a nation supposedly so advanced as the U.S.

There are a few bright spots to note. DNA testing has become a standard procedure for identifying, prosecuting, and convicting perpetrators. However, thousands of untested rape kits that were collected by law authorities were never sent to crime labs across the country (RAINN, n.d.). For the survivors to receive justice, the timely analysis of the DNA evidence is crucial. Instead of speeding up the process of attaining justice, DNA evidence became the biggest obstacle by stalling the process for thousands of victims. For instance, as of 2021, there were over 225,000 untested rape kits in the United States, (DNA testing, n.d). Although there is still a long way to go before the backlog is cleared up and survivors of sexual assault are given justice,

this number has dropped significantly from the estimated 400,000 untested kits in 2015 (DNA testing, n.d.).

Table 8 lists five federal programs created by the U.S. Department of Justice (DOJ) and the Office on Violence Against Women (OVW) to address the issue of gathering and maintaining evidence of rape and sexual assault.

**Table 8: DOJ and OVW Resources for Medical Forensic Exams**

Resource Name	Description
<b>National Training Standards for Sexual Assault Medical Forensic Examiners, 2d, August 2018</b>	Provides specialized education for healthcare providers practicing as sexual assault forensic examiners.
<b>Sexual Assault Kit Testing Initiatives and Non-investigative Kits, January 2017</b>	Presents reasons against submitting sexual assault kits to forensic laboratories without the person's consent or reporting to law enforcement.
<b>National Protocol for Sexual Abuse Medical Forensic Examinations, Pediatric, April 2016</b>	Offers guidance for healthcare providers conducting sexual abuse medical forensic examinations of children.
<b>Confinement SAFE Protocol, August 2013</b>	Provides guidance for administrators of prisons, jails, and community confinement facilities to draft or revise protocols for an immediate response to incidents and reports of sexual assault.
<b>Updated: National Protocol for Sexual Assault Medical Forensic Examinations, 2d, April 2013</b>	Provides standardized procedures for conducting sexual assault medical forensic examinations, with an emphasis on victim-centered care.

Source: (Department of Justice, n.d).

**Reflection:** With a felony conviction rate for reported rapes of only 0.7%, the U.S. has all but decriminalized rape. Given that fewer than a quarter of rapes are even reported and our best estimates are that between 600,000 and 1.4 million rapes are committed in the U.S. each year, this is a horrific crime against primarily women that is festering as an open wound in this nation. While rape rates decreased during Covid lockdown, we are seeing a rebound in those rates with some sources reporting rates increasing dramatically in some locations, such as New York City.

The Department of Justice (n.d.) asserts that combating sexual assault and rape in the U.S. necessitates a thorough strategy that incorporates prevention, intervention, and response. That is true, but what we have now is not working. There are numerous issues surrounding sexual assault and rape in the U.S. that need to be resolved, but the following five are the most important.

*Underreporting.* In the U.S., underreporting of sexual assault and rape is one of the biggest issues. Due to a variety of factors, including stigma, lack of trust in the criminal justice system, and fear of retaliation, many survivors of sexual assault and rape do not report the crime to law enforcement. This may result in a failure to hold offenders accountable and a failure to offer survivors the resources and support they require to recover.

*Backlog of untested rape kits.* The backlog of untested rape kits is another significant problem. An assortment of forensic evidence gathered during a physical examination following a sexual assault or rape makes up a rape kit. Due to a lack of tools, funding, and training for law enforcement organizations, many rape kits go untested. This may postpone the delivery of justice to the victims while letting the offenders go free.

*Cultural attitudes and beliefs.* Sexual assault and rape-related cultural attitudes and beliefs play a role in the issue. Some people continue to think that rape and sexual assault victims are to blame for the crime. This might result in victimization and a lack of assistance for survivors (Department of Justice, n.d.).

*Reporting system.* The absence of thorough and easily accessible data on rape and sexual assault can impede efforts to stop and address these crimes as well as contribute to a climate of silence and impunity. The FBI's reporting system only covers 64% of the population, and the Bureau of Justice data is not commensurable with it. It is very difficult to track rape rates in this context.

*Conviction rates.* More must be done to address the extremely low conviction rates. It is time to study why prosecutors are declining to prosecute these cases, and to amend and adjust laws to incentivize prosecution. That only 0.7% of rape cases end with a perpetrator in jail on felony charges is a stain against the U.S., and all it should stand for.

In conclusion, sexual assault and rape continue to be a pervasive and pressing issue in the United States. Addressing the underreporting of cases, the backlog of untested rape kits, cultural attitudes and beliefs, the reporting system, and the low conviction rates are crucial steps in combatting this issue. It is essential for policymakers, law enforcement agencies, and society as a whole to work towards creating a safer and more just environment for survivors of sexual assault and rape.

References listed on pages 353-356



## SEX-SELECTIVE ABORTION – SEX RATIO

***Related to CEDAW Article 2 (a) and (f): require States parties to eliminate discrimination against women and to modify or abolish laws, regulations, customs, and practices that discriminate against women.***

***Related to CEDAW Article (12): recognizes the right of women to access health services, including family planning. Sex-selective abortion is a violation of the right to health and reproductive rights, including the right to family planning.***

***The CEDAW Committee has addressed the issue of sex-selective abortion in few of its General Recommendations (GRs). The Committee noted in General Recommendation No. 21 (1994) on equality in marriage and family relations that sex-selective abortion is against women's rights and advised State Parties to take steps to prevent it (United Nations, 1994). In its General Recommendation No. 24 (1999) on women's health, the Committee stressed the need to guarantee all women's access to safe and legal abortion services while simultaneously urging action against the underlying factors that lead to sex-selective abortion (United Nations, 1999).***

**Definition/Context:** “The United Nations Population Fund (UNFPA) defines sex-selective abortion as the termination of a pregnancy on the basis of fetal sex, most commonly practiced in societies where male children are preferred over female children. According to the UNFPA, sex-selective abortion is a form of gender-based violence that violates women's reproductive rights and perpetuates gender inequality. The organization also notes that the practice has serious consequences, including demographic imbalances, negative effects on women's health, and increased discrimination and violence against girls and women” (United Nations Population Fund, n.d.)

**Prevalence/Current Situation:** The sex ratio in the United States varies, with some states having more males than females and others having more females than males. A normal overall sex ratio is 97-98 males per 100 females in a population, for women tend to live longer than men. According to U.S. Census Bureau statistics, the overall sex ratio of the United States has been normal since 1946 (Webb Carey & Hackett, 2022). In 2021, the overall sex ratio was 98 males per 100 females, which is normal. In ten U.S. states, however, the number of males was higher than the number of females. Alaska has the highest male-to-female ratio with 109 men for every 100 women. At the other end of the spectrum, the District of Columbia has the lowest male-to-female ratio of 90.3 males for every 100 females (Duffin,2022).

Examining sex ratio at birth can provide evidence of possible prevalence of sex-selective abortion, but at the national level in the U.S., there is no such evidence. Most abortions in the U.S. (92%) happen during the first trimester of a pregnancy before the fetal sex can be identified. However, it is possible to detect the possible prevalence of sex-selective abortion by examining sex ratio at birth, which is normally 105-107 boys born for every 100 girls born. World Bank data shows a normal birth sex ratio of 104.7 boys born for every 100 girls in the U.S.

in 2021 (Trading Economics, n.d.). At the national level, then, there is no evidence of prevalent sex-selective abortion.

The scholarly debate about sex-selective abortion among expatriate groups from countries with abnormal sex ratios has focused on Chinese and Indian immigrants. Some scholars assert that male-to-female ratios among groups of Chinese, Indian, and Korean immigrants are lower than those among the general Asian American community as well as the white population who were born in the United States, meaning that if anything, these groups have more daughters and fewer sons than expected (Ali, 2019). Other scholars disagree. At the first glance, they argue, the sex ratio at birth (SRB) in the United States among Asian-American communities seems normal; however, according to a, the sex ratio at birth (SRB) significantly varies according to maternal race or ethnicity in America. Particularly among people from Chinese and Indian descent, the sex ratio at birth seems higher than normal. The cause for higher SRB among these communities was attributed to the fact that they originate from societies where sex-selective abortion and even female infanticide occur. Furthermore, the abnormally high ratios of male to female births among these communities in the U.S were most obvious in higher birth orders, such as second or third children, suggesting that parents who already had a child or children, especially if those were daughters, were more likely to commit sex-selective abortion for subsequent pregnancies. For instance, foreign-born Indian mothers have a notably high SRB for third and higher-parity births, at 115.3 between 2014 and 2018. Moreover, foreign-born Chinese mothers have even more extreme SRBs, with a shocking 122.8 for third and higher-parity births (Eberstadt & Abramsky, 2020).

The practice of selective abortion of female fetuses is more common among Indian and Chinese diaspora communities, particularly at higher-order birth. Third-birth conditional sex ratios (CSRs) generally fell over time among diaspora, except among Chinese diaspora in the UK and U.S. where the CSRs remained high and even increased slightly in recent years (Meh and Jha, 2022). Similarly, the findings from Rauscher and Song's (2022) study indicates that there are son-biased birth sex ratios among the Asian American population but that ratios have declined over time. The study further found that there is a relationship between the level of mother's education and infant sex ratios, with more balanced ratios found among births to mothers with higher levels of education, particularly among Chinese American and Japanese American births. Hence, the study suggests that education may play a significant role in influencing cultural perceptions of girls' value and may help lessen systemic bias against women (Rauscher & Song, 2022).

**Trajectory/Trends:** The U.S. overall national sex ratio of the United States has stayed fairly stable and in the normal range for many decades but recent data indicates a slight increase in male-to-female ratio among people aged 25-69 from 98.63 males per 100 females in 2015 to 99.16 males per 100 females in 2020; this is a change of 0.53% (Knoema, n.d.). Furthermore, according to Statista (n.d.) since 2013, women have made up roughly 51.1% of the population, maintaining the country's gender distribution at a constant level. In 2020, there were more females than males in most states, with eleven states having a gender ratio that favored men. For instance, Alaska had the highest male to female ratio in 2020, with 109.2 men for every 100

women. The lowest male to female ration was in the District of Columbia, with 90.3 men for every 100 women (Statista, 2022).

However, even earlier in this century, there was some mixed evidence that certain expatriate groups may have abnormal sex ratios at birth favoring males at higher parities (i.e., second or third born children). For instance, Egan et al. (2011), provide evidence for the practice of sex-selective abortions among certain ethnic groups in the U.S., which has resulted in a higher proportion of male births. The study uses birth data from 2000 to 2006 and shows that Chinese, Indian, and Korean mothers who already have one or two daughters have a significantly higher ratio of male to female births for their third child (Egan et al., 2011). Thus the abnormal sex ratios of some expatriate groups, which may indicate sex-selective abortion, may have been present for quite some time in the United States.

**Legislation/Initiatives:** The United States has no federal statute prohibiting sex-selective abortion, but several states have enacted laws against it. For instance, states like Arizona, Illinois, Pennsylvania, Oklahoma, North Dakota, and South Dakota, have passed legislation outlawing sex-selective abortions, but the laws differ in their scope and enforcement. Furthermore, Illinois law forbids doctors from executing an abortion if they are aware that the woman is only seeking the procedure due to the fetus's sex. Moreover, it is illegal in North Dakota to perform or attempt to perform an abortion because of the gender of the fetus (Guttmacher Institute, 2021). Currently, according to the Guttmacher Institute, in 2023, eleven states in the U.S. forbid abortions for sex selection at some point during pregnancy (Guttmacher Institute, 2023).

In 2009, a bill known as PRENDA—the Prenatal Non-Discrimination Act—was proposed in the 111th Congress of the United States. The legislation attempted to ban prenatal genetic testing used to determine the child's characteristics, such as race or ethnicity, and sex-selective abortion. The proposed legislation would have mandated fines and prison time for individuals who knowingly conducted or were pressured into performing such abortions. However, the bill was not passed (United States Congress, 2009).

**Enforcement:** Despite state laws banning sex-selective abortion, there are many ways to outsmart the law. For instance, sex-selective abortion can happen through medical procedures for determining a fetus's sex, like sperm sorting and preimplantation genetic diagnosis, and do not violate any laws pertaining to sex-selective abortion as they are permitted by the law (Guttmacher Institute, 2020). Moreover, it is impossible to prove that abortion was carried out due to the child's sex because the laws rely on the woman telling the doctor that she wants an abortion for the purpose of sex selection. Thus, current laws prohibiting sex-selective abortion don't seem to have more than a symbolic purpose (Lawyer, 2022). In the global context, sex-selective abortion laws are often unsuccessful at preventing sex selection because they don't address the underlying issues of why a certain sex was chosen. According to the Guttmacher Institute, laws that forbid sex-selective abortions alone might not be sufficient to stop sex selection in nations where it is common because they do not address the underlying social, cultural, and economic factors that influence people's preferences for particular sexes. For

instance, in some cultures, male children are valued more because it is thought that they will uphold the family name, whereas female children are seen as a financial burden due to dowry customs. Such convictions are ingrained deeply and cannot be easily altered by the simple passage of laws. (Guttmacher Institute, 2020).

**Reflection:** Human interference with normal sex ratios can have negative consequences for societies, including increased instances of rape and sexual harassment, and the trafficking of girls and women (Lawyer, 2022; UNFPA, 2020). For instance, it is not a coincidence that Alaska, which has the worst sex ratio in the United States with 109 males for every 100 females, also has the highest rape rate in the United States (Lawyer, 2022). In addition, due to sex-selective abortions, some countries have witnessed serious social consequences, such as an increase in “cross-border-brides” or girls and women being trafficked (UNFPA, 2020).

Although there is no evidence of large-scale or even obvious sex-selection abortion tendencies in the United States, there is some evidence that it still occurs under other various pretenses. In the United States due to social pressures, people might not reveal the intention of “choosing” or committing gender-biased sex selection; however, undertaking preimplantation sex selection, or “sperm sorting” is a sophisticated and disguised way of committing sex-selection (UNFPA, 2020). Furthermore, certain expatriate groups appear to be more predisposed to these practices in order to guarantee male offspring.

Given the cultural roots of sex-selective abortion, additional data gathering is necessary to determine the prevalence of the issue in the United States, and multiple strategies may be required to address the problem (UNFPA, 2020).

References listed on pages 357-358

## SEX TRAFFICKING

***Related to CEDAW Article (6): requires states to take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women. This article recognizes that trafficking in women, including for the purpose of sexual exploitation, is a form of gender-based violence that disproportionately affects women and girls. Furthermore, it recognizes the need for a gender-sensitive approach to addressing sex trafficking and the exploitation of prostitution and calls on states to take proactive measures to prevent and respond to these forms of violence against women and girls (United Nations, 1979).***

***General recommendation No.38 (2020) on trafficking in women and girls in the context of global migration. This general recommendation contextualizes the implementation of the obligations of States parties to combat all forms of trafficking, as stipulated in article 6 of the Convention, in the context of global migration. The Committee affirms that it is a priority duty of States, both individually and collectively, to prevent women and girls from exposure to the risk of being trafficked. States are also obliged to discourage the demand that fosters exploitation and leads to trafficking. It recalls the obligations of States parties under international law, including the jurisprudence of the Committee, to identify, assist and protect survivors of trafficking, to prevent their revictimization and to ensure their access to justice and the punishment of perpetrators (CEDAW, 2020).***

**Definition/Context:** The U.S. Trafficking Victims Protection Act (TVPA) of 2000 defines severe forms of trafficking in persons as sex trafficking that involves a series of activities performed by traffickers to compel an adult or a person who has not attained 18 years of age to participate in a commercial sex act using force, fraud, or coercion. The crime of sex trafficking is also understood through the acts (recruit, transport) means (force, fraud), and purpose (commercial sex act) framework. All three elements are required to establish a sex trafficking crime (except in the case of child sex trafficking where the means are irrelevant). Furthermore, it can take place in private homes, massage parlors, hotels, or brothels, among other locations, as well as on the Internet (2022 Trafficking in Person Report, U.S. Department of State). Some sex traffickers use a specific type of coercion such as debt manipulation, forcing their victims to stay in the sex industry by making them believe that they either inherited a debt from relatives or must pay off expenses accrued through their recruitment, transportation, or even "sale" before they can be set free (U.S. Department of State, n.d.). Trafficking victims can experience psychological and physical abuse in the form of beatings, food and sleep deprivation, sexual abuse, and death threats to themselves or their family members to name a few (ACLU, 2023).

**Prevalence/Current Situation:** Despite difficulties in accurately estimating the number of victims, human trafficking for commercial sex remains a significant problem in the United States. According to the U.S. Department of State's Trafficking in Persons Report 2021, the accurate number of victims of sex trafficking in the United States is difficult to estimate because these crimes are often carried out underground (U.S. Department of State, 2021). For instance, Deliver Fund 2020, estimates the total number anywhere between 15,000 however some

estimate around 1.5 million (Malo, 2018). That's an uncertainty margin of a factor of 100, which is not precise at all. However, the State Department estimates about 15,000 non-U.S. adults and kids are trafficked for the purpose of having commercial sex in the United States every year (American Civil Liberties Union, n.d.). In addition, the National Human Trafficking Hotline in 2020 reported at least 11,500 victims of sex trafficking called into its hotline in the United States (Polaris, 2021). Houston, Texas; Las Vegas, Nevada; and Charlotte, North Carolina were listed as the top three U.S. cities with a high prevalence of sex trafficking in 2020 by the Polaris Project, a nonprofit organization that runs the National Human Trafficking Hotline (Polaris, 2021). Social media has been identified as a venue for victim recruitment in the 2020 statistics on human trafficking in the United States from The Polaris Project. Particularly, it was reported that human traffickers frequently use online resources like Facebook, Instagram, Snapchat, and other similar platforms to recruit and take advantage of victims. Social media can be used to identify vulnerable groups, such as children and young adults, and to build rapport and trust with potential victims (Polaris, 2021).

Other findings from the 2020 Polaris Project data on human trafficking in the U.S. include the fact that of the 11,500 reported cases of human trafficking, 9,200 involved adult victims and 2,300 involved children. Furthermore, 15% of the reported victims were men, while 85% of the victims were women. The majority of reported cases involved Americans, but there were also cases involving people from Mexico, the Philippines, and other nations. The main strategy for the recruitment was the promise of a job followed by romantic relationships and familial ties (Polaris, 2021). According to Deliver Fund 2020, sex trafficking is the most prevalent type of human trafficking in the U.S., with an estimated 79% of victims being trafficked for sexual exploitation (Deliver Fund, 2020). In general, the most vulnerable victims of sex trafficking in the United States are immigrants, particularly female immigrants. According to the U.S. Department of Justice, the average age of a victim of sex trafficking is between 12 and 14 years old (ACLU, 2023).

According to the ACLU in the United States, immigrant women and children are particularly vulnerable to the deceitful and coercive techniques of sex traffickers due to various reasons, such as poor level of education, inability to speak English, uncertain immigration status, and more. Additionally, immigrants are more prone to trafficking risks since most of them are engaged in industries that are relatively less regulated by the government. According to some estimates, foreign nationals make up around 80% of those who are trafficked for sex in the United States. Furthermore, the most common sectors where sex trafficking is prevalent are the sex industry, the hospitality industry, and spa services, which include massage services, beauty, and grooming (ACLU, 2023).

According to the U.S. State Department, besides political instability, armed conflict, and government corruption, the supply of victims for human trafficking is influenced by factors like poverty, lack of employment, violence against women and children, and gender discrimination. Moreover, sex trafficking results in terrible physical and emotional harm to its victims. For example, a report by Coalition Against Trafficking in Women (2001) found that most women in the sex industry report suffering severe health consequences from injuries caused by violence

like broken bones, bruises, and cuts requiring stitches. Almost half of the U.S. women (47-57%) reported head injuries, and mouth and teeth injuries, or required emergency room treatment. Furthermore, 63-64% of U.S. women had suicidal thoughts or attempted to kill themselves. To cope with the abuse, 92% of the victims used addictive substances, such as alcohol and drugs, to numb their pain to the trauma of unwanted sex (Raymond & Hughes, 2001).

**Trajectory/Trends:** The number of reported sex trafficking cases in the U.S. has significantly increased over the past decade, largely due to the influence of the internet and online platforms. According to the National Human Trafficking Hotline, the number of reported sex trafficking cases in the U.S. increased from 2,515 in 2010 to 11,067 in 2020 (National Human Trafficking Hotline, n.d.).

**Table 9: Reported Cases of Sex Trafficking in the United States from 2010 to 2021**

Year	Number of cases reported
2010	2,515
2011	3,191
2012	3,892
2013	4,746
2014	5,042
2015	5,544
2016	7,572
2017	8,524
2018	9,217
2019	9,535
2020	11,067
2021	13,732

Source: (National Human Trafficking Hotline, n.d.)

Due to the internet and the online porn industry, sex trafficking has increased dramatically, with victims being used for pornographic images or movies or hired as prostitutes through online platforms. The most popular spots for sex trafficking activities include but are not limited to hotels and motels, massage parlors, truck stops, online marketplaces, and strip clubs.

**Legislation/Initiatives:** Various federal and state laws, as well as initiatives by government, academic institutions, and not-for-profit organizations, aim to combat sex trafficking and provide support for victims. While many states have their own trafficking laws, the most important legal initiative to fight sex trafficking is at the federal level (ACLU, 2023). Under the Trafficking Victims Protection Act (TVPA) of 2000, victims of trafficking can receive federal government assistance, and perpetrators of trafficking can be fined or imprisoned based on the level of severity of the crime. The TVPA goes much further than previous efforts in specifying what constitutes trafficking; for example, even the confiscation of victims' legal documents is a criminal offense as per the TVPA. Victims of trafficking can seek compensation under the TVPA for their economic losses or utilize government benefits and services, such as cash assistance,



food stamps, Medicaid, short-term housing, and counseling. However, to be eligible to get this support, the U.S. Department of Health, and Human Services (HHS) must certify that an individual is a victim of trafficking (ACLU, 2023).

Also, to help victims of trafficking lawfully remain in the U.S. so that traffickers can be effectively prosecuted and so that non-citizens can benefit from government assistance, the U.S. government under TVPA created two types of visas: the U nonimmigration visa and the T nonimmigration visa. The former provides relief to victims who suffered substantial physical or mental abuse, and the latter provides “legal status to those victims who assist law enforcement authorities in the investigation and prosecution of trafficking crimes” (U.S. Department of Labor, n.d.). The decision to grant a request for U or T visa rests within the authority of the U.S. Citizenship and Immigration Services (USCIS) of the Department of Homeland Security (U.S. Department of Labor, n.d.).

Allow States and Victims to Fight Online Sex Trafficking Act of 2017 (FOSTA, sometimes called FOSTA-SESTA) is a federal law in the U.S. that was approved by the U.S. Congress and signed into law by the President in April 2018. It modified the Communications Decency Act (CDA) and makes websites liable if they willfully or negligently assist in prostitution or sex trafficking. Along with providing victims with justice and financial compensation, the law also holds online platforms responsible for their role in facilitating sex trafficking. However, it has also generated controversy due to worries about censorship of online speech ("Allow States and Victims to Fight Online Sex Trafficking Act of 2017," 2018). In addition, the government-sponsored National Human Trafficking Resource Center Hotline provides services for the victims of trafficking in 170 languages and has logged 60,000 calls since 2007 (Deliver Fund, 2020).

According to Withers (2017), in addition to these laws and regulations, there are other recent innovations embraced by the government, academic institutions, and not-for-profit organizations to help fight sex trafficking. For example, there are many recent efforts to train people from the hospitality and transportation industries who have higher chances of encountering human trafficking victims. The focus of training is to increase awareness, identify red flags, and explain how to spot and report cases of human trafficking. For instance, Connecticut has announced an innovative program to educate hotel and motel managers and staff about the early indicators of human trafficking. Moreover, an Alaska Airlines flight attendant was able to spot and rescue a victim of human trafficking on a flight from Seattle to San Francisco. As a result, Airline Ambassadors International was founded by a flight attendant in 2009 with the intention of fostering this level of awareness and sensitivity in other flight attendants. In a similar vein, the trucking industry is beginning to recognize its potential contribution to this battle. The Texas Senate recently introduced a bill requiring the completion of a human trafficking awareness course for anyone seeking a commercial driver's license. In addition, the Human Trafficking Housing Solutions Coalition strives to enhance outreach and services for trafficking victims (Withers, 2017).

**Enforcement:** The U.S. makes sincere efforts to enforce the TVPA and state-level laws against sex trafficking. For example, in 2014, one of the cases prosecuted by law enforcement agencies

in southern Florida that received widespread media attention involved the Cadena family from Veracruz, Mexico, who trafficked around 20 Mexican women through Texas for the purpose of prostitution. Prosecutors reported that these trafficked victims were compelled to have sex with 130 men per week, were beaten, raped, and forced to undergo abortions, and were told they would only be released if they paid off a debt of approximately 3000 USD. The perpetrators were arrested and pled guilty. Two members of the Cadena family were sentenced to 5 and 15 years in prison and ordered to pay around \$1 million in restitution to 16 different women. The women were granted temporary legal status (Raymond & Hughes, 2001, pp. 18-19).

In 2018, the online commercial sex market was massively disrupted when federal authorities shut down the largest online platform (backpage.com) for buying and selling commercial sex. Also, the Allow States and Victims to Fight Online Sex Trafficking Act of 2017 (FOSTA) was enacted. Furthermore from 2014 through 2020, the Department of Justice brought 11 criminal cases against such platforms (U.S. Government Accountability Office, 2021).

**Reflection:** Sex trafficking victims in the United States often face misidentification as criminals, which hinders their access to support and justice. Due to misidentification, most victims are denied specialist treatments and support services and refused financial restitution for their losses. For instance, according to a 2016 review of case files from six US cities, 40% of adolescents convicted of prostitution were treated as criminals rather than victims by law enforcement. Furthermore, the victim's own perception that they have engaged in illegal activities like prostitution or drug possession makes them feel like an outcast, and therefore, creates a barrier for them to seek help. These false assumptions make it more difficult for victims of trafficking to receive safety and justice and erect barriers to their rehabilitation and economic stability (Institute for Women's Policy Research, 2017).

Although UNODC Global Report on Trafficking in Persons 2020 reports that Asia and the Pacific is the most prevalent region of origin for victims of human trafficking globally, with Europe being the second and Africa being the third, the United States is not far behind (UNODC, 2020). Sex trafficking in the U.S. is underrepresented due to the lack of mechanisms for identification and reporting systems. Most cases are not reported for various reasons, such as fear of being criminalized, negative consequences for employment opportunities, immigration status, or other aspects of life. The high rate of sex trafficking crimes in the United States is, therefore, extremely alarming and requires immediate attention. While existing laws, such as the TVPA, are laudatory, they are apparently inadequate to put a dent in the rate of trafficking. Fresh approaches that complement existing efforts are warranted.

To combat sex trafficking, academics and experts recommend a multifaceted strategy that includes measures for protection, prevention, and prosecution. According to Zimmerman and Kiss 2017, the root causes of trafficking, such as poverty, inequality, and social marginalization, may be addressed as part of prevention strategies, as well as educating vulnerable populations about the risks associated with trafficking. Giving survivors of trafficking support and services like medical attention, counseling, and legal support is one example of a protection strategy

(Zimmerman & Kiss, 2017). In order to hold traffickers accountable for their crimes, prosecution strategies may include bolstering legislation and law enforcement initiatives (Gabhan, 2006). Finally, in order to effectively combat sex trafficking, it is important to address its root causes, protect victims, and hold traffickers accountable, while also increasing public awareness and taking steps to regulate and enforce social media platforms (Polaris, 2021).

References listed on pages 359-360

## STALKING

***Although stalking is not directly included in the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), it is acknowledged as a form of violence against women under Article 1 of the Convention. The CEDAW Committee calls on states to take action to prevent and address stalking in General Recommendation No. 19, where it is expressly noted that it can be a form of violence against women. General Recommendation No. 19 on Violence Against Women: "Acts of violence against women also include forced sterilization and forced abortion, coercive use of contraceptives, female infanticide and prenatal sex selection, as well as practices such as dowry-related violence, honor killings and other traditional practices harmful to women, female genital mutilation and other harmful practices, trafficking in women, forced prostitution, and violence against women in armed conflict, as well as different forms of violence such as sexual harassment, stalking, and cyber-violence" (United Nations, 1992, para.5).***

**Definition/Context:** The Violence Against Women Act (VAWA) of 1994 defines stalking as "engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress." Furthermore, the definition highlights that stalking is a pattern of behavior and not a single incident that is directed at a specific individual and makes them feel frightened or concerned (Congress, 1994).

**Prevalence/Current Situation:** Stalking is a pervasive problem in the United States, particularly for women, with a high prevalence among both adult and adolescent populations. The recent information from CDC website states that the National Intimate Partner and Sexual Violence Survey (NISVS) reports that around 1 in 3 women and 1 in 6 men have experienced stalking at some point in their lives. That means that two-thirds of stalking victims are women. Although the majority of victims are adults, approximately 24% of female victims and 19% of male victims reported being stalked as minors. Before the age of 25, nearly 58% of female victims and 49% of male victims experienced stalking (Centers for Disease Control and Prevention, 2023). In 2019, more females (1.8%) than males (0.8%) reported being stalked. An estimated 5.2 million adults were stalking victims. About 3.7 million (71%) of these victims were female, and 1.5 million (29%) were male. Men were victims of stalking at a rate of 14 per 1,000 men age 18 or older, compared to women who were victims at a rate of 41 per 1,000 men of the same age. The prevalence of stalking was higher among people of two or more races (3.9%) than it was among white people, as well as among American Indian or Alaska Native people (3.3%). In comparison to white people (1.3%), stalking rates were lower for black people (1.1%) and people of Asian, Native Hawaiian, or Other Pacific Islander descent (1.1%) (Morgan & Truman, 2022).

In comparison to other nations, the United States has a comparatively high rate of stalking against women, though we have to reach back over a decade to find cross-nationally comparable data for lifetime experience of stalking. According to the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) that the Centers for Disease Control and Prevention

(CDC), 15.2% of American women have experienced stalking in their lifetime, compared to 6.7% of men (Centers for Disease Control and Prevention, 2010). In contrast, a 2014 study by the European Union Agency for Fundamental Rights reported that 11% of women in the EU experience stalking abuse throughout their lifetimes. (European Union Agency for Fundamental Rights, 2014). It's crucial to remember that because of variations in definitions, data collection techniques, and reporting rates, these statistics might not accurately reflect the actual degree of stalking in various nations. They do, however, imply that stalking is a serious issue in the United States, particularly for women. These statistics highlight the need for continued efforts to raise awareness of stalking and implement effective prevention and intervention strategies.

**Trajectory/Trends:** Stalking victimization rates in the U.S. have declined in recent years, but it remains a serious issue in the country. The Bureau of Justice Statistics (BJS) reports that victimization rates for stalking decreased in the U.S. from 3.3% in 2006 to 1.3% in 2019. In females, the decline was more significant, with the rate falling from 4.2% in 2006 to 1.7% in 2019. The rate of stalking victimization among males decreased from 1.1% in 2006 to 0.7% in 2019. Furthermore, the BJS reported that the rate of stalking victimization among persons aged 18 or older decreased from 1.5% in 2016 to 1.3% in 2019 in the United States. Although the general prevalence has decreased, stalking is still a common and severe issue in the U.S. (Morgan and Truman, 2022).

**Legislation/Initiatives:** Every state has some kind of anti-stalking law and as a result, even if a person stalks another person in a way that isn't covered by federal law (like not using the phone, Internet, or mail, or not traveling across state lines to do so), that person could still be charged under state anti-stalking laws (England, n.d.).

In all 50 states, Washington, D.C., the U.S. territories, and the federal government, stalking is considered a crime (Office for Victims of Crime, 2022). Several different statutes and laws cover stalking, including 18 U.S.C.S. Section 2261A – Stalking (2013), the Violence Against Women Act, Title VI of the Violent Crime Control and Law Enforcement Act of 1994 (FederalCharges.com, n.d.).

According to title 18 USC § § 2261, 3571 under federal law, a person convicted of stalking may receive a prison sentence of up to five years, a fine of up to \$250,000, or both. A conviction can result in a sentence of up to life in prison if the perpetrator's behavior results in the death or physical harm of another person (England, n.d.). If a person engages in behavior that would reasonably lead one to fear death, significant bodily harm, or great emotional distress, they may be found guilty of stalking. The victim, a victim's family member, or someone closely related to the victim must be involved in this activity on at least two distinct occasions. If the victim is an employee of the federal government or the stalking takes place on federal property, federal law enforcement agencies may be engaged in the investigation and prosecution of the offense (England, n.d.).

Moreover, according to the National Center for Victims of Crime, the ability to get a restraining or protective order against their stalker is one of the legal protections offered by anti-stalking

laws in the U.S. to stalking victims. A restraining or protection order violation may result in fines, probation, and/or jail time as well as being considered a criminal offense (National Center for Victims of Crime, n.d.).

On March 11, 2021, President Joe Biden signed the Violence Against Women Act of 2021 into law, closing the infamous "boyfriend loophole" that had previously permitted stalkers and domestic abusers to buy weapons even if they were not living with or married to their victim. For instance, California is one of the states with the strictest stalking laws, and its classification of stalking also includes cyberstalking. States like Texas, however, have very weak stalking laws that fail to specifically mention cyberstalking (Johnson, 2021).

**Enforcement:** Protective orders are a common method for victims of stalking and domestic abuse to seek temporary protection or relief, but their efficacy has been called into question. As noted above, one of the primary methods through which the victims of stalking or domestic abuse seek temporary protection or relief is protective orders. However, many doubt the efficacy of these measures stating that protective orders are not worth the paper they are written on due to the reason that many US women have been murdered despite having a protective order. For instance, there is a study stating that "in a sample of 3,400 domestic violence-related homicides in 10 states, approximately 58% of the victims had obtained a protective order against the perpetrator prior to their death" (Hamby, 2005). Admittedly, these incidents fall into the category of severe domestic violence cases and cannot be generalized to the cases of stalking which is a slightly different type of violence against women. Yet, often protective orders can make a situation worse by promising a false sense of security or making an abuser even angrier by serving the restraining order (Knowlton, 2015).

Studies have produced conflicting results on the effectiveness of protective orders in preventing domestic violence, but there are ways to improve their efficacy. According to Logan and Walker's 2010 study, which looked at the effectiveness of civil protection orders (PO) in preventing domestic violence, protective orders were not violated for half of the women. Among those who experienced violations, there were significant reductions in abuse and violence. It is noteworthy that the main risk factor for PO violations was attributed to stalking. Additionally, the study found that protective orders reduce women's fear of future harm, which is an important gain in quality of life and likely reduction in the development of fear-related health and mental health problems. Hence, the authors suggest several measures to increase the efficacy of protection orders, including greater training for court and law enforcement officials, better quality protective orders, and better risk assessment tools. By implementing these measures, protective orders can become a more effective tool for preventing domestic violence (Logan & Walker, 2010).

According to the Bureau of Justice Statistics report 2019, victim service providers (VSPs) are public or private organizations that aid crime victims and offer a wide range of assistance to crime victims. In 2019, 74% of stalking victims who sought assistance from these public or private organizations received it, and around 62% of the victims obtained counseling or therapy from a VSP. One in three (35%) received legal or court services, and one in four (26%) received safety

planning or shelter services (Morgan & Truman, 2022). Additionally, 24% of victims of stalking received assistance in obtaining protection, restraining, or no-contact order; a threat or risk assessment (18%); counseling via a crisis hotline (14%); and advocacy for medical care. Still, almost one-quarter (23%) of the stalking victims who looked for victim services did not receive them. There are many reasons why victims may not receive services, including the victim's location, the VSP's inability to accommodate the victim, language barriers between the victim and the VSP, or the victim's ineligibility for services (Morgan & Truman, 2022).

**Reflection:** Although the government has taken some action to combat stalking, more must be done. Furthermore, Logan & Walker 2010, suggest several measures to increase the efficacy of protection orders, including greater training for court and law enforcement officials, better quality protective orders, and better risk assessment tools. For instance, Court and law enforcement authorities may benefit from training to better comprehend the complexities of stalking. This covers instruction on the numerous stalking laws and policies as well as how to carry out exhaustive risk assessments and investigations. Furthermore, stalking victims can also be helped by a stronger commitment to enforcing protective orders. In addition, tools for risk assessment can help determine which victims are most likely to be stalked and under severe threat (Logan & Walker, 2010).

References listed on pages 361-362



## SURROGACY

***The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) does not specifically mention surrogacy. However, it is possible to examine surrogacy in relation to several articles in the convention, such as:***

***Related to CEDAW Article (2): requires States Parties to eliminate discrimination against women in all areas of life, which would include ensuring that surrogacy arrangements do not result in the exploitation of women or the perpetuation of harmful gender stereotypes. Furthermore, this could be interpreted as requiring states to ensure that women are not viewed solely as baby-making machines or reduced to their reproductive capabilities.***

***Related to CEDAW Article (16): requires States Parties to ensure equality in marriage and family relations. In the context of surrogacy, this could be interpreted as requiring states to ensure that women are not coerced or exploited into becoming surrogates and that they have the right to make informed decisions about their reproductive health and choices (United Nations General Assembly, 1979).***

**Definition/Context:** The act of someone carrying a pregnancy to term and giving birth to a child on behalf of another person is known as surrogacy. Traditional and gestational surrogacies are the two different types. However, in gestational surrogacy, the surrogate has no genetic connection to the baby and her uterus is used to carry the child. In traditional surrogacy, the surrogate's biological eggs are used to get pregnant, making the surrogate genetically related to the baby. Through the use of in-vitro fertilization (IVF) technology, gestational surrogacy (GS) is possible. The couple or individual using a surrogate is referred to as an Intended Parent (IP) (Hatch, 2023).

**Prevalence/Current Situation:** Surrogacy is a complex process that involves significant financial and medical considerations, but it also raises ethical concerns and poses risks for surrogate mothers and children. Having a baby through surrogacy can cost parents or an individual between \$100,000 and \$200,000. The cost encompasses embryo creation, egg donation, agency fees, legal fees, surrogate base compensation, surrogate contingent fee, insurance costs, and other expenses. Some companies do offer benefit packages to cover surrogacy. In 2020, 9% of companies provided such coverage, and 29% were considering adding such benefits (Braveman, 2022). People may choose surrogacy due to medical reasons, such as the absence of a uterus, scarring of the uterus, recurrent embryo implantation failure, and recurrent pregnancy loss. Single men, men in same-sex couples, and transgender individuals or couples may also use surrogacy (McDermott, 2022).

The American Society for Reproductive Medicine (ASRM) and the Food and Drug Administration (FDA) both require that surrogates go through screening. This screening entails a review of their medical and obstetric history, a physical examination, a questionnaire, a psychological assessment, receiving approval from an obstetrics provider, blood work, and ultrasound. The American Society for Reproductive Medicine states that the ideal applicant is at least 21 years

old, has had at least one prior pregnancy and delivered a child to full-term without complications, lives in a secure social setting, and has no history of criminal activity (McDermott, 2022). However, there are negative implications for surrogacy. Through this process, many women can be exploited and affected by health and psychological risks. It became extremely commercialized with the help of celebrities who proudly rent wombs to have babies. Furthermore, the commodification of surrogacy adds a layer of ethical concerns. For a multi-billion-dollar fertility industry, few thousand dollars is nothing to be able to rent women's wombs. The children born through surrogacy also experience negative health or psychological problems such as the primal wound of losing their birth mother and adjustment difficulties. Moreover, many American couples opt for international surrogacy because other countries such as Ukraine and Russia have even fewer regulations regarding surrogacy (Melton and Israel, 2021).

**Trajectory/Trends:** The use of gestational carriers and surrogacy has increased significantly in recent years. The number of gestational carriers increased from less than 750 in 1999 to over 3,400 in 2013. Furthermore, of 18,400 children that were born during this time, 13,380 were through surrogacy. The CDC observed that there was a 2.5% increase in assisted reproductive cycle rates from 1% to 2.5% (My Surrogate Mom, n.d.).

**Legislation/Initiatives:** The U.S. government's stance on surrogacy is complex and varies by state. There are no federal laws on surrogacy, and state laws differ from one state to the other. States such as California are more surrogacy friendly compared to a state such as Arizona which is less accommodating (Hatch, 2023). In surrogacy-friendly states, multiple benefits intended parents can receive such as pre-birth orders regardless of their sexual or marital status. Moreover, the names of both parents can be written on the birth certificate. However, three states explicitly prohibit surrogacy: Louisiana, Michigan, and Nebraska (Hatch, 2023). States such as California, Colorado, New Jersey, Washington DC, and 7 other states permit surrogacy and grant pre-birth orders; the rest of the states either proceed with caution or take extra measures (Creative Family Connections, n.d.).

Although the U.S. signed and ratified the optional protocol to the Convention on the Rights of the Child that prohibits the sale of children, it embraces the judgment that surrogacy arrangements fall outside the scope of the protocol. Hence, the U.S. government's official stand on international surrogacy is that it does not involve the exploitation or commodification of children, and therefore, state law governs surrogacy rather than federal law (Melton and Israel, 2021).

**Enforcement:** While many surrogacy specialists support base pay for surrogates, the legal issues involved might be challenging. The amount of money that can be paid to reimburse a surrogate for the costs associated with her pregnancy is capped in some states, while it is completely prohibited in others. Those who are involved in surrogacy could be charged with a crime if they don't adhere to the state's legal requirements (American Surrogacy, n.d.).

**Reflection:** In a recent discussion at the United Nations Commission on the Status of Women, The Heritage Foundation and the Center for Family and Human Rights presented multiple examples of women who had been trafficked, rendered infertile, or even died as a result of surrogacy. By definition, surrogacy commercializes both the mother's body and the body of the child. The chance to earn tens of thousands of dollars in exchange for renting their body often tempts the women who are sought after by the multibillion-dollar reproductive industry to serve as surrogates (Melton and Israel, 2021).

While orphanages are filled with children, surrogacy is an unacceptable and unethical practice. Those who cannot have children for various reasons legitimize surrogacy while turning a blind eye to orphaned children. Similarly, the government that is complicit and justifies the notion that “wombs are for rent and babies are for sale” should be held accountable. CEDAW condemns surrogacy because the underlying harm of such activities outweighs any possible benefit to society and instead perpetuates layers of hazardous behaviors aimed against women. In that light, we assert that the United States government should reconsider its hands-off stance.

References listed on page 363

## TEEN DATING VIOLENCE

***While the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) convention does not explicitly address teen dating violence, several of its articles are relevant to the issue.***

***Related to CEDAW Article (2): requires that States Parties “condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women” and “take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women” (CEDAW, 1979; United Nations Treaty Collection, n.d.).***

***General Recommendation No. 25, adopted in 2004, focuses specifically on gender-related dimensions of violence against women. It calls on States Parties to prevent and combat all forms of gender-based violence, including in intimate relationships and dating situations, and to take measures to ensure that women and girls who experience such violence have access to support services, including medical care and counseling (OHCHR, n.d.).***

**Definition/Context:** Teen dating violence (TDV) is a subset of the larger phenomenon of “dating violence.” Dating violence can take place in person, online, or through technology. It is a type of intimate partner violence that is characterized by behaviors like physical violence, sexual violence, psychological aggression, and stalking (Centers for Disease Control and Prevention, 2021).

**Prevalence/Current Situation:** Dating violence is an adverse childhood experience that affects millions of young people in the United States and has profound lifelong health implications. According to the data from CDC’s Youth Risk Behavior Survey in 2019, nearly 1 in 12 U.S. high school students experienced physical and sexual dating violence.

In comparison to male students, female students suffered higher rates of physical and sexual dating violence. The Centers for Disease Control and Prevention (CDC) collects data from 13,677 public and private school students in grades 9 through 12 from all 50 states of the United States and the District of Columbia each survey year (Basile et al., 2020). Using data from the 2019 Youth Risk Behavior Survey (Basile et al., 2020) found that the prevalence of the dating violence composite variables was significantly higher for female students (16.4%) compared to male students (8.2%) for any type of dating violence, and 3.8% of female students and 2.1% of male students experienced both sexual and physical dating violence. Furthermore, 91% of sexual minority females and 79% of sexual minority males report experiencing at least one form of victimization during their adolescence. Sexual minority youths experience interpersonal violence at a disproportionate rate (Basile et al., 2020).

On the other hand, the frequency of both types of dating violence varied greatly by sex. Even though women were more likely to experience physical violence during dating than males, of

males who experienced physical violence in dating, 41.6% had experienced it  $\geq 4$  times, but of women who experienced physical violence in dating, only 21.6% experienced it  $\geq 4$  times. The same pattern existed with respect to sexual dating violence; while female students are more likely to experience sexual dating violence, of those males who have experienced sexual violence in dating, 41% had experienced it  $\geq 4$  times, but of females who experienced it, 20.8% experienced it  $\geq 4$  times (Basile et al., 2020). Furthermore, as opposed to students who identified as heterosexual, students who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ) or who are unsure of their gender identity are disproportionately affected by teen dating violence (Centers for Disease Control and Prevention, 2021).

Moreover, most teens do not report unhealthy behaviors that can develop into serious forms of violence due to the belief that it's a "normal" part of the relationship. Teen dating violence can have long-term consequences as it sets the stage for future relationship problems. For instance, high school students who experience dating violence are more likely to become victims of dating violence in college as well (Centers for Disease Control and Prevention, 2021). Moreover, according to the federal Centers for Disease Control and Prevention (cited in Associated Press, 2019) nearly 1 in 5 women have been raped in their lifetime. For almost half of those women, it happened when they were younger than 18, that is when they were high school students or younger. Rape was often these girls' first sexual experience (Associated Press, 2019).

**Trajectory/Trends:** According to data from the Youth Risk Behavior Surveillance System (as cited in Basile et al., 2020) the prevalence of physical dating violence has fluctuated over the past decade. For instance, a survey of students in grades 7 through 12 revealed that during the 2010–2011 academic year, 56% of female students and 48% of male students reported experiencing some form of sexual violence victimization by a peer (such as unwanted comments, touching, or being coerced into engaging in sexual activity). Approximately 20% of teenagers reported physical dating violence, and 9% reported sexual dating violence. However, a study using data from 2013 found that 21% of female high school students and 10% of male students who reported dating in the prior year had experienced sexual or physical dating violence, and 6% of females and 3% of males had endured both types of violence (Basile et al., 2020). In 2019, the prevalence of the dating violence composite variables was significantly higher for female students (16.4%) compared to male students (8.2%). Although the overall percentage of teen violence since 2010-11 seems to have decreased according to this survey data, dating violence victimization among female high school students compared to males has remained high from 2011 all the way to 2019 (CDC, 2022).

**Legislation/Initiatives:** According to the U.S. Government Publishing Office (n.d.), the main federal law addressing dating violence is Statute 42 U.S. Code Subchapter III; however, it is solely in reference to the U.S. Merchant Marine Academy (US Government Publishing Office, n.d.). The Academy is required to provide training to prevent dating violence and to track the incidence, as well as disciplinary action. There is no other law at the federal level that mentions "dating violence" specifically; presumably, it would be handled as assault or rape. States are stepping into the breach because states control school districts. For example, a Washington state law, Senate Bill 5395, that was approved by the legislature and took effect on December

2020, requires all school districts in the state to develop a policy regarding teen dating violence and to provide a comprehensive sexual health education (CSHE) to students by the school year 2022–2023 (Washington Office of Superintendent of Public Instruction, n.d.).

Furthermore, Adhia et al., completed a 2022 detailed analysis of state laws in the 50 U. S. states and the District of Columbia and found that as of September 2020, 38 states had at least one law related to teen dating violence in schools. However, only 15 states had a definition spelling out types of teen dating violence, and only 9 states included cyber dating violence. Moreover, only half of the states mandated or encouraged school districts to develop a written policy. Overall, “very few states included any requirements for how schools must respond to TDV incidents. Only 2 states (5.3%) mandated specific investigation requirements once TDV was reported, and 2 states (5.3%) mandated that school districts develop investigation requirements in their TDV policy. No states included specific disciplinary consequences for those perpetrating TDV, and 10 states (26.3%) mandated that school districts develop disciplinary consequences in their TDV policy. Only 3 states (7.9%) provided mental health services for students affected by TDV” (Adhia et al., 2022).

The Issue of restraining orders is problematic when trying to combat teen dating violence (see also the section on Intimate Partner Violence). For example, in states like Georgia and South Carolina, the dating couple must have a child together or live together at some point before dating violence is covered by restraining order laws. Despite being a victim of domestic abuse or dating violence, a state’s laws might be drafted in a way that excludes or fails to protect the victim. For instance, in some states, a victim of emotional or psychological abuse may not be eligible for a restraining order, and such abuse may not even be prohibited by the criminal laws of the victim’s home state (WomensLaw, n.d.).

According to the 2010 State Law Report Cards: A National Survey on Teen Dating Violence Laws in 41 states and the District of Columbia, people who are dating can apply for protective orders. However, states that do not allow victims to apply for protection orders are Alabama, Georgia, Ohio, Kentucky, South Carolina, South Dakota, Utah, and Virginia. Furthermore, the existence of widespread statutory restrictions prevents teens from getting help because relatively few states recognize teens as victims of domestic abuse (Break the Cycle, 2010).

President Biden proclaimed February 2023 as National Teen Dating Violence Awareness and Prevention Month (TDVAM), focusing its efforts on education and advocacy in an attempt to prevent dating abuse (Loveisrespect, n.d.). The primary program that works towards the achievement of this goal is a project of the National Domestic Violence Hotline called “Love is Respect,” which is funded by the U.S. Department of Health and Human Services and the Office for Victims of Crime, Office of Justice Programs of the U.S. Department of Justice. Teens and young adults aged 13 to 26 that have concerns or need help can visit [loveisrespect.org](https://loveisrespect.org), call 1-866-331-9474, or text “LOVEIS” to 22522 to receive immediate and confidential support which is available 24/7 (Loveisrespect, n.d.).

In addition, the Justice Department disclosed that nearly \$22 million will be made available in upcoming grant awards dedicated to combating and preventing sexual assault, domestic violence, dating violence, and stalking on college campuses. It will offer assistance to young people who have been victims of such violence (U.S. Department of Justice, 2021).

Finally, the Bipartisan Safe Communities Act, passed in 2022, closes the “boyfriend loophole,” whereby those convicted of dating violence would also be prevented from owning/possessing a firearm (PolitiFact, 2022).

**Enforcement:** Despite having laws in many states with regard to teen dating violence, state-level laws differ significantly in their adequacy, and federal efforts are confined primarily to supporting education and awareness. This is important work: preventive measures aimed at addressing teen dating violence have shown to be effective in the U.S. According to the Centers for Disease Control and Prevention (CDC), comprehensive prevention programs that promote healthy relationships and address the root causes of dating violence have been shown to reduce the likelihood of teens engaging in violent behaviors toward their partners (CDC, 2022).

Additionally, research has shown that school-based interventions, such as bystander education and youth leadership programs, can promote healthy relationships, significantly reduce dating violence perpetration, and increase help-seeking behaviors among teens (Taylor et al., 2013; De La Rue et al., 2014). However, it is important to note that the effectiveness of preventive measures may vary based on the specific intervention, target population, and other contextual factors.

**Reflection:** Although the government’s effort on educating teens regarding teen dating violence and its implications is commendable, the incidence of teen dating violence for females remains high. Remember that according to the Centers for Disease Control and Prevention (as cited in NBC NEWS, 2019), nearly 1 in 5 women have experienced a rape in their lifetime, and half of those women experienced it before turning 18 indicates the importance of sexual education for teens during their school years. For about 10% of US girls, their first sexual experience during their school years is rape. That is unacceptable. However, the main topic of sexual education that is taught in some public schools and programs is abstinence and/or contraception: appropriate dating behavior and consent aren’t always on the agenda. Furthermore, there is less emphasis on teaching boys how to express their emotions in healthy ways (Associated Press, 2019).

While it is important to teach girls how to protect themselves from dating violence, this approach puts the burden solely on the victim to prevent the violence. It is equally important, if not more so, to address the root cause of the problem and educate boys on how to behave in relationships. By doing so, we can help prevent violence from happening in the first place, rather than only addressing it after the fact.

Hence, due to the fact that early exposure to violence among teens leads to long term negative effects into adulthood, it is crucial to expand efforts to teach girls and boys healthy relationship



skills, promote gender equity, and raise awareness of the warning signs of dating violence. It is also important to address societal norms and attitudes that contribute to toxic masculinity and gender-based violence. By focusing on both prevention and intervention, we can create a safer and healthier environment for everyone in our communities. Additionally, it may be more challenging for victims to come forward and seek assistance when there are no repercussions for abusive behavior, furthering the cycle of violence. Holding abusers accountable can prevent the pattern of violence and abuse from reoccurring in future relationships by reinforcing the notion that this behavior is not acceptable or permissible. In order to encourage healthy relationships and stop further harm, it is essential to give prevention efforts top priority but also to act quickly when incidents of teen dating violence occur.

References listed on pages 364-365



# SECTION 2: WOMEN'S HEALTH



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## ACCESS TO CONTRACEPTION AND ABORTION

***Related to CEDAW Article 10(h): Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.***

***Related to CEDAW Article 11(f): The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.***

***Related to CEDAW Article 12(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.***

***Related to CEDAW Article 14(b): To have access to adequate health care facilities, including information, counseling, and services in family planning.***

**Definition/Context:** According to Planned Parenthood (n.d.), “Abortion is a medical procedure that ends a pregnancy.” (para. 1).

**Contraception,** according to Bansode et al (2022), “Contraception is the act of preventing pregnancy. This can be advice, a medication, a procedure or a behavior” (para.1).

**Prevalence/Current Situation:** U.S. women have fairly free access to contraception, but access to abortion has become very problematic since June 2022 when the U.S. Supreme Court overthrew Roe v. Wade, which established a federal right to access abortion. Now U.S. states are in charge of abortion law, and laws at the state level now run the gamut from full access to virtually no access at all.

With regard to abortion prevalence, according to a 2020 survey done by CDC of 49 states, there was a total of 620,327 abortions that were reported, or a rate of 11.2 abortions per 1000 women between the ages 15-44 years. (CDC, 2022, p.4). This rate is actually lower than some peer nations such as the United Kingdom, where the rate is 18.2 per 1000 (“Abortion Statistics,”2022, para.10), but is close to the abortion rate of Canada, which is 10.1 per 1000 (New, 2022, para.4).

The CDC data was disaggregated by race as well, but only among 30 states for 2020. According to the CDC, white women and Black women have the highest percentages of all abortions, 32.7 percent and 39.2 percent of all abortions respectively (CDC, 2022, p.5), while Hispanic women and women from the other races had the lowest abortion percentages, 21.1 percent and 7.0 percent (CDC, 2022, p.5). However, white women had the lowest abortion rate of 6.2 per 1000 women of childbearing age, and Black women had the highest abortion rate of 24.4 abortions per 1000 women of childbearing age (CDC, 2022, p.5).

Chemical abortions (i.e., abortions induced by pills) in 2020 accounted for over 53% of abortions, according to a 2020 research report by Jones et al (2022). However, both that percentage as well as the total number of abortions in the U.S. may in reality be higher, because the data collected by the CDC and the Guttmacher Institute do not include chemical abortions where the pills were not obtained in a clinic setting.

With regard to contraception, between 2017 to 2019, 65.3 percent of US women aged 15-49 used contraceptives (Daniels, 2018, p.1). This data was disaggregated based by age group as shown in Table 10 (Elflein, 2021, Table 10), and by racial group as well as shown in Table 12 (Daniels, 2018, p.1).

In Table 10, the age group with the highest contraception use are women ages 40-49 years. It is a bit worrying that girls between 15-19 years in both tables have the lowest figure of contraception use.

**Table 10: % of Female Age Group that use Contraceptives from 2015 to 2017, and 2017 to 2019**

AGE GROUP	% OF WOMEN 2015-2017 (Daniels, 2018, p.1).	% OF WOMEN 2017-2019 (Elflein, 2021, Table 1).
15-19 years	37.2%	38.7%
20-29 years	61.9%	60.9%
30-39 years	72.0%	72.3%
40-49 years	73.7%	74.8%

In Table 11, the racial group that uses contraception the most are white women. The rate for Hispanic women is significantly lower than for Black and white women, and this may suggest a problem with access in this racial group.

**Table 11: % of Racial Group that use Contraceptives from 2015 to 2017**

RACE	% OF WOMEN
Black	64.0%
White	67.0%
Hispanic	59.9%

(Daniels, 2018, p.1).

According to Frederiksen et al (2017), 10 percent of women in the U.S. do not use contraceptives (p.200). Among married women, 74 percent use contraceptives, 9 percent of married women had an unmet need for family planning, and 80 percent of married women had their demand for family planning satisfied by modern methods (Frederiksen et al, 2017, p.200). Among unmarried women, 85 percent use contraceptives, 11 percent of unmarried women had an unmet need for family planning, and 82 percent had their demand satisfied by modern methods (Frederiksen et al, 2017, p.200). Compared to the U.S., five countries had contraceptive prevalence higher than the U.S., 12 countries had unmet needs lower than the

U.S., and 4 countries had both a higher prevalence of contraceptive use and lower unmet needs than the U.S. (Frederiksen et al, 2017, p.200-201). This compares to an overall European unmet need for contraception percentage at 6.7 percent, lower than the U.S. (Michas, 2021, para.1).

**Trajectory/Trends:** As shown in the table below and as told by CDC, from 2011 to 2017, the rate of abortions began to decrease. However, it increased again in 2018 to 619,591, and again in 2019 to 629,898, but it then decreased in 2020 as shown in Table 12. (CDC, 2022, p.13). Again, it is important to remember that chemical abortions where the pills were not obtained in a clinic setting are not included in these statistics. Given that most abortions are now chemical abortions, this almost certainly means an unknown undercount of abortion figures.

**Table 12: Rate of Abortions between 2011 to 2017**

YEAR	RATE OF ABORTIONS
2011	13.7
2012	13.1
2013	12.4
2014	12.1
2015	11.8
2016	11.6
2017	11.2
2018	11.3
2019	11.4
2020	11.2

(CDC, 2022, p.13).

This data also was disaggregated based on race. From 2002 to 2011, Black women had the highest rate of abortions, but this rate began to decrease in 2011 with a rate of 27.6 per 1000 at its lowest, while its highest rate was 30.6 per 1000 births in 2003 (CDC, 2014, p.32). White women had the lowest rates of abortions between 2002 to 2011 with their lowest being 7.6 per 1000 in 2011, and their highest being 9.2 per 1000 in 2003 as shown in Table 13 (CDC, 2014, p.32). In 2019, Black women were still the racial group with the highest rate of abortions compared to others. According to Artiga (2022), 38 percent of abortions were to Black women, 33 percent of abortions were to White women, 21 percent of abortions were to Hispanic women, and 7 percent were to other races (Figure.1). This table from the CDC not only shows that minority groups are more inclined to get abortions, but that they are the ones that have been most heavily hit with the overturn of *Roe v. Wade*.

**Table 13: Rate of Abortions based on Racial Group between 2002 to 2011 per 1000**

YEAR	RACIAL GROUP		
	Black	White	Other
2002	30.4	9.0	25.1
2003	30.6	9.2	24.1
2004	29.9	9.1	22.8
2005	29.0	8.9	22.4
2006	30.0	9.1	21.8
2007	28.8	8.9	21.1
2008	29.1	8.9	19.3
2009	28.5	8.4	18.0
2010	27.6	8.1	18.1
2011	25.3	7.6	17.2

(CDC, 2014, p.32).

Regarding the trajectory of medical abortions (i.e., abortions using pills) from 2000 to 2020, 2020 had the highest percentage as shown in Table 14. Medical (chemical) abortion is now the preferred method of abortion among US women.

**Table 14: % of Medical (i.e., chemical) Abortions from 2000 to 2020**

YEAR	% OF MEDICAL ABORTIONS
2000	0%
2001	6%
2005	14%
2008	17%
2011	24%
2014	31%
2017	39%
2020	53%

(Jones et al, 2022, Figure 1).

Table 15 shows that the Pill is still the favored type of contraception among younger age groups, but that as women near their 40s, female sterilization is often opted for.

**Table 15: Type of Contraception Used by US Women by Age Group between 2017-2019**

AGE GROUP	CONTRACEPTIVES USED			
	Pill	Female Sterilization	Male Condom	Long-acting reversible contraceptives
15-19	19.5%		5.1%	5.8%
20-29	21.6%	2.9%	10.4%	13.7%
30-39	10.9%	21.2%	9.7%	12.7%
40-49	6.5%	39.1%	6.5%	6.6%

(Daniels and Abma, 2020, Figure.3)

In Table 16, all racial groups prefer using the pill as a contraceptive compared to the other ones mentioned.

**Table 16: % Racial Group who use different Contraceptives between 2017 -2019**

RACIAL GROUP	CONTRACEPTIVES USED			
	Pill	Female Sterilization	Male Condom	Long-acting reversible contraceptives
<b>Black</b>	17.6%	8.1%	11.0%	10.9%
<b>White</b>	18.5%	17.8%	7.0%	10.9%
<b>Hispanic</b>	19.9%	7.9%	10.5%	10.3%

(Daniels and Abma, 2020, Figure.4)

**Legislation/Initiatives:** With reference to abortion, prior to the historic US Supreme Court decision that took place in June 2022, there used to be federal policies that protected women’s decisions to get an abortion. First was *Roe v. Wade* of 1973, and this was a landmark decision done by the U.S. Supreme Court’s in which the decision to continue or end a pregnancy belonged to the individual, not the government (“*Roe v. Wade*”, n.d., para.1). Then there was H.R.1692 – Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act of 2019. This act was formulated to ensure the affordable abortion coverage and care for every woman, and for other purposes (Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act, 2019, para. 1). Furthermore, there was the H.R.3755 – Women’s Health Protection Act (WHPA) of 2021, which sought to protect a woman’s ability to determine whether to continue or end a pregnancy, and to protect a health care provider’s ability to provide abortion services (Women’s Health Protection Act, 2021, para.1).

Sadly, both of these laws have become futile ever since *Roe v. Wade* was overturned as a result of the ruling in *Dobbs v. Jackson Women’s Health Organization*. According to Totenberg and McCammon (2022), “The decision, most of which was leaked in early May, means that abortion rights will be rolled back in nearly half of the states immediately, with more restrictions likely to follow. For all practical purposes, abortion will not be available in large swaths of the country...” (para. 3). Now that federal courts no longer have a say in abortion rulings, it is now up to state legislatures and courts to decide abortion law. According to Nash and Ephross (2022), “There were 50 abortion restrictions adopted by states in 2022. This was not a large number compared with 2021, when a record total of 108 restrictions were enacted (para.5). Sixteen states have had a near-total ban on abortion at some point during the year, and the bans were in effect in 12 states as of December 12<sup>th</sup> (Nash and Ephross, 2022, para.6). So far, 66 clinics have stopped providing abortion care 100 days after the overruling, and nearly one-third have closed (Nash and Ephross, 2022, para.12). Moreover, several states have enacted gestational age bans for abortions (Nash and Ephross, 2022, para.18). This means that women cannot have abortions after a specific number of weeks decided upon by the state government. Furthermore, Idaho have begun to place heavy restrictions on travel for those who seek abortion elsewhere. As told



by Farrell (2023), “Legal limits on abortion-related travel are the focus of a new law in Idaho, with Gov. Brad Little signing a bill Wednesday that makes it a crime, punishable with up to five years in prison, for an adult to help a minor get an abortion without parental consent (para.1) In addition, South Carolina is pushing a bill that would subject women to the death penalty if they abortions. As stated by Shabad (2023), “South Carolina Republicans are pushing legislation that would make a person who undergoes an abortion subject to the state’s homicide laws, which include the death penalty (para.1).

However, there are other states which have chosen to protect abortion rights. There are three types of measures: funding for abortion, safe access to clinics and increased confidentiality for providers, and “shield laws” that protect both providers and patients from criminal investigations for being involved in an abortion (Nash and Ephross, 2022, para.24). So far, seven states have passed laws committing money to abortion funding (Nash and Ephross, 2022, para.25). Four states have laws that were enacted to improve abortion clinic access and safety for providers and patients (Nash and Ephross, 2022, para.33). In addition, fourteen states adopted protective measures to shield abortion providers and patients from investigation by officials in states that ban abortion (Nash and Ephross, 2022, para.38). Moreover, ballot initiatives took place in six states in order to show their support for abortion rights and access, and by including such rights into their state constitutions (Nash and Ephross, 2022, para.42).

There are not many laws regarding medical abortion pills, but according to the Guttmacher Institute (2023), the FDA lifted restrictions that prevent patients from obtaining medical abortion pills from any retail pharmacy in January 2023 (para.3). However, some state legislatures are trying to ban the access. As reported by Cole (2023), “A federal judge in Texas is considering a lawsuit seeking to block the use of medication abortion nationwide, in the biggest abortion-related case since the Supreme Court overturned *Roe v. Wade* last year” (para.1). The article goes on to say, “The lawsuit, filed in November 2022 by anti-abortion against the U.S. Food and Drug Administration, targets the agency’s two-decade-old approval of mifepristone, the first drug in the medication abortion process (Cole, 2023, para.2).

Furthermore, within the “Progress Report on the National Strategy on Gender Equity and Equality” doctrine, the Biden Administration has listed initiatives that will protect the reproductive health of women in the U.S. The document states,

“In response to the Supreme Court decision overturning *Roe v. Wade*, President Biden issued two Executive Orders and established the Task Force on Reproductive Healthcare Access to safeguard access to abortion and contraception; prevent discrimination in health care; defend the right to travel out of state for medical care; promote the safety and security of clinics, providers, and patients; and protect patient privacy and access to accurate information. In addition, the Food and Drug Administration (FDA) took independent, evidence-based action that will support access to mifepristone—a drug used in medication abortion that has been approved by the FDA as safe and effective for over 20 years—by allowing it to be prescribed by telehealth and dispensed by a certified mail-order or retail pharmacy.

“Key Administration actions to protect access to reproductive health care include protecting patients from the illegal use and sharing of sensitive health-related information, including related to geolocation data; taking steps to protect access to reproductive health care for veterans, Service members, and their families; clarifying protections for birth control coverage under the Affordable Care Act; and providing reliable and up-to-date information on access to care at [ReproductiveRights.gov](https://www.ReproductiveRights.gov), as well as legal resources at [justice.gov/reproductive-rights](https://www.justice.gov/reproductive-rights).

- Protecting emergency medical care. The Department of Health and Human Services (HHS) issued guidance and a letter from Secretary Becerra to reiterate that the Emergency Medical Treatment and Labor Act (EMTALA) requires providers to offer necessary stabilizing treatment to patients with an emergency medical condition, including where abortion care is that stabilizing treatment, and that EMTALA preempts any directly conflicting state law, including laws that would prohibit the provision of such care. The Department of Justice (DOJ) challenged state restrictions in Idaho that make abortion a crime even when necessary to prevent serious risks to the life or health of pregnant patients, in conflict with EMTALA. In August 2022, a federal district court issued a preliminary injunction blocking the enforcement of Idaho’s ban on abortion as applied to medical care required by EMTALA. Litigation is ongoing. In addition, DOJ is appealing a final judgment and injunction entered by the Northern District of Texas that prohibits certain applications of the EMTALA Guidance and Secretary Becerra’s letter.
- Ensuring non-discrimination in health care. HHS issued a notice of proposed rulemaking on Section 1557 of the Affordable Care Act that prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities. The proposed rule affirms protections against discrimination on the basis of sex, including sexual orientation and gender identity consistent with the U.S. Supreme Court’s holding in *Bostock v. Clayton County*, and reiterates protections from discrimination for seeking reproductive health care services. Furthermore, HHS issued guidance to roughly 60,000 retail pharmacies making clear their obligation to ensure access to comprehensive reproductive health care services free from discrimination under federal civil rights law (“Progress Report on the National Strategy,” 2023, p.7)

Contraception was legalized in the U.S. in 1965. The fight then moved to whether health insurers had to cover the cost. The ACA of 2010 provides federal contraceptive coverage guarantee applies to most private health plans nationwide, whether it is sold to employers, schools or individuals, or whether it is offered by employers that self-insure (Guttmacher Institute, 2023, para.2). The Guttmacher Institute (2023) states, “Federal law required health insurance coverage for the full range of ‘female-controlled’ contraceptive methods, including counseling and related services, without out-of-pocket costs” (para.7). This applies to the specific methods delineated by the U.S. Food and Drug Administration (FDA), which includes female sterilization and methods available over the counter (when obtained with a prescription) (Guttmacher Institute, 2023, para.8). But then in 2020, the U.S. Supreme Court ruled that “employers with religious or moral objections limit women’s access to birth control coverage under the Affordable Care Act and could result in as many as 126,000 women losing contraceptive coverage from their employers” (Liptak, 2020, para.1)

In response to the Supreme Court’s ruling, the H.R.8373-Right to Contraception Act was proposed. This bill would have protected a person’s ability to access contraceptives and to engage in contraception and would protect the health care provider’s ability to provide contraceptives, contraception, and information related to contraception (Right to Contraception Act, 2022, para.1). Unfortunately, this law only passed the House, and has yet to be made into law.

Most laws about access to contraception are to be found at the state level. The states of Colorado, New Jersey, Vermont, Virginia, and West Virginia have enacted legislation that expands access to contraceptives (Nash, 2020, para.17). According to the Guttmacher Institute (2023), in 29 states and the District of Columbia, it is required that contraception over the counter is covered, but the insurer still needs to require the enrollee to obtain a prescription; 16 states and the District of Columbia do not allow cost sharing of contraceptives; 9 states and the District of Columbia do not allow restrictions and delays by insurers, or the restrictions of access to contraceptives from the use of medical management techniques; and 20 states and the District of Columbia give permission to some employers and insurers to refuse to comply with the mandate of contraceptive coverage mandate (para.10-13). In the case of Emergency Contraception, which is a service provide to people who have been raped, according to the Guttmacher Institute (2023), hospital emergency rooms in 21 states and the District of Columbia requires these to provide emergency contraception-related services to sexual assault victims. In 8 states, a physician’s prescription is not needed for a pharmacist to dispense emergency contraception under certain conditions (para.4-5), and 9 states have placed restrictions on emergency contraception (Guttmacher Institute, 2023, para.8).

**Enforcement:** The overturn of *Roe v. Wade*, and the ban on abortions by many states, have placed a heavy burden on women, especially women of low income. According to Suleymanova (2022), “The ruling will cause economic pain in 26 states where abortion bans are most likely to go into effect and where people already face lower wages and limited access to healthcare, the Economic Institute warned following the decision” (para.3). Besides low-income women, women of color will also suffer from these new restrictions. Artiga et al (2022) assert that, “Women of color face more barriers to accessing health care in general and have more limited access to coverage of abortions. Moreover, due to underlying structural inequities, women of color have more limited financial resources and may face other increased barriers to accessing abortions if they need to travel (para.10). Moreover, opponents of abortion can use this new ban for their benefit as shown in a case in Texas in which a woman whose friends helped her acquire an abortion bill, found her friends being sued by her ex-husband on a charge of a wrongful-death lawsuit in assisting his ex-wife with the termination of the pregnancy. According to Goldberg (2023), “This case shows how vivid the way abortion prohibitions give men control over women (para. 5).

Furthermore, the overturn of *Roe v Wade* has also affected women who have miscarriages because the clinical skills used in a surgical abortion are similar to the uterus lining procedure performed after a miscarriage in order to prevent serious complications (Sullivan, 2022, para. 18). The drugs used during a medical abortion –mifepristone and misoprostol—can help a

woman pass a miscarriage (Sullivan, 2022, para. 19), and sometimes a surgical abortion is necessary. According to the article, “If there is already cardiac activity-which usually occurs around six weeks and is currently used as the cutoff for an abortion in a handful of states-it creates a difficult situation for doctors with caring for patients who are miscarrying (Sullivan, 2022, para. 20). The question has become in these states, “how close to dying does the woman have to be before we can perform an abortion in the case of impending miscarriage?” This can be a life and death issue for a woman. Horrifying cases are increasingly appearing in the media. For instance, there was a case in Austin, TX where a woman almost lost her life due to pregnancy complications in which the hospital refused to give her an abortion until her body was affected with sepsis. According to her husband, “These barbaric laws prevented her from getting any amount of healthcare when she needed it, until it was at a life-threatening moment” (Cohen, 2022, para.55).

Moreover, despite the laws and programs, contraception is still inaccessible in some areas. In the “Contraceptive Deserts” (n.d.) article, it states that,

More than 19 million women of reproductive age living in the U.S. are in need of publicly funded contraception and live in contraceptive deserts. Living in a contraceptive desert means that they lack reasonable access in their county to a health center that offers the full range of contraceptive methods. Around 1.2 million of these women live in a county without a single health center offering the full range of methods (para.1).

On top of that, abortion figures have dropped since the overturn. According to a report that was recently released, the number of legal abortions decreased just over 6 percent six months after the Supreme Court ended the right to abortions (Sanger-Katz and Miller, 2023, para.1).

**Reflection:** The overturn of *Roe v. Wade* has made a catastrophic and deadly impact on women and their right to bodily integrity. The future of women in the U.S. is very troubling with the lack of abortion and reproductive healthcare or access in many states. The federal government is not completely helpless in this situation, despite the SCOTUS ruling. For example, the federal government can push back against states that attempt to punish women who travel across state lines for abortion, for the federal government has the power to regulate interstate commerce (Seitz and Long, 2022, para.8). The Justice Department has sued the state of Idaho over its restrictive abortion policy and has indicted at least 20 people who are accused of obstructing access to abortion clinics (Seitz and Long, 2022, para.12). The Justice Department has sued the state of Idaho over its restrictive abortion policy and has indicted at least 20 people who are accused of obstructing access to abortion clinics (Seitz and Long, 2022, para.12). Just recently, the Biden administration announced that it will enforce stricter privacy laws for patients who wish to get an abortion across state lines and their doctors. According to Goodin (2023), “The Department of Health and Human Services is enacting a rule prohibiting healthcare providers and insurers from sharing private health information if that information will be used to investigate someone accessing or providing an abortion” (para.2). Moreover, the Department of Veteran Affairs permits women veterans and their beneficiaries to access abortion even in states that have outlawed it if the woman’s health is at risk or in cases of rape

or incest (Seitz and Long, 2022, para.13). The Federal Trade Commission has also sued at least one data broker for selling information that tracks people at reproductive health care clinics, and the Federal Communication Commission reminded 15 mobile carriers of privacy laws in a recent letter (Seitz and Long, 2022, para.14).

In regard to the unmet need of contraceptives in the U.S., according to Frederiksen et al (2017), “There is a need to continue efforts to expand access to contraceptive care in the United States, and to monitor the SDG indicators so that improvement can be tracked” (p.204). The U.S. government needs to provide accessible and affordable contraceptives to women of all ages and race by formulating strategic plans and helping to fund women-focused NGOs that work to provide good reproductive health to women and girls. Furthermore, state legislators should also work in making contraception available to women and girls and work to improve over the counter purchase or adequate insurance coverage.

References listed on pages 366-369

## ACCESS TO HEALTHCARE

***Related to CEDAW Article 10(h): Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.***

***Related to CEDAW Article 11(f): The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.***

***Related to CEDAW Article 12(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.***

***Related to CEDAW Article 14(b): To have access to adequate health care facilities, including information, counseling and services in family planning.***

**Definition/Context:** According to the University of Missouri, School of Medicine, “Healthcare access is the ability to obtain healthcare services such as prevention, diagnosis, treatment, and management of diseases, illness, disorders, and other health-impacting conditions” (School of Medicine, n.d., para.1).

**Prevalence/Current Situation:** Women in the U.S. do not receive good quality healthcare. According to the Global Women’s Health Index (n.d.), only 68% of US women felt they received high-quality general healthcare in 2021, and only 72% of US women felt they received good pregnancy care from health facilities. This is a far cry from the 81 percent it used to be in 2020 (Figure.3). Women in the U.S. are also often dismissed of their health concerns by health professionals. According to Long (2021), 21 percent of women between ages 18-64 have had their concerns dismissed, while for men, the corresponding figure was only 13 percent (Figure. 13). Thirteen percent of women complained that their doctor assumed something about them without asking, while for men it was 11 percent (Long, 2021, Figure 13). Ten percent of women also stated that their doctors did not believe they were telling the truth, while for men, the figure was 7 percent (Long, 2021, Figure 13). Finally, 9 percent of women stated that their doctors blamed them for the health problem they were facing, while for men, it was 7 percent (Long, 2021, Figure 13). Women are 27 percent more likely than men to experience one of these healthcare access/quality issues compared to men with a figure of 20 percent (Long, 2021, Figure 13). This data was also disaggregated by race, with 27 percent of Black women experiencing any of these problems, 25 percent of White women, 28 percent of Hispanic women, and 27 percent of Asian women (Long, 2021, Table 9).

Women also experience healthcare bias based on their age. Women ages 18-25 have the highest percentage of self-reported healthcare age bias, 47% (Long, 2021, Figure 14). This data is disaggregated by race as well, with 38 percent of Black women reporting experiencing this bias (Long, 2021, Figure 13). For White women, the figure is 2 percent, and for Hispanic women it was 16 percent (Long, 2021, Figure 13). In one survey conducted, 34 percent of Black women

stated that their health concerns or symptoms were not taken seriously in interactions with doctors and other health care providers (Funk, 2022, para.29). Seventy-one percent of Black women between the ages 18 to 49 report negative interactions in healthcare providers and that they have had at least one negative experience in the past, and 54 percent of Black women between the ages 50 and older experienced this (Funk, 2022, para.33). Moreover, 52 percent of younger Black women say they have had to speak up to get proper care, and 40 percent of older women experienced that as well (Funk, 2022, para.35).

Compared to other countries, US women's health outcomes are abysmal. As told by Gunja (2018), at 20 percent, the U.S. has the highest prevalence of women's chronic disease, while Canada at 16 percent, and the UK at 12 percent (Figure.1). At 34 percent, U.S. women have the highest rate of emotional distress, while Canada is at 33 percent, and the UK is at 20 percent (Gunja, 2018, Figure.2). At 44 percent, women in the U.S. have the highest medical bill problems compared to Canada that is 22 percent, and the UK that is 2 percent (Gunja, 2018, Figure.8).

**Trajectory/Trends:** Unfortunately, there is no coded data on the trajectory of the trend on issues with women's healthcare over the years. As such, a brief history of women's dissatisfaction with American healthcare will be provided instead. In the Western world, concepts such as that of "hysteria" greatly added to the disregard for women's health, as male medical professionals typically aligned a woman's illness to her reproductive organs. According to Young et al (2019), "The hysteria discourse is that women's illnesses are a product of their psych, stemming from their reproductive system, as a failure to uphold their 'biologically destined' role of the mother" (p.342). There is a long history of male doctors dismissing women's health concerns as they believed such concerns were "all in her head." Such issues were what led to the formation of the Women's Health Movement (WHM) that emerged between the 1960s and 70s. In 1969, a group of young women who called themselves the "doctor's group" were tired of their medical experiences being dismissed by the male medical establishment. In response, the women created a pamphlet called 'Women and Their Bodies' that was published in 1970. The book was later revised and expanded in 1973 and changed its name to 'Our Bodies, Ourselves' ("The Women's Health Movement," p.1). Since then, women played a significant role in women's health.

Instead of being passive clients of a medical system dominated by men, now women challenged doctors' carefully guarded monopoly on medical knowledge. Today, Americans function as medical consumers in a way that's radically different from how things were in the 1960s, and the women's health movement played a large role in this shift. ("The Women's Health Movement," p.2).

Even so, some changes have been fairly recent. For example, it was not until the 1990s that the National Institute of Health mandated that clinical trials include women and perform a separate analysis of trial data based on sex, a topic expanded on in the next subsection ('NIH Policy on Sex,' n.d., para.1). Although these changes brought improvements the field of women's health,



it is clear from the data presented that women’s health concerns are still being dismissed, be it based on gender, race, or age, and that health outcomes for women are still not optimal.

**Legislation/Initiatives:** There are not as many laws when it comes to women’s health, but there are more programs and policies regarding the matter. There is the S.636-Freedom of Access to Clinic Entrances Act of 1994. This law amends the Federal criminal code to prohibit the intimidation, interference, and attempt to injure someone who is planning to obtain or provide reproductive health services (Freedom of Access to Clinic Entrances Act, 1994, para.1). Then there is the Women’s Health Initiative (WHI), a project that began in 1991. This initiative, sponsored by the National Heart, Lung, and Blood Institute (NHLBI), is a long-term national health study that focuses on the strategies for preventing heart disease, breast and colorectal cancer, and osteoporosis in postmenopausal women (Ludlam, n.d., para.1). The Office of Research on Women’s Health (ORWH) has been assisting in creating policies and programs pertaining to the improvement of women’s health since the late 1900s. In 1983, under the U.S. Department of Health and Human Services, the Public Health Service Task Force on Women’s Health Issues was established. The task force advocated for greater inclusion of women in NIH-funded clinical trials and for more research on conditions and diseases affecting women (ORWH, n.d., p.2). In that same year, the Congressional Caucus for Women’s Issues pushed for the inclusion of more women in clinical studies (ORWH, n.d., p.2). In 1984, the National Black Women’s Health Project, which is now called the Black Women’s Health Imperative, began addressing the reproductive and general health of African American women (ORWH, n.d., p.2). Then in 1986, NIH formulated the Inclusion of Women and Minorities in Clinical Research Policy. This strategy urged researchers applying for NIH funding to include women and minorities in studies involving human subjects (ORWH, n.d., p.2). In 1990, the ORWH was officially established. The ORWH served as the focal point for research relevant to the health of women health research in the greater biomedical community as well (ORWH, n.d., p.3). In 1991, the ORWH established the Re-Entry into Biomedical Research Careers program. This program assists researchers in re-entering their research careers after a qualifying interruption, such as childbirth (ORWH, n.d., p.3). Then in 1993, the NIH Revitalization Act of 1993. This act required the inclusion of women and minorities in NIH-funded clinical research, and today, half of the participants in NIH clinical trials are women (ORWH, n.d., p.4).

Then in 2000, an NIH-wide collaborative effort –The Building Interdisciplinary Research Careers in Women’s Health—was established. It connects junior faculty to senior faculty with a shared interest in women’s health and sex differences research (ORWH, n.d., p.4). In 2002, the Specialized Centers of Research (SCOR) on Sex Differences program was launched. This program aimed to translate scientific knowledge about how diseases affect women and men differently into new treatments that improve clinical care ((ORWH, n.d., p.5). NIH eventually established the Working Group on Women in Biomedical Careers in 2007, and in 2008, that same group created Research on Casual Factors and Interventions that Promote and Support Women in Biomedical Careers initiative. It produced research that expanded opportunities and reduced barriers for women in biomedical research (ORWH, n.d., p.5). In 2016, ORWH developed the NIH Policy on Sex as a Biological Variable (SABV). This policy advanced women’s health by helping to ensure that the potential influences of sex on health and diseases were considered

early and throughout the research process. This research also helped advance women's health toward a holistic, multidimensional framework (ORWH, n.d., p.6). In 2017, the NIH, U3 Administrative Supplement Program was launched. This program focused on researching health disparities among populations of women that have been understudied, underrepresented, and underreported (U3) in biomedical research (ORWH, n.d., p.7). In 2018, the SCOR program which was established in 2002, was expanded into the Specialized Centers of Research Excellence (SCORE) on Sex Differences. This new program established 11 new research centers of excellence, each serving as a national resource for translational research on the role of sex differences in the health of women. It also added a vital Career Enhancement Core (ORWH, n.d., p.7). Then in 2019, NIH released its first research project grant to focus on studying the intersection of sex and gender in health and disease (ORWH, n.d., p.7). Finally, in 2020, ORWH research and programs began addressing pressing issues women currently face, such as maternal morbidity and mortality and opioid use disorder (ORWH, n.d., p.8).

Furthermore, the Health Resources and Services Administration (HRSA) supported the Women's Preventive Services Guidelines that were established in 2011 based on recommendations from a Department of Health and Human Services commissioned study by the Institute of Medicine (IOM), which is now referred to as the National Academy of Medicine (NAM) (HRSA, n.d., para.4). Moreover, in March 2016 and March 2021, HRSA awarded The American College of Obstetricians and Gynecologists (ACOG) a five-year cooperative agreement in which ACOG engaged a coalition of national health professional organizations and consumer and patient advocates with expertise in women's health across the lifespan to develop, review, and update recommendations for women's preventive healthcare services, including HRSA-sponsored Women's Preventive Services Guidelines. As a result, ACOG launched the Women's Preventive Services Initiative (WPSI). (WPSI, n.d., para.1).

**Enforcement:** Despite all these programs, US women's health outcomes have arguably not made any significant improvement. According to Short and Zacher (2022), by 2019, US women's life expectancy has decreased to 81.4 years, which is 3.2 years lower than the average across other nations, and four years lower than in Italy, Switzerland, France, Spain, and Japan (para.3). Maternal mortality rates have also increased to 32.9 per 100,000 in 2021, a rate not seen since 1965 in the U.S., and is far higher than other developed countries such as the UK and Canada (see the section on Maternal Mortality). (Short and Zacher, 2022, para.4). Women's healthcare in the U.S. also suffers from silence and stigma surrounding the female body, leading to a lack of knowledge of women's physiology (Short and Zacher, 2022, para.6). Moreover, the leading cause of death of women in the U.S. is heart disease, but according to a 2022 study, women who came into the hospital or clinic with chest pain had to wait longer to see a doctor or nurse and were less likely to be admitted for observation than men. Even if both genders had the exact same cardiovascular system, doctors were less certain of how to diagnose women than men (Short and Zacher, 2022, para.7). There are many other issues that could be discussed here, such as the relative lack of treatment of women's pain, the lack of research into diseases coded as affecting women more (e.g., autoimmune diseases, hyperemesis gravidum, etc.), the over-treatment of women with psychotropic drugs, the poorer surgical outcomes when women are attended by male surgeons, etc., that have been noted in the literature. However, there is

one bright spot: there has been a significant increase in the survival rate for breast cancer. According to the article, “Breast Cancer: Statistics,” (2023), “The 5-year relative survival rate for women in the United States with non-metastatic invasive breast cancer is 91 percent. The 10-year relative survival rate for women with non-metastatic invasive breast cancer is 85 percent.” (para.13). This depends on what stage the cancer is on, the person’s age and general health, and how well the treatment plan works (“Breast Cancer: Statistics,” 2023, para. 14). (See more of Breast Cancer in the *Trend in Death Rates from Female Specific Cancer* section).

**Reflection:** Women’s healthcare or access to healthcare in the U.S. cannot be said to be adequate, especially since women’s life expectancy is falling and maternal mortality is rising significantly. The laws and programs in place are laudatory, but apparently not as effective as one would hope in changing these statistics for the better. As such, the U.S. government, and in particular HHS, must step back and consider focused action to turn these outcomes around. Furthermore, the U.S. should also work on providing healthcare to racial minorities as they experience more medical bias. We view the increase and improvement of women’s healthcare as a high priority for the nation.

## ACCESS TO HEALTH INSURANCE

***Related to CEDAW Article 12(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.***

***Related to CEDAW Article 14(b): To have access to adequate health care facilities, including information, counseling, and services in family planning.***

**Definition/Context:** According to HealthCare.gov (n.d.), health insurance is, “A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium” (para.1).

**Prevalence/Current Situation:** Women in the United States have increased access to health insurance coverage, compared to previous time periods. According to the Kaiser Family Foundation (KFF) (2022), of the 97.3 million women between the ages of 19-64 who live in the U.S., 60 percent (58.1 million) have Employer-Sponsored Insurance, 11 percent are uninsured, 18 percent use Medicaid, 8 percent use Direct Purchase, and 1 percent use ‘Other.’ The ‘Other’ category covers those under the military and Veteran’s Administration, as well as nonelderly Medicare enrollees (Figure.1). Medicaid covers the majority of women who live in poverty: 42 percent of low-income women, and 50 percent of poor women use Medicaid (KFF, 2022, para.9). Low-income women are those whose income is below 200 percent of the federal poverty threshold, and poor women are those whose income falls below 50 percent of the poverty guidelines (‘How Poverty in the United States is Measured,’ n.d., para.11). Women are more likely to be uninsured than men: 18 percent of women were uninsured compared to 14 percent for men.

Despite rising unemployment as a result of COVID, women held steady access to health insurance during the second year of the pandemic (KFF, 2022, para.15). According to “In 2020, More than 12.6 Million Women and Girls Lacked Health Insurance,” (2021) article, “Despite more than 92 percent of women and girls having some form of health insurance in 2020, more than 12.6 million remained uninsured” (para.3). This data also varies based on race with Hispanic women being the most uninsured as shown in Table 17 (“In 2020, More than 12.6 Million Women and Girls Lacked Health Insurance,” 2020, para.4). Specifically, 10.3 million women between 19-64 were uninsured in 2020 (“In 2020, More than 12.6 Million Women and Girls Lacked Health Insurance,” 2020, para.5), and 8.5 million women between 19-54 were uninsured in 2020 (“In 2020, More than 12.6 Million Women and Girls Lacked Health Insurance,” 2020, para.6)

**Table 17: % of Uninsured Women based on Racial Group in 2020**

RACE	Uninsured Women
Black	9%
White	4.7%
Hispanic	16.6%
Asian	5.8%

(“In 2020, More than 12.6 Million Women and Girls Lacked Health Insurance,” 2020, para.4)

White women had the highest percentage of having employer sponsored insurance, Black women had the highest percentage of having Medicaid coverage, both Hispanic and American Indian and Alaska Native women had the highest rates of being uninsured, Asian women had the highest percentage of directly purchasing for their medical treatments, and Native Hawaiian Other Pacific Islander women were the only racial group to have a percentage in the ‘Other’ category, as shown in Table 18.

**Table 18: % of Health Coverage among Racial Groups in 2021**

RACE	Uninsured	Medicaid	Direct Purchase	Employer Sponsored	Other
Black	11%	28%	6%	51%	
White	7%	14%	9%	66%	
Hispanic	22%	23%	8%	45%	
AIAN	22%	33%		38%	
Asian	7%	14%	12%	65%	
NHOPI	11%	25%		53%	6%

(KFF, 2022, Figure.2).

**Trajectory/Trends:** From 2001 to 2010, women had difficulty accessing health insurance. As shown in Table 19, percentages under the category ‘Uninsured no’ began to increase. This challenge is also shown as women in the “Continuously insured’ category began to lose access to insurance between 2001 to 2010. However, from 2010 to 2016, due primarily to the Affordable Care Act passed in 2010, the percentages of the ‘Uninsured now’ began to gradually decrease, and the percentages of the ‘Continuously insured’ began to gradually increase (Gunja et al, 2017, Figure.1).

**Table 19: % of Uninsured Women of ages 19-64 has fallen between 2001-2016**

YEAR	Uninsured now	Insures now, had a gap	Continuously Insured
2001	13%	10%	77%
2003	17%	9%	11%
2005	18%	11%	71%
2010	20%	9%	71%
2012	17%	11%	72%
2014	13%	13%	74%
2016	11%	10%	79%

(Gunja et al, 2017, Figure.1)

**Legislation/Initiatives:** There are not many federal laws or programs with regards to medical coverage specifically for women, but the ones that do exist cover a wide array of health services pertaining to women. Since women are more likely to be poor than men in the United States, any legislation that expands access for poor individuals will disproportionately help women. First is the Patient Protection and Affordable Care Act of 2010 (ACA). This act amends the Public Health Service Act of 1944 and prohibits a health plan from making any lifetime limits or annual dollar value of benefits for any participant or beneficiary after January 1, 2014 (Patient Protection and Affordable Care Act, 2010, para. 1). Ceullar et al (2012) goes further to explain the medical benefits the ACA provides for women. This act provides essential health benefits for maternity coverage, and in 2012, 62 percent of individual market enrollees do not have maternity coverage (Ceullar et al, 2012, p.1). The act helps to make prevention affordable by requiring most private health insurance plans to cover recommended prevention and wellness benefits without cost-sharing (Ceullar et al, 2012, p.1). It has improved Medicare coverage by allowing those with Medicaid insurance to receive additional preventive services without cost-sharing and has expanded prescription drug coverage as well (Ceullar et al, 2012, p.2). Furthermore, it ends gender discrimination in premiums by prohibiting insurance companies in the individual and small-group health insurance market from charging higher rates due to gender or health status (Ceullar et al, 2012, p.3). For example, in the “bad old days,” being a domestic violence victim could result in much higher health insurance premiums. Those types of sex-based discrimination are now outlawed.

The Act also expands the insurance coverage and available options to women, thereby making it possible for them to not become reliant on health insurance that is tied to their place of employment or their husbands (Ceullar et al, 2012, p.3). The ACA also ensures that insurers cannot deny coverage to adult women because of a pre-existing health condition, such as a prior C-Section (Ceullar et al, 2012, p.4). In addition, the ACA works to create strategies such as the Community Transformation Grants to improve chronic disease prevention (Ceullar et al, 2012, p.4). In an effort to help small-business female entrepreneurs tax credits, the ACA encourages employers to offer health insurance for the first time or maintain coverage they already have (Ceullar et al, 2012, p.4).

For women who are older than 85 and are staying at a nursing home or are by themselves alone, the ACA provides additional services for those who are staying at home through Medicaid programs (Ceullar et al, 2012, p.1). The ACA provides new authority to the Office of Women’s Health to establish short- and long-range goals within HHS, and to coordinate with other offices that work with HHS on health-related issues (Ceullar et al, 2012, p.1). The Office of Women’s Health (OWH) is a department under the Health Resources and Services Administration (HRSA) of HHS that works to advance health and wellness for women across the lifespan by leading and promoting innovative, sex and gender-responsive public health approaches (HRSA, n.d., para.1).

In 2023, according to Norris (2023), the ACA was hit with lawsuits that argued that the ACA’s contraceptive mandate should not apply to religious employers or for-profit employers that object on religious or moral grounds. In response, the Trump administration amended the

policy, allowing religious or moral exceptions and making it possible for employers to object to the contraception coverage mandate (para.14). In response to that move, the Biden administration created a new pathway called the Individual Contraceptive Arrangement in which individuals that are enrolled in plans or coverage sponsored by an objecting entity that have not opted out, may still be able to obtain contraceptives services at no cost (“Coverage of Certain Preventive Services, 2023, para.2). Then there is the Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act of 2019, which was created to ensure affordable abortion coverage and care for every woman, and for other purposes (para.1).

**Enforcement:** Unfortunately, despite the wide range of the laws and policies in place, there are still issues that impede women’s access to health insurance. For example, single women in the U.S. have to pay a greater share of their income for their health insurance coverage compared to men. According to Romain (2022), “In 2020, single women put an average of 6.8 percent of their annual pretax salary toward their health insurance, while men put an average of 3.9 percent. This averages to \$2,406 for single women, compared to \$1,896 for single men” (para.3). Despite the ACA law prohibiting this, it is still in practice, and it does not disappear no matter what age the woman is. There are two reasons behind this. First, insurers charge women more because they have more health risks. According to Romaine (2022),

“Robin Townsend, ValuePenguin health and life insurance expert, said. ‘Specifically, women are considered a higher risk because they tend to visit the doctor more frequently, have more complex medical issues—including pregnancy- and live longer than men’ (para.6).

Second, the gender pay gap adds to the challenge. As reported by a 2019 data survey by the U.S. Census Bureau, men receive an annual income of \$53,544, while women receive an annual income of \$43,394, creating an average pay disparity of \$10,150 (Romaine, 2022, para. 8). This means, among other things, that healthcare services are less affordable for women who have Employer-Sponsored Health Insurance. As told in “Health Care is Increasingly Unaffordable,” (2022),

Women with employer-sponsored insurance found all types of health care services to be less affordable than men. On average, 3.9 percent of women and 2.7 of men reported that medical care was unaffordable, 8.1 percent of women and 5.4 percent of men said dental care was unaffordable, 5.2 percent of women and 2.7 of men said prescription medication were unaffordable, and 2.1 percent of women and 0.8 percent of men reported that mental health care was unaffordable (para. 5).

The reasons for this are the same reasons Romaine (2022) mentioned: Low pay wage and higher health risks. Furthermore, states that have not expanded Medicaid have forced poor women to live in a “coverage gap.” A coverage gap is when people with income below the poverty line are not eligible for the services of the ACA, and if they live in a state that has not expanded Medicaid, they cannot use that insurance service either (Norris, n.d., para.2), and thus are left without any health insurance at all.



Overall, the U.S. health insurance system compares poorly with other developed nations. According to Gliadkovskaya (2022), “U.S. women spend more out of pocket on healthcare than in other countries; more than a quarter reported annual family out-of-pocket costs of \$2000 or more, even those covered by insurance, compared to less than 5 percent of women in the U.K., France, and Netherlands” (para.5).

**Reflection:** U.S. women’s access to health insurance is still not what it should be, nor is it what was promised by the ACA. Laws are in place, but because of poor enforcement, the gender pay gap, the abuse of insurance companies towards women, and coverage gaps, more women than men are suffering the consequences. Moreover, racial disparities are still prevalent in the healthcare system and often put minority women at a disadvantage. The U.S. government needs to first focus on reducing the gender pay gap so that healthcare can become more affordable and accessible to women and should incentivize insurance companies to address the needs of women. Moreover, the U.S. should also implement penalties on insurance companies that choose to disregard the elements of the ACA meant to specifically assist women.

References listed on pages 372-373

## BREASTFEEDING

***Related to CEDAW Article 11(f): The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.***

***Related to CEDAW Article 12(2): Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement, and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.***

***Related to CEDAW Article 14(b): To have access to adequate health care facilities, including information, counseling, and services in family planning.***

**Definition/Context:** According to the National Institute of Health (NIH) (n.d.), “Breastfeeding, also called nursing, is the process of feeding a mother’s breast milk to her infant, either directly from the breast or by expressing (pumping out) the milk from the breast and bottle-feeding it to the infant” (para. 1). However, breastfeeding discrimination, according to the Victorian Equal Opportunity and Human Rights Commission, is “Pregnancy or breastfeeding discrimination is when someone treats you unfairly, including bullying you, because of your pregnancy or need to breastfeed” (para. 1).

**Prevalence/Current Situation:** The National Immunization Survey of 2020-2021 by Centers for Disease Control and Prevention (CDC) revealed that of infants who were born in 2019, 83.2 percent were breastfed at some point, while 55.8 percent and 35.9 percent of infants were breastfed at 6 months and 1 year, respectively. Furthermore, only 45.3 percent of infants were breastfed exclusively through 3 months, and even fewer, just 24.9 percent, were breastfed exclusively through 6 months (Centers for Disease Control and Prevention, 2022). The data highlights that despite the endorsement of esteemed health organizations such as the American Academy of Pediatrics, the World Health Organization, and the CDC, which advocate exclusive breastfeeding for the first six months and continued breastfeeding alongside complementary foods for up to two years, only a small percentage of infants are being breastfed in accordance with these guidelines (Centers for Disease Control and Prevention, 2023). This begs the question of why this disparity exists, given the established short and long-term health advantages of breastfeeding for both the mother and infant (Centers for Disease Control and Prevention, 2021). It is evident that more work is needed to promote and support breastfeeding in the U.S.

Breastfeeding discrimination is part of the problem. As reported by Morris et al (2019), “Almost three-fourths of breastfeeding discrimination cases studied involved economic loss, and nearly two-thirds ended in job loss” (p.4). People of color have it worse as many of them live in low-income households. This results in challenges to the initiation and duration of their breastfeeding compared to others. As told by Echols (2019), Black women have the lowest initiation rate of 69.4 percent, while for white women, it is 85.9 percent, and 83.2 percent for women overall (para.2). Black women also have the shortest duration of 44.7 percent still

breastfeeding at 6 months compared to white women at 62 percent and 57.6 percent of women overall (Echols, 2019, para. 2). As a result of discrimination, more mothers have switched to using formula because it is less stressful, and they also have reduced the recommended period to feed their babies breastmilk, potentially causing health problems for the baby. As reported by CDC (n.d.), only 1 in 4 infants are exclusively breastfed as recommended by the time they are 6 months old (p.1). Moreover, this decline causes financial complications to the mother and child because low rates of breastfeeding add more than \$3 billion a year to their medical costs (CDC, n.d., para.2).

**Trajectory/Trends:** From 2010 to 2018, the U.S. breastfeeding rate increased, but it then began to decrease in 2019. The reason behind this drop, according to CDC (2020), is that families are simply unable to breastfeed as long as they want to, and breastfeeding disparities between race and ethnicity continue to persist (p. 2). This decline is the result of the lack of strong support systems such as supportive maternity care practices, state paid family and medical leave laws, and early care and education (ECE) policies, that families need so that they can reach their breastfeeding goals (CDC, 2020, p.2-3). This also indicates that breastfeeding discrimination is progressing and forcing lactating mothers to move to formula instead.

In Table 20, from 2010 to 2017, the percentage of women who began to initiate breastfeeding began to increase substantially, but in 2019, it began to reduce slightly. However, the drop-off between breastfeeding being initiated and lasting for over six months was substantial.

**Table 20: % of Women who started Breastfeeding and Continued after 6 months**

YEAR	% OF BREASTFEEDING INITIATION	% OF WOMEN WHO CONTINUED AFTER 6 MONTHS	CITATION
2010	77%	49%	(CDC, 2013, p.2)
2011	79%	49%	(CDC, 2014, p.2)
2013	81.1%	51.8%	(CDC, 2016, p.2)
2015	83.2%	57.6%	(CDC, 2018, p.2)
2017	84.1%	58.3%	(CDC, 2020, p.2)
2019	83.2%	55.8%	(CDC, 2022, p.2).

**Legislation/Initiatives:** In the United States, there is a plethora of legislations and acts that were created to protect pregnant or breastfeeding women. The first is the Fair Labor Standards Act (FLSA) of 1938. According to the U.S. Department of Labor, “The FLSA establishes minimum wage, overtime pay, recordkeeping, and child labor standards affecting full-time and part-time employees in the private sector and in Federal, State, and local governments” (para. 3). This act

provides lactating mothers break time to pump breast milk, a private space to pump breast milk, ensures that the mothers are covered and are protected under the act, ensures that mothers are compensated for break time to pump milk, and anyone who goes against the provisions of the law is subject to legal retaliation in a court of law. This act only applies to workplace organizations with 50 or more employees, however. Then there is the Civil Rights Act of 1964. This act was initially created to protect African Americans from race discrimination, but the law extended it to sex discrimination at the last minute (Morris et al, 2019, p.20). After that was the creation of the Pregnancy Discrimination Act (PDA) of 1978. This act provides more emphasis on what should be considered unlawful sex discrimination and discriminates against the unfair treatment towards pregnancy, childbirth, and related medical conditions (Morris et al, 2019, p.20).

Next is the Nursing Mothers Act passed in 2010 by President Barack Obama. It is an extension of the FLSA Act. This law ensures that employers must provide reasonable break times and private spaces that are not bathrooms for mothers to pump breast milk (Morris et al, 2019, p.20). After that was the formulation of the Fairness for Breastfeeding Mothers Act of 2019. Under section 2, this act requires that buildings that are open to the public should have public bathrooms that provide a lactation room for mothers who need to pump (H.R.866 – Fairness for Breastfeeding Mothers Act, 2019, para. 1). Then there is the Pregnant Workers Fairness Act (PWFA) of 2021. This act prohibits employment practices that discriminate against the refusal to provide reasonable accommodations for qualified employees affected by a pregnancy, childbirth, or related medical conditions (H.R.1065 – Pregnant Workers Fairness Act, 2021, para.1). Unfortunately, this bill has only passed the House, and therefore has not become law yet.

Finally, there is the Providing Urgent Maternal Protections for Nursing Mothers Act or the PUMP for Nursing Mothers Act that was passed in 2022. This act provides employment protections for those wishing to pump milk, and it requires that employers not only provide the needed accommodations for the employee but must also take the time used to pump milk as hours worked if the employee is working (H.R.3110 – PUMP for Nursing Mothers Act, 2022, para.1). Furthermore, PUMP extends protections to nearly 9 million workers, including teachers, nurses, and farmworkers (The White House, 2023, p.9).

Furthermore, within the “Progress Report on the National Strategy on Gender Equity and Equality” doctrine, the Biden Administration has listed initiatives that will protect the breastfeeding rights of women in the U.S. The document states,

Supporting pregnant, postpartum, and nursing women in custody. U.S. Customs and Border Protection released a policy statement to support women in custody who are pregnant, postpartum, and/or nursing by enhancing custodial standards for these populations, including offering medical assessments to all reported or identified pregnant women at border facilities with onsite medical support and at facilities without onsite medical support; referring pregnant women with an identified medical issue of concern to the local health system; performing

increased welfare checks; and providing sleepers, bassinets, and diaper changing stations at high-priority locations (The White House, 2023, p.8).

The doctrine also states,

Ensure nursing workers receive time and privacy to pump. The President also signed into law the Providing Urgent Maternal Protections for Nursing Mothers Act (PUMP Act), which builds upon the Break Time for Nursing Mothers Act, and expands protections that provide nursing mothers with reasonable break time and private, clean space in the workplace. PUMP extends protections to nearly 9 million workers, including teachers, nurses, and farmworkers (The White House, 2023, p.9).

At the state level, there are a wide variety of laws. As reported by the National Conference of State Legislatures (NCSL), in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands, there are laws that specifically allow women to breastfeed in any public or private location (para.7). In 31 states, the District of Columbia, Puerto Rico and the Virgin Islands exempt breastfeeding from public indecency laws (para.8). In 30 states, the District of Columbia, and Puerto Rico, there are laws that are related to breastfeeding in the workplace (para.9). Twenty-two states and Puerto Rico exempt breastfeeding mothers from jury duty or allow jury service to be postponed (para.10). Four states and Puerto Rico have implemented or encouraged the development of a breastfeeding awareness education campaign (para.11).

**Enforcement:** Despite the creation of the many laws created for breastfeeding women, the policies were poorly implemented. Morris et al (2019) state that these failed policies have left at least 5 million women, who work in small businesses, with no explicit legal protections— either federal or state— safeguarding their access to time and space to pump at work (Morris et al, 2019, p.39). The Nursing Mother’s Act, although thought to be beneficial, appears to have a number of loopholes. According to Morris et al (2019), the bill suffers from three things. First, there are major gaps in coverage. Female workers who work in a wide range of occupations were left out, particularly those who work in the top two pink-collar jobs, nursing and teaching (25).

Moreover, this gap affects Black and Hispanic women, because over 1 million black women and nearly 1 million Hispanic women are uncovered (Morris et al, 2019, p.26). Second, there are limited protections for breastfeeding women. Even though the Break Time for Nursing Mothers provision requires accommodations for "expressing" milk, it does not obligate employers to allow workers to take breaks for direct breastfeeding under all circumstances (Morris et al, 2019, p.29). This means that even if mothers have the ability to breastfeed directly to her child, they cannot take the necessary break. In addition, the law is limited to one year of breastfeeding, but nationwide, one in three babies is still breastfeeding at one year, which is why many others need to express milk for longer (Morris et al, 2019, p.31).

Moreover, even if a law exists, obtaining justice for the victims is extremely difficult. For example, because the Break Time for Nursing Mothers provision is covered under FLSA’s

overtime section, the compensation provided under this section is insufficient for nursing mothers (Morris et al, 2019, p.32). The issue is that if employers violate the FLSA's overtime sections, they are only liable for what they did not pay in wages or overtime. While this may be appropriate compensation in cases of underpayment or wage violations, it does not help mothers who are unable to breastfeed due to a lack of break time. When these mothers are unable to perform their nursing duties, they may have less milk, infections, stress, and other negative health effects. Hence, the compensation under the FLSA is insufficient and inadequate to cover the consequences faced by mothers who cannot perform nursing duties due to lack of breaktime (Morris et al, 2019, p.32).

Finally, holding employers accountable for violating break time provisions has proven difficult. This is because the breaktime provision violations are usually only considered valid in the court when there is a wage loss as a result of the violation (Morris et al, 2019, 32). For example, since the law's passage in 2010, a large number of legal claims relating to FLSA-mandated break time and space have been dismissed, with only two such claims allowed to proceed. The lactating employees in those two cases suffered lost wages as a result of the break time violation, which is the only compensable harm in such cases under the provision (Morris et al, 2019, p.32). Furthermore, 60 percent of women still did not have access to break time and space in the years following the passage of the law, further evidence of little to no enforcement (Morris et al, 2019, p.32).

The FLSA has its own complications also. When a lactating mother is immediately fired after requesting break time and space or exercising her right to pump, the FLSA does not provide instruction on what must be done to remedy the situation (Morris et al, 2019, p.33). The PDA as well has its own problems. Morris et al (2019) state that the right to receive break time, space, or other accommodations is vague (36). The authors share that the sentences used in the bill such as “be treated the same” or “similar in their ability or inability to work” were fuzzy because, for years, courts were unable to deduce under what circumstances employers have to make accommodations for pregnancy, childbirth, and related medical conditions (Morris et al, 2019, p.36). When faced with unlawful discrimination practices by their employer, because of this vagueness, breastfeeding mothers find it difficult to take their place of work to court.

**Reflection:** Despite many laws at the federal and state level, breastfeeding rates appear to be decreasing in the United States. According to CDC, in 2019, 83.2 percent of mothers in the U.S. started out breastfeeding, after six months it became 55.8% (CDC, 2022, p.2). While the U.S. is meeting its breastfeeding initiation benchmark, it is falling short of the 6 month and one-year benchmarks. It is time to ask whether the laws contain loopholes, are vague, or do not impose credible punitive action for employers. Furthermore, it is time for the U.S. to tackle the challenges faced by breastfeeding mothers in smaller companies, which are not covered in many of the laws. Given that breastfeeding is an important part of child nutrition, empowering US mothers to effectively breastfeed deserves new efforts, especially since rates seem to be declining.

References listed on pages 374-375

## COUNTRY SPECIFIC ISSUES

***Related to CEDAW Article 10(h): Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.***

***Related to CEDAW Article 12(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.***

***Related to CEDAW Article 14(b): To have access to adequate health care facilities, including information, counseling and services in family planning.***

### A. EATING DISORDERS

**Definition/Context:** According to the American Psychiatric Association (n.d.), “Eating disorders are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions (para.1).”

**Prevalence/Current Situation:** Eating disorders are known worldwide, but the U.S. has one of the higher rates in the world as the U.S. has a figure of 1.84 percent compared to France with a figure of 1.42 percent, or Austria with a figure of 1.55 percent (Scheel, 2013, para.2). The U.S. has an estimated 9% lifetime prevalence for both men and women, and at any specific point, it is estimated that 1.5% of American women and 0.5% of American men suffer from an eating disorder (“Understanding How Eating Disorders Affect People,” n.d., para.1). However, no one honestly knows because the U.S. Center for Disease Control dropped eating disorders from its list of national health survey questions in 2015, making the most recent national data from 2013 (Gaffney, 2021, para.3). In other words, we’ve had almost a decade without any reliable national data.

Various non-governmental organizations specializing in eating disorders have pleaded for these questions to be restored. According to Gaffney (2021), “The CDC says they receive dozens of proposals to add, change, or delete certain questions each year from researchers, experts, and advocates (para.7). For example, the Eating Disorder Coalition, comprised of many of these organizations, sent an impassioned plea to the CDC in 2017 on this matter. Within this letter, the EDC strongly recommended the CDC to include items assessing signs and symptoms of eating disorder as a mental illness. It stated (2017),

As we applaud the CDC’s continued data collection effort under NHIS, we encourage the CDC as a way to enhance the quality and utility of this information, to include questions on the signs and symptoms of the serious and common mental illness of eating disorders. Including such questions would be in-line with the statutory authority of Section 306 of the Public Health Service Act (42 U.S.C.) by collecting data on the extent,



nature, and determinants of common and acute illness. Eating disorders are acute and common illnesses, taking the life of one person every 62 minutes (p.2)

In 2022, the Biden-Harris Administration asked for these questions to be reinstated through the Consolidated Appropriations Act of 2022 which includes language encouraging the CDC to integrate unhealthy weight control practices questions within their youth surveillance system survey (“CDC Eating Disorders,” n.d., para.1). However, as of today, there has yet to be movement from the CDC. This means that all of the U.S.’s hard data on eating disorders comes from studies conducted no later than 2015. And because the National Institute for Mental Health relies on CDC data, its own estimates are based on data that is over a decade old (Caceres, 2020). As told by Gaffney (2021),

Eating disorders among youth have been on the rise since the pandemic started—adolescent wards in hospitals were full of patients with severe cases, and important clinics saw dramatic rises in admissions. But researchers looking to investigate national trends over time are at a loss. For almost a decade, federal public health officials have not collected nationally representative data on disordered eating habits among young people (para.1).

However, there have been some researchers that have attempted to fill the gap, but the studies are surveys primarily of college students, with a N size of a few hundred at most. For instance, there was a study by Yu et al (2018) which focused on sex differences in disordered eating and food addiction among college students. In a total of 965 participants, in which 72.8 percent were female, the study found 11.6% of female students had disordered eating behavior and 12.3% had a food addiction; these percentages were at least twice as high as those for males. In addition, female students had a lower mean BMI, and a higher proportion were underweight compared to male students. (p.15).

Analyzing the older available data, the National Eating Disorders Association (NEDA), found that 0.9 percent of women in their lifetime will develop Anorexia nervosa (Caceres, 2020, para.8), and 1.5 percent of women in their lifetime will develop Bulimia nervosa (Caceres, 2020, para.9). Furthermore, among teens ages 13 to 18, 3.8 percent of females are reported to have an eating disorder as reported by the National Institute of Mental Health (Caceres, 2020, para.20). Udo and Grilo (2018), also analyzing the older data, finds that the onset of eating disorders in women is, on average, during the late teens and twenties. According to the authors, 0.9 percent of women suffer from anorexia nervosa, 1.5 percent of women suffer from bulimia nervosa, and 3.5 percent of women suffer from binge-eating disorder (p.2). Their analysis shows that women have twelve times the probability of developing anorexia as men, almost six times the probability of developing bulimia, and approximately 3 times the probability of developing a binge eating disorder. The older data also shows that over 10,000 Americans were dying in a given year from eating disorders, and overwhelmingly, these were women.

Ironically, the most recent data the U.S. has is for the subpopulation of female US service members per 10,000 persons, because it is the Department of Defense, and not the CDC that

collected this data. In Table 21, it showed that women between the ages of 20 to 24 had the highest rate of eating disorders. Between the racial groups, white women had the highest rate of eating disorders, and between the military groups, women in the Marine Corps had the highest rate of eating disorder. To summarize, white women between the ages 20 to 24 in the Marine Corps had the highest rate of eating disorders (Murray et al, 2023, Table.2).

**Table 21: Eating disorders among Women U.S. Armed Forces between 2017 to 2021**

Age Group	Rate	Racial Group	Rate	Service	Rate
< 20	14.2	White	17.1	Army	15.6
20-24	18.7	Black	10.0	Navy	10.4
25-29	14.7	Hispanic	13.0	Marine Corps	21.7
30-34	8.4	Other	11.4	Air Force	13.8
35-39	8.9			Coast Guard	7.6
40+	7.3				

(Murray et al, 2023, Table.2).

The reason behind the comparatively high US prevalence of eating disorders has to do with Western society's adoration for a thinner body, and most women and girls fall for such ideals. According to Bunnell (2023),

We do know that objectification of women and premature or early sexualization of women is a risk factor for psychiatric illness in girls and women, so I think that's going on in eating disorder. It's undoubtedly true that there is a culture that promotes a thin body ideal which does get internalized, and we can see that as girls who are somehow 'falling prey' to the culture (para.3).

**Trajectory/Trends:** Given the CDC's 2015 decision, it is impossible to specify the trajectory of eating disorders from that year until now. However, we do have some indirect evidence that rates of eating disorders are increasing. This comes not from national health survey data, but data from emergency room visits, as well as calls to the National Eating Disorder Hotline. Emergency room visits due to eating disorders nearly doubled during covid lockdown as shown by CDC (2022), between January 2019 to January 2022 (p.6). Moreover, calls to the hotline surged by 58% during that same period (Antonowicz, 2022, para.2). (Interestingly, eating disorders among boys and men appear to be on the rise as well, as rigid beauty standards for men begin to proliferate within the culture. As stated by the Eating Disorder Hope (n.d.), "Today, anorexia, bulimia, and especially binge-eating disorder are on the rise in the male population. Anorexia is now diagnosed in boys as young as eight and a full 40 percent of those with binge eating disorders are male" (para.1)

**Legislation/Initiatives:** The U.S. government has introduced several laws to combat eating disorders, but only one was passed. The H.R.2515-Anna Westin Act of 2015, if passed, would have required the Office on Women's Health of the Department of HHS to revise, promote, and make freely available the BodyWise Handbook connected with its obesity prevention program,

and a variety of other programs with other healthcare institutions (Anna Westin Act, 2015, para.1). Then there was the H.R.6703-Eating Disorder Prevention in Schools Act of 2020. If passed, this bill would have required local educational agencies (LEAs) participating in the school lunch or breakfast to include goals for reducing disordered eating in children of all sizes in their local school wellness policies (Eating Disorder Prevention in Schools Act, 2020, para.1). Another bill that was introduced but not passed was the S.3686-Anna Westin Legacy Act. This bill would have amended the Public Health Service Act of 1944 to provide education and training on eating disorders for health care providers and communities, and for other purposes (Anna Westin Legacy Act, 2022, para.1).

However, the states have been more active on this front. There are new state laws regarding eating disorders in the U.S, particularly from Colorado, California, and New York. According to Bedayn (2023), “Colorado’s bill creates the new state office that is charged with, in part, closing gaps in treatments, offer research grants to further research, and working to educate students, teachers and parents. Bills in New York and Texas similarly seek to educate students on mental illnesses including eating disorders” (para.8). California is also creating a bill targeting social media platforms that have algorithms that push children towards diet products or lead them to develop an eating disorder. The fine for violating this legislation will be \$250,000 (Bedayn, 2023, para.14). California is also creating another bill that will expand the approved facilities that can provide inpatient treatment to people with eating disorders, and Texas plans on making a proposal that would expand Medicaid coverage for mental health services, including eating disorders. (Bedayn, 2023, para.15). Furthermore, Texas also hopes to introduce a bill that will protect minors who use digital platforms from being fed material that encourages eating disorders, among other things (Bedayn, 2023, para.16).

**Enforcement:** Since the majority of the legislature consists of laws that have yet to be passed, or bills that have yet to be produced, enforcement has been poor, and if the U.S. began collecting eating disorder data again, we would not expect to see a drop in rates. There may even be particular cultural norms apart from the overall trend towards abnormal weight loss. This is evident among Black women who have binge eating disorders. As reported by Anderson (2023), Black women are more likely to have binge eating disorders at about 5 percent compared to 2.5 percent among White women. Binge eating, by comparison and especially within Black communities, can show in an outward physical expression that can often be praised for being regarded as a “fuller figure” or “stepping into one’s womanhood.” This praise makes it far less likely that a Black woman with a binge eating disorder will seek or receive intervention and help (para.5).

**Reflection:** There is an abhorrent lack of government policies and programs to tackle eating disorders. Moreover, there is barely any reported data for the last few years, making it difficult to learn whether there has been a change or not, but by all accounts, covid lockdown has led to a dramatic increase in eating disorders. The U.S. government needs to insist that data be collected by the CDC once more, and in general needs to have this topic on their radar and implement policies that target both female adults and adolescents. With rates appearing to have surged during covid lockdown, this requires the urgent attention of the U.S. government.

Eating Disorder references listed on pages 376-377

## B. PLASTIC SURGERY

**Definition/Context:** According to the American Society of Plastic Surgeons (n.d.), “*Plastic Surgery* includes the repair, reconstruction, or replacement of physical defects of form or function involving the skin, musculoskeletal system, cranio-maxillofacial structures, hand, extremities, breast and trunk, and external genitalia or cosmetic enhancement to these areas of the body” (para.1). *Cosmetic Surgery*, according to the American Academy of Cosmetic Surgery (n.d.), [I]s a unique discipline of medicine focused on enhancing appearance through surgical and medical techniques (para.1).

**Prevalence/Current Situation:** According to The Aesthetic Society (n.d.), “Women accounted for approximately 94% of all procedures” (p.6). There are a variety of reasons for the increase, and one of them had to do with the COVID-19 pandemic. As reported by Bob Basu, MD, who was a board-certified plastic surgeon in Houston and board vice president of finance of the American Society of Plastic Surgeons (“Survey Finds Demand for Cosmetic Surgery,” 2022, para.2), “For many patients, COVID shutdowns and the ability to work from home gave them the time they needed to heal, without disrupting their normal busy routine. Others say the money saved on things like travel and dining out during the pandemic allowed them to invest in themselves” (para.3). This desire was stronger among millennial women, as women between the ages 31 and 45 were by far the most likely to request popular procedures such as breast augmentations, liposuction, and tummy tucks (“Survey Finds Demand for Cosmetic Surgery,” 2022, para.5). Another reason was the strong influence of social media. Social media made women feel more comfortable getting plastic or cosmetic surgery so as to fit more into the beauty standard for women. According to a study done by the American Academy of Facial Plastic and Reconstructive Surgery, stated by Ali (2019),

The study suggested that millennials—those roughly between 23 and 38 years old—have increased the demand for plastic-surgery procedures because of their fixation with self-care and rowing up with social media. The latter has made it less taboo to get your body tweaked professionally but has also been a motivator for people to even get plastic surgery or non-surgical cosmetic procedures (para.3).

Not only millennial women, but this surge of plastic or cosmetic surgery was also apparent with Gen Z women and girls. As told by Sinha (2023), “Seventy-five percent of surgeons reported a spike in demand from clients under 30, as the popularity of Botox fillers, chemical peels, micro needling and other minimally invasive procedures booms among younger people” (para. 2).

The prevalence of plastic surgery is strongly tied to the dissatisfaction women and girls have with their bodies. As reported by the National Organization of Women (NOW) (n.d.), one study reports that 53 percent of American girls are unhappy with their bodies at the age of thirteen, and this figure grows to 78 percent by the time the girls reach seventeen (para.1). Moreover, 50 percent of teens are “self-conscious” about their bodies with 26.2 percent reported being

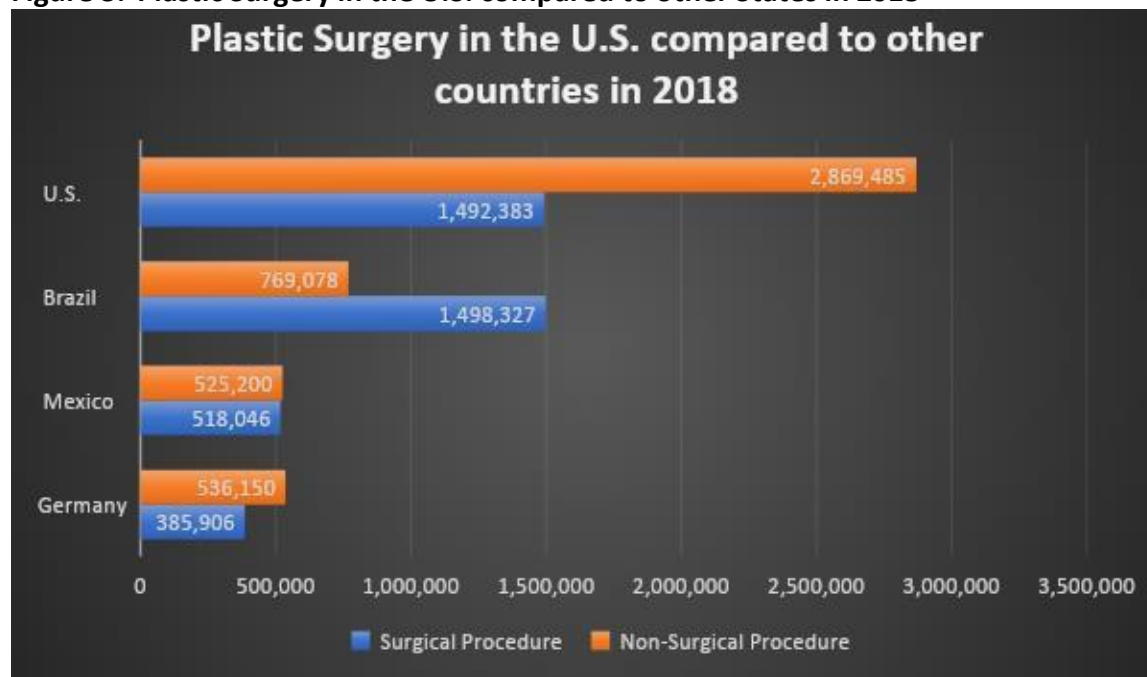
“dissatisfied.” 28.7 percent of women at the age of 60 feel “dissatisfied” with their bodies, and 32.6 percent feel “self-conscious” about their bodies (NOW, n.d., para.2).

Compared to other countries, according to Alotaibi (2021),

In 2018, aesthetic cosmetic surgery accounted for 14.1% of all surgical procedures (ex. breast augmentation), 22.7% of all nonsurgical procedures (ex. botulinum injections), and 18.7% of all procedures performed overall in the United States, with a similarly high percentage of cosmetic surgical procedures (14.1%) reported in Brazil. Steady growth in the number of cosmetic procedures, both surgical and nonsurgical, is apparent throughout the Americas, Europe, the Middle East, Asia, and Australia (p.1).

To show the prevalence of plastic surgery in the U.S. compared to Brazil, Mexico, and Germany, it is best shown in a Figure 3. Within the chart, U.S. had the highest number of plastic surgery procedures; however, these figures are not adjusted for population size.

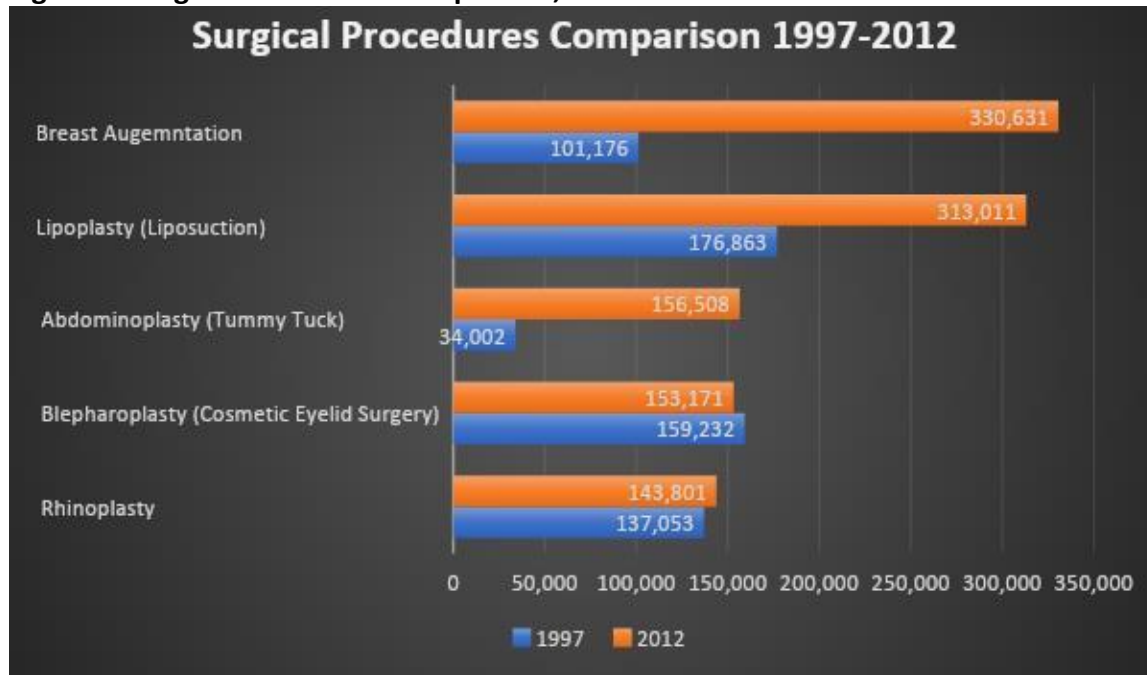
**Figure 3: Plastic Surgery in the U.S. compared to other States in 2018**



(International Society of Aesthetic Plastic Surgery (ISAPS), 2018, p.31)

**Trajectory/Trends:** Plastic surgery was not as popular in the 1990s, but by the mid-2000s, plastic surgery procedures skyrocketed as seen in Figure 4.

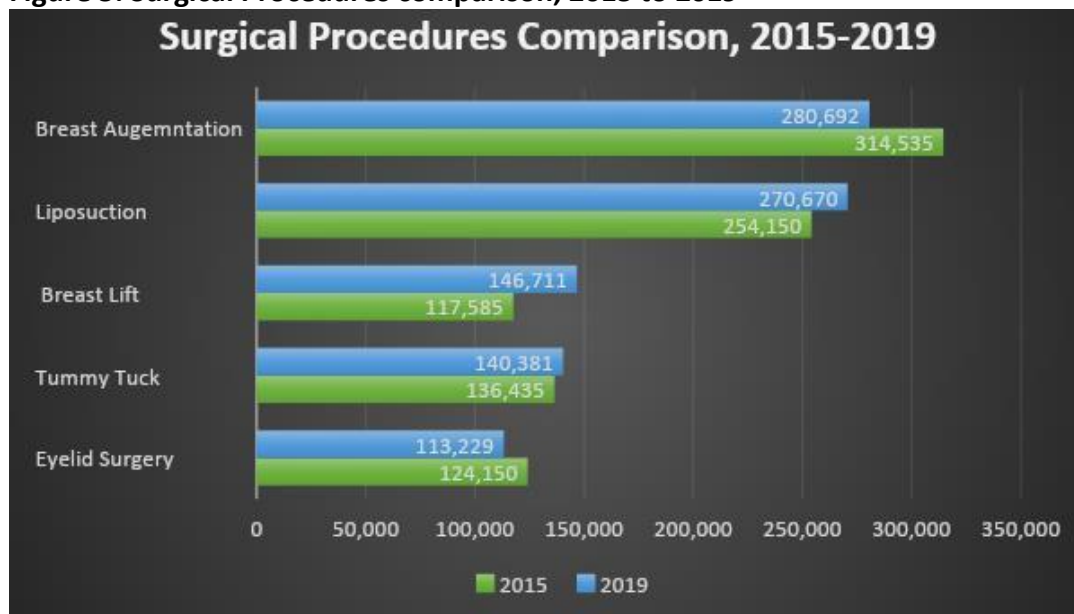
**Figure 4: Surgical Procedures comparison, 1997 to 2012**



(The American Society for Aesthetic Plastic Surgery, 2012, p.8)

Entering into the mid-2000s to late 2000s, Rhinoplasty was replaced with Breast Lift as one of the most common procedures as shown in Figure 5. However, there are some procedures that reduced over the years such as Breast Augmentation and Eyelid Surgery.

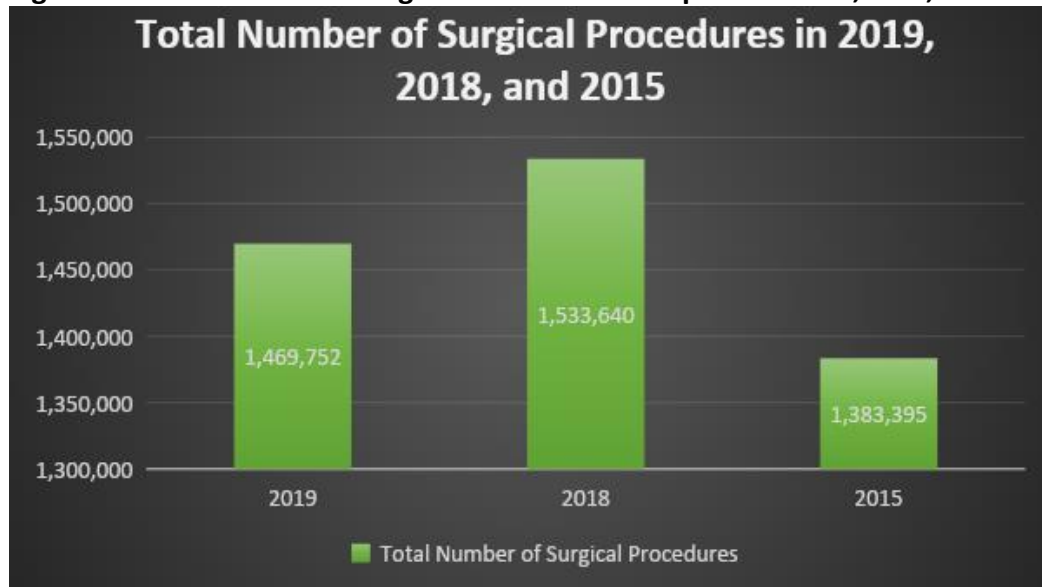
**Figure 5: Surgical Procedures comparison, 2015 to 2019**



(The American Society for Aesthetic Plastic Surgery, 2019, p.9)

Comparing the number of Surgical procedures between 2019, 2018, and 2015, the total rose tremendously in 2018, but began to reduce somewhat in 2019 as the covid pandemic set in, as shown in Figure 6.

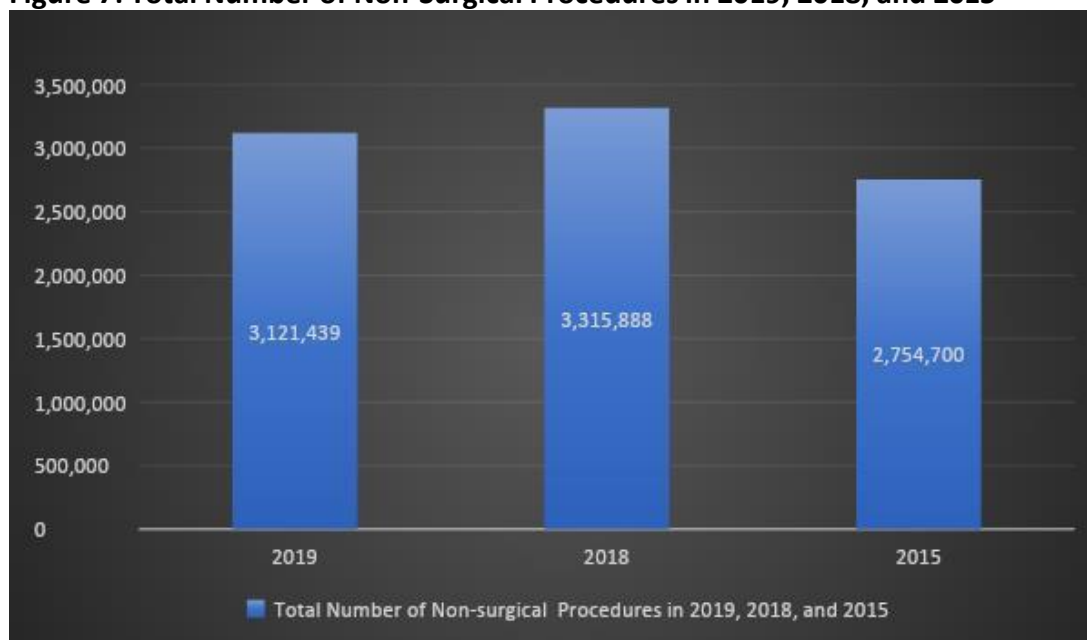
**Figure 6: Total Number of Surgical Procedures Comparison 2019,2018, and 2015**



(The American Society for Aesthetic Plastic Surgery, 2019, p.10)

In Figure 7, 2018 had the highest number of Non-Surgical procedures, but the number reduced in 2019, again probably due to the start of the covid pandemic.

**Figure 7: Total Number of Non-Surgical Procedures in 2019, 2018, and 2015**

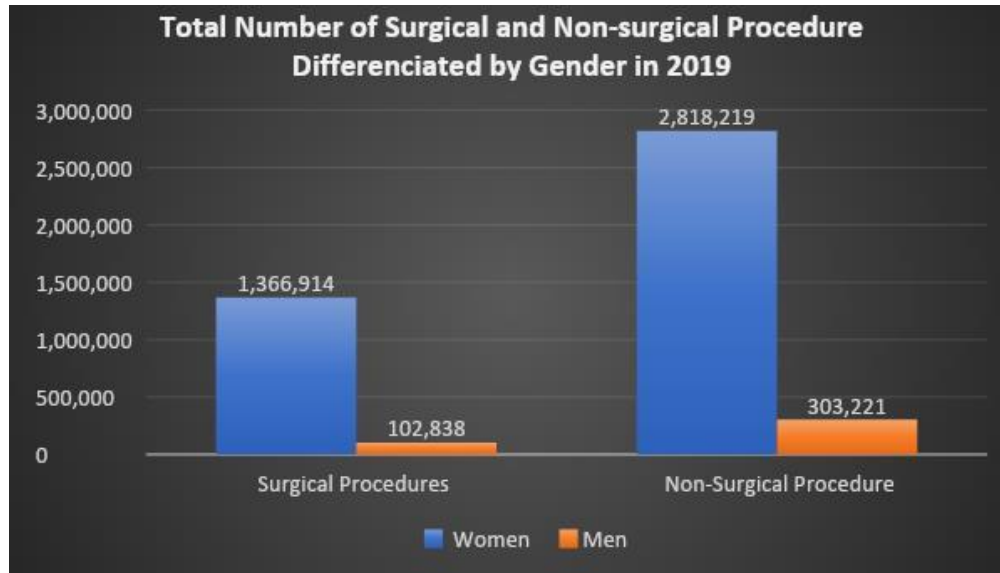


(The American Society for Aesthetic Plastic Surgery, 2019, p.11)



As shown in Figure 8, most surgical and non-surgical procedures are done by women compared to men in 2019.

**Figure 8: Total No. of Surgical and Non-Surgical Procedure Differentiated by Gender in 2019**



(The American Society for Aesthetic Plastic Surgery, 2019, p.13-14).

**Legislation/Initiatives:** There are no laws that focus solely on plastic or cosmetic surgery. However, there are guidelines, approved by the FDA, that medical establishments must follow when dealing with any patient. This includes having patients sign a consent form before the medical procedure. According to the “Informed Consent Information Sheet,” (n.d.),

FDA believes that obtaining a subject’s oral or written informed consent is only part of the consent process. Informed consent involves providing a potential subject with adequate information to allow for an informed decision about participation in the clinical investigation, facilitating the potential subject’s comprehension of the information, providing adequate opportunity for the potential subject’s comprehension of the information, providing adequate opportunity for the potential subject to ask questions and to consider whether to participate, obtaining the potential subject’s voluntary agreement to participate, and continuing to provide information as the clinical investigation progresses or as the subject or situation requires (p.2).

The FDA also has a set of regulations on what devices can be used during plastic surgeries and whether it fits its criteria. In Part 878 General and Plastic Surgery Devices, under Subpart A – General Provisions (b) (n.d.), it states,

The identification of a device in a regulation in this part is not a precise description of every device that is, or will be, subject to the regulation. A manufacturer who submits a premarket notification submission for a device under part 807 cannot show merely that

the device is accurately described by the section title and identification provision of a regulation in this part but shall state why the device is substantially equivalent to other devices, as a required by § 807.87 of this chapter (para.2).

Recently, the FDA has strengthened safety requirements and updates for breast implants. One of the first approaches the FDA implemented was that it issued restrictive orders on the sale and distribution of breast implants to help ensure that patients considering breast implants and provided with adequate risk information so that they can make fully informed decisions ('Breast Implants,' n.d., para.2). The FDA also approved of new labeling for all legally marketed breast implants that include boxed warnings, patient decision checklist, updated silicone gel-filled breast implant rupture screening recommendation, and so on ('Breast Implants,' n.d., para.3). In addition, the FDA released updated information on the status of breast implant manufacturer ('Breast Implants,' n.d., para.4). There are also guidelines that must be followed for teenagers that want to undergo plastic surgery. According to 'Cosmetic Surgery in Teens,' (n.d.), "There are no specific laws in the United States that prevent teenagers from getting cosmetic surgery; however, parental consent is required for patients under the age of 18. Therefore, the responsibility falls to parents to help their children make the right decision (para.4).

**Enforcement:** With the policies in place, plastic surgery has become readily accessible and less stigmatized over the years as shown in the Trajectory section. However, there is still some level of scrutiny by the public with how constant plastic surgery is utilized. Such high rates of dissatisfaction with one's body seem unhealthy. As reported in the article "Most Americans Experience Feeling Dissatisfied," (2018), "Those most likely to report being dissatisfied with how their bodies look include women (83% vs. 74% of men), younger adults (86% of those ages 18-34 vs. 75% of those 55+), and those with a college degree (82% vs. 75% of those with no college degree) (p.1). Furthermore, according to Kelly (2020),

The trend of receiving cosmetic procedures inspired by edited photos posted across sites such as Instagram and Snapchat have been subject to scrutiny for potentially perpetuating an unrealistic obsession with correcting subjective flaws. The term Snapchat Dysmorphia is related to a mental health condition called body dysmorphic disorder (BDD) in which a person can spend hours thinking about their minor or perceived physical flaws, whether its skin imperfections, weight or a crooked smile (para.7).

**Reflection:** There has been an increase of women who undergo plastic surgery for non-medical reasons because of the heavy influence of social media. Although the U.S. government should not limit the ability of women to choose these procedures, it should assist NGOs who work to help young girls accept their body image and learn to not be dissatisfied with how their body looks. There are non-negligible risks, including risk of death, from plastic surgery. For instance, in May 2019, the American Society for Aesthetic Plastic Surgery received a survey that asked about fat grafting in the past 24 months, and the survey showed a mortality rate of 1:14,921, which means it is now statistically safer than an abdominoplasty (Rohrich et al, 2020, p.1). It is

unclear whether the accelerating trend of plastic and cosmetic surgery is completely harmless, mentally or physically. As these types of surgeries are usually not covered by health insurance, there is a significant financial burden as well, and one that falls predominantly on women. Studies have shown that there has been an increase in out-of-pocket (OOP) expenses such as the rise in deductibles at 86 percent, and 33 percent in co-insurance that varies across different medical diagnoses (Billig et al, 2020, p.2). Just as the government has promoted programs to stem the tide of obesity, we suggest programs stem the tide of body dysmorphia would be just as helpful, particularly for women. Some countries, such as France, have banned the use of excessively thin models to counter the effects on women's psyches. According to the article, "France bans extremely thin models," (2017), "The health ministry says the aim is to fight eating disorders and inaccessible ideals of beauty (para.2). Unfortunately, in the age of social media, everyone is a model, and everyone is using filters. This is a difficult problem for the government to address, but the mental, physical, and financial effects on women are real.

References listed on pages 378-380

## DRUG/SUBSTANCE ABUSE

***Related to CEDAW Article 10(h): Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.***

***Related to CEDAW Article 12(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.***

***Related to CEDAW Article 14(b): To have access to adequate health care facilities, including information, counseling, and services in family planning.***

**Definition/Context:** According to Griffin (1990), “Substance abuse refers to excessive use of a drug in a way that is detrimental to self, society, or both” (para.1).

**Prevalence/Current Situation:** It is difficult to say whether drug/substance abuse has increased or decreased because it heavily depends on the substance being misused and the age group examined. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2022) for females age 12+, 19.8% took illicit drugs in the past year (compared to 23.1% of males) (Table 1.24B); it is 8.1 percent if we do not take marijuana into account (Table 1.65B). U.S. figures are higher than in other developed countries. In the UK, only 6.9 percent of women used illicit drugs in 2020 (Sripe, 2020, p.14).

The percentage of women ages 12+ who used alcohol in the past year in 2020 was 62.9% (SAMHSA, 2022, Table 2.26B). Alcohol use in the last year in 2020 was most common among women 18-25 with a figure of 72.0 percent. (SAMHSA, 2022, Table 2.26B), and with alcohol misuse (binge drinking) being 9.6 percent, and alcohol misuse (heavy drinking) being 1.5 percent in the last month in 2020 (SAMHSA, 2022, Table 2.44B). The most abused drug is Marijuana, which was used by 16.0 percent of women in 2020 (SAMHSA, 2022, Table 1.27B). Marijuana abuse was most common among women 18-25, with a figure for use in the past year of 34.9 percent (SAMHSA, 2022, Table 1.27B). It is important to note that Marijuana has been legalized in some US states, while it is illicit in others. Prescription Pain Reliever misuse increased to 3.5 percent of women misusing in the last year in 2020 (SAMHSA, 2022, p.14). Prescription Pain Reliever misuse was most common among women 26+, with a figure of 31.7 percent the last year in 2020 (SAMHSA, 2022, Table 1.44B). Opioid misuse was most common among women 18-25 with a figure of 4.5 percent of women misusing in the last year (SAMHSA, 2022, Table 1.61B). Cocaine use was most common among women 18-25 with a figure of 3.8 percent use in the last year (SAMHSA, 2022, Table 1.30B). In addition, Methamphetamine use was most common among women 26+, with a figure of 1.1 percent use in the last year in 2020 (SAMHSA, 2022, Table 1.42B). For Prescription Stimulants, it was highest among women 18-25 with a figure of 4.5 percent use in the last year in 2020 (SAMHSA, 2022, Table 1.48B), and for prescription sedatives/tranquilizers, it was highest among women aged 26+, with a figure of 20.8 percent use in the last year in 2020 (SAMHSA, 2022, Table 1.50B). For Hallucinogens, it was

highest among women 18-25, with a figure of 0.61 percent use in the last year in 2020 (SAMHSA, 2022, Table 1.36D).

For pregnant women, 8.3 percent used illicit drugs in 2020 (SAMHSA, 2022, p.28); 8.4 percent of pregnant women used Tobacco Products (SAMHSA, 2022, p.28); 10.6 percent of pregnant women used Alcohol (SAMHSA, 2022, p.28); 8.0 percent of pregnant women used Marijuana, (SAMHSA, 2022, p.28); 0.4 percent of pregnant women used Opioids (SAMHSA, 2022, p.28), and 0.3 percent of pregnant women used Cocaine (SAMHSA, 2022, p.28).

For adolescents, deaths due to drug overdose increased to 215 (0.7 per 100,000) in 2020 (Panchel et al, 2022, Figure.1).

**Trajectory/Trends:** The highest figures of Alcohol use were among women 18-25 in 2019 as shown in Table 22. All age groups showed a reduction in Alcohol Use, but only women ages 26+ remained the same.

**Table 22: Alcohol Use by Women between 2019 to 2020**

YEAR	AGE GROUP		
	12-17	18-25	26+
2019	23.3%	73.4%	66.1%
2020	20.5%	72.0%	66.1%

(SAMHSA, 2022, Table 2.26B).

Why is Alcohol Use increasing among girls and young women? According to SAMHSA, underage drinking has increased due to mental health issues. It states,

“Girls and young women can be more susceptible to internalizing stress, anxiety, depression, and other mental health issues. This, in turn, may make them more likely to drink as a way to cope. In fact, when girls have high level of anxiety, they are more likely than boys to use alcohol, and to do so at earlier ages” (SAMHSA, n.d., p.1)

The highest figures for Opioid misuse were among women 18-25 in 2019 as shown in Table 23. However, women ages 26+ had an increase in 2020, while women ages 18-25 and girls ages 12-17 decreased.

**Table 23: Opioid Misuse by Women between 2019 to 2020**

YEAR	AGE GROUP		
	12-17	18-25	26+
2019	2.6%	5.2%	3.1%
2020	1.5%	4.5%	3.7%

(SAMHSA, 2022, Table 1.61B)

The highest figures of Prescription Pain Reliever misuse were among women 26+ in 2019 as shown in Table 24. However, all age groups showed a reduction in misusing Prescription Pain Relievers.

**Table 24: Prescription Pain Reliever Misuse by Women between 2019 to 2020**

YEAR	AGE GROUP		
	12-17	18-25	26+
2019	17.0%	28.3%	33.9%
2020	12.5%	23.7%	31.7%

(SAMHSA, 2022, Table 1.44B)

The highest figures for Hallucinogen use were among women 18-25 in 2020 as shown in Table 25. However, women age 12-17 and 26+ all had an increase in 2020.

**Table 25: Hallucinogen Use by Women between 2019 to 2020 Hallucinogen Use by Women between 2019 to 2020**

YEAR	AGE GROUP		
	12-17	18-25	26+
2019	0.16%	0.36%	0.08%
2020	0.31%	0.61%	0.17%

(SAMHSA, 2022, Table 1.36D)

The highest figures for Marijuana Use were among women 18-25 in 2020 as shown in Table 26. However, women ages 26+ had an increase in 2020 as well. The only age group that had a decrease was girls ages 12-17.

**Table 26: Marijuana Use by Women between 2019 to 2020**

YEAR	AGE GROUP		
	12-17	18-25	26+
2019	13.4%	34.3%	12.1%
2020	10.8%	34.9%	13.8%

(SAMHSA, 2022, Table 1.27B)

The highest figures for Cocaine Use were among women 18-25 in 2019, as shown in Table 27. However, all age groups reduced in 2020, but women ages 26+ reduced very slightly.

**Table 27: Cocaine Use by Women between 2019 to 2020**

YEAR	AGE GROUP		
	12-17	18-25	26+
2019	0.4%	4.6%	1.1%
2020	0.3%	3.8%	1.0%

(SAMHSA, 2022, Table 1.30B)

The highest figures for Methamphetamine Use were among women 18-25 in 2019, and the figure remained the same in 2020 as shown in Table 28. However, women ages 26+ had an increase in 2020, while the percentage reduced for girls 12-17.

**Table 28: Methamphetamine Use by Women between 2019 to 2020**

YEAR	AGE GROUP		
	12-17	18-25	26+
2019	0.2%	0.7%	0.5%
2020	0.1%	0.7%	1.1%

(SAMHSA, 2022, Table 1.42B)

The highest figures for Prescription Stimulants Use were among women 18-25 in 2019, but the figure was reduced in 2020 as shown in Table 29. However, women ages 26+ had an increase in 2020, while girls between 12-17 had a decrease.

**Table 29: Prescription Stimulants Use by Women between 2019 to 2020**

YEAR	AGE GROUP		
	12-17	18-25	26+
2019	5.9%	11.9%	6.2%
2020	5.1%	10.7%	6.7%

(SAMHSA, 2022, Table 1.47B)

The highest figures for Prescription Tranquilizers/Sedatives use were among women 20+, but the figure was reduced in 2020 as shown in Table 30. Both the 12-17 and 18-25 age groups had a reduction in 2020.

**Table 30: Prescription Tranquilizers/Sedatives Use between 2019 to 2020**

YEAR	AGE GROUP		
	12-17	18-25	26+
2019	6.3%	14.2%	21.8%
2020	4.3%	12.8%	20.8%

(SAMHSA, 2022, Table 1.50B)

There are a number of observations that can be made about the trend data presented in these tables. First, we see an increase in substance abuse among women aged 26+ in 2020. Experts believe this increase was caused by the COVID-19 pandemic. According to a survey done by Devoto et al (2022), 78.36 percent of women experienced financial loss due to the loss of their jobs, loss of retirement funds or investments, or travel-related cancellations. Possibly as a result, 21.44 percent increased their alcohol and other drug use after the onset of the pandemic (p.237).



Second, women ages 18-25 have the highest use figures between 2017 and 2020. Experts believe the reason why young women between the ages of 18-25 had the highest figures was that they were more susceptible to mental health issues. This age group has a higher percentage of having a serious mental illness (SMI) with a figure of 13.0 percent in 2020. (SAMHSA, 2022, p.44). They were also the highest age group to have major depressive episodes (SAMHSA, 2022, p.45), and suicidal thoughts (SAMHSA, 2022, p.35).

For pregnant women who abuse illicit drugs, there was a stark increase from 2019 to 2020 as shown in Table 31 (SAMHSA, 2022, p.28).

**Table 31: Percent of Pregnant Women Using Illicit Drugs from 2019 to 2020**

YEAR	% OF PREGNANT WOMEN USING ILLICIT DRUGS
2019	5.8%
2020	8.3%

(SAMHSA, 2022, p.28).

The percentage of pregnant women using tobacco products dropped between 2019 and 2020 as shown in Table 32. (SAMHSA, 2022, p.28).

**Table 32: Percent of Pregnant Women Using Tobacco Products from 2019 to 2020**

YEAR	% OF PREGNANT WOMEN USING TOBACCO PRODUCTS
2019	9.6%
2020	8.4%

(SAMHSA, 2022, p.28).

The percentage of pregnant women using Alcohol increased between 2019 to 2020 to 10.6 percent as shown in Table 33. (SAMHSA, 2022, p.28).

**Table 33: Percent of Pregnant Women Using Alcohol from 2019 to 2020**

YEAR	% OF PREGNANT WOMEN USING ALCOHOL
2019	9.5%
2020	10.6%

(SAMHSA, 2022, p.28).

For pregnant women who use Marijuana, the figure increased significantly to 8.0 percent in 2020 as shown in Table 34 (SAMHSA, 2022, p.28).

**Table 34: Percent of Pregnant Women Using Marijuana from 2019 to 2020.**

YEAR	% OF PREGNANT WOMEN USING MARIJUANA
2019	5.4%
2020	8.0%

(SAMHSA, 2022, p.28).

For pregnant women using Opioids, the figure in 2019 remained the same in 2020 as shown in Table 35 (SAMHSA, 2022, p.28).

**Table 35: Percent of Pregnant Women Using Opioids from 2019 to 2020**

YEAR	% OF PREGNANT WOMEN WHO USE OPIOIDS
2019	0.4%
2020	0.4%

(SAMHSA, 2022, p.28).

For pregnant women using Cocaine, the percentage increased by 0.1% in 2020 than what it was in 2019 as shown in Table 36. (SAMHSA, 2022, p.28).

**Table 36: Percent of Pregnant Women Using Cocaine from 2019 to 2020**

YEAR	% OF PREGNANT WOMEN WHO USE COCAINE
2019	0.2%
2020	0.3%

(SAMHSA, 2022, p.28).

The death of female adolescents by drug overdose saw the highest rate of 0.064 in 2020. 2015 had the lowest figure, but it began to increase until 2018 where it reduced once more. Unfortunately, from there it began to increase significantly in 2020 (Panchel et al, 2022, Figure.1). This may also have been an effect of covid lockdown.

**Table 37: Rate of Female Adolescents who died by Drug Overdose between 2015-2020**

YEAR	RATE	NUMBER
2015	0.036	116
2016	0.038	125
2017	0.042	137
2018	0.036	118
2019	0.039	132
2020	0.064	215

\*\*If converted to the nearest whole number, they would have all been 0.04 except 2020\*\* (Panchel et al, 2022, Figure.1).

**Legislation/Initiatives:** There are no federal laws that focus on substance abuse by women, but there are national strategies and programs in place to curtail the problem. There is the National Drug Control Strategy that was created under the Biden-Harris Administration in 2022. According to the doctrine,

[T]his Strategy seeks to build the foundation for the Nation’s work to reduce drug overdose deaths by addressing both the demand and supply sides of drug policy. This includes building a stronger substance use disorder treatment infrastructure and

reducing the supply of illicit substances through targeted law enforcement actions and commercially disrupting criminal organizations by undermining the illicit finance networks that make drug trafficking both possible and profitable. Additional top priorities include expanding evidence-based harm reduction strategies to meet people where they are, preventing drug abuse from beginning, building a recovery-ready Nation, addressing drug policy challenges in criminal justice, and improving data systems and research that guide drug policy development (p.9-10).

SAMHSA has also created some prevention programs, such as the “Talk. They Hear You.” Campaign. This program works to reduce underage drinking and substance use among youths by providing parents and caregivers the resources to use to discuss substance abuse with their children (SAMHSA, n.d, para.5). Then there is the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD). This plan coordinates federal efforts to reduce underage drinking and served as a resource for the development of “A Comprehensive Plan for Preventing and Reducing Underage Drinking” (SAMHSA, n.d, para.6). There is also the STOP Underage Drinking initiative, which is an interagency website portal created by the ICCPUD to provide research, federal and state resources, and funding opportunities to reduce and prevent underage drinking and its consequences (SAMHSA, n.d., para.7). SAMSHA also created a National Prevention Week (NPW). This program is held in May, and it promotes community involvement and promotes public awareness of substance use and mental disorders (SAMHSA, n.d., para.8). Finally, they host an event called “Communities Talk: Town Hall Meetings to Prevent Underage Drinking,” and this initiative provides community-based organizations with the resources they need to start, or support, a conversation about evidence-based underage drinking prevention ((SAMHSA, n.d., para.9).

All these policies and programs mentioned focuses on substance on the overall population, not just women. However, there are some strategies and programs made just for women. For example, HHS and HRSA formulated a written toolkit that acts as a guide for women who are trying to heal from their time as substance abuse users, and it is called “*Caring for Women with Opioid Use Disorder: A Toolkit for Organization Leaders and Providers.*” According to the document, “This toolkit is a guide to help you and other health care and social service organizations leaders and providers improve care coordination for women with Opioid Use Disorder (OUD) in HRSA-supported programs.” (HHS and HRSA, 2022, p.7). Moreover, the National Center on Substance Abuse and Child Welfare (NCSACW) was able to show their support for pregnant and postpartum women who are trying to overcome substance abuse by providing them with resources and links to guidelines or steps to help improve the lives of mothers who commit substance abuse, and their children. According to NCSACW (n.d.), “NCSACW works to improve family recovery, safety, and stability by advancing practices and collaboration among agencies, organization, and courts working with families affected by substance use and co-occurring mental health disorders, as well child abuse and neglect” (para.4). The SAMHSA and HHS collaborated to create another set of guidelines to aid women and pregnant women to overcome opioid addiction. It was titled, “*Clinical Guidance for Treating Pregnant and Parenting Women with Opioid use Disorder and their Infants.*” According to SAMHSA and HHS (2018), “This Guide provides comprehensive, national guidance for the

optimal management of pregnant and parenting women with OUD and their infants based on the recommendations of experts reviewing the limited evidence available for this population as of 2017” (p.3).

Looking at the punishment side of the legislature, according to the Guttmacher Institute (n.d.), “24 states and the District of Columbia consider substance use during pregnancy to be child abuse under civil child-welfare statutes, and 3 consider it grounds for civil commitment” (para.3). These laws were created to urge pregnant women to stop misusing drugs or else they will be imprisoned. Unfortunately, there are no recorded rates of convictions of pregnant women who have been arrested due to drug use. There are only case reports, as shown in Enforcement section.

**Enforcement:** Despite the programs and strategies in place, substance abuse among US women remains high compared to peer nations. An analysis of the data for 2020 and 2021 suggests some drugs are losing their appeal, such as prescription sedatives/tranquilizers, while the use of other substances is increasing significantly, such as hallucinogens. Moreover, it also appears there is a mental health issue that is increasing among women and young girls, which is driving them to turn to substance abuse as a coping mechanism. It appears that COVID-19 seems to have affected women 26+, as they were the ones who were most likely to lose their jobs and have to deal with the aftermath. It is even worse if the woman was the sole provider for her family.

However, the only law focused on women and substance abuse was the imprisonment of pregnant women who takes illicit substances. According to Coleman (2019), “In some jurisdictions, prosecutors are aggressively cracking down on drug or alcohol use by women while pregnant. In one case, a prosecutor in Mississippi has used a state law that defines poisoning as child abuse to prosecute 20 cases since 2015” (para.8). In addition, there was a case in California in which woman who gave birth to a still born baby admitted that was using methamphetamine while pregnant. She was eventually charged with murder (Coleman, 2019, para.1). Moreover, Kentucky has a law in which a mother who gives birth to a child who has Neonatal Abstinence Syndrome (NAS), must enroll in drug treatment within 90 days or face termination of her parental rights (Coleman, 2019, para.7). The problem here is that this law may cause more problems than solutions. As stated by Coleman (2019), “The National Perinatal Association has cautioned against punitive mechanism to encourage treatment, saying they can backfire, driving women to skip prenatal visits or have their baby outside a hospital” (para.10).

**Reflection:** Substance abuse by US women remains high compared to peer nations. Concerningly, the covid lockdown and its associated stressors seems to have made the problem worse. The figures regarding substance abuse by pregnant women is also troubling. Since the U.S. already has a collection of programs to address drug abuse, one of the measures that should be added is a program evaluation system. It is important to examine how effective these programs are, and whether they are a safe and comfortable environment for drug users to recover. Another issue that should be tackled is how expensive it is to seek rehabilitation treatments from health facilities. According to the AddictionCenter (n.d.), to receive an

inpatient rehab service, patients would have to pay \$6000 for a 30-day program, and in some other locations, it often costs \$20,000, and for a 60-or 90-day program, it will cost anywhere from \$12,000 to \$60,000 (AddictionCenter, n.d., para.4). People who live in poverty or come from low-income households do not have enough money to afford this. As such, the U.S. should assist in making rehab centers affordable for all individuals by offering financial aid, or the services from the centers should be funded by the government. Lastly, the U.S. needs to amend laws that arrest or punish drug-addicted pregnant women, which may prevent women from seeking the help they need. Instead, the best way to go about it is to seek immediate health assistance for the pregnant woman and to provide care and treatment to her and the baby once it is born.

References listed on pages 381-382

## FEMALE-SPECIFIC CANCERS

***Related to CEDAW Article 10(h): Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.***

***Related to CEDAW Article 12(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.***

***Related to CEDAW Article 14(b): To have access to adequate health care facilities, including information, counseling and services in family planning.***

**Definition/Context:** According to the NIH National Cancer Institute (n.d.), Cancer is “A term for diseases in which abnormal cells divide without control and can invade nearby tissues” (para.1).

**Prevalence/Current Situation:** In this section, we examine cancers that either only affect women (such as ovarian cancer) or disproportionately affect women (such as breast cancer). For Breast Cancer, U.S. women had an estimated number of 297,790 patients in 2023 (“Breast”, n.d., Figure.1). For Uterine Cancer, U.S. women had an estimated number of 66,2000 patients in 2023 (“Uterine Corpus”, n.d., Figure.1). For Ovarian Cancer, U.S. women had an estimated number of 19,710 patients in 2023 (“Ovary”, n.d., Figure.1). For Cervical Cancer, U.S. women had an estimated number of 13,960 patients in 2023 (“Cervix”, n.d., Figure.1).

The data was disaggregated based on racial group as well, and because we are dealing with more than one cancer type, it would be best to display this in a table. It is shown in Table 38 that White women had the highest rate of Breast Cancer, American Indian and Alaska Native women had the highest rate of Uterine Cancer, Ovarian Cancer, and Cervical Cancer

**Table 38: Rate of Women with Female-Specific Cancers from 2015 to 2019 per 100,000**

YEAR	RACIAL GROUP					Citations
	Black Women	White Women	Hispanic Women	Asian and Pacific Islander	American Indian and Alaska Native	
Breast Cancer	127.8	133.7	99.2	101.3	111.3	(“Breast”, n.d., Figure.8).
Uterine Cancer	28.4	27.9	25.5	21.2	29.4	(“Uterine Corpus”, n.d., Figure.7).

<b>Ovarian Cancer</b>	8.5	10.7	10	9	11.8	("Ovary", n.d., Figure.8)
<b>Cervical Cancer</b>	8.8	7.2	9.7	6.1	10.9	("Cervix", n.d., Figure.7)

Despite White and American Indian and Alaska Native women having the highest rate of Cancer, Black women have the highest death rates of Breast Cancer, Uterine Cancer, and Cervical Cancer (Table 39).

**Table 39: Death rate of Women with Female-Specific Cancers from 2015 to 2019 per 100,000**

<b>CANCER TYPE</b>	<b>RACIAL GROUP</b>					<b>Citations</b>
	<b>Black Women</b>	<b>White Women</b>	<b>Hispanic Women</b>	<b>Asian and Pacific Islander</b>	<b>American Indian and Alaska Native</b>	
<b>Breast Cancer</b>	27.6	19.7	13.7	11.7	20.5	("Breast", n.d., Figure.9).
<b>Uterine Cancer</b>	9.1	4.6	4.3	3.5	4.9	("Uterine Corpus", n.d., Figure.8).
<b>Ovarian Cancer</b>	5.7	6.7	4.9	4.4	6.9	("Ovary", n.d., Figure.9)
<b>Cervical Cancer</b>	3.3	2	2.5	1.6	3.2	("Cervix", n.d., Figure.8)

The rates of these cancers compared to the UK is best shown in a table. In Table 40, the U.S. has a higher rate in Ovarian and Cervical Cancers (American Cancer Society, 2020, p.4), but the UK has a higher rate in Breast and Uterine Cancer (WHO, 2020, p.2).

**Table 40: Rate of Female Specific Cancer in the U.S. and U.K**

<b>Cancer Type</b>	<b>United States</b>	<b>United Kingdom</b>
<b>Breast Cancer</b>	12.6	14.0
<b>Uterine Cancer</b>	1.3	2.8
<b>Ovarian Cancer</b>	4.15	4.8
<b>Cervical Cancer</b>	3.7	1.9



**Trajectory/Trends:** Depending on the type of female-specific cancer, some have decreased incidence over time while others have increased; some have significantly decreased death rates and some have seen lowered death rates. Between 2009 to 2019, Breast Cancer had the highest incidence rates compared to other female-specific cancer, though the death rate has fallen significantly. For Breast Cancer, the incidence rate reduced from 2010 to 2012, and began to increase in 2013, but decreased again in 2016. The rate rose once more in 2017 and increased further in 2019 as shown in Table 41 (CDC, n.d., Figure.1).

**Table 41: Rate of Women with Breast Cancer from 2009 to 2019**

YEAR	RATE
2009	126.2
2010	122.2
2011	124.8
2012	124.8
2013	126.4
2014	126.7
2015	127.8
2016	126.9
2017	127.4
2018	128.5
2019	129.7

It is important to note that the death rate from breast cancer has fallen significantly in the United States. According to the American Cancer Society (n.d.), the chances of a woman dying from Breast cancer is about 25 percent. Moreover, death rates from Breast cancer have been steadily decreasing since 1989. It has seen an overall decline of 43 percent through 2020 (para. 9-10).

For Uterine Cancer, between 2009 to 2014, the rates slightly fluctuated; the rate rose in 2015, but it decreased again in 2018, and increased again in 2019 as shown in Table 42 (“Cancer Stat Facts: Uterine Cancer,” n.d., Figure.1).

**Table 42: Rate of Women with Uterine Cancer from 2009 to 2019**

YEAR	RATE
2009	26.2
2010	26.4
2011	26.1
2012	26.9
2013	26.3
2014	27.0
2015	26.9
2016	27.9

2017	27.9
2018	27.5
2019	28.4

Uterine cancer death rates, in contrast to other types of female-specific cancers, appear to be rising. According to Chu, in an article written by Southall (2022), Although Uterine cancer mortality was reducing in the 1990s, it has begun to rise for some time now. Mortality rates had risen to 5.1 deaths per 100,000 women in 2019. Ovarian cancer, on the other hand, has long been considered a more deadly disease, but advancements in treatment have led to a decline in mortality with a rate of 6 per 100,000. Mortality rates from Uterine cancer are rivaling those from Ovarian cancer (para. 16-17).

For Ovarian Cancer, from 2009 onwards, the rate kept decreasing, as shown in Table 43 (CDC, n.d., Figure.1).

**Table 43: Rate of Women with Ovarian Cancer from 2009 to 2019**

YEAR	RATE
2009	12.4
2010	11.9
2011	11.8
2012	11.7
2013	11.5
2014	11.4
2015	11.3
2016	10.8
2017	10.5
2018	10.0
2019	9.6

Death rates from ovarian cancer have been falling steadily over the past few decades. As reported by the American Cancer Society (n.d.) “Ovarian cancer mortality has declined from -2% annually during the 2000s and early 2010s to more than -3% annually from 2016 to 2020, reflecting both decreased incidence and improved treatment” (para. 7).

For Cervical Cancer (Table 44), from 2009 to 2013, the rate was decreasing, but it rose up again from 2014 to 2016. However, it began to decrease again from 2017 to 2019 (CDC, n.d., Figure.1).

**Table 44: Rate of Women with Cervical Cancer from 2009 to 2019**

YEAR	RATE
2009	8.1
2010	7.7
2011	7.6

2012	7.6
2013	7.4
2014	7.7
2015	7.8
2016	7.9
2017	7.7
2018	7.6
2019	7.5

The death rate from cervical cancer has slightly fallen over the past few decades. In 1992, the death rate for Cervical cancer was 3.5, in 2010, it became 2.3, and in 2020, it became 2.2 (National Cancer Institute, n.d. Figure 1).

**Legislation/Initiatives:** The U.S. has only a few laws and programs in place to address the needs of women with female-specific cancers. The first was the S.249-Women’s Health and Cancer Rights Act of 1997. However, this act was only introduced to the House, and was never passed. If passed, this act would have amended the Employee Retirement Income Security Act of 1947 and the Public Health Service Act to require certain group health plans, and health insurance issuers providing coverage under a group plan, to ensure specified minimum coverage regarding breast cancer mastectomies, post-mastectomy breast reconstruction on both breast, lumpectomies, and lymph node dissections (Women’s Health and Cancer Rights Act, 1997, para.1).

Then there is the H.R.4386-Breast and Cervical Cancer Prevention and Treatment Act of 2000, and unlike the previous law that was stated, this one was actually passed. This law amends title XIX (Medicaid) of the Social Security Act of 1935 to give States the option of making medical assistance for breast and cervical cancer-related treatment services available to low-income women without creditable coverage (Breast and Cervical Cancer Prevention and Treatment Act, 2000, para.1). Another law that was passed was the S.1741-Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001. This law also amends Title XIX (Medicaid) of the Social Security Act of 1935 to include in the optional Medicaid eligibility category for such illnesses for Native American women with breast or cervical cancer who are eligible for health services under a medical care program of the Native American Health Service or of a tribal organization (Native American Breast and Cervical Cancer Treatment Technical Amendment Act, 2001, para.1).

The Affordable Care Act (ACA) was also very helpful for those suffering from all types of cancers. This act amends the Public Health Service Act to prohibit a health plan from establishing lifetime limits or annual limits on the dollar value of benefits (Patient Protection and Affordable Care Act, n.d., para.1). In a sense, it incorporated the proposed law from 1997.

The CDC also created a program known as the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The purpose of this program is to help those with low incomes

who do not have adequate insurance gain access to timely breast and cervical cancer screening, diagnostic, and treatment services (CDC, n.d., para. 3). In addition, there is also the Women's Health Initiative (WHI) which was a project that began in 1991. This was sponsored by the National Heart, Lung, and Blood Institute (NHLBI), and is a long-term national health study that focuses on strategies for preventing heart disease, breast and colorectal cancer, and osteoporosis in postmenopausal women (WHI, n.d., para.1). Moreover, the HRSA, supported the Women's Preventive Services Guidelines was established in 2011 based on recommendations from the Department of Health and Human Services (HRSA, n.d., para.4).

**Enforcement:** The programs and laws in place to reduce rates of female specific cancers have been semi-successful. According to Howard (2023), women in their 20s have had a 65 percent reduction in cervical cancer rates from 2012 through 2019 (para. 6). However, breast cancer rates have been increasing by about 0.5 percent per year since the mid-2000s (Howard, 2023, para. 22). Uterine cancer has also increased about 1 percent per year since the mid-2000s among women 50 and older and nearly 2 percent per year since at least mid-1990s in younger women (Howard, 2023, para.23). Also of note is that death rates for three of the four female-specific cancers have decreased, some significantly, while the death rates for uterine cancer appears to be rising.

**Reflection:** Despite the laws and programs, and despite the overall decrease in death rate for three of the four female-specific cancers, the death rates from female-specific cancers remain too high, especially for particular racial groups, such as Black women. To combat death by cancer, the American Cancer Society has formulated a 2035 strategic goal in reducing cancer mortality. According to the study, it stated that by improving the healthy lifestyle of Americans starting from their lives as college students, and increasing the number of screening times, there should be a difference for the better in the next decade (Ma et al (2019).

Reducing cancer incidence may not be wholly under the control of the government, but efforts to clean up and prevent toxins from entering the food chain, efforts to educate and incentivize better eating habits (through, for example, school lunch programs), and efforts to support low-income women's access to cancer screenings, progress could be made. The racial disparity in death rates is certainly something the federal government needs to investigate, and continued data collection will be key.

References listed on pages 383-384

## FORCED STERILIZATION

***Related to CEDAW Article 11(f): The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.***

***Related to Article 12(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.***

***Related to CEDAW Article 14(b): To have access to adequate health care facilities, including information, counseling, and services in family planning.***

**Definition/Context:** According to the International Justice Resource Center (n.d.), “Forced sterilization is the involuntary or coerced removal of a person’s ability to reproduce, often through a surgical procedure referred to as a tubal ligation” (para.1).

**Prevalence/Current Situation:** Although forced sterilizations are currently rare in the United States, the practice is not entirely extinct as reports of some forced sterilizations in immigration detention centers have surfaced in recent years. At least 40 women who were incarcerated at the U.S. Immigration and Customs Enforcement (ICE) Irwin County detention center in Georgia, have submitted written testimony attesting to claims of abuse by a gynecologist in the prisons (Bekiempis, 2020, para.1-2). Until only ten years ago, women in California prisons also suffered the same fate as over 1,400 sterilization procedures took place between 1997 and 2013, with 150 tubal ligations done between 2004 and 2013 (McKay, 2020, para.7, 11). It was learned that medical staffers would target women who they deemed likely to return to prison. The staff had these women sign consent forms, but this caused a debate about the limitations of consent for incarcerated people once the practice was exposed (McKay, 2020, para.11).

**Trajectory/Trends:** Forced sterilization as a government practice in the U.S. began in the early 1900s as a form of eugenics. Moreover, although 1907 was when the first sterilization law was first enacted, the practice was promoted before that time by Ezra Gosney who was a zealous advocate of the procedure. In 1929, he created the Human Betterment Foundation which was an advocacy group that propagated eugenic ideals and attempted to generate public support for state sterilization programs (Railly, 2015, p.356). According to Stern (2020), at first, sterilization programs targeted white men, expanding by the 1920s to affect the same number of women as men. The laws used broad and ever-changing disability labels like “feeble-mindedness” and “mental defective.” “Habitual criminals” were also another category targeted. Over time, though, women and people of color increasingly became the target, as eugenics amplified sexism and racism (para.11).

In the decades before WWII, at least 60,000 institutionalized persons were sterilized. This data does not disaggregate based on gender, but the report stated that women were performed on

because of concern that they were sexually active and likely to become pregnant, rather than for overtly eugenic reasons (Railly, 2015, p.357).

After WWII, state-based eugenic sterilization programs began to quietly come to an end (Railly, 2015, p.359). In Minnesota, more than 200 persons were sterilized at the Faribault State Hospital, but during 1951 and 1952, the number reduced to only 17 operations, 15 of which were women (Railly, 2015, p.359). The procedure was also heavily racially biased. North Carolina had the third highest number of people in the U.S. as over 7,600 people were sterilized from 1929 to 1973 (Stern, 2020, para.13). From 1950 to 1966, Black women were sterilized at more than three times the rate of white women and more than 12 times the rate of white men. This was because Black women were thought to not be capable of being good parents and that poverty should be managed with reproductive constraint (Stern, 2020, para.13). In 1948 North Carolina, more than 150 young, mostly Black women who were neither mentally deficient nor institutionalized were sterilized. This program continued into the 1970s on young, poor women even though North Carolina ceased all forced sterilization operations (Railly, 2015, p.359). In Iowa, there was an average of 145 sterilizations, but it was mostly done on poor, rural women (Railly, 2015, p.359). From 1960s to 1970s, the number of Native American women were sterilized ranged from 3,406 to a much higher figure offered by a few Native American scholars (Railly, 2015, p.360). Then in the 1970s, over 140 Mexican women in California were sterilized (Railly, 2015, p.360). Moreover, in the 1960s and 1970s, new federal programs like Medicaid also started funding nonconsensual sterilizations, and as a result, more than 100,000 Black, Latino, and Indigenous women were affected (Stern, 2020, para.14).

In the early 21<sup>st</sup> century, California prisons took record of procedures that resulted in sterilization from 2005-2006 through 2012-2013. As shown in Table 45, hysterectomies had a higher incidence than the other procedures. However, as the years continued, the number of procedures that took place began to decrease (Howle, 2014, p. 36).

**Table 45: No. of Procedures performed by per between 2005-06 to 2012-1**

General procedure	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Total Number of Individual Inmates
Bilateral Tubal Litigation	26	28	37	29	19	4	1	0	144
Hysterectomy	67	104	147	97	70	28	13	13	539
Other	12	27	43	36	13	19	13	6	169

(Howle, 2014, p. 36).

This data was also disaggregated based on racial group. As shown in Table 46, white women had the most procedures, with Hispanic women coming in second, and Black women coming in

third. However, just like in Table 45, as the years continued, the number of women who had to undergo sterilization reduced and became zero (Howle, 2014, p. 38).

**Table 46: No. of Procedures performed based on Racial Group between 2005-06 to 2012-13**

Racial Group	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Total Number of Individual Inmates
Black	8	9	6	8	3	1	0	0	35
Hispanic	10	9	10	7	10	0	1	0	47
Mexican	1	0	3	1	1	0	0	0	6
White	6	10	16	12	3	3	0	0	50
Other	1	0	2	1	2	0	0	0	6

(Howle, 2014, p. 38).

However, there were limitations with this data. According to Howle (2014), it was difficult to determine definitively how often female inmates received medical procedures for which sterilization was the main purpose for the surgery (Howle, 2014, p. 35). For instance, a woman who has uterine cancer may need a hysterectomy, resulting in sterilization, even though that was not the stated purpose for the procedure (Howle, 2014, p. 36). Furthermore, it is possible that certain inmates were sterilized before their audit period and then subsequently received a hysterectomy or another procedure that resulted in sterilization (Howle, 2014, p. 35).

**Legislation/Initiatives:** In 1907, Indiana became the first state to approve the eugenics law. It made sterilization mandatory for certain individuals in state custody, and prohibited marriage licenses for imbeciles, epileptics, and those of unsound mind (Agtuca and Turner, n.d., 7). In 1921, after the *Williams et al. v. Smith* case in the Indiana Supreme Court, the 1907 sterilization law was ruled as unconstitutional. However, in 1927, a revised law was implemented, reinstating sterilization, adding court appeals (Agtuca and Turner, n.d., 8). In that same year, the U.S. Supreme Court after *Buck v. Bell*, upheld a state's right to forcibly sterilize a person considered "feeble-minded." (Agtuca and Turner, n.d., 9). Following this case, 26 more states passed laws allowing involuntary sterilizations in the decade following the court case (Agtuca and Turner, n.d., 9). However, after the *Skinner v. Oklahoma* case in 1952, the Supreme Court rejected eugenic sterilization as a legitimate state goal and recognized that protection against it was a basic civil right (Medosch, 2021, para. 14). It is important to note that *Skinner* was a man and a criminal who did not want to be sterilized, and although the Supreme Court came to this conclusion, they did not ban the practice, allowing it to continue.

In the 1950s and 1960s, there was increase in many cases in Southern States such as North Carolina and Virginia. This was because when the Civil Rights Act of 1964 was passed, African Americans had gained access to use Medicare and Medicaid, which as mentioned before helped to fund nonconsensual sterilizations (Agtuca and Turner, n.d., 12). In 1969, after the California case of *Jessin v. County of Shasta*, the federal court ruled that voluntary sterilization is legal



when informed consent has been given, that sterilization is an acceptable method of family planning, and that sterilization may be a fundamental right requiring constitutional protection (Agtuca and Turner, n.d., 13). Then in 1970, the Family Planning Services and Population Research Act was passed by Congress. The law allocated \$383 million for contraceptive programs, including grants to hospitals that performed voluntary sterilizations, to reduce the number of welfare recipients (Agtuca and Turner, n.d., 14). Unfortunately, these funds were used to operate on minority women who were unaware of the procedures. In addition, this bill increased sterilization procedures among Native and Puerto Rican women (Agtuca and Turner, n.d., 14).

From a lawsuit that emerged from the *Relf v. Weinberger* case in Alabama, doctors are now required to obtain “informed consent” before performing sterilization procedures (Agtuca and Turner, n.d., 16). Currently, 31 states plus Washington, DC allow forced sterilization under certain circumstances, typically when an individual is under guardianship due to ongoing disability and the sterilization is deemed in their best interest. Two states, Alaska and North Carolina, have banned forced sterilization, while the law is ambiguous in 17 states and 3 territories. (National Women’s Law Center, n.d., 3-5). Virginia and North Carolina have created laws to compensate the surviving victims of their eugenics programs (Medosch, 2021, para. 14). The former California governor, Gray Davis, issued a formal apology to victims of the practice, but that is all California has done (Medosch, 2021, para. 14).

**Enforcement:** What happened at the ICE detention center should never have happened. There was no informed consent. That these sterilizations took place in the 21<sup>st</sup> century without informed consent—which is against U.S. law--suggests a serious lack of enforcement. It calls into question whether other sterilizations might be occurring without informed consent, as well. In the thirty-one states where forced sterilization is legal, the situation is usually one where a guardian makes a decision for someone who is deemed incapable of providing informed consent.

However, disabled persons also have human rights. Various articles of the Convention on the Rights of Persons with Disabilities stipulate that disabled persons have the right to marry and form families, the right to give free and informed consent to health care procedures, and the right to have equal standing before the law with non-disabled persons. It may be time to ask whether US law complies with international law.

**Reflection:** There is a clear need to take measures to prevent any re-occurrence of the forced sterilizations seen at the ICE detention center in Georgia. New training, and new procedures for approving any such medical steps, are urgently needed. In addition, it is time to revisit the 1927 *Buck v. Bell* case allowing forced sterilizations under certain conditions, given the wholesale changes in the status of disabled persons before the law that occurred in the last century.

References listed on page 385

## LIFE EXPECTANCY

***Related to CEDAW Article 10(h) - Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.***

***Related to CEDAW Article 11(f) - The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.***

**Definition/Context:** According to CDC (n.d.), “Life Expectancy tells us the average number of years of life a person who has attained a given age can expect to live” (para.1).

**Prevalence/Current Situation:** The life expectancy rate of women in the United States has decreased to the point that it is similar to the rates in the early 2000s or late 1990s. As reported by Arias et al (2022), life expectancy for women decreased from 79.9 years in 2020 to 79.1 years in 2021, while for men, it reduced from 74.2 years in 2020 to 73.2 years in 2021 (p.1). The reason behind this dramatic decrease was mainly caused by the excess deaths caused by COVID-19 and other health-related issues (Arias et al, 2022, p.1). This decreasing prevalence was also differentiated based on race. Between 2020 to 2021, white females’ life expectancy decreased from 80.1 to 79.2, Black females’ life expectancy declined from 75.4 to 74.8, Hispanic females’ life expectancy decreased from 81.3 to 81.0, and Asian females declined from 85.9 to 85.6 (Arias et al, 2022, p.3). However, American Indians and Alaska Native (AIAN) women's life expectancy decreased from 70.7 to 69.2 between 2020 to 2021 (Arias et al, 2022, p.3). Furthermore, compared to other developed nations, the U.S. has the lowest life expectancy for women. As shown in a chart by Rakshit et al (2022), the Comparable Country Average of Life Expectancy for women in 2021 was 84.7, but the rate of life expectancy for women in the U.S. was 79.1, with the highest being Japan at 87.6 (Figure.4). Compared to all the other countries on the list, including nations such as the UK, France, Germany, Australia, Sweden, Netherlands, the U.S. ranked the lowest.

The reason behind the increase in women’s life expectancy throughout the years was thanks to healthcare improvements, better control of infectious diseases, cleaner water, and other nonmedical social developments (“200 years of Public Health,” 2017, para.3). Unfortunately, the decline of women’s life expectancy has to do with COVID-19 and other health complications. According to Arias et al (2022), 51.2 percent of the deaths were caused by COVID-19, 14.8 percent were caused by unintentional injuries, 5.7 percent were caused by heart disease, 3.5 percent were caused by stroke, and 2.4 percent were caused by chronic liver disease (p.4). In addition, the decline was also offset by decreases in mortality due to diseases such as Influenza and pneumonia (Arias et al, 2022, p.1). Furthermore, diseases caused by smoking and obesity such as lung cancer and diabetes have contributed to the decline of women’s life span (Leefeldt, 2017, para.8). Obesity, on its own, reduces life expectancy by slightly more than half a month (Leefeldt, 2017, para.12). In addition to that, Type 2 diabetes and diseases of pregnancy such as preeclampsia and preterm delivery are another set of health difficulties women are dealing with (Reinberg, 2021, para.2). High levels of stress are another health risk element they face. Dr. Suzanne Steinbaum, quoted in Reinberg’s (2021) article,

states that, “Stress is leading to an increase in risk factors, such as diabetes, obesity, high cholesterol, and high blood pressure” (para. 15).

**Trajectory/Trends:** Between the 1900s to 2019, women’s lifespan almost doubled. However, life expectancy declined in 2015, and it remained the same till 2017. It began to increase once again in 2018 and it continued till 2019, but then decreased during the pandemic in 2020 and 2021 (CDC, n.d., pg.1).

**Table 47: Rate of Life Expectancy of Women from 1900 to 2021**

YEAR	RATE OF LIFE EXPECTANCY
1900	48.3
1950	71.1
1960	73.1
1970	74.7
1975	76.6
1980	77.4
1990	78.8
1995	78.9
2000	79.3
2001	79.5
2002	79.6
2003	79.7
2004	80.1
2005	80.1
2006	80.3
2007	80.6
2008	80.6
2009	80.9
2010	81.0
2012	81.2
2013	81.2
2014	81.3
2015	81.1
2016	81.1
2017	81.1
2018	81.2
2019	81.4
2020	79.9
2021	79.1

The data was also disaggregated by the racial group as well. In 2020, all the racial groups had a decrease in life expectancy due to covid, but the worst was with American Indian/Alaska Native

(AIAN) women with a life expectancy of 70.7 years as shown in Table 48 (Arias et al, 2022, p.51).

**Table 48: Rate of Women’s Life Expectancy Based on Racial Group**

YEAR	Black	White	Hispanic	Asian	AIAN
2018	78.0	81.1	84.3		
2019	78.1	81.3	84.4	87.4	75.0
2020	75.4	80.1	81.3	85.9	70.7

**Legislation/Initiatives:** The U.S. does not have any laws, policies, or programs that specifically focus on improving life expectancy for its population, particularly for women. However, there are policies that attempt to lower barriers to medical care for poor women, and there are also policies that encourage healthier living, such as restrictions on tobacco. For instance, The U.S. has enacted tobacco excise taxes. According to the American Lung Association (n.d.), “All 50 states and the District of Columbia impose an excise tax on cigarettes. These taxes range from a high of \$4.50 per pack in the District of Columbia to a low of \$0.17 per pack in Missouri. The national average for state cigarette excise taxes (as of January 1, 2021) is \$1.88 per pack” (para.9). Moreover, there are restrictions on what can be bought with food stamps; households cannot use SNAP benefits to buy beer, wine, liquor, cigarettes, or tobacco, amongst a variety of other items.

To remedy problems with accessing health care, US policymakers have built upon the Affordable Care Act, which made major changes to the health insurance market. In addition, U.S. policymakers also formulated the Inflation Reduction Act (IRA). According to Gustafsson et al (2022), the IRA works to improve the affordability and accessibility of health care by addressing areas that focused on consumer needs, such as extending premium subsidies in the Affordable Care Act (ACA) and lowering the prices of prescription drugs and out-of-pocket costs for Medicare beneficiaries (para. 1). There was also a bill that was introduced called H.R.7035- National Strategy to Increase Life Expectancy Act of 2018. This bill would have required the HHS to develop a national strategy to increase life expectancy in the U.S. so that its average life expectancy would be on par with other member countries of the Organization for Economic Cooperation and Development (National Strategy to Increase Life Expectancy Act, 2018, para.1). Unfortunately, this bill was never passed.

**Enforcement:** Despite the few initiatives implemented, women’s life expectancy reduced during the pandemic. Furthermore, with the repeal of Roe v. Wade, health experts are concerned that women’s life expectancy may drop even further. According to Berg (2023), “[W]ithout adequate abortion care education, long-term quality of reproductive healthcare in the U.S. will likely deteriorate, with negative consequences for women’s health (p.2).

**Reflection:** Faced with a decline in the life expectancy of America’s women, it is important for the government to consider ways to tackle this multi-faceted problem. The government has emphasized greater access to healthcare for those who are challenged to pay, and those efforts should be applauded. However, there is still much to do with regard to environmental

pollution's adverse consequences on health, as well as promoting healthier lifestyle choices. In addition, violence against women, and domestic violence in particular, is a major health challenge, as is the rising maternal mortality rate. In addition, it will also be necessary to track how the overturn of Roe V. Wade will affect women's life expectancy in the U.S. As the government tackles these problems, life expectancy for American women should improve.

References listed on pages 386-387

## MALNUTRITION

***Related to CEDAW Article 12(2): Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.***

**Definition/Context:** According to the World Health Organization (n.d.), “Malnutrition refers to deficiencies, excesses or imbalances in a person’s intake of energy and/or nutrients.” (para. 1).

**Prevalence/Current Situation:** Malnutrition, or in more contemporary terms, food insecurity, is a frequent situation for many US women living close to the poverty line. As reported by the U.S. Department of Agriculture (USDA, n.d.), 13.2 percent of women who lived alone had to deal with food insecurity compared to men (12.3 percent). Evidence of food insecurity was higher in female-headed households than for men as well. That is, 24.3 percent of households with children that were headed by a single woman dealt with food insecurity, while for single male-headed households with children, it was 16.2 percent. Disadvantageous elements such as the gender pay, and benefits gap and the limited job opportunities add to this significant gender disparity.

**Trajectory/Trends:** Female-headed households in the U.S. are the group with the highest levels of food insecurity. As reported in a study done by RTI International in 2014, “Approximately half of all households with food-insecure children and 54% of households with very low food-insecure children are headed by single women” (p. 2-7). However, by 2018, that number had reduced significantly. Belsey-Priebe et al (2021), in their research on how COVID-19 impacted food insecurity for women, state that American female-headed households with children had food insecurity rates of 27.8 percent compared to only 15.9 percent for male-headed households with children (p.2). Unfortunately, when COVID hit, the rates increased tremendously. The article stated that children under 18 living with food insecurity increased by 130 percent from 2018 to May 2020, and because children’s food insecurity is tied to maternal income, there was most definitely an increase in women’s food insecurity as well (p.5). Furthermore, according to a survey of mothers with young children, 40.9 percent of mothers with children ages 12 had under-reported household food insecurity since the onset of Covid-19 (Bauer, 2020, para.10). “No national data was given in this report, but Los Angeles County was used as an example. Within that area, there was a 57 percent increase in food insecurity reports by women during that time period, and even higher rates were reported by women of color (p.5). This goes to show that the COVID-19 pandemic disproportionately had an impact on the food security of women. Since the end of the COVID pandemic, the upward trajectory of food insecurity for women has stalled, but is still higher compared to men, according to USDA (n.d.).

**Legislation/Initiatives:** There have been many attempts by the U.S. government as well as state governments to tackle hunger and malnutrition in the United States. One example is the Supplemental Nutritional Assistance Program (SNAP). This program was originally developed by

the Food Stamp Act of 1964 under President Lyndon B. Johnson. Over time, the program expanded and changed its name to SNAP. According to the Center on Budget and Policy Priorities (2022), “SNAP provides nutritional support for low-paid working families, low-income older adults (60 years and older) and people with disabilities living on fixed incomes, and other individuals and households with low income” (para. 1). Although this program benefits the overall population and not just women in the United States, two-thirds of SNAP participants comprise of families with children, and since mothers tend to be the ones responsible for the nutritional health of their children, it is presumed that it benefits them. There is also the Temporary Assistance for Needy Families (TANF). According to Thompson (2023), this is a primary cash assistance program for families with children who are facing a crisis or have very low incomes and ensures that these families have incomes to meet their basic needs (para.1). Just like SNAP, it is made to benefit the whole family, not just women.

While most programs do not specifically target women, the Women, Infant, Children (WIC) program does. WIC is an extension of SNAP, and its full name is Special Supplemental Nutrition for Women, Infants, and Children (WIC). According to the Center on Budget and Policy Priorities (2021), “WIC provides nutritious foods, nutrition education, breastfeeding support, and referrals to health care and social services for millions of low-income families, and it plays a crucial role in improving lifetime health for women, their infants, and young children” (para. 2). The program has served over 6 million pregnant and post-partum women and has been repeatedly funded by Congress since 1997.

There are other initiatives related to food insecurity. The Biden-Harris Administration has recently launched a National Strategy on Hunger, Nutrition, and Health. This national strategy articulates the Biden-Harris agenda in providing transformative change to ending food insecurity and reducing diet-related diseases (p.8). However, there is no specific mention of women or mothers on the agenda. The only section that focuses on women's food insecurity was when it mentions how the administration will work with the Bureau of Prisons (BOP) to create a new program called “Women’s Life Skills,” which includes a section on nutrition and physical activity sessions. It was created to improve women’s knowledge of the effect of nutrition on health. This program is designed for women who may have limited experience with independent living or a physical or mental disability and will be made available to all women in federal prison facilities (p.30).

In addition, within the “Progress Report on the National Strategy on Gender Equity and Equality” doctrine, the Biden Administration has listed initiatives that will improve the food insecurity of women in the U.S. The document states,

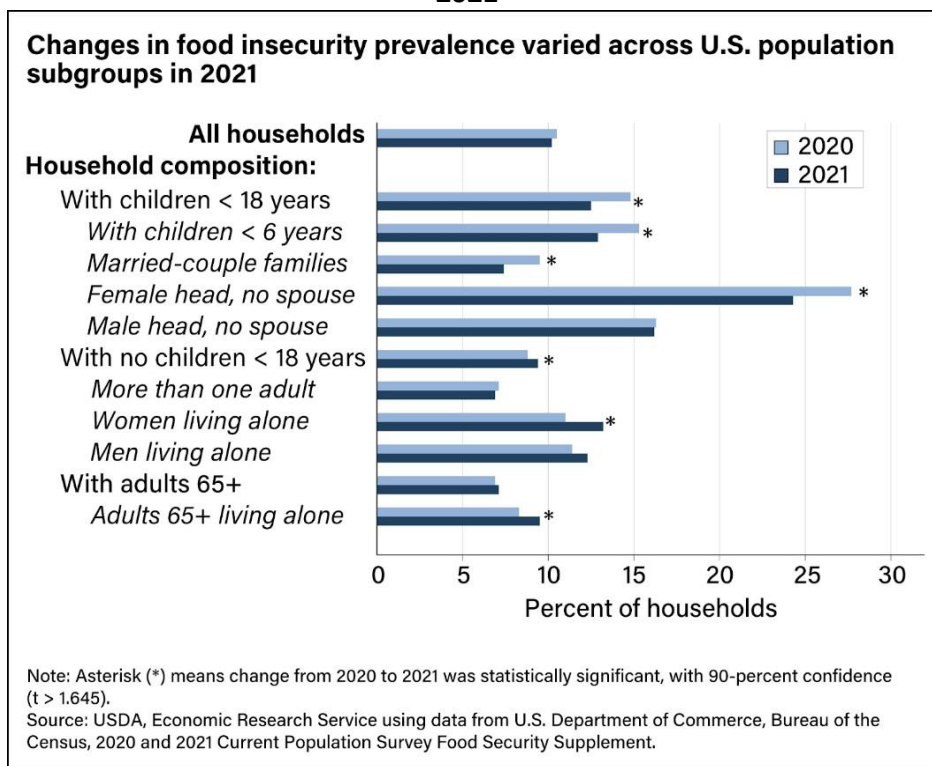
Reducing barriers and increasing access to nutrition assistance for women and children. The U.S. Department of Agriculture’s Food and Nutrition Service—with funding from the ARP—extended increases in benefits under the Supplemental Nutrition Assistance Program (SNAP), by providing approximately \$39 billion in additional benefits to nearly 41 million participants, improved services to underserved populations, and increased benefits for Women, Infants, and Children (WIC) recipients by providing \$900 million to implement a temporary increase in fruit



and vegetable vouchers. USDA also increased the Pandemic-EBT food assistance benefit by approximately 15 percent, providing more money for low-income families and millions of children missing meals due to school closures and reduced access to child care (The White House, 2023, p.5)

**Enforcement:** The numerous programs funded by Congress to address food insecurity, though most do not target women as such, do seem to have helped women. According to Hales and Coleman-Jensen (2022), food insecurity for households with children declined in 2021 to 12.5 percent from 14.8 percent in 2020, and this applied to households with children headed by a single female. However, households without children had a higher increase in food insecurity, particularly for women who were living alone. Food insecurity for female-headed households with no children increased to 13.2 percent from 11.0 percent in 2020, while male-headed households with no children had food insecurity increased to 12.3 percent from 11.4 percent in 2020. This suggests there are still gaps in US policy to address food insecurity, which disproportionately affects women.

**Figure 9: Changes in Food Insecurity Prevalence Varied Across U.S. Population Subgroups in 2021**



(Hales and Coleman-Jensen, 2022, Figure.1)

**Reflection:** While food insecurity appears to be on the decline since the COVID pandemic, there is room for improvement in tackling food insecurity for women. The SNAP, TANF, and WIC initiatives are helpful, but it is time to ask whether these have made these households reliant on such programs. Although it is not necessarily a bad thing, the U.S. still needs to develop long-

term solutions. If for whatever reason something was to happen to these programs, these women and their children would be in big trouble. Many women in poorer households are known to work multiple jobs and still have difficulty providing food for themselves and for their families. Such limitations must be addressed if the U.S. wants to curtail food insecurity for women. Perhaps it is time for the U.S. government to also focus on the societal dilemmas that place these women in food insecurity positions, such as the gender pay and benefits gap, and the fact traditional gender roles and lack of affordable child care make it difficult for women to find high paying jobs. Still, this issue should be categorized as a lower priority since the rates appear to be decreasing.

References listed on pages 388-389

## MATERNAL MORTALITY

***Related to CEDAW Article 12(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.***

***Related to CEDAW Article 12(2): Notwithstanding the provisions of paragraph, 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement, and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.***

***Related to CEDAW Article 14(b): To have access to adequate health care facilities, including information, counseling, and services in family planning.***

**Definition/Context:** According to the CDC (n.d.), Maternal Mortality is the death of a woman during pregnancy, at delivery, or soon after delivery is a tragedy for her family and for society as a whole (para.1).

**Prevalence/Current Situation:** U.S. maternal mortality has reached worrying levels over the years. According to Simmons-Duffin and Wroth (2023), in 2021 1,205 women died of maternal causes, representing a 40 percent increase from the previous years (para.1), which translates into a rate of 32.9 maternal deaths per 100,000 live births (Simmons-Duffin and Wroth, 2023, para.2), a rate that has not been seen since 1965 in the U.S. (Hudson, 2021, para.4). Compared to other peer nations, the U.S. has the worst rate of maternal mortality. Examining rates for 2020, a year for which we have cross-national data, the U.S. had a maternal mortality rate of 23.8 per 100,000 live births, while Canada had a rate of 8.4, and the UK had a rate of 6.5 (Figure.1, Gunja, 2022). The state of Louisiana had the highest rate of maternal mortality with a rate of 58.1 per 100,000, while California had the lowest rate, 4.0 per 100,000 (“Maternal Mortality Rate,” 2023, Figure.2).

High maternal mortality figures are more apparent with Black mothers. In 2021, Black mothers had a maternal mortality rate of 69.9 per 100,000 live births, White mothers had a rate of 26.6 per 100,000, and Hispanic mothers had a rate of 28 per 100,000 (Simmons-Duffin and Wroth, 2023, para.2). According to Hill et al (2022), a reason behind the stark increase from 2020 to 2021 was the addition of COVID-19 related deaths, which was significantly higher among Black and Hispanic women (13.2 and 8.9 per 100,000 respectively) (para.9). However, other major reasons include the structural and systemic racism and discrimination in social and economic factors such as economic stability, education, health care system, and so on (Hill et al, 2022, para.13). Maternal mortality also differs by age group, as women who are 40 and older are more likely to experience higher pregnancy-related deaths, and births to this age group are increasing over time. Women 40 and older have a rate of 107.9 per 100,000, while women 25-39 have a rate of 22.8 per 100,000, and women under 25 have a rate of 13.8 per 100,000 (“The U.S. Maternal Mortality rate peaked,” 2022, para. Figure.4).

Furthermore, the U.S. has a high C-section rate, which carries with it a higher mortality risk. According to the March of Dimes (2022), 32.1 percent of live births in the U.S. were cesarean deliveries in 2021 (para.1). Compared to any other racial group, Black women had the highest rate of C-sections with a rate of 36.0 per 100 live births, White women had a rate of 31.0 per 100 live births, Asian/Pacific Islander had a rate of 32.7 per 100 live births, and American Indian/Alaska Native had a rate of 29.0 per 100 live births (March of Dimes, 2022, Figure. 1). However, as reported by Devlin (2017). “The American College of Obstetricians and Gynecologists (ACOG) estimates there are about four maternal deaths for every 100,000 women after vaginal deliveries compared to 13 in 100,000 after caesareans (though some of these women would have been at higher risk of complications to begin with) (para.1).

**Trajectory/Trends:** The trajectory of maternal mortality in the United States from 2000 to 2021 saw a dramatic increase. The year 2002 had the lowest rate of 14.1 per 100,000, while 2021 had the highest rate in this century at over twice that figure at 32.9 per 100,000 live births as shown in Table 49 (CDC, n.d., Figure 1).

**Table 49: Rate of Maternal Mortality between 2000-2018 per 100,000 Live Births**

YEAR	RATE OF PREGNANCY-RELATED DEATHS IN THE U.S.
2000	14.5
2001	14.7
2002	14.1
2003	16.8
2004	15.2
2005	15.4
2006	15.7
2007	14.5
2008	15.5
2009	17.8
2010	16.7
2011	17.8
2012	15.9
2013	17.3
2014	18
2015	17.2
2016	16.9
2017	17.3
2018	17.3
2019	20.1
2020	23.8
2021	32.9

\*\*2019 – (Hoyert, 2021, p.1)

Looking at the racial disparity, Black women always have the highest death rates. Between 2018 to 2020, according to Simmons-Duffin and Wroth (2023, Figure.1), as shown in Table 50, race-disaggregated rates were:

**Table 50: Rate of Maternal Mortality Based on Race (per 100,000 live births)**

YEAR	RACE		
	Black	White	Hispanic
2018	37.3	19.1	18.2
2019	44	17.9	12.6
2020	55.3	14.9	11.8
2021	69.9	26.6	28.0

In summary, maternal mortality rates in the U.S. are getting significantly worse overall, and especially worse for Black mothers. One of the most troubling statistics is that homicide is the leading cause of death for pregnant women in the U.S. (Grey, 2022). This is a national emergency.

**Prevalence/Current Situation and Trajectory/Trends of (Pre-natal care):** High maternal mortality rates for Black mothers in part stem from the lack of prenatal care they receive. Although care has increased over time for the first trimester, it is still low when compared to other racial groups. According to Alcantara de Silva (2022), Black women have a lower prevalence of early prenatal care in the first trimester that ranges from 8.1 percent to 74.81 percent, compared to that of white women which ranges from 44.9 percent to 94.0 percent (p.3). However, in 2019, prenatal care in the first trimester for Black women increased from 67.6 percent in 2019 to 68.4 percent in 2020. It also increased from 72.1 percent in 2019 to 72.3 percent in 2020 for Hispanic women, and for White women, it remained at 82.8 percent (Osterman, 2022, p.6). For Late or No Prenatal Care, Native Hawaiian and Other Pacific Islander (NHOPI) women had the highest percentage of 18.7 percent, American Indian and Alaska Native (AIAN) women were at 12.7 percent, Black women were at 8.8 percent, Hispanic women were at 7.7 percent, White women were at 4.5 percent, and Asian women were at 4.2 percent (Hill et al, 2022, Figure.3).

### **Homicide-Related Maternal Deaths**

**Prevalence/Current Situation:** Besides pregnancy complications, pregnant women are also more likely to die from homicides. According to a study that was reported to CDC, between 2008 to 2019, pregnancy-associated deaths accounted for more than 20 percent of all homicides of female victims (Grey, 2022, para. 8-9). Two-thirds of the pregnancy-related homicides occurred during pregnancy, and the remaining third occurred a year after childbirth (Grey, 2022, para. 10). Moreover, 70 percent of the pregnancy-related deaths were caused by guns and other firearms (Grey, 2022, para. 11). At 40 percent of these deaths, pregnancy-associated homicides occurred significantly more frequently among Black mothers than with any other racial group (Grey, 2022, para.12).

Between 2018 to 2019, over 5.8 percent of females died from homicide who were either pregnant or within 1 year from the end of pregnancy at the time of their deaths (Wallace et al, 2021, p.3). The majority of the victims were Black women, half were younger than age 25, and although most of the homicides were caused by firearms, assaults by sharp objects and strangulation were the second and third most common mechanisms of injury (Wallace et al, 2021, p.3). Furthermore, death by homicide exceeded other causes of death, making it the leading cause of death. According to Wallace et al (2021), “Homicide mortality during pregnancy and within the first 42 days from the end of pregnancy (2.21 deaths/100,000 live births) exceeded all the leading causes of maternal mortality, including hypertensive disorders, hemorrhage, and infection, by more than twofold (p.4).

**Trajectory/Trends:** Compared to the figures between 2018 to 2019, the figures between 2003 to 2007 were lower, showing an increase in homicide-related maternal deaths in the past 20 years. Between 2003 to 2007, 2004 saw the highest rate of 5.4 pregnancy-associated homicides per 100,000 births, while 2006 had the lowest rate of 4.3 (Palladino et al, 2011, p.5).

The data was also disaggregated based on age group and race. Women ages 20-24 had the highest figure of 38.1 percent (Palladino et al, 2011, p.14). Black women also have the highest figure of 44.6 percent compared to other racial groups (Palladino et al, 2011, p.14).

Data was also shown for pregnancy-related homicides caused by an intimate partner, and the data was disaggregated by age group and race as well. Women ages 20-24 had the highest figure of intimate-partner homicide at 33.9 percent, and White women had the highest figure of 45.8 percent compared to other racial groups (Palladino et al, 2011, p.15).

**Legislation/Initiatives:** Between 2018 to 2020, there were over 36 federal policies that were introduced to decrease the maternal mortality rate in the U.S. However, only three of the 36 were passed. There is the H.R.1318-Preventing Maternal Deaths Act of 2018. This act amends the Public Health Service Act of 1944 that reauthorizes and revises certain CDC programs that support state and local surveillance of maternal mortality (Preventing Maternal Deaths Act, 2018, para.1). The second was the H.R.4995-Maternal Health Quality Improvement Act of 2020. The purpose of this act was also to amend the Public Health Service Act to improve obstetric care and maternal health outcomes, and for other purposes (Maternal Health Quality Improvement Act, 2020, para.1). The third one was the H.R.4996-Helping Medicaid Offer Maternity Services Act of 2020. This act amended title XIX of the Social Security Act to provide for a State option under the Medicaid program to provide for extended continuous coverage for certain individuals, including pregnant and postpartum women, and for other purposes (Helping Medicaid Offer Maternity Services Act, 2020, para.1).

The CDC has also undertaken some programs to address the issue. The CDC partnered with a national campaign called the Hear Her campaign and provided efforts to prevent pregnancy-related deaths by sharing potentially life-saving messages about urgent maternal warning signs (CDC, n.d., para.6). Using the Pregnancy Mortality Surveillance System (PMSS), the CDC conducted national pregnancy-related mortality surveillance to better understand the risk

factors for and causes of pregnancy-related deaths in the U.S. (CDC, n.d., para.1). The CDC also supported the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program through funding. The funding directly supported agencies and organizations that coordinate and manage Maternal Mortality Review Committees to help identify, review, and characterize pregnancy-related deaths; and identify prevention opportunities (CDC, n.d., para. 2). CDC also works with Perinatal Quality Collaboratives (PQCs). They are a state or multistate network of teams working to improve the quality of care for mothers and babies (CDC, n.d., para.1). Then CDC eventually created the Levels of Care Assessment Tool (LOCAT). “This web-based tool helps status and other jurisdictions create standardized assessments of levels of maternal and neonatal care” (CDC, n.d., para.2). Finally, the CDC, with the Maternal Mortality Review Committees (MMRCs), worked together to create an informational doctrine called *“State Strategies for Preventing Pregnancy-Related Deaths: A Guide for Moving Maternal Mortality Review Committee Data to Action.”* It is used as a guide to help facilitate the implementation of data-informed strategies to prevent pregnancy-related deaths (CDC, n.d., para.1). Furthermore, the ACA requires health insurance plans to cover women’s health-preventive services, including prenatal care, without cost-sharing (“State Approaches to Ensuring Health Pregnancies,” 2021, para.27).

In addition, some states have chosen to improve maternal health and assist pregnant women. Twenty-five states and the District of Columbia passed laws to support maternal health and pregnant people (Nash and Ephross, 2022, para.47). Four states have extended Medicaid coverage to women after the end of their pregnancy (Nash and Ephross, 2022, para.50). Two states have passed laws extending parental leave (Nash and Ephross, 2022, para.52). At the state level, for maternal health, 471 provisions were introduced that would expand access to improve the quality of maternal healthcare, but only 55 were enacted (Nash and Ephross, 2022, para.64).

Furthermore, the Biden Administration has developed initiatives in response to the maternal health crises in the U.S. According to the White House (2023),

“Under the President and Vice President’s leadership, the White House released the Administration’s Blueprint for Addressing the Maternal Health Crisis, which outlines a whole-of-government strategy to improve maternal health and reduce disparities through efforts to address pregnancy complications and maternal mortality. In addition, more than half of all states have expanded access to 12 months of Medicaid and Children’s Health Insurance Program (CHIP) coverage after pregnancy—first made possible by provisions in the ARP and extended by the end-of-year bipartisan funding bill that President Biden signed into law.

- Expand length of time that Maternity Care Coordinators follow veterans enrolled in VA health care. Fifty-two percent of the maternal deaths in the United States occur during the postpartum period. During the first year postpartum, many people and their families, especially those with limited resources, experience considerable and interrelated challenges that may be addressed through care coordination and connection to appropriate resources. Through its Maternity Care Coordination Program,



the Department of Veterans Affairs (VA) will require that, by the end of Fiscal Year 2024, maternity care coordination and support continue for one full year postpartum, from the current standard of 12 weeks postpartum.

- Supporting pregnant, postpartum, and nursing women in custody. U.S. Customs and Border Protection released a policy statement to support women in custody who are pregnant, postpartum, and/or nursing by enhancing custodial standards for these populations, including offering medical assessments to all reported or identified pregnant women at border facilities with onsite medical support and at facilities without onsite medical support; referring pregnant women with an identified medical issue of concern to the local health system; performing increased welfare checks; and providing sleepers, bassinets, and diaper changing stations at high-priority locations.
- Addressing extreme heat risks for pregnant individuals. The Environmental Protection Agency hosted a prize competition to protect public health, including maternal health, through the Let's Talk About Heat Challenge, focused on innovative communication strategies to warn people of the risks of extreme heat and provide solutions on how to keep safe during the hottest days. Among the winners were messages targeted to people known to be more susceptible to extreme heat, which includes those who are pregnant and children (p.8). “

In the doctrine, it also included maternal health in its highlights from the end-of-year omnibus appropriations bill. It stated,

“Improve maternal health. This law increases funding for research to reduce maternal mortality and improve the health of women, especially those who are disproportionately affected by pregnancy-related complications and deaths, at all stages of pregnancy, and before and after they give birth. It significantly increases funding to support the health and well-being of mothers, children, and families and to address disparities and improve outcomes in maternal health, and it invests in maternal health research at Historically Black Colleges and Universities, Tribal Colleges and Universities, and Minority-Serving Institutions. In addition, the law makes permanent the option for states to extend Medicaid postpartum coverage for up to 12 months. It supports increased screening and access to treatment for maternal mental health and substance use disorders, and the 24/7 National Maternal Mental Health Hotline. The law also reauthorized and extends mandatory funding for the Maternal, Infant, and Early Childhood Home Visiting Program. (White House, 2023, p.9).”

**Enforcement:** As shown in the prevalence and trajectory, despite its many policies and programs, the U.S. enforcement on maternal mortality is severely lacking, particularly for women of color. Rates of maternal mortality in the U.S. are the highest they have been since the 1960s. Moreover, maternity clinics that provide prenatal care and other maternity-related services are beginning to close down. According to Sonenberg (2023),

Nationwide, more than 400 maternity services closed between 2006 and 2020. Between March and June 2022 alone, 11 health systems announced they were closing their obstetric services, citing low birth volumes and staffing challenges. As birthing units close, obstetricians and nurse-midwives are more likely to leave the area, exacerbating “maternity care deserts.” (para.2).

Moreover, some states are not at all accommodating to pregnant women. For instance, in Texas, Medicaid coverage was only offered for 60 days postpartum, while other states expanded the coverage to one year (Tuma, 2023, para.13). Texas also has the highest percentage of uninsured women of childbearing age. Over 11 states have declined federal incentives to expand Medicaid across the board under the Affordable Care Act (Tuma, 2023, para.14).

**Reflection:** Maternal mortality in the U.S., particularly for Black women, has reached frightening levels. The U.S. government needs to quickly act to make sure the figures do not increase further. We urge a more active look at congressional legislation that has not yet passed and suggest that HHS step up to the plate and take responsibility for curbing what has become a true national emergency. Federal funding for healthcare for all pregnant women and postpartum women up to one year from birth should be considered. Another focus must be to reduce the racial disparity in maternal healthcare and improve pregnancy-related health services for all women. The U.S. still greatly lags in the provision of good maternal services compared to other developed nations. In addition, the intersection of maternal mortality with reproductive choice (see the section on Reproductive Rights), must be considered. What impact is the Dobbs decision having on access to maternity care, as well as maternal outcomes? State-level data must be compiled into a national database by the federal government for such basic questions to be answered.

In addition, action on the homicide of pregnant women, maternity care deserts, and prenatal care for Black women would seem to be natural priorities for the government now. We suggest this should be one of the highest priorities for the U.S. government and point out the irony promoting foreign aid programs aiming to reduce maternal mortality in other countries. For instance, just recently, Administrator Samantha Power and USAID revealed a new framework that will help to improve child and maternal health across the world. According to USAID (2023), “This strategy chronicles the progress made across 25 countries since 2012 and lays out an action plan for country-led programs to measurably improve health outcomes for women and children through an intensified focus on coverage, quality, and equity” (para.1). The U.S., on the other hand, has such a poor record of helping its own women in this way.

References listed on pages 390-392

## INFANT MORTALITY

***Related to CEDAW Article 12(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.***

***Related to CEDAW Article 12(2): Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.***

***Related to CEDAW Article 14(b): To have access to adequate health care facilities, including information, counseling, and services in family planning.***

**Definition/Context:** According to the CDC (n.d.), “Infant mortality is the death of an infant before his or her first birthday” (para.1).

**Prevalence/Current Situation:** Infant mortality in the U.S. has been steadily decreasing but at a slow pace. In 2023, the rate of infant mortality was 5.480 per 1000 live birth, which was a 1.21 percent decline from the previous year (“U.S. Infant Mortality Rate,” n.d., para.1). Despite the declining rate, the U.S. has the highest rate of infant mortality compared to the other developed states. In Canada, the rate was at 3.943 per 1000 live births, and in the UK was at 3.337 per 1000 live births. Furthermore, there is a great disparity among racial groups, with Black women having the highest rate. According to Hill et al (2022), Black women had an infant mortality rate of 10.6 per 1000 live births, White women had a rate of 4.4 per 1000 live births, Hispanic women had a rate of 4.7 per 1000 live births, Asian women had a rate of 3.1 per 1000 live births, American Indian and Alaska Native (AIAN) women had a rate of 7.7 per 1000 live births, and Native Hawaiian and Other Pacific Islander (NHOPI) women had a rate of 7.2 per 1000 live births (Figure.5). Thus, the infant mortality rate for children born to Black women is over twice that of White, Hispanic, or Asian women.

This disparity is very apparent for Black mothers to the point that even Black mothers who are rich are more likely to suffer infant mortality than low-income White mothers. According to Miller et al (2023), using a survey done in California on the rate of infant mortality on rich and poor Black mothers and White mothers, the infant mortality rate for rich Black mothers was 437 per 100,000, while low-income White mothers had an infant mortality rate of 350 per 100,000 (Figure.2). The reason behind this devastating loss of Black babies is the same reason as to why Black mothers have a higher rate of maternal mortality. As stated by Hill et al (2022), social and economic factors such as economic stability, education, health care system, and so on, and structural racism and discrimination play a major role (para.13). It is also stated that people of color are more likely to be uninsured and face other barriers to care, thereby limiting their access to health insurance coverage and healthcare (Hill et al, 2022, para.14).

**Trajectory/Trends:** There has been a steep decrease of infant mortality in the U.S. over the last fifty years, but the decline has not been as significant between 2010 to 2023 (“U.S. Infant Mortality Rate,” n.d., para.1). As shown in Table 51.

**Table 51: Infant Mortality Rate between 2010 to 2023**

YEAR	INFANT MORTALITY RATE	GROWRTH RATE
2010	6.454	-2.490%
2011	6.289	-2.560%
2012	6.124	-2.620%
2013	5.959	-2.690%
2014	5.930	-0.490%
2015	5.901	-0.490%
2016	5.873	-0.470%
2017	5.844	-0.490%
2018	5.815	-0.500%
2019	5.748	-1.150%
2020	5.681	-1.170%
2021	5.614	-1.180%
2022	5.547	-1.190%
2023	5.480	-1.210%

**Legislation/Initiatives:** There are no federal laws that focus only on infant mortality. The only law that was introduced but was not passed was S.1804-Mothers and Newborns Success Act of 2021. If this act had passed, it would have worked to improve maternal health and promote motherhood (Mothers and Newborns Success Act, 2021, para.1). However, there is also the Health Start Initiative that was established under President George H. W. Bush in 1991. As the federal government’s signature program that focuses on reducing infant mortality, this project is essential in helping the most disadvantaged children survive infancy and live longer, more productive lives (“Healthy Start Initiative,” n.d., para.5).

There is also a plethora of CDC programs, performed by the CDC’s Division of Reproductive Health, that aims to lower infant mortality. They have made improvements in perinatal care by supporting the Perinatal Quality Collaboratives (PQCs), which are multi-state networks of teams working to improve health outcomes for mothers and babies (CDC, n.d., para.2). The CDC is also striving to improve our understanding of SIDS and SUID. Sudden Unexpected Infant Death (SUID) is the sudden and unexpected death of an infant less than 1-year-old without any obvious cause of death prior to investigations, and SIDS is an acronym meaning sudden infant death syndrome, and the CDC has implemented SUID monitoring programs in 22 states and jurisdictions covering about 1 in 3 SUID cases in the U.S (CDC, n.d., para.3). The CDC is using data to reduce infant mortality through the help of PRAMS. Pregnancy Risk Assessment Monitoring System (PRAMS) data is used to identify groups of women and infants at high risk for health problems, and to measure progress toward goals in improving the health of mothers and infants (CDC, n.d., para.4). Furthermore, the CDC is building support to improve maternal

and child health through MCHEP. The Maternal and Child Health Epidemiology Program (MCHEP) assigns epidemiologists and fellows to different areas to support epidemiologic research and provide scientific information to improve maternal and child health programs and policies (CDC, n.d., para.5). Then through the CDC's National Center on Birth Defects and Developmental Disabilities, the CDC is working to identify causes of birth defects, find opportunities to prevent them, and improve the health of those living with birth defects (CDC, n.d., para.6). Moreover, through the CDC's National Center for Injury Prevention and Control, the CDC is able to track data trends and conducts research on unintentional childhood injuries, adverse childhood experiences (ACEs), and child abuse and neglect (CDC, n.d., para.7). Finally, there is the CDC's National Center for Health Statistics (NCHS), whose mission is to provide statistical information that will guide programs and policies to improve the health of the American people (CDC, n.d., para.8).

**Enforcement:** The programs implemented have overseen a significant decrease in US infant mortality over time, but it does not do enough, given how US infant mortality statistics compare with peer nations, and especially when it comes to women of color. An issue Black and Latina women experience is the lack of Medicaid coverage during the prenatal and postpartum periods of their pregnancy. As a result, each year hundreds of thousands of mothers are kicked off Medicaid just two months after giving birth (Cohen, 2021, para. 9). This needs to be changed to at least 12 months after birth, according to experts.

**Reflection:** Although infant mortality is decreasing, the U.S. government should formulate additional measures to accelerate the decline. The U.S. government also needs to address the racial disparity in infant mortality by looking at the systemic discrimination that takes place in both societal and health structures. However, since rates are steadily decreasing, the U.S. government should put its focus on dealing with maternal mortality first, because it is rising sharply, and probably affects infant mortality rates. This issue needs the immediate attention of the U.S. government.

References listed on page 393

## MENSTRUAL HEALTH

***Related to CEDAW Article 12(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.***

***Related to CEDAW Article 14(b): To have access to adequate health care facilities, including information, counselling and services in family planning***

**Definitions/Context:** According to Hennegan et al (2021), “**Menstrual Health** is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle” (p.2). **Period poverty**, according to Alvarez, “[R]efers to the inadequate access to menstrual hygiene tools and educations, including but not limited to sanitary products, washing facilities, and waste management” (para.2).

**Prevalence/Current Situation:** A not insignificant number of women and girls in the U.S. have difficulty accessing menstrual products. As reported by “New Year, Same Old,” (2022), over 22 million women in the U.S. cannot afford or do not have access to menstrual products (para.1). The cost of menstrual products averages \$13.25 a month, amounting to over \$6000 per lifetime (“New Year, Same Old,” 2022, para.1). According to Michel et al (2022), 16.9 million menstruating women in the U.S. live in poverty, and of those, two-thirds cannot afford menstrual products, with half of them having to choose between menstrual products and food. Over 14.2 percent of college-aged menstruating women have experienced period poverty in the past year, and over 10 percent of female college students experience this monthly (para.3). The dilemma can also be disaggregated by ethnicity, with Latina women having the worst statistics. Cardoso et al (2021) report that 24.5 percent of Latina women suffered from period poverty; for Black women, it was 19 percent; for White women, it was 11.7 percent, and for women of other races, it was 10.0 percent (p.3). Moreover, 17.0 percent of Latina women were more likely to experience period poverty every month, while women in other racial groups were 13.3 percent; for White women it was 9.1 percent, and for Black women it was 7.6 percent. The inaccessibility was mainly caused by economic inflation, and the COVID-19 pandemic,

**Trajectory/Trends:** Unfortunately, the U.S. lacks any sufficient data that tracks period poverty over time. The only available data was from 2019 and 2021. In 2019, 20 percent of teenagers struggled to afford period products or were not able to purchase them at all (Thinx and PERIOD, 2019, p.2). However, in 2021, the percentage increased to 23 percent of students struggling to afford period products (Thinx and PERIOD, 2021, p.2). This is an issue that needs to be tackled by U.S. government.

**Legislation/Initiatives:** In response to this dilemma, a variety of laws, initiatives, and programs were developed to alleviate period poverty. A federal law that somewhat aids in reducing period poverty is the S.3548 – CARES Act of 2020. This law amends the Health Savings Accounts (HAS) – 26 U.S. Code § 223 of the Internal Revenue Code of 1986, which according to BRI,

“[A]llows individuals who are covered by a compatible health plan, often referred to as High Deductible Health Plan (HDHP), to set aside funds on a tax -free basis up to the contribution limit to pay for certain out-of-pocket medical expenses” (“HAS Basics,” n.d., para.1), and these expenses have been defined to include menstrual products (CARES Act, 2020, p.170). However, this act was only introduced and never passed. Then there is H.R.3614 – Menstrual Equity For All Act of 2021, and the purpose of this bill is to expand access to free sanitary napkins and tampons in certain locations and for particular groups (Menstrual Equity For All Act of 2021, para. 1). Unfortunately, this bill was only introduced and not passed as well. Looking at state laws, New Jersey has created a law mandating school districts to provide feminine hygiene products free to students, and the state will pay the cost. According to the New Jersey bill A1349 (2022),

This bill requires school districts to ensure that students in schools educating students in grades 6 through 12, or any combination thereof, in which 40 percent or more of their students reside in households with a household income at or below the most recent federal hygiene products in at least 50 percent of the school bathrooms free of charge (p.2).

Furthermore, Texas, along with 23 other states, have recently approved a bill banning sales tax for sanitary products and some baby supplies in a move that could cost the state \$100 million a year as shown in Table 52 (James, 2023, para.1).

**Table 52: Tampon and Diaper Tax Breaks in the U.S.**

U.S. STATES	TAMPON TAX BREAK	DIAPER TAX BREAK
Rhode Island	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
California	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
New York	<input checked="" type="checkbox"/>	
Connecticut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Florida	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Louisiana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maryland	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vermont	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
New Jersey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Iowa	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pennsylvania	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Michigan	<input checked="" type="checkbox"/>	
Nebraska	<input checked="" type="checkbox"/>	
Ohio	<input checked="" type="checkbox"/>	
Washington	<input checked="" type="checkbox"/>	
Minnesota	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maine	<input checked="" type="checkbox"/>	



Illinois	<input checked="" type="checkbox"/>	
Michigan	<input checked="" type="checkbox"/>	
Nevada	<input checked="" type="checkbox"/>	
Colorado	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Louisiana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Massachusetts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(James, 2023, Table 1)

According to James (2023), “The legislation would remove sales tax on baby wipes, bottles, tampons, sanitary pads and menstrual cups as well as adult diapers” (para.4). In addition, just like New Jersey, the city of Austin, Texas is also taking an initiative to curb period poverty by expanding period equity to Austin public schools. According to Nittle (2022), Austin Independent School District spent about \$85,000 on dispensers and \$70,000 on menstrual products for the students. Apart from Austin, Fort Worth and Dallas also made the decision to offer free supplies to students (para.2). Besides state and federal laws, drug stores are also helping to ease the burden from the tampon tax, but it is only CVS that has followed through. As reported by Gibson (2022), “CVS Health will lower the price of menstrual products in 12 states, including Texas, where attempts to repeal the tax in the past has failed” (para.1). The chain began paying sales tax on period products in Arkansas, Georgia, Hawaii, Louisiana, Missouri, South Carolina, Tennessee, Texas, Utah, Virginia, West Virginia, and Wisconsin (Gibson, 2022, para.3). Moreover, numerous NGOs, such as Alliance for Period Supplies, PERIOD, The Menstrual Movement, Thinx, Period Equity, LOLA, Lafayette American, and so on, have also worked to reduce period poverty by creating campaigns and initiatives for women in the U.S. to have access to affordable and safe menstrual products in U.S. schools (“New Year, Same Old Fight,” 2022, para.5). Moms Helping Moms Foundation, another NGO, distributed free menstrual products in 2019: 15,000 in 2020, and over 105,000 in 2021 (“New Year, Same Old Fight,” 2022, para.7).

**Enforcement:** Even with the policies and the programs put in place, plans to reduce period poverty have not yet fully succeeded. According to “State of the Period” (2021), 23 percent of students still have trouble affording period products, and 16 percent of the students have chosen to spend their money on menstrual products rather than for food or clothes, with the Latina community suffering most from period poverty (p.2). Over 51 percent of the students have to wear menstrual products longer than recommended which may cause toxic shock syndrome if they are using tampons, and 18 percent of the students believe that COVID has made it more difficult for them to do their best schoolwork during their period (“State of the Period,” 2021, p.2). Furthermore, some states still tax the sale of period products. According to Grantham-Philips (2022), 22 states charge sales tax on period products, and these products are often taxed as luxury goods –at the similar rates to makeup, electronics and décor, the nonprofit notes (para.16). However, the NGOs campaign has made some form of progress as currently, because Texas has lifted the sales tax on period products, there are now 24 states that do not allow sales tax on menstrual products.

**Reflection:** Period poverty continues to remain a problem in the U.S., despite the policies, programs, and NGOs created. Twenty-two state governments still need to stop taxing menstrual products, but instead take action to allow for women and young girls easy access to period products, be it at school or in grocery stores. Furthermore, the U.S. government and state legislators should work closely with NGOs in order to formulate policies that will improve women's menstrual health and keep students in schools. State legislators should work towards improving menstrual equities for women of all ages within their state, and the U.S. federal government should also make laws that advocate for period accessibility particularly for low-income women and girls since federal laws take precedence over state laws. Moreover, the U.S. government should also work with health facilities and NGOs to keep a recorded annual trend of period poverty of the country in order to learn how many women and girls are suffering from period poverty, and also to know whether the laws and programs that will be implemented are effective.

References listed on pages 394-395

## MENTAL HEALTH

***Related to CEDAW Article 12(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.***

***Related to CEDAW Article 14(b): To have access to adequate health care facilities, including information, counseling, and services in family planning.***

**Definition/Context:** According to the CDC (n.d.), “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.” (para.1).

**Prevalence/Current Situation:** Compared to other high-income countries, the United States has worse levels of mental illness. According to Williams and Shah (2021), 36 percent of individuals report having mental health needs in the U.S., with Black people having the highest figure of 39 percent. UK has a figure of 30 percent, Canada has a figure of 33 percent, and Sweden has a figure of 29 percent (Figure.2). The same is true when disaggregated by sex, and U.S. in general have higher rates of diagnosed and perceived mental illness than men. According to Diep et al (2022), 50 percent of U.S. women between the ages 18-64 thought they needed mental health services in the past two years, while for men it was 35 percent (para.9). About 10.5% of women in the U.S. suffer from depression (National Institute of Mental Health, n.d., para.7), compared with only 8.8 percent of women in Canada who had symptoms consistent with depression, anxiety, and loneliness due to the COVID pandemic (Reppas-Rindlisbacher et al, 2022, p.51). This data was disaggregated by race as well with Black women having a higher percentage than the other racial groups. According to Diep (2022), 51 percent of Black women felt they needed mental health care, White and Hispanic women were at 50 percent, and Asian/Pacific Islander women were at 40 percent. (Diep, 2022, Figure.2). Teenage girls are also increasingly suffering from mental health struggles. According to Joseph (2023), “The nearly 3 in 5 teen girls who felt persistently sad or hopeless in 2021 was a 60 percent increase compared to a decade earlier” (para. 2).

A major reason behind the increase was due to COVID-19. According to Lindau (2021), “High rates of stress-related conditions, including anxiety, depression, distress and related health behaviors such as increased alcohol and tobacco use have been reported in several early COVID-19 studies” (p.503). During the early phases of the pandemic, depression and anxiety increased by 29 percent, and 21 percent of women screened positive for clinical levels of both conditions (Lindau, 2021, p.506). In addition, 17 percent of women presented with one or both traumatic stress symptoms, and 1 in 10 women reported having disturbing thoughts (Lindau, 2021, p.506). The statistics of traumatic stress caused by COVID-19 were higher than rates of traumatic stress of severe acute respiratory syndrome (SARS) and Ebola epidemics (Lindau, 2021, p.506). Other factors that added to the mental health crises during the pandemic were an

increase in Intimate Partner Violence (IPV), food insecurity, challenges meeting housing and utility needs, transportation difficulties, and interpersonal safety (Lindau, 2021, p.503).

Certain occupations for women also carry higher risks for mental illness. Women in the military, for example, are also more at risk of suffering from mental issues while on duty. According to Kime (2023),

Women were diagnosed at more than twice the rate of men for anxiety disorders and adjustments disorders and nearly four times the rate for personality disorders, a condition that is considered by the Defense Department and the Department of Veterans Affairs to have existed before military service and is not eligible for service-connected disability compensation (para.6).

**Trajectory/Trends:** The mental health of US women and girls has been deteriorating over the past two decades, showing a stark difference from rates in the early 2000s.

According to Elflein (2023), mental illness percentages from 2008 to 2020 show that there was an increase in mental issues for women between 2008 and 2013, despite moments of slight decreases between those years and in 2014 and 2015. However, the percentage began to increase again in 2016 and then continues to increase over time. (Figure 1). This is shown in Table 53.

**Table 53: Percentage of U.S. Women who had a Mental Illness from 2008 to 2020**

YEAR	% OF FEMALE RESPONDENTS
2008	21.5 %
2009	21.8 %
2010	21.1%
2011	21.1%
2012	22%
2013	22.3%
2014	21.8%
2015	21.2%
2016	21.7%
2017	22.3%
2018	22.8%
2019	24.5%
2020	25.8%

(Elflein, 2023, Figure.1)

Moreover, according to Brody et al (2018), between 2013 to 2017, there was also an increasing prevalence of depression amongst adult women aged 20 and over. The percentage of depression is highest in women of ages 40-59 (p.1).

Teenage girls are also more likely to experience anxiety and/or depression with 2020 being their highest with a percentage of 18 percent as shown in Table 54. (Panchel et al, 2022, Figure 5).

**Table 54: Percentage of Adolescent Girls with Anxiety and /or Depression**

YEAR	% OF ADOLESCENT GIRLS WITH ANXIETY AND/OR DEPRESSION
2016	14%
2017	12%
2018	16%
2019	17%
2020	18%

(Panchel et al, 2022, Figure 5).

According to Rausch and Haidt (2023), the rise of depression really began to increase in 2010, and by 2015 a depression epidemic was in full force as 145 percent of girls had an increase in Major Depression since 2010 (Figure.1). Moreover, teenage girls showed a 188 percent increase of being admitted to hospitals for nonfatal self-harm since 2010, and in 2020, young teenage girls were hospitalized for self-harm three times the rate in 2010 (Rausch and Haidt, 2023, Figure.2).

Furthermore, there was an increase in sadness amongst U.S. teen girls between 2011 and 2021. According to CDC (2023), “According to new CDC data released today, nearly 3 in 5 (57%) U.S. teen girls felt persistently sad or hopeless in 2021—double that of boys, representing a nearly 60% increase and the highest level reported over the past decade” (para.1). The main reason for the increase of sadness and hopelessness was caused by overuse of social media by teen girls. As told by Twenge (2020),

Popularity and positive social interactions tend to have a more pronounced effect on teen girls’ happiness than boys’ happiness. Social media can be both a cold arbiter of popularity and a platform for bullying, shaming and disputes. From this data on digital media use and unhappiness, we can’t tell which causes which, although several experiments suggest that digital media use does cause unhappiness (para. 16-17).

**Legislation/Initiatives:** There are not many laws or programs developed to address the rise of mental health issues for women in the U.S. An exception is post-partum depression, which has seen increasing attention by the CDC in recent years. The CDC’s Division of Reproductive Health (DRH) is working with a variety of organizations and research teams to improve the mental health of women (CDC, n.d., para.4): DRH is collaborating with the American College of Obstetricians and Gynecologists and other professional organizations to create a mental health toolkit for health care providers who treat women during and after a pregnancy (CDC, n.d., para.5). The division is also working with the American Academy of Pediatrics to improve the integration of mental health in primary health care (CDC, n.d., para.6). The CDC is also putting

effort to improve the continuity of care for pregnant and postpartum people with mental health symptoms, in concert with the American Psychiatric Association (CDC, n.d., para.7). The CDC also supports the Hear Her campaign and its effort to prevent pregnancy-related deaths by sharing potentially life-saving messages about urgent warning signs, including ones related to mental health conditions (CDC, n.d., para.8). In addition, the CDC/DRH also delves into research activities by funding a study that aims to improve, evaluate, and deliver a low-cost and sustainable program to address depression and after pregnancy (CDC, n.d., para.9).

With regard to women's mental health issues other than post-partum depression, there is less action. The National Institute of Mental Health (NIMH) has begun working with the Women's Mental Health Team to create a Women's Mental Health Research Program. The goal of this project was to, "Promote the emotional well-being of women throughout the lifespan, with a particular focus on sex and gender-related research that explores the pivotal life stages for brain health, such as birth, puberty, pregnancy, reproductive years, menopause, and aging" (NIMH, n.d., para.6). The Substance Abuse and Mental Health Services Administration (SAMHSA) only provides information on women's mental health but fails to provide any preventive measures for the dilemma.

Like other countries, the U.S. has begun to strategize about how best to regulate social media companies so that they do not harm the mental health of youth, including girls. US lawmakers are considering adopting some measures currently being undertaken by countries such as the UK, which has recently proposed a bill known as The Online Safety Bill. According to the Department for Science, Innovation and Technology, and Department for Digital, Culture, Media and Sport (2022), the bill would protect children and adults online, and it will make social media companies more responsible for their users' safety on their platforms (para.1). It will tackle issues such as illegal and harmful content, will work to ensure that underage children are kept off of social media, parents or adults will have more control on the content the children will see, and so on. US Senators are following a similar pattern. In 2022, U.S. Senators launched a bipartisan bill known as the Kids Online Safety Act, to regulate kids' use of social media. According to Fung (2022), "Under the bill, tech companies would have to provide settings for families to protect their kids from harmful content including tools to govern children's online purchases and potential app addiction, and those settings would have to be enabled by default" (para. 5). State legislatures are also formulating initiatives to protect minors from the dangers of social media. The Utah legislature recently passed two regarding this matter. The first law that was passed was Senate Bill 152, which would require social media companies to verify the age of users and obtain parental consent to create accounts for minors (Kim, 2023, para.1). The second law was House Bill 311, and this prohibited social media companies from utilizing features that promote addiction to their platform among minors (Kim, 2023, para.1). Some U.S. states are even going so far as to ban social media altogether. In Texas, lawmakers are introducing a bill that will ban kids under 18 from social media. As told by Murney (2022),

The bill aims to block anyone under the age of 18 in Texas from creating a profile on social media sites using a variety of methods, including photo identification mechanism

as a means of age verification, and requiring social media sites to provide pathways for parents to request removal of their kid's accounts (para. 5).

Most of the on-the-ground effort to improve women's mental health comes from women-focused NGOs. For example, there is the Linder Center of HOPE Women's Mental Health Program, which strives to promote and enhance women's mental health and well-being across the reproductive lifecycle ("Women's Mental Health," n.d., para.2). There is also the Women's Mental Health Research Program (WMHRP) at the University of Illinois at Chicago, which conducts research "To improve the lives of women through clinical studies aimed at understanding the sex-specific and sex-related factors that contribute to women's cognitive function and mental health ("Women's Mental Health Research Program," n.d., para.2). Another example is the Massachusetts General Hospital (MGH) Center for Women's Mental Health. This facility provides evaluation and treatment of psychiatric disorders associated with female reproductive function including premenstrual dysphoric disorder (PMDD), pregnancy-associated mood disturbance, postpartum psychiatric illness, and peri- and post-menopausal depression (MGH Center for Women's Mental Health, n.d., para,1).

**Enforcement:** There has been a stark increase of women, especially teens and young adults, dealing with mental health issues, as shown in the prevalence and trajectory subsections. It has gotten so severe now that young girls are over three times more likely to perform self-harm than young boys. According to Panchel (2022), 723.9 per 100,000 teenage girls are more likely to commit self-harm, while 195.0 per 100,000 teenage boys are likely to do the same (Figure.4).

**Reflection:** The deterioration in women's mental health demands the attention of the U.S. government. The existing law and programs are clearly not enough. While there are many causes of rising mental health issues, one important new cause is social media, which has been proven to have harmful effects, especially on the mental health of teen girls. Lawmakers at the state and federal levels are working on legislation to curb these issues, and we urge greater haste. These measures can be informed by the many women-focused NGOs and research programs that are uncovering the causes of rising mental health problems, and are investigating the most effective means to counter this rise.

References listed on pages 396-398



## SUICIDE

***Related to CEDAW Article 14(b) To have access to adequate health care facilities, including information, counseling, and services in family planning.***

***\*\*Healthcare can also include mental healthcare as well.***

**Definition/Context:** According to Centers for Disease Control and Prevention (CDC), “Suicide is death caused by injuring oneself with the intent to die” (para.1).

**Prevalence/Current Situation:** In 2019, amongst the list of causes of death of U.S. women, suicide was categorized under ‘Other’ as number 11, right underneath Hypertension as number 10 (Elflien, 2022, Figure.1). According to the CDC (2022), women had a 2 percent increase in suicide rates from 9,428 in 2020 to 9,621 in 2021 (p.1). Men had a far higher increase in suicide rates between 2020-2021. Men had a 4 percent increase in suicide rates from 36,551 in 2020 to 38,025 in 2021. In addition, the report also mentions that women make up the larger proportion of suicides caused by drug poisoning (CDC, 2022, p.2). The higher prevalence of suicide among men is most likely one of the reasons the U.S. severely lacks any policies or programs that focus mainly on women and their mental health risks for suicide.

**Trajectory/Trends:** While female suicide rates in the U.S. are significantly lower than that for men, the rise in suicide rates for women over time has actually been steeper than for men. As reported by Perry et al (2022), “From 1999-2019, the age-adjusted suicide rate for females (all ages and races/ethnicities) increased from 4.0 to 6.0 per 100,000 population (a 50% increase), whereas the age-adjusted male suicide rate increased from 17.8 to 22.4 per 100,00 (a 26% increase)” (p.3). Female suicide rates also increased differentially depending on racial background. In the data statistics, white women between the ages 45-54 had a steady increase in suicide rates, but women of color, particularly black and Hispanic had a higher increase for those between the ages 15-19 and 20-24. Then the trajectory remains unchanged until about age 50, and from there, suicide rates for females decline (Perry et al, 2022, p.3), except for Asian/Pacific Islander women, whose suicide rates increase after age 50. American Indian/Alaska Native women have a sharp increase in suicide rates between the ages of 15-19 and onwards, but then there is a decline in their later years of adulthood, meaning that American Indian/Alaska Native women have the highest rates of suicides among US women before the age of 40, white women have the highest rates of suicides between the ages of 40-70, and Asian/Pacific Islander women have the highest suicide rates after the age of 70 (Perry et al, 2022, p.3).

Experts have attempted to understand why suicide rates for women are rising more swiftly than for men in the U.S. We know from long-standing research that various forms of stress increase suicide, and the COVID lockdown produced several increased stressors for women specifically. First, rates of domestic violence increased during the lockdown. There was an 8 percent increase in domestic violence according to the National Commission on COVID-19 and criminal justice (Mineo, 2022, para.3). Female suicide rates are significantly affected by IPV. A

systemic review indicated that 11 of 13 studies showed a significant association between 1pv victimization and subsequent suicide attempts among women (Kafka et al, 2022 p.2). Second, lockdown-closed schools and gender-based roles dictating women pick up the childcare slack—often while working from home—have also been noted as an increased source of stress for women. According to Purvis et al (2022), “Women who work, especially those with children, reported significant increased COVID-19 related stress as the pandemic disrupted childcare arrangement” (p.1) In addition, women were much more likely to actually quit their jobs during the lockdown, given the closure of schools. Women between 25-44 were three times more likely to not work because of childcare demands due to the pandemic (Purvis et al, 2022, p.1). Working mothers with school-age children reported higher levels of psychological distress due to the gendered differences in childcare arrangements of school-age children (Purvis et al, 2022, p.1). It remains to be seen whether the rate will decline now that the lockdown is over, or whether it will stay at the increased level. However, from the data shown in the prevalence section, rates do not seem to be improving.

**Legislation/Initiatives:** While there are government policies to combat suicide, there are very few that are targeted specifically toward women. The only legislation that has to do with female suicides only focuses on female veterans. The H.R.2915 - Female Veteran Suicide Prevention Act (2016), stated “To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to identify mental health care and suicide prevention programs and metrics that are effective in treating women veterans as part of the evaluation of such programs by the Secretary, and for other purposes (para.1). Under Sec. 2 (F), the Department of Veterans Affairs has to “identify the mental health care and suicide prevention programs conducted by the Secretary that are most effective for women veterans and such programs with the highest satisfaction rates among women veterans” (Female Veteran Suicide Prevention Act, 2016, para.9). This law only passed the House, but was never made into official law. There are no federal laws or policies focusing on suicide rates among women civilians.

Some federal agencies and NGOs have constructed national action or strategic plans to implement suicide prevention practices for the entire population, however. Some recent ones are the ‘Suicide Prevention Strategic Plan FY 2020-2022’ by the CDC, and the Substance Abuse and Mental Health Services Administration’s (SAMHSA) ‘Interim Strategic Plan.’ Then there is ‘The Surgeon General’s Call to Action: To Implement the National Strategy for Suicide Prevention’ by the National Action Alliance for Suicide Prevention. NGOs such as American Association of Suicidology (AAS), Suicide Awareness Voices of Education (SAVE), Jed Foundation, Trevor Project, and so on, provide suicide prevention education and emergency contact information for those thinking of attempting suicide. However, the steeper rise in female suicide rates has not yet translated into programs targeting women.

**Enforcement:** It is unclear whether the legislation and programs put in place have been successful. For example, the Female Veteran Suicide Prevention Act, although created to minimize suicide rates among women veterans, has been enforced poorly. According to Steinberg (2022), about 53 percent of veteran women are at suicide risk compared to 41 percent of men. This was due to the higher prevalence of intimate partner or sexual violence

among female veterans. From the 62 percent of female veterans using the Veteran Crises Line (VCL) 7 percent of women veterans reported experiencing military sexual trauma (para. 3). As of late, there has been no updated data on the prevalence of suicide rates amongst female veterans, and so it is not possible to determine whether these efforts targeting this subpopulation of women have been successful in lowering rates or not.

Even so, we know the rate of female suicide is rising, which means existing efforts are not enough, for example, suicide risk has increased significantly for female youth in recent years. As reported by Edwards (2023), sexual attacks and other traumatic experiences have led to an increase of suicidal thoughts, as 30 percent of young girls in the United States have considered dying by suicide- a percentage that rose by nearly 60 percent over the past 10 years (para. 3). This is catastrophic.

Furthermore, healthcare policies, such as abortion restriction laws, may also play a part in the suicide rate increase of women. Bendix (2022) stated that Targeted Regulation of Abortion Providers (TRAP) laws (which limits the medical operations related to abortions), are believed to have caused around 127 suicides among women of reproductive age in 2016 (para.8). Now that *Roe v. Wade* has been overturned, suicide rates of women have increased, and researchers are studying if there is a connection. According to Luiggi-Hernandez (2023), Jonathan Zandberg and his team of researchers at the University of Pennsylvania found that suicide rates in reproductive-age women increased by 5.8 percent following abortion restriction by comparing state-level suicide rates with the TRAP laws index, a tool for measuring states' yearly restrictions to reproductive health (para.2).

**Reflection:** The U.S. approach to combating suicide has not yet recognized that the suicide rate for women is rising faster than that of men, and that almost a third of female youth have contemplated suicide in recent years. The U.S. government needs to target women, and develop programming specifically for women. As of 2023, there are no policies or programs that specifically target suicide risk in women and young girls, with the exception of female veterans. The U.S. government should undertake to understand why female rates are rising so quickly, and begin to develop strategies to mitigate the causal factors involved. What is causing the different suicide rate increases between women and men suggests that a more sex-disaggregated approach to the mental health crisis is in order.

References listed on page 399

## STD RATES

***Related to CEDAW Article 10(h): Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.***

***Related to CEDAW Article 14(b): To have access to adequate health care facilities, including information, counselling, and services in family planning.***

**Definition/Context:** According to the National Institute of Allergy and Infectious Diseases, Sexually Transmitted Diseases (STD) or Sexually Transmitted Infections (STI) are infections transmitted from an infected person to an uninfected person through sexual contact, and can be caused by bacteria, viruses, or parasites (para.1).

**Prevalence/Current Situation:** Amongst three out of the four main STD diseases (Chlamydia, Gonorrhea, and Syphilis), U.S. women have experienced an increase of STD rates for Gonorrhea and Syphilis, but the rate for Chlamydia decreased. According to CDC, U.S. women had a rate of 616.5 per 100,000 for Chlamydia, which was lower than the rate in 2019 (CDC, 2020, Figure 1). For Gonorrhea, U.S women had a rate of 174.5 per 100,000, making it higher than the 2019 rate (CDC, 2020, Figure 1), and for Syphilis, U.S. women had a rate of 4.7 per 100,000, which, too, increased from its previous rate in 2019 (CDC, 2020, Figure. 1).

The U.S. has one of the highest rates of STD amongst its women compared other developed nations. In Canada, for example, 326.7 per 100,000 of Canadian women have Chlamydia—almost half that of US women (Public Health Agency of Canada, 2023, Table 1). For Gonorrhea, Canadian women had a rate of 59.5 per 100,000, almost one-third that of the U.S., and for Syphilis, Canadian women had a rate of 14.9 per 100,000 (Public Health Agency of Canada, 2023, Table 1). Syphilis is the only STD for which the U.S. has a lower rate compared to Canada. The UK also has rates that are not as high as the U.S. For Chlamydia, UK women have a rate of 309.1 out of 100,000, less than half that of the U.S.; for Gonorrhea, UK women had a rate of 43.4 per 100,000, about one-fourth that of the U.S.; and for Syphilis, UK women had a rate of 1.9 out of 100,000, about half that of the U.S. (UK Health Security Agency, 2022, Table.1).

In addition, there is also the emergence of Congenital Syphilis in the U.S., in which a mother with Syphilis transfers the disease to her child during pregnancy. This is more common among women who have received no or inadequate prenatal care: according to Nelson (2022), “In 2019, around 60 percent of newborn syphilis cases were due to gaps in testing and treatment during prenatal care, with more than 35 percent of cases occurring in mothers who had received no timely prenatal care at all” (para. 6). It should be noted that the CDC reports that there may be some inadequacy with the 2020 STD rate data due to how COVID impacted its surveillance.

The CDC (2022) highlights two covid-related factors that contribute to the increase of STD rates: 1) reduced screening due to the closure or limited in-person visits of clinics (para.4), and 2) limited resources caused by the shift of STD program resources to help control the spread of

COVID-19 (CDC, 2022, para.5). On the other hand, social distance measures were put in place, which may have reduced sexual contact (CDC, 2022, para. 6).

The fourth STD is Human Papillomavirus (HPV), and although it is the most common STD in the U.S., the latest data concerning HPV of women was compiled in 2018. According to Kristen et al (2018), the number of women with HPV was 19.2 million, and the number of women who acquired a new disease-associated to an HPV-type infection was 6.1 million (p.212). For Canada and the UK, the number is not as high. In Canada, between 2014 and 2018, there was a total of 5,710 (57.1%) women were diagnosed with HPV-related cervical cancer (Caird et al, 2022, p.1119). For the UK, between 2014 to 2016, out of the 3,200 cervical cancer cases among women ages 30-34, 99.7% were caused By HPV (Choi et al, 2023, para.2).

The data is disaggregated by race as well. Black women had the highest rate of Chlamydia compared to other racial groups as shown in Table 55. (CDC, 2020, Figure 1).

**Table 55: Chlamydia (per 100,000)**

Race	Black/African American	White	Hispanic	Asian
TOTAL	1,270.1	241.7	427.1	101.5
Race	American Indian/Alaska Native	Native Hawaiian/ Pacific Islander	Multiracial	
TOTAL	899.7	830.0	322.4	

For Gonorrhea, Black women had the highest rate compared to other racial groups as shown in Table 56 (CDC, 2020, Figure 1)

**Table 56: Gonorrhea (per 100,00)**

Race	Black/African American	White	Hispanic	Asian
TOTAL	517.1	71.7	96.4	16.8
Race	American Indian/Alaska Native	Native Hawaiian/ Pacific Islander	Multiracial	
TOTAL	404.1	186.7	132.1	

For Syphilis, Native Hawaiian/Pacific Islander had the highest rate compared to other racial groups as shown in Table 57 (CDC, 2020, Figure 1).

**Table 57: Syphilis (per 100,000)**

Race	Black/African American	White	Hispanic	Asian
TOTAL	12.3	2.9	4.1	0.6
Race	American Indian/Alaska Native	Native Hawaiian/ Pacific Islander	Multiracial	
TOTAL	4.6	13.8	4.6	

For Congenital Syphilis, American Indian/Alaska Native women had the highest rate compared to other racial groups as shown in Table 58 (CDC, 2020, Figure 1).

**Table 58: Congenital Syphilis (per 100,000)**

Race	Black/African American	White	Hispanic	Asian
TOTAL	134.9	27.5	71.9	5.3
Race	American Indian/Alaska Native	Native Hawaiian/ Pacific Islander	Multiracial	
TOTAL	190.6	187.4	29.5	

For HPV, Black women had the highest rate compared to other racial groups (McQuillan et al, 2017, Figure.1).

**Table 59: HPV**

Race	Black/African American	White	Hispanic	Asian
TOTAL	4.5 percent	2.9 percent	4.1 percent	1.8 percent

Women in the military also show indications of STDs. According to Keddem (2022), women in the military who tested for Chlamydia and Gonorrhea was 8.9 percent, and the result showed that 222 veteran women had Chlamydia, and 57 women had Gonorrhea in 2019 (p.708). Keddem (2022) continues by stating that veteran women are more at risk of catching an STI because of childhood sexual assault, military sexual trauma, and intimate partner violence. Moreover, trauma survivors are at risk of substance abuse, which impairs safe sex practices, and they may avoid accessing medical care because it can be re-traumatizing (p.706-707).

**Trajectory/Trends:** For Chlamydia, there was an increase in Chlamydia rates for women from 2016 to 2019, but it began to decrease in 2020. The rate declined due to COVID 19 and the lack of observation (CDC, 2020, Figure 1).

**Table 60: Chlamydia Trajectory 2016-2019 (per 100,000)**

YEAR	RATE
2016	653.9
2017	682.1
2018	689.6
2019	696.6

For Gonorrhea, the rates of women increased between 2016 to 2020 despite COVID implications (CDC, 2020, Figure 1).

**Table 61: Gonorrhea Trajectory 2016-2019 (per 100,000)**

YEAR	RATE
2016	120.4
2017	140.7

2018	145.2
2019	152.1

For Syphilis, although the rates are quite low, they increased over the years (CDC, 2020, Figure 1).

**Table 62: Syphilis Trajectory 2016-2019 (per 100,000)**

YEAR	RATE
2016	1.9
2017	2.3
2018	3.0
2019	3.9

Regarding Congenital Syphilis, rates declined by 89.2 percent between 1990 and 2000, but it began to increase throughout the 2000s (Nelson, 2022, para.3). According to the CDC, there was a decrease of Congenital syphilis from 10.5 percent to 8.4 percent between 2008-2012, but then it increased again to 11.6 percent in 2014 (Bowen, 2015, para.1). For HPV, between 2003-2006, 42.5 percent of women were infected with at least one of the 37 types of HPV (CDC, 2011, para.1).

Despite the many programs and the action plan that has been implemented, STD rates for women are still increasing, particularly among youth. For example, the rate of Syphilis for women, although lower than that of men, has had a dramatic increase of up to a 50 percent increase in 2021 (Biasas, 2022, para.4). There has also been an increase in Congenital Syphilis. Over 2022 infants born in 2020 have been reported to have the infection, which is more than the number in 2019 (Nelson, 2022, para.1). A reason behind this increase was not just COVID-19 disruptions, but also caused by poverty, stigma around substance abuse, citizenship status, lack of health insurance, and lack of sexual health knowledge (Nelson, 2022, para.7).

**Legislation/Initiatives:** The U.S. does not have any federal or state laws that address STD rates for women directly, however, there are a number of programs implemented to reduce STD prevalence overall. The U.S. Department of Health and Human Services formulated the Sexually Transmitted Infections National Strategic Plan from 2021-2025. This document was created to prevent and control STIs in the U.S through goals, objectives, and strategies (USDHHS, 2020, p.1). The plan indicated five goals it wishes to achieve between 2021 to 2025. The first goal focuses on preventing new STIs, the second focuses on improving the health of people by reducing adverse outcomes of STIs, the third focuses on accelerating progress in STI Research, Technology, and Innovation, the fourth focuses on reducing STI-related health disparities and health inequities, and the fifth focuses on achieving integrated, coordinated efforts that address the STI epidemic (USDHHS, 2020, p.2). The only time women were mentioned was when it recommends sexually active females be screened for Chlamydia regularly (USDHHS, 2020, p.14). Women who are sexually active are also recommended to be screened for Gonorrhea (USDHHS, 2020, p.17). Moreover, screening was also recommended for pregnant



women at their first prenatal visit, and if at high risk for syphilis acquisition during pregnancy, should be screened again at 28 weeks and delivery (USDHHS, 2020, p.19). Then there is the Expedited Partner Therapy (EPT), and according to CDC, EPT is the clinical practice of treating the sex partners of patients who are diagnosed with chlamydia or gonorrhea through the provision of prescription or medications to the patient to take to their partner without the health care provider needing to first examine the partner (CDC, n.d., para.1). An important aspect with the EPT is how it is used to facilitate partner management, as it appears to be more focused on treatments on the male partners of women with chlamydia or gonorrhea (CDC, n.d., para.3). Another program created by the CDC is its Community Approaches to Reducing Sexually Transmitted Diseases (CARS). This is an initiative that utilizes community engagement methods to build local STD prevention and control capacities, and support the planning, implementation, and evaluation of innovative, interdisciplinary interventions that identify societal issues that adds to the disparities of access to quality healthcare, promote personal health, and advance community wellness (CDC, n.d., para.1).

Furthermore, the CDC has also worked with other organizations to combat STD prevalence. The Division of STD Prevention (DSTDP) is the CDC department that is responsible for providing national leadership, conducts research, policy analyses, and development; and disseminates scientific information to prevent STDs and their complications (CDC, n.d., p.2). Besides formulating the CARS program, they also focus on surveillance work such as the STD Surveillance Network (SSuN). This is a sentinel surveillance program that allows STD program sites to collect additional information to better shed light on STD trends quickly and efficiently (CDC, n.d., p.10). They also constructed the Gonococcal Isolate Surveillance Project (GISP). According to CDC (n.d.), “Our antibiotic-resistant gonorrhea surveillance program monitors trends in an antibiotic gonorrhea through a collaborative network of STD clinics, local public health labs, regional labs, and CDC” (p.11). This division also supports STD Prevention Workforce. They work with the National Network of STD Clinical Prevention Training center (NNPTC). This organizations works to supply clinicians with the knowledge and skills to screen, diagnose, treat, and counsel people with STDs (CDC, n.d., p.12). They also collaborate with STD/HIV Disease Intervention Services training Centers (DISTC) and DIS Certification Program. This organization offer grants to help set up STD program staff for success by providing funding for training—specifically for Disease Intervention Specialists (DIS) (CDC, n.d., p.12). Finally, there is the Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections that the U.S. Preventive Services Task Force (USPSTF) recommends everyone, irrespective of gender, to go through in order to prevent the likelihood of getting STDs in adults. This intervention includes in-person counseling, the use of media outlets such as videos, websites, written materials, telephone support, and text messages. The successful approaches provide information on the most common STI transmission, assesses the person’s risk of acquiring STIs, aims to increase motivation or commitment to safer sex, and provide training in condom use, communication about safe sex, problem solving, and other pertinent skills (US Preventive Services Task Force, 2020, p.676). None of the programs mentioned here cater to women alone, but to the overall population.

**Enforcement:** As shown in both Prevalence and Trajectory, there is, generally speaking, a rise of STD rates among women despite the many HHS and CDC policies and programs. This then shows that although there is a desire to curb the increase of STD rates, the programs do not appear to be effective.

**Reflection:** STD rates continue to soar amongst women in the U.S. despite the programs and interventions in place. STD rates among US women are, generally speaking, many times higher than that of countries such as Canada and the UK. Furthermore, congenital syphilis rates are rising, also. It is time for the U.S. government to rethink its approach, for what is currently in place is apparently not effective. In addition, it is clear that particular racial groups are at far higher risk of contracting an STD, and this fact must be taken into account in developing programs. Furthermore, the U.S. should also work on gathering new data on STD cases for women, as majority of the information are from 2020. We view reduction of STD rates among US women as a high priority problem for the U.S.

References listed on pages 400-402

## TEEN PREGNANCY

**Related to CEDAW Article 10(h):** *Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.*

**Related to CEDAW Article 12(1):** *States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.*

**Related to CEDAW Article 14(b):** *To have access to adequate health care facilities, including information, counseling, and services in family planning.*

**Definition/Context:** According to the American Pregnancy Association (n.d.), teen pregnancy is a pregnancy that occurs in women who are under the age of 20. A young woman who is 12 or under falls under this definition as well even though they are technically not a teenager (para.1).

**Prevalence/Current Situation:** The rate of pregnancy for US females between the ages 15-19 was 13.9 births per 1000 females that age in 2021 (According to Osterman (2023)). For teenagers between the ages of 15-17, the rate was 5.6 births per 1000 females that age, and for 18-19 years old, the rate was 26.6 births per 1000 females of that age in 2021. The rate for females ages 10-14 was 0.2 births per 1,000 females of that age group in 2021 (p.3). These rates are higher than the rates in other developed nations. The pregnancy rate in England and Wales was 13 per 1000 women in 2020 ('Teenage Pregnancy,' 2023, Figure 1). For Canada, teenage pregnancy was at a rate of 4.9 per 1000 women in 2021 (Elflein, 2022, Figure 1).

As shown in Table 63, between the ages of 10 to 14, Black, Hispanic, and American Indian /Alaska Natives have the same rates of teen pregnancy, and these are all comparatively low rates. Between the ages of 15 to 17, however, the rates rise, and American Indians/Alaska Natives have the highest rate. By the ages of 18 to 19, rates rise precipitously, and Native Hawaiian or Pacific Islander women have the highest pregnancy rate for that age group (Osterman, 2023, p.13-14). Asian Americans have the lowest rates of teen pregnancy compared to all other racial groups.

**Table 63: Rate of Teen Pregnancy Based on Racial Group in 2021 per 1000**

RACE	10-14	15-17	18-19
Black	0.3	9.3	40.6
White	0.1	3.2	18.7
Hispanic	0.3	9.3	39.8
Asian		0.7	3.8
American Indian or Alaska Native	0.3	11.3	44.1
Native Hawaiian or Pacific Islander		7.3	44.6

**Trajectory/Trends:** Teenage pregnancy in the U.S. boomed in the late 1990s, but began to reduce significantly in the early to mid-2000s. As reported by the Congressional Research Service (CRS) (2022), “The rate ticked up in the baby boom era of the 1950s, peaking in 1957 at 96.3 [births per 1000 teen women]. It then decreases in most years from the 1960s through the 1980s. From 1991 onward, the teen birth rate declined except in two years, 2006 and 2007” (p.3). From 2010 to 2020, the rate of teenage pregnancy also decreased. As told by Osterman (2023), in 2010 the rate was 34.2 per 1000 for females between 15-19, but it decreased to 13.9 per 1000 for females in that age group in 2021, as noted above (Osterman, 2023, p.13). This is a dramatic decrease over the past decade. Still, the rates remain higher than those in the UK or Canada. According to ‘Teenage Pregnancy,’ (n.d.), “Between 1993 and 2020, the under-18 conception rate in England and Wales decreased by 69 percent from 42 per 1000 women to 13 per 1000 women...” (para.3). For Canada, the rate of teenage pregnancy was 10.4 in 2014, it reduced to 6.7 in 2018, and then it reduced further to 4.9 in 2021 (Elflein, 2022, Figure 1). The U.S. figures are over twice as high.

**Table 64: Rate of Teen Pregnancy Based on Racial Group from 2016 to 2021 per 1000 (Osterman, 2023, p.13-14)**

YEAR	Black	White	Hispanic	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander
2016	29.3	14.3	31.9	3.9	35.1	28.6
2017	27.5	13.2	28.9	3.3	32.9	25.5
2018	26.3	12.1	26.7	2.8	29.7	26.5
2019	25.8	11.4	25.3	2.7	29.2	26.2
2020	23.7	10.1	23.0	2.2	25.2	22.2
2021	21.8	9.4	21.1	2.0	24.2	21.9

The decrease in rate was also apparent in all racial groups. For White teenage females between 15-19 in 2016, the rate was 14.3 per 1000, but reduced to 13.2 per 1000 in 2017. This occurred again in 2018 when the rate decreased to 12.1 per 1000. It reduced further to 11.4 per 1000 in 2019, and again in 2020 to a rate of 10.1 per 1000 (Osterman, 2023, p.13). For Black teenage females between 15-19, in 2016 the rate was 29.3 per 1000, but it reduced further to 27.5 per 1000 in 2017. The rate continued to decrease to 26.3 per 1000 in 2018, again in 2019 to 25.8 per 1000, then became 23.7 per 1000 in 2020 (Osterman, 2023, p.13). For American Indian or Alaska Native teenage females between 15-19, the rate in 2016 was 35.1 per 1000, in 2017, it was 32.9 per 1000, and in 2018, it decreased to 29.7 per 1000. The rate became 29.2 per 1000 in 2019, and in 2020, it declined further to 25.2 per 1000 (Osterman, 2023, p.13). For Asian teenage females between 15-19, their rate in 2016 was 3.9 per 1000, but in 2017, it became 3.3 per 1000, and in 2018, it reduced to 2.8 per 1000. In 2019, it declined to 2.7 per 1000, and again to 2.2 per 1000 in 2020 (Osterman, 2023, p.13). Native Hawaiian or Other Pacific Islander teenage females between 15-19, had a rate of 28.6 per 1000 in 2016, and it decreased to 25.5 per 1000 in 2017. However, the rate increased to 26.5 per 1000 in 2018, but began to show a decline in 2019 to 26.2 per 1000, and it declined further to 22.2 per 1000 in 2020 (Osterman,

2023, p.13). Finally, for Hispanic teenage females between 15-19, the rate was 31.9 per 1000 in 2016 but was reduced to 28.9 per 1000 in 2017, and again in 2018 to 26.7 per 1000. This decline continued in 2019 when the rate became 25.3 per 1000, and in 2022, the decreased to 23.0 per 1000 (Osterman, 2023, p.14). As shown in Table 64, rates for all racial groups have been decreasing between 2016 to 2021, but the racial group with the highest rates continues to be American Indian/Alaska Native women.

There are a variety of possible reasons for the decline. Researchers suggest the decline was due to a decrease in teen sexual activity, and others believe it is thanks to the advancement of contraceptive methods (CRS, 2022, p.6). Other reasons suggested include the expansion of educational and labor market opportunities for women. Others contend that teenage pregnancy prevention programs play a role in declining teen birth rates (CRS, 2022, p.7).

**Legislation/Initiatives:** The U.S. has created several laws and policies to deal with the issue of teen pregnancy. There is the Teen Pregnancy Prevention and Parental Responsibility Act of 1995. Under Title II: Combating Teenage Pregnancy, this law amends SSA title IV part A (AFDC) to allow each State agency to provide for eligible entities' operation of projects to reduce teenage pregnancy (Teen Pregnancy Prevention and Parental Responsibility Act, 1995, para.7). This means that the State will be responsible for making programs to not only provide services to pregnant teenagers but also create new projects that will reduce teenage pregnancy. Unfortunately, this bill was only introduced, and not passed.

Then there is the Teen Pregnancy Prevention (TPP) Program that emerged from The Consolidated Appropriation Act of 2010. According to the CRS (2022), "The program primarily provides funds to public and private entities for evidence-based or promising programs that reduce teen pregnancy, including those that focus on sexual risk avoidance and/or use of contraceptives. Funding for this program ranged from \$98 million to \$110 million annually" (p.6). There is also the Personal Responsibility Education Program (PREP) of 2011-2021, which emerged from The Patient Protection and Affordable Care Act of 2009. This approach seeks to educate teens and pre-teens ages 10 through 19, and pregnant and parenting youth under age 21 on both abstinence and contraceptives to prevent pregnancy and STIs. The funding of this program was \$75 million paid annually (CRS, 2022, p.11). The PREP gives out four types of grants: State PREP, Competitive PREP, Tribal PREP, and Personal Responsibility Education Innovative Strategies (PREIS). State PREP allocates funds using a formula that is based on the proportion of youth ages 10 through 19 in each of the 50 states, the District of Columbia, and insular areas, that applied for and received FY2021 PREP funding (CRS, 2022, p.12). Applicants that applied for Competitive PREP can include county or city governments, public institutions of higher education, and for-profit and non-profit organizations among other entities (CRS, 2022, p.13). The Tribal PREP grants support projects that educate and inform only American Indian and Alaska Native youths between 10 to 20, and pregnant and parenting youths under the age of 21 on abstinence and contraception for the prevention of pregnancy, STIs, and HIV/AIDS (CRS, 2022, p.14). "PREIS grants are intended to build evidence for promising teen pregnancy prevention programs serving high-risk youth population" (CRS, 2022, p.14). However, the average amount of funding given by these grants was not stated.

Furthermore, there is the Title V State Sexual Risk Avoidance Education (SRAE) Program which emerged from the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. According to the Department of Health and Human Services (HHS) (2020), “The purpose of the Title V State and Sexual Risk Avoidance Education (SRAE) Program is to fund states and territories to implement education exclusively on sexual risk avoidance that teaches youth to voluntarily refrain from sexual activity” (p.1). Under this program, there is also the General Departmental funded Sexual Risk Avoidance Education (GD-SRAE) and it funds projects that implement sexual risk avoidance education that teaches youths how to willingly refrain from non-marital sexual intercourse (HHS, 2020, p.1). The CDC initiated some programs as well. In collaboration with the National Association of Community Health Centers (NACHC), the CDC created the Quality and Access for Reproductive Health Equity (QARE) for Teens project. Its goals are to facilitate in quality improvement of adolescent sexual and reproductive health services in community health centers, and increase access to those services (CDC, n.d., para.1). Other past programs the CDC has undertaken include the 2015-2020 Teen Access and Quality Initiative (TAQ). CDC supported three organizations to improve the quality of publicly funded health centers’ adolescent sexual and reproductive health services, and improve adolescent access to sexual and reproductive health services if needed (CDC, n.d., para.1). The CDC was also involved in community-focused programs.

From 2010-2015, CDC, the federal Office of Adolescent Health (OAH), and the Office of Population Affairs collaborated to demonstrate the effectiveness of innovative, multicomponent, community-wide initiatives in reducing rates of teen pregnancy and births in communities with the highest rates, with a focus on reaching African American and Latino or Hispanic young people ages 15 to 19 years (CDC, n.d., para.1).

In 2014, the CDC partnered with the Washington University School of Medicine in St. Louis that created the Contraceptive CHOICE Project, and this cooperation led to the creation of the Contraceptive Action Plan (CAP). “CAP was designed to support health care teams gain the knowledge and skills to deliver quality, client-centered, and culturally competent contraceptive services to women and teens using a team-based approach” (CDC, n.d., para.3). Finally, the CDC also worked to engage young men in reproductive health. “CDC partnered with the Office of Adolescent Health in 2015 to support implementation and evaluation of innovative approaches to educate and engage young men in reproductive health and teen pregnancy prevention efforts” (CDC, n.d., para. 4).



**Enforcement:** The programs and policies implemented have been successful as shown in the trajectory section. There has been a steep decline in teenage pregnancies in the U.S., a decline of almost 60% over the last ten years. The decline is so apparent that it has also caused a decline of child poverty rates. According to DeParle (2022), by allowing women to finish school, start careers and form mature relationships, raising their income before they raise children, the reduction of teen births lowers child poverty rates (para.5). In another article, DeParle (2022), stated that child poverty has fallen by 59 percent since 1993 (para.3).

However, despite the overall reduction, particular racial groups still face teenage pregnancy rates much higher than others. According to Jennifer Manlove, a researcher at Child Trends being interviewed by Rascoe (2023), Black and Hispanic teenage females are still about one and a half times the national average and are more than double the rates for white teens (para.8). Furthermore, the rates for American Indian/Alaska Native teens are the highest of all racial groups. Moreover, if we examine the statistics from a cross-national perspective, the World Bank (n.d.) has shown that the U.S. still has the highest teenage pregnancy figures with a rate of 15.83 per 1000 women, compared to 10.64 per 1000 women in the UK, and a rate of 6.99 per 1000 women in Canada (Figure.2).

**Reflection:** The U.S. government has worked efficiently in tackling teenage pregnancy. However, the U.S. government should still ensure that its laws and policies are continuing to have an impact, as some racial minorities have significantly higher rates than others. Moreover, with the elimination of *Roe vs Wade*, the government should look out for a possible increase in teen pregnancies as a result. There is also the worry that a not-insignificant percentage of teen pregnancy is caused by incest (see section on Incest). For instance, among the American Indian community, 20 percent of females were sexually abused by an immediate family member, 50 percent of females were sexually abused by an extended family member, and 13 percent of females were sexually abused by a stepfamily member (Robin et al, 1997, p.777). As such, the U.S. government should continue to implement its existing programs but should also work on creating new medical and reproductive health initiatives to combat the potential rise of teen mothers who are unable to get abortions.

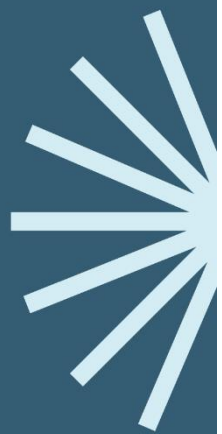
References listed on pages 403-404





# SECTION 3: FAMILY AND PERSONAL STATUS LAW

Dawa Sherpa



## BRIDE PRICE AND DOWRY

***Related to CEDAW Article 5 (a): States parties shall take all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.***

***Related to CEDAW Article 16 (1): States parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women.***

**Definition/Context:** The term “dowry” alludes to the money, goods, or estate that a woman brings to her husband and his family in marriage (Merriam-Webster, 2023).

The term “bride price” refers to a payment given by or in behalf of a prospective husband to the bride’s family in many cultures (Merriam-Webster, 2023).

**Prevalence/Context:** Dowry and bride prices are uncommon practices in the United States. The WomanStats Project, the largest cross-national compilation of data on Women, Peace, and Security, reports a prevalence of "0" in its dowry/bride price scale. In this database, a "0" scale indicates that there is no bride price or dowry practices and that any gifts exchanged are insignificant in value. In the United States, some minority and immigrant communities are allegedly practicing dowry/bride price, though concrete data is not available. The author of "The Bride Price: A Hmong Wedding Story" discusses the prevalence and pressure of bride prices in Hmong communities in the United States. According to the author, the going rate for the bride price in 2017 is anywhere between \$5,500 and \$20,000.

**Trajectory/Trends:** Although the United States did not practice dowry by legal definition, in American tradition, informal dowry is practiced through wedding gifts and payment of wedding costs by the bride's family in the past (Lake, 2023). The same source reports that women were considered chattel in ancient times, and bride's parents would pay to the groom as a symbolic gesture of transferring responsibility and protection of their daughter to the groom and his family. This trend has been declining in recent years where couples are contributing to their own wedding expenses.

**Legislation/Initiatives:** In the United States, there is no specific overall law that addresses dowry or bride price practices (Women Stats Project, n.d.). The laws governing dowry/bride price vary by state. For example, in a state like Maryland, the MD Crim Law Code 3-1103. force, threat, coercion, or fraud to compel marriage is prohibited, as is "knowingly receiving a financial benefit or thing of value in relation to a violation of this subsection" (NNDV, 2022). On the other hand, under Louisiana law, a form of dowry is allowed which is called Dotal Property (the lawdictionary.org). Louisiana law defines Dotal Property as the property brought into the marriage by a woman to assist her husband to bear expenses.

**Enforcement:** Bride price and dowry are not a common practice in the U.S. Therefore, no data and evidence of enforcement issues regarding this issue can be reported.

**Reflection:** Dowry and bride prices appear not to be a cause for concern in the United States, therefore addressing this issue is a low priority. Only a few communities and cultures are thought to be carrying on the practice. Although no explicit federal law exists, states may govern and prohibit dowry and bride price through their own legislation, though few do so.

References listed on page 405

## CHILD MARRIAGE

***Related to CEDAW Article 16 (2): The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriage in an official registry compulsory.***

**Definition/Context:** "Child marriage is any marriage where at least one of the parties is under 18 years of age" (United Nations Human Rights Office of The High Commissioner, n.d.).

**Prevalence/Current Situation:** Child marriage is not as rare as one would think in the United States. According to a cross-state study conducted by Unchained at Last, an organization that combats forced and child marriage, nearly 300,000 minors under the age of 18 were legally married in the United States between 2000 and 2018 (Unchained At Last, 2023). Per the report, approximately 96% of the married children were 16 or 17 years old. A few of them were under the age of ten. The study shows that child marriage is much more likely to happen to girls than boys. Between 2000 and 2018, 86% of minors who married were girls, with the majority marrying adult men aged 18 or older (Unchained At Last, 2023).

**Trajectory/Trends:** The Unchained study, based on analyzing marriage certificate data from 50 states, found that the top five states that had the highest per-capita rates of child marriage reported were Nevada, Idaho, Arkansas, Kentucky, and Oklahoma, respectively (Unchained At Last, 2023). The report also shows a declining trend in the number of children being married in the U.S. between 2000 and 2018. In 2000 the reported number of children married under 18 was 76,396; comparatively, the reported number of children married in 2018 was 2,493. Although the trend is declining, Unchained predicts that child marriage will never be zero without legislative intervention. In addition, the pandemic has significantly increased the occurrences of child marriage worldwide (Affoum & Recavarren, 2023); therefore, it is essential to reassess this trend in the U.S. in post-pandemic timeframe.

**Legislation/Initiatives:** There is no federal law prohibiting child marriage at the national level (Hamilton et al., 2022). The Violence Against Women Reauthorization Act of 2022 amended federal law 18 U.S.C. Section 2243 (c)(2) to eliminate marriage defense for statutory rape in 2022 (Equality Now, 2023). Prior to this amendment, those who first married the child were exempt from the federal code's prohibition on having sex with a child aged 12 to 15. This legal exception encouraged child rape and marriage while failing to hold the perpetrator accountable (Unchained At Last, 2023). Aside from the amendment to federal law 18 U.S.C. Section 2243(2), there has been little attention paid to child marriage issues at the federal level.

At the state level, child marriage is currently legal in 43 states (Equality Now, 2023). Twenty U.S. states do not require any minimum age to get married with a parental or judicial waiver. Only seven states--Delaware, Massachusetts, Minnesota, New Jersey, New York, Pennsylvania, and Rhode Island--have set the minimum age at 18 and eliminated all exceptions (Equality Now, 2023).

**Enforcement:** Besides a lack of dedicated law enforcement to address child marriage, there are loopholes in existing federal laws that encourage child marriage or allow perpetrators to avoid punishment. For example, under 10 U.S.C. Section 920b of the United States Military Code, child marriage is considered a valid defense to rape and assault on a child (*10 U.S. Code § 920b - Art. 120b. Rape and sexual assault of a child*, n.d.). According to the law, "it is defense, which the accused must prove by a preponderance of the evidence, that the persons engaging in the sexual act or lewd act were married to each other at the time" (*10 U.S. Code § 920b - Art. 120b. Rape and sexual assault of a child*, n.d.). In statutory rapes, because minors' consent is not legally compelled, a loophole like this encourages perpetrators to marry children and use marital defense as a "get out of jail free" card (Equality Now, 2023).

Furthermore, U.S. immigration law for spousal or fiancé(e) visas has been a significant culprit that promotes child marriage every year. Under the *Immigration and National Act* "INA," "a U.S. child may petition for a visa for a spouse or fiancé(e) living in another country, and a U.S. adult may petition for a visa for a minor spouse or fiancé(e) living abroad" (Committee on Homeland Security and Government Affairs, 2019). Under this law, a petition for a spouse or a fiancé(e) can be filed by or on behalf of a minor without requiring parental or judicial consent by the U.S. Citizenship and Immigration Services (USCIS). The fact that "INA does not specify any minimum age to petition for a foreign spouse or fiancé(e), this creates a significant incentive to force a child to marry a foreign adult who wants a U.S. visa and invites trafficking of children in the U.S. under the guise of marriage" (Unchained At Last, 2023). Between 2007 and 2017, USCIS approved 8,686 petitions involving minors for spousal or fiancé(e) visas (Committee on Homeland Security and Government Affairs, 2019). Of those, two minors whose petitions were approved were 13 years old, 38 were 14 years old, 269 were 15 years old, 1,768 were 16, and the remaining 6,609 were 17 years old. Girls were the younger party in 95 percent of the petitions approved by USCIS.

Finally, because the minimum marriage age is set at the state level, numerous loopholes allow people to continue practicing child marriage. Common loopholes across states include parental consent, judicial approval, and proof of age and residency requirements (Hamilton et al., 2022). For example, in Alaska, a child can be married off at sixteen or seventeen with parental consent; official proof of age is not always required. Clerks can approve out of state married to be married as well. In addition, children as young as fourteen can marry if judges determine that it is in the minors' "best interest," regardless of parental consent. In four states, Arkansas, Maryland, New Mexico, and Oklahoma, a minor female who is pregnant or has already given birth to "an illegitimate child" is allowed to be married. This loophole incentivizes perpetrators to force marriage on the minor and cover up rape (Unchained At Last, 2023).

**Reflection:** Every year, the United States asks developing countries around the world to end child marriage, but it has rarely taken responsibility for its own failure to do so. Such lack of accountability continues to clash with U.S. foreign policy which calls for an end to such practices (Kindy, 2023). There is no federal statute or law in the United States that addresses child marriage, and there is no federal minimum age for marriage requirements. There is no national effort to collect marriage-age data. The U.S. has federal and state laws with loopholes that

encourage child marriage. Thus far, civil society organizations (CSOs) and non-profit organizations (NGOs) are the primary combatants of child marriage in this country. These CSOs and NGOs conduct research and advocate for change and reform. But the government must step up and take responsibility. United States urgently needs to establish federal common legal frameworks to establish minimum marriage age requirements with no exceptions, close legal loopholes that allow for statutory rape exemptions, and reform its immigration law for spousal and fiancé(e) petitions. Only after taking these steps can the United States claim to be a leader that sets precedents for other countries to follow. If we can ask other countries to end child marriage, we must be able to do so ourselves first. As expressed by Chief of staff for Connecticut Gov. Ned Lamont (D), “America’s ability to stand up for girls everywhere depends on our standing up for girls here at home” (Kindy, 2023). Without ending child marriage at home, can the United States truly contribute to the UN Sustainable Development Goal of ending child marriage by 2030 globally?

References listed on page 406

## COUSIN MARRIAGE

***Related to CEDAW Article 16 (1): States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women.***

**Definition/Context:** Cousin Marriage is a marriage where the partners are cousins (i.e., people with common grandparents or people who share other fairly recent ancestors) (Encyclopedia Pub, n.d.). A study of consanguineous marriage found a high rate of gender inequality in countries where consanguineous marriage is practiced (Hamamy, 2012). Based on this finding, it can be stated that the low number of cousin marriages is indicative of lower gender inequality in the United States compared to the countries where this practice is prevalent.

**Prevalence/Current Situation:** Cousin marriage is not a common practice in the United States, so data on it is limited. According to Hamamy (2012)'s study on consanguineous marriages, the rate of consanguinity in the United States is less than 5%. Furthermore, available data on cousin marriage suggest that marriage between first cousins accounts for less than 1% of all US marriages (Frommer, 2021). Lastly it is estimated that approximately 0.2% of all marriages in the United States are between second cousins or closer (World Population Review, 2023).

**Trajectory/Trends:** Cousin marriage has declined in the Western world, including the United States, over the years (Insider inc., 2022). According to the same source, marrying first cousins was common in the 1960s in the United States, but during the second half of the 19th century, many states in the United States began to prohibit marrying first cousins, making it less common afterwards. Today, only a small percentage of the population in the United States practices consanguineous marriage (WomanStats Project, n.d.). Among these subsections are religious sects such as Mennonites and some division of Mormonism. (WomanStats Project, n.d.). Furthermore, the eastern part of Kentucky has the highest rate of inbreeding, indicating a trend of possible consanguineous marriage in the area (World Population Review, 2023).

At the same time, there has been an importation of culture of cousin marriage when people from certain countries come to the United States. Many news articles have mentioned honor killings and forced marriages as a result of women refusing to marry their cousins in some immigrant communities such as South Asian communities like Pakistani immigrants, and Middle Eastern communities like Iraqi communities. For example, in 2009, an Iraqi immigrant father was charged with murder for running down his daughter who refused to marry her older cousin (Freed & Leach, 2021). Similarly, another case of forced marriage was reported in New York, where a Pakistani woman was forced to marry her cousin and sponsor her husband for an American spousal visa against her will (Brown, 2021). She was forced into marriage as a child bride at the age of 13 under the Islamic tradition of Nikah with her cousin who was 21 years old. She was beaten and raped during her marriage until she was rescued. This evidence suggest that it is critical to recognize the criminality aspect of some cousin marriage practices such as honor killings and forced marriage among immigrant communities in the U.S. (see sections on Forced Marriage and Honor Killings.) In addition, research indicates comparatively high levels of



congenital disorders and birth defects in offspring of cousin marriages, which exacts a tremendous toll not only on the family, but also the wider society that underwrites health care costs (Merten, 2019).

**Legislation/Initiatives:** The legality of cousin marriage is governed by states. Twenty-four states forbid first cousin marriage. Twenty states and the District of Columbia permit cousin marriage, while six states permit first cousin marriage only in limited circumstances. For example, in Arizona, first cousin marriage is permitted under the code ARS 25-101 Void and Prohibited Marriages if both marrying partners are 65 or older or unable to reproduce (AZLawHelp, n.d.).

**Enforcement:** Though cousin marriage is a state matter, the lack of a federal standard creates complications in certain cases. For example, under Section 216(h) of the Social Security Benefit Act, which provides the definition and framework for old age and survivor's insurance benefits, a claimer's marriage must be recognized in the states where the claimer and the spouse resided prior to the death of the spouse in order to obtain survivor's insurance (Social Security Administration, n.d.). This requirement causes problems in states where first cousin marriage is illegal. For example, Illinois law does not recognize any form of first cousin marriage, whether contracted within or outside of the state. This means that under Illinois law, the surviving spouse of a resident has no legal standing and no claim to the deceased partner's interstate personal property (Social Security Administration, n.d.). As a result of the lack of legal marital recognition at the state level, the claimant will be denied federal survival insurance under SSR 63-20 Section 216 (h).

Similar issues also arise in the immigration law. For instance, according to the Foreign Affairs Manual (FAM), 9 102.8-1B, even if inter-familial marriage is legal in the country of immigrants, the legal validity of that marriage in the U.S. for the immigration process, depends on the legal validity of that marriage in the state where the immigrants intend to move. This implies that if immigrants are applying to immigration visa with intention to move in a state where inter-familial marriage is not legal, their marriage can create a challenge for the immigration purpose ((9 FAM 102.8 Family-Based Relationship, n.d.).

**Reflection:** Cousin marriage is not a common practice in the United States today. Although this type of marriage may be practiced in a minority of communities, data is limited. States are frequently the entities who establish the rules and laws governing cousin marriage validation. Due to a lack of common understanding and recognition of what constitutes "cousin marriage" and the links in some immigrant communities between cousin marriage, forced marriage, and honor killings, the United States government would benefit from developing a common standard and legal framework for cousin marriage. Overall, gender inequality concerns about cousin marriage practice in the United States are low, so addressing this issue should be a lower priority.

References listed on page 407

## INCEST

***Related to CEDAW General Recommendation 24 (v) Support service for families where incest or sexual abuse has occurred.***

**Definition/Context:** “Incest is marriage or sexual intercourse with a relative within the prohibited degree of consanguinity. In other words, incest is sexual contact between close blood relatives, including brothers and sisters, parents and children, grandparents and grandchildren, or aunts or uncles with nephews or nieces” (Wex Definitions Team of Legal Information Institute at Cornell Law School, 2022).

**Prevalence/Current Situation:** Incest is an underreported crime in the U.S. because the nature of the pain and shame related to sexual abuse within families makes it difficult to report the abuse (JRank, n.d.family.jrank.org). According to the Complex Post- Traumatic Stress Disorder (CPTSD) Foundation, an organization that is dedicated to post-traumatic healing and complex trauma research in the U.S., incest is the most prevalent form of child sexual abuse. The Centers for Disease Control and Prevention (CDC) reports that about 1 in 4 girls and 1 in 13 boys in the U.S. experience child sexual abuse (Center for Disease Control and Prevention, 2022). Shockingly, 80% of child sexual abuse is perpetrated by abusive parents on underage victims (Davis, 2022 cptsdfoundation.org). The CPTSD Foundation reports that incest victims are usually between the ages of 7 and 13. According to the Office of Justice Programs (OJP), incest is most often usually committed against daughters by their fathers (U.S. Department of Justice - Office of Justice Programs, 1979).

**Trajectory/Trends:** The incest trend is difficult to analyze due to a lack of systematic data collection over the years, as well as severe underreporting. What we can do is compare figures from the past, where we have them, with more current figures. According to the CDC report, “The National Intimate Partner and Sexual Violence Survey (NISVS) of 2010 to 2012, in lifetime, family members were responsible for 2.9 per million rapes, 1.123 per million sexual coercions, and 7.365 per million unwanted sexual contact of female victims (Smith et al., 2017). Comparatively, the 2016/2017 NISVS report presented that in lifetime, family members were responsible for 5.34 per million rapes, 2.692 per million sexual coercions, and 13.596 per million unwanted sexual contact of female victims (Basile et al., 2022). This comparison shows that victimization rates of females by perpetrators who are family members have almost doubled in all three categories (rape, sexual coercion, and unwanted sexual contact) over the years. This data analysis demonstrates how sexual violence and abuse continue to be a major concern in the United States.

**Legislation/Initiatives:** While there is no specific federal law that prohibits incest or incestuous behavior, there are some federal acts and initiatives that provide assistance to victims. For example, under US Federal Code 42 CFR 50.306 - Rape and Incest, the Department of Health and Human Services provides financial assistance to victims of rape or incest who are reported by law enforcement as victims of an incident of rape or incest (*42 CFR § 50.306 - Rape and Incest.*, n.d.).

Furthermore, the U.S. government has funded programs to support civil society work through various grants as part of its public/private partnership approaches to assisting victims. For example, between 2007 and 2010, Congress authorized a grant of \$3,000,000 per year under federal code 34 U.S. Code 20985 to support the work of Rape, Abuse, and Incest National Network (RAINN), an organization that works to end sexual violence and support its victims. RAINN continues to be funded by the federal government to carry out its work at the local, state, and national levels (*34 U.S. Code § 20985 - Grants for Rape, Abuse & Incest National Network*, n.d.). When Congress reauthorized the Violence Against Women Act in 2005, it established a federal funding stream for RAINN that was primarily dedicated to providing direct services to victims of sexual violence (*Sustaining and Expanding Services | RAINN*, n.d.). It can be concluded that, while incest is not explicitly addressed in federal regulation, it has been incorporated in different acts that addresses child and adult sexual violence and abuse.

At the state level, all states consider incest illegal and considered a criminal offense ((Rivera, 2023). However, some states have exceptions, and also the severity of the punishment and the definition of incest vary by state. In Rhode Island, for example, if incest is committed between partners aged 16 and up, they are not prosecuted. In Idaho, however, the punishment for incest is up to life in prison.

**Enforcement:** Enforcement of laws against incest has been a challenging one in the U.S. because the practice is so secretive and is within the family unit. In addition, the law itself may have unrealistic expectations. For example, the U.S. Federal Code 42 CFR 50.306 provides financial assistance for rape and incest if it is reported within 60 days of the incident and law enforcement is convinced of rape or incest (*42 CFR § 50.306 - Rape and Incest.*, n.d.). However, the majority of incest victims are children, who rarely report or tell anyone about the crime. According to Sperry and Gilbert (2015), in their studies on child sexual abuse, fewer than 25% of victims report the crime to an adult. Furthermore, according to Roesler and Wind's 2016 study on incest disclosures, 52 percent of incest survivors reported that the abuse continued a year later, despite having disclosed incest to their parents. As per their research, victims are frequently disbelieved and blamed rather than protected (Roesler and Wind, 2016). Consequently, child incest victims do not feel empowered to report. Therefore, programs and assistance that require stringent procedures and timely reporting are impractical for incest victims.

**Reflection:** Incest is a prevalent hidden crime in the U.S. for a long time. Available sexual abuse data indicate that millions of children are victimized by family members, and that this is a crime for which there is profound under-reporting. To change the trend, there must be increased awareness and federal provisions that are explicitly focused on incest crime. The analysis reveals that incest crimes are frequently reported in the same category as other forms of sexual violence and abuse. However, grouping incest together with other crimes of a similar nature can detract from the necessary attention and focus needed to tackle this specific issue. Incest represents a highly complex and unique form of violence that requires tailored provisions to address its intricacies effectively.

Furthermore, since the Roe vs. Wade decision was overturned last year (Houseman, 2022), abortion is prohibited in nearly half of the states with no exceptions for rape or incest (Walker, 2023). These state decisions have exacerbated incest victims' suffering. According to the Incest Aware organization, which dedicated to combating incest crime, 11% of incest victims become pregnant. By denying them the right to choose abortion, some states are robbing incest victims of their right to choose and to heal (*Incest Rates in America & Beyond | Incest AWARE*, n.d.). Hence, the United States must take this shocking turn of events seriously and prioritize initiatives, laws, and programs to combat incest and expand its victim assistance programs with high priority.

References listed on pages 408-409

## INHERITANCE AND PROPERTY RIGHTS

***Related to CEDAW Article 15(2): States Parties shall accord to women, in civil matters, a legal capacity identical to that of men and the same opportunities to exercise that capacity. In particular, they shall give women equal rights to conclude contracts and to administer property and shall treat them equally in all stages of procedure in courts and tribunals.***

***Related to CEDAW Article 16(h): The same rights for both spouses in respect of the ownership, acquisition, management, administration, enjoyment and disposition of property, whether free of charge or for a valuable consideration.***

**Definition/Context:** According to the Women, Business, and the Law 2020 report published by the World Bank Group, "two-fifths of countries worldwide limit women's property rights. In 19 countries, women do not have equal ownership rights to immovable property" (Areskapudi & Almodoovar-Reteguis, 2020).

**Prevalence/Current Situation:** In the U.S. today, women and men have the equal right under the law to inheritance and property (Knaplund 2008). This means, women can generally own property and inherit from their families the same as men (Knaplund, 2008). Though the rules and legality of marital property vary by states, please see the section, "Marital Dissolution" for more information on asset division and property right of women related to marital affairs. Similarly, see section, "Access to Finance and Assets" to understand more about women's status in accessing financing sources like lines of credit, and other forms of assets to pursue business venture. This section of the report will focus on inheritance and property rights in general through examining the status of women's access to property ownership over the years.

For example: women's property ownership is rising in the U.S., regardless of their marital status. In 2019, the rate of women's homeownership was 61.2 percent, while the rate for men's was 67.1 percent (Goodman et al., 2021). According to the same report from 2019, 46.1 percent of married two-earner households were led by married women. Among them, black households had the highest number of female-headed households. Furthermore, as per the study conducted by LendingTree, using the U.S. Census Bureau's 2021 American Community Survey with one-year estimates, single women now own 2.64 million more homes than single men (Channel et al., 2023). Overall, this study concluded that even when women make 83.1 cents for every dollar, according to the U.S. Bureau of Labor Statistics, single women are still more likely to own homes than single men. Additionally, on average, women put a larger down payment on their mortgage than their male counterparts (NAWRB, 2017).

**Trajectory/Trends:** Even though today women can own property and execute wills this was not always the case. During the Seventeenth and eighteenth centuries, very few women wrote wills (Knaplund, 2008). At that time, all of a woman's personal property became her husband's when they married, and the husband had management and control over the marital property including the house they lived in. Today things have changed and property ownership by women in the United States is increasing. For example, the homeownership rate among women

increased from 50.9 percent in 1990 to 61.2 percent in 2019 (Goodman et al., 2021). Moreover, in two earner households, women who earn more and were therefore considered the primary breadwinner in the marriage have increased over the last thirty years as well. Among married households, the share of women heads of household increased 24.3 percentage points, from 21.8 percent in 1990 to 46.1 percent in 2019. In fact, the most dramatic rise in home ownership was in the number of homeowners who were female heads of household in married families. This jump shows that, women are leading more household as primary earners and own more properties in today's time than before.

Despite the fact that the trend of homeownership is positive, it is important to remember that not all women who own homes, work in educated, highly skilled fields. During the pandemic, the industries where women are more likely to work, food and lodging service provision, were hit harder (Goodman et al., 2021). As a result, while the trajectory of single women's home ownership is showing positive signs in 2021 (Channel et al., 2023), it may not be the same case for all women, particularly married women, many of whom left the labor force during the pandemic because of caregiving responsibilities. (Goodman et al., 2021). Therefore, more data on married women's homeownership rates post-pandemic are required to analyze the overall trend in the future.

**Legislation/Initiatives:** Today, U.S. federal law grants the same rights to property and inheritance to women as men. The U.S. Constitution, 14th Amendment Section 1 expresses that, under the equal protection of the laws, no state can deprive any person of life, liberty, or property without due process of law (14th Amendment, n.d.). While women and men now have equal property rights, this did not come easily for women in the United States. Women did not have full financial autonomy under the law until the late twentieth century (Winke, 2021). Moreover, women couldn't get a line of credit without a man cosigning their application until the middle of 1970. Finally, it took another decade for the courts to rule that a husband does not have the right to take out a second mortgage on property that he and his wife jointly own.

Furthermore, the Equal Credit Opportunity Act (ECOA) makes it illegal for a creditor, such as a lender or mortgage broker, to discriminate against anyone applying for a home mortgage, refinancing, or home equity loan based on their race or color, religion, national origin, sex, marital status, age, status on receiving public assistance, and exercising rights under the Consumer Credit Protection Act (Consumer Financial Protection Bureau, 2020). Similarly, the Fair House Act prohibits discrimination against anyone seeking a mortgage, home equity loan, or loan to build, repair, or improve a home based on race or color, religion, national origin, sex, disability, or family status (Consumer Financial Protection Bureau, 2020).

**Enforcement:** While there is very little evidence of U.S. women having issues with inheritance rights, there are many flaws in exercising property rights. Despite legal protection, there are some aspects where it remains difficult for women to exercise their property rights on an equal basis. For example, studies have shown that women face discrimination when it comes to buying or selling properties. A Yale University School of Management study titled "The Gender Gap in Housing Returns," which analyzed 50 million home sales between 1991 and 2017,

discovered evidence of gender disparity in the housing market. According to the report, single women pay an average of 2% more than single men to purchase a home, and receive a 2% lower return on their investment when reselling. One of the most significant findings of this study was that women were treated differently during transactions, particularly during negotiations. Lastly, loss of even a small percentage in housing transaction has a significant effect on the gender gap in wealth accumulation because housing represents the largest category of household savings and the largest percentage of retirement savings (Shue & Goldsmith-Pinkham, 2020).

Moreover, a study by the Urban Institute showed that women have a harder time than men in securing a home mortgage and often pay higher interest rates despite the fact that women have proven to be more reliable than men in paying off their mortgage even with lower income level (Wharton Staff, 2016). Being a woman is viewed as a risk factor for defaulting on a loan as a result, women are charged higher interest rate and pay higher in securing mortgage (Wharton Staff, 2016).

Similarly, women face discrimination in receiving other forms of assets such as car. There is a “Pink Tax” in car ownership across the state for women as well (Guess, 2022). This means, women are paying more than men in car ownership and repair because they are women. This discrimination was evident by an analysis performed using the research conducted by Yale and National Bureau of Economic research that calculated the price markup that women across the U.S. face when buying a new car or seeking a quote on auto repair. Per the report, on average, women pay \$142 per year more than men for car ownership and can pay between \$300 and up to \$7,800 during the length of the ownership in service and maintenance cost such as insurance, and repair costs (Guess, 2022).

Therefore, despite the fact that women and men have equal rights under the law, there remain cultural and social barriers that still prevent women from benefitting from those rights equally.

**Reflection:** In the United States, women and men have equal property rights under the law. Although the trend and current status of women's property ownership indicate a positive shift, it is important to note that there is still some discrimination against women in property transactions. To ensure that cultural and social barriers do not impede the ability of women to exercise their property rights, it is not enough to have a law that guarantees equal rights; better mechanisms such as adapting a risk assessment mechanism that captures more than the size of the loan will be a better measure of risk of the person who is receiving loan. Studies have shown that because women tend to have a lower income, they tend to have a lower mortgage size and houses in lower income communities (Wharton Staff, 2016). Sometimes, these two characteristics are used as a justification to consider women as a riskier loan receiver despite the fact that studies have shown that even when the loan size and location are controlled, women have proven to be a better at paying off mortgage than men. As a result, women tend to pay higher cost associated with mortgages (Wharton Staff, 2016). Therefore, a better risk assessment measure can help ensure that there is equality for women exercising these rights without discrimination. Given that property is a significant component of wealth accumulation,



ensuring that women have the same property rights as men in all capacities is one way to narrow the significant gender gap in wealth. The U.S. government should give this issue a higher priority to make sure the law that gives equal rights are actually being exercised in same equality.

References listed on pages 410-411

## MARITAL RAPE

***Related to CEDAW General Recommendations 35: Building on general recommendation No. 19 and the Committee's work since its adoption, the Committee urges States parties to strengthen the implementation of their obligations in relation to gender-based violence against women, whether within their territory or extraterritorially. The Committee reiterates its call upon States parties to ratify the Optional Protocol to the Convention and examine all remaining reservations to the Convention with a view to their withdrawal.***

**Definition/Context:** "Marital rape is the term used to describe sexual acts committed without a wife's consent and/or against her will by the woman's husband. Research has shown that husband-rapists commit marital rape to express anger and to reinforce power, dominance, and control over their wives and families " (RAINN, n.d.)

**Prevalence/Current Situation:** Marital rape is one of the most underreported crimes in the U.S. (Lambert, 2023). Some of the prime reasons why victims of marital rape do not report their abusers are family loyalty, fear of their abuser's retribution, the fear that they will never be believed, inability to leave the marriage, and lack of knowledge that marital rape is a crime against the laws (Bergen & Barnhill, 2006). According to the National Coalition Against Domestic Violence (NCADV), between 10 and 14 percent of US married women experience rape by their intimate partners (NCADV, n.d.). NCADV also reports that rape by a marital partner is four times more common than rape by strangers. Among the victims, 19 percent, or nearly one in every five female marital rape victims, have reported that their children witnessed the assault (NCADV, n.d.).

Analyzing the available research data show that there are three very common characteristics of marital rape that many victims share: rape happens more than once, more often rape is accompanied by abuse, and women are raped in their vulnerable times. First, the majority of victims allege that their husbands have sexually assaulted them multiple times. Approximately 69% of women who were raped by their husbands reported having been raped multiple times (Health Research Funding Organization, 2014). According to a 2006 research brief by the National Resource Center on Domestic Violence (NRC DV), some victims reported being raped more than 20 times (Lambert, 2023). In addition, victims of marital rape report experiencing physical and other forms of domestic abuse. According to the Health Research Funding (HRF) Organization, domestic violence increases the likelihood of marital rape by 70%; approximately 35% of victims were physically abused during their rapes, and 1 in 8 victims were abused with objects (Health Research Funding Organization, 2014). HRF reports that one-fourth of sexual attacks by spouses occur during vulnerable times, such as immediately before divorce or separation (Health Research Funding Organization, 2014). In conclusion, these common threats demonstrate that marital rape is a complex crime that is more about control, power, and dominance than just sexual assault.

**Trajectory/Trends:** Because marital rape is widely underreported, it is difficult to compare one year to the next using reported data. There is no sense in the literature that rates of marital

rape have decreased over time in the U.S., however there has been evolution in terms of states taking a stand and creating laws criminalizing marital rape over the years. Until 1975, every US state considered marital rape an exemption to rape law by having a very specific legal definition of what rape means, that is, many states defined rape as a man having sexual relations with a woman who is not his wife (Stanley, 2023). After almost 20 years, by 1993, due to the demands of the feminist movement, all states acknowledged that marital rape is a crime (Pirius, n.d.). According to the National Center for Victims of Crime report of 2004, states included marital rape into their laws in three ways (National Center for Victims of Crime, 2004). The majority of states eliminated the marital exception from their existing laws. Some states specifically replaced the exclusionary language with text specifying that marriage to the victim is not a ground for defense. And lastly, some states created a new section in the law called "spousal rape" to distinguish it from other laws. Today, marital rape laws are still evolving at state levels where some states are introducing bills to adapt stricter law whereas some states have enacted a very bare minimum law to count marital rape as illegal act. More on legal loopholes and lack of strong accountability in state legislation is presented in enforcement section below.

**Legislation/Initiatives:** At the federal level, there is no specific law addressing marital rape, but rape in general is coded under several chapters. In addition, in some cases federal sexual assault and rape are coined as "sexual abuse" (Federal Sexual Assault and Battery Laws | Eisner Gorin LLP, n.d.). Federal law on rape covers incidents where an individual is in federal custody, or the person committing the rape is a federal employee or member of the military. The federal law, 10 U.S. Code 920. Art. 120 which provides rules under general military law covers rape under its Section 1 states that any military personnel anyone who commits a sexual act on another without their knowledge or consent while using unlawful force, grievous bodily harm, threatening or playing that other person in fear, or first renders another person unconscious, is guilty of rape and may face court martial for the crime (10 U.S. Code 920 - Art. 120. Rape and Sexual Assault Generally, n.d.). Likewise, even though marital rape is not explicitly expressed, chapters under 18 U.S. Code Chapter 109A are dedicated to addressing all forms of sexual abuse. This chapter states that anyone who commits sexual abuse will be subject to fines and imprisonment any term of years or life, or both (18 USC Ch. 109A: Sexual Abuse, n.d.). Within the chapters, sections 18 U.S.C. 2241 to 2248 address various types of sexual abuse and punishment levels.

In addition, there are two major initiatives that also cover all form of rapes. According to the United States Code, 34 USC 20985: Grants for Rape, Abuse, and Incest National Network, the United States government provides an annual grant to support efforts to address sexual abuse and victim rehabilitation (34 USC 20985: Grants for Rape, Abuse & Incest National Network, n.d.). RAINN's work also focuses on marital rape as part of its intimate partner sexual violence advocacy and initiatives (Intimate Partner Sexual Violence | RAINN, n.d.). Finally, the Reauthorization of the Violence Against Women Act (VAWA) assists victims of rape, including marital rape, by providing VAWA grants and expanding other provisions to serve victims and prevent such crimes. Since its inception in 1994, VAWA has been repeatedly extended and improved to address violence against women (House, 2022).

**Enforcement:** There are numerous problems with the enforcement of marital rape law due to several legal loopholes. First, many states do not punish the perpetrator of a marital rape with the same level of severity as non-marital rapes (Thompson, 2021). For instance, in South Carolina, the punishment for a sexual battery committed by a spouse with aggravated force is 10 years, whereas the maximum sentence for a non-spouse perpetrator would be 30 years for the same crime (Pirius, n.d.). Similarly, Virginia law permits judges to replace a prison sentence for a convicted spouse-violator with only counseling in some cases (Valencia, 2021). Likewise, under Connecticut law, marital rape is a Class B felony rather than a Class A felony. This means that under Connecticut law, the perpetrator of marital rape receives a lighter sentence than a non-married perpetrator (Byrne, 2015).

Moreover, many states marital laws impose stringent requirements for prosecution that are difficult to meet (National Center for Victims of Crime, 2004). These requirements make it extremely difficult to obtain justice for marital rape victims. First of all, although varying by state to state, the range of reporting timeframe requirements across the state is 30 days to a year, which is much shorter than for non-marital rape which has three years reporting time (LaMance, 2006). For example, in South Carolina, prosecution for sexual battery cannot proceed unless the offending spouse's behavior was reported within 30 days (Pirius, n.d.).

Furthermore, another stringent requirement applied in some states is that it must be proven that force or the threat of force was used to commit the marital rape (LaMance, 2006). For example, under Nevada law, for the sexual act to be considered a "marital rape," the victim must have been threatened with force or suffered some form of force (Shouse, 2020). However, this rule is unnecessary if the rape was committed by a person other than the spouse (Shouse, 2020). Additionally, in some states, offenses involving sexual acts other than penetration are permissible within marriage (National Center for Victims of Crime, 2004). This suggests that the perpetrator cannot be held accountable for any other sexual assaults that are not considered rape (i.e., penetration). For example, under Ohio law, the offense of sexual battery does not apply to spouses (National Center for Victims of Crime, 2004).

Finally, in some states, perpetrators are not held accountable for marital rape if the victim has a mental disability, developmental disability, or physical disability, or if the victim is unable to give consent due to age (National Center for Victims of Crime, 2004). In Rhode Island, for example, if a spouse rapes his wife while she is mentally incapacitated, mentally disabled, or physically helpless, he is not guilty of first-degree sexual assault as he otherwise would be (Lambert, 2023). Finally, as mentioned in the section on child marriage in this report, in some cases child marriage is used by perpetrators to escape punishment for sexual abuse such as rape under the marital exemption to statutory rapes (Equality Now, 2023). Therefore, in such cases, it is reasonable to think that sexual abuse, like rape, continues even after the marriage. A study that looked at the relationship between child marriage and statutory rape laws discovered that in 14 states, child marriage violated statutory rape laws, and in 33 states, some or all statutory rape laws exempted sex between married couples from the definition of crime (Roost et al., 2022).

Overall, a close examination of numerous state statutes reveals a number of enforcement challenges. In certain states, marital rape carries a lesser penalty than non-marital rape. In some states, reporting requirements are so stringent that it may be difficult for victims of multifaceted abuse like marital rape to muster the courage to come forward. In some states, marital rape alone is not enough to satisfy the law requirement, there needs to be the use of force or the threat of force. And in certain states, women's consent is not considered important at all. Though this paper only uses a few states as an example, many of the same loopholes are shared by many states, in some states more than one loophole exists (Lambert, 2023).

**Reflection:** Inadequate marital rape laws in the United States demonstrate that merely having legislation is insufficient. It is equally important that these laws are crafted in such a way as to address the actual problems. A closer examination of the marital rape situation in the United States reveals that the U.S. has largely neglected marital rape as a serious crime. The government should not interpret underreporting of marital rape as the absence of marital rape. Rather, the government must encourage states to change inadequate laws so that victims can come forward and report crimes. To achieve this, the federal government needs to work with states to close the legal loopholes in marital rape and establish better mechanisms to hold perpetrators accountable. Furthermore, in all states it must be understood that rape is rape no matter who the perpetrator is. Thus, all states must abolish the legal distinction between rape and marital rape, treating all rape as a serious crime. In conclusion, as a country that spends significant resources combating gender violence around the world, stronger action to end marital rape in its own homes is long overdue. Therefore, addressing marital rape should be a high priority.

References listed on pages 412-413

## NATIONALITY RIGHTS OF WOMEN

***Related to CEDAW Article 9(1): States Parties shall grant women equal rights with men to acquire, change or retain their nationality. They shall ensure in particular that neither marriage to an alien nor change of nationality by the husband during marriage shall automatically change the nationality of the wife, render her stateless or force upon her the nationality of the husband.***

***Related to CEDAW Article 9(2): States Parties shall grant women equal rights with men with respect to the nationality of their children.***

**Definition/Context:** "Nationality rights refer to the right of each individual to acquire, change, or retain a nationality. In 24 countries worldwide, women are prevented from passing down their nationality to their children on an equal basis with men. In addition, roughly 50 countries do not grant women the ability to acquire, change, or retain their nationality on non-national spouses." (Global Campaign for Equal Nationality Rights, n.d.)

**Prevalence/Current Situation:** According to the U.S. Department of State's U.S. Citizenship laws and policies, birthright citizenship is granted to anyone born in the U.S. or its territories, regardless of the parent's gender. Similarly, any US citizen has the equal right to transmit US citizenship to their foreign-born children and to sponsor their foreign-born spouse. Furthermore, U.S. citizens, regardless of their genders or their parent's genders, can obtain passports as long as they meet the legal requirements and have the proper documentation. Lastly, in the U.S., both men and women have the same right to change and renounce their U.S. citizenship (U.S. Department of State - Bureau of Consular Affairs, n.d.).

**Trajectory/Trends:** The road to women's nationality rights has been hard and long. For the longest time in history, women's national identity and citizenship were tied to their marital status (Goforth, 2023). On the one hand, U.S. women married to U.S. citizens did not have enough incentive to seek citizenship rights because women were not granted rights to vote or own property until the mid-nineteenth century (Smith, 2016). On the other hand, when a U.S. woman married a foreign national, her U.S. citizenship was revoked. Women did not gain the right to vote until 1920, but this right was not extended to American women who married foreign citizens (Goforth, 2023). Furthermore, a bill was introduced in Congress in 1910 to gain independent citizenship rights, but it was rejected every year from 1913 to 1921 (Goforth, 2023). In the year 1922, Congress passed the "Cable Act," also called the Married Women's Act, which declared that women would no longer automatically lose their citizenship because they were married to foreign nationals (Goforth, 2023). This law also gave women the opportunity to regain their citizenship if they had lost it in the past due to their marital status as foreign citizens.

Though reforms continued in U.S. immigration policies for years, "The Equality Nationality Act of 1934" was a significant policy that allowed mothers to pass down their citizenship to children who were born abroad (Kerber, 1998). Additionally, prior to this, children who were born

abroad could not derive their nationality from their mother. However, the immigration act for married women so far had a racial discrimination component to it (Goforth, 2023). It didn't allow all the women the same right to gain their citizenship (*State of Oregon: Woman Suffrage - Asian American Suffrage*, n.d.). For example, Asian American women didn't have the same citizenship rights as white women. Similarly, women who were married to foreign born spouses who were of certain ethnic backgrounds, such as Chinese, Japanese, etc., were ineligible to continue their U.S. citizenship (Goforth, 2023).

Finally, the Immigration and Citizenship Act of 1952 and 1965 added to progress in immigration status for women by removing the race barrier in immigration and citizenship, allowing all women the same rights to retain, transmit, and sponsor citizenship, ending nearly two centuries of restriction and legal enfranchisement (*State of Oregon: Woman Suffrage - Asian American Suffrage*, n.d.). Even if reforms and evolution continued in the immigration system, the unwavering efforts of women's rights activists paved the way for women to be recognized as legal citizens and exercise their nationality rights.

**Legislation/Initiatives:** In the United States, 8 U.S. Code 1401 - Nationals and Citizens of the United States grants citizenship by birth to anyone who falls into one of seven categories. Within those categories, the law expressly states that a person whose one parent is a US citizen will automatically become a US citizen at birth (8 U.S. Code 1401—Nationals and Citizens of the United States at Birth, n.d.). The law makes no distinction based on the gender of the parent or the gender of the person receiving citizenship. Furthermore, the Child Citizenship Act of 2000 allows foreign-born, biological, and adopted children of US citizens to obtain US citizenship if they meet certain criteria (U.S. Department of State, n.d.). Finally, according to the United States Department of State - Bureau of Consular Affairs, all U.S. citizens have the same right under immigration law to sponsor a visa for their spouse or other family member.

**Enforcement:** The United States has established a federal rule of law that allows women and men to exercise their nationality rights equally. There is no available data to indicate any issues with these rights' enforcement.

**Reflection:** Women and men have equal citizenship rights in the United States today, but this was not always the case. Immigration reforms in the United States have occurred as a result of decades of women's rights movement and activism. As a result, women now have the legal right to obtain their own citizenship independently of men, as well as the legal right to pass down their nationality to their children and foreign spouse in the U.S.

References listed on page 414



## POLYGAMY (POLYGAMOUS MARRIAGE)

***Related to CEDAW Article 16 General Recommendation IV (21): Some States parties that recognize polygamous marriages, under either religious or customary law, also provide for civil marriage, monogamous by definition. Where civil marriage is not provided for, women in communities that practice polygamy may have no choice but to enter a marriage that is at least potentially, if not already, polygamous, regardless of their wishes. The Committee concluded in general recommendation No. 21 that polygamy is contrary to the Convention and must be “discouraged and prohibited”.***

***Related to CEDAW Article 16 General Recommendation IV (27): The Committee reaffirms paragraph 14 of its general recommendation No. 21, which states that “polygamous marriage contravenes a woman’s right to equality with men, and can have such serious emotional and financial consequences for her and her dependents that such marriages ought to be discouraged and prohibited.” Since the adoption of this general recommendation, the Committee has consistently noted with concern the persistence of polygamous marriages in many States parties. In concluding observations, the Committee has pointed to the grave ramifications of polygamy for women’s human rights and economic well-being and those of their children, and has consistently called for its abolition.***

***Related to CEDAW Article 16 General Recommendation IV (28): States parties should take all legislative and policy measures needed to abolish polygamous marriages. Nevertheless, as stated by the Committee in its General Recommendation No. 28, “polygamy continues in many States Parties, and there are many women in existing polygamous unions “. Accordingly, with regard to women in existing polygamous marriages, States parties should take the necessary measures to ensure the protection of their economic rights.***

**Definition/Context:** "Polygamy is the practice or custom of having more than one wife or husband at the same time. Polygamy has historically taken two forms: polyandry and polygyny. Polygyny is the state or practice of having more than one wife or female mate at a time, while polyandry is the practice of having more than one husband or male at one time" (Carter, 2020). "Polygamy usually takes the form of polygyny" (Kramer, 2020).

**Prevalence/Current Situation:** Polygamist communities in the U.S. tend to intentionally live out of the spotlight, making it harder to know exact data on this practice (Grossman & Friedman, 2020). According to research conducted by the Pew Research Center, between the years 2010 and 2018, less than 0.5% of U.S. households were polygamous (Kramer, 2020). Additionally, the New York Times estimates that there were around 60,000 people in the U.S. practicing polygamy in 2021 (Solomon, 2021). In the U.S., polygamy is practiced by various subpopulations that include religious groups like the Fundamentalist Church of Jesus Christ of Latter-Day Saints (FLDS) (Hein, 2006) and Muslim American communities (Hassouneh-Phillips, 2001), and ethnic communities such as Hmong Americans and the Pan-African Ausar Auset Society, among other various ethnicities (Solomon, 2021). Housouneh-Phillips' qualitative studies conducted in 2001 found that the prevalence of abuse, low self-esteem, loneliness, and fear was higher among

polygamous American Muslim women in comparison to women who were in monogamous marriages. In addition, there have been reports of a series of human rights violations like child brides, incest, welfare fraud, and rape occurring within polygamist communities like the FLDS (Weyermann, 2012).

**Trajectory/Trends:** Although data on the polygamy practice is limited, polls conducted by Gallup over the years on the moral acceptability of polygamy show that acceptance of such practices in America is rising (Newport, 2022). According to that report, even though the majority of the U.S. population continues to disapprove of polygamy, its moral acceptability has more than tripled between 2003 and 2022, from 7% to 23%, respectively. There are multiple reasons for this upward trend in acceptability. There has been increased representation of polygamy in entertainment media like books, movies, and television, which has helped gain more acceptance (Newport, 2020). The same source also reveals that the decrease in traditional marriage and changing norms of marriage and sexual relations also impacted the acceptance parameter. Some are now embracing “polyamory” and/or “polycules,” which can involve any number of men and women living together in a marital-like relationship. Overall, this increase in social acceptability indicates that polygamy is likely to become more prevalent in American society. Lastly, FLDS polygamist communities have historically predominantly inhabited Utah, but recently there has been a trend of FLDS communities expanding into states like Arizona, South Dakota, Texas, and Colorado (Weyermann, 2012).

**Legislation/Initiatives:** At the federal level, polygamy was outlawed and declared a felony with the Edmunds Anti-Polygamy Act of 1882 (Carter, 2020). Currently, polygamous marriage is illegal in every state, but some states have more tolerance for the practices than others (Kramer, 2020). Utah was the first state to forbid polygamy under Utah Code Ann. § 76-7-101 in 1953 (Portman & O’Connell, 2022). However, in February 2020, Utah passed a bill to reduce penalties for adults who voluntarily live-in polygynous relationships, making the practice an infraction, a low-level offense that is not punishable with jail time unless there is a more serious infraction, such as child marriage, involved (Kramer, 2020). In addition, in 2022, the New York Civil Court provided a judgment in favor of polyamorous relationships and concluded that polyamorous relationships are entitled to the same sort of legal protection given to two person relationships (Owen, 2022). This judgment shows an increasing tolerance for relationships where multiple partners are involved, such as polygamy.

**Enforcement:** Even though federal and state level laws exist, prosecution has been rare in polygamy cases (Kramer, 2020). In most polygamy related incidents, only the first marriage is reported under state law, while the subsequent marriages are only considered "spiritual unions" (Portman & O’Connell, 2022). This leads to states not having paper trail evidence to prosecute the offenders. Furthermore, in some polygamist communities, child brides are especially indoctrinated to control their silence using threats, which leads to them not cooperating with law enforcement for the crime (Portman & O’Connell, 2022). Additionally, in some instances, law enforcement sympathizing with the polygamist community has prevented further investigation (Portman & O’Connell, 2022). Finally, some law enforcement officials are unwilling to prosecute polygamy because they do not consider it a serious offense, preferring to focus

more on related crimes such as incest, rape, and abuse (Portman & O'Connell, 2022). As a result, polygamy has been a challenging crime to prosecute. A major raid on the FLDS in Texas in 2008 was very controversial, and it was unclear if it was a full success (Vine, 2018). In addition, even in instances where polygamy offenders are identified by law enforcement, cases are often challenged by the offender, citing rights to privacy and religious freedom under U.S. federal law (Sullivan, 2022).

**Reflection:** Polygamy is an issue that the U.S. government may have to turn and examine again, as new forms of family arise in the country and attitudes towards multiple partners change. This is challenging, because while attitudes are softening, there have been numerous reports of serious human rights violations committed by some polygamist communities in the United States. For example, Warren Jeffs, the FLDS's leader, committed numerous forms of child and human rights abuse within his community (Weyermann, 2012). He married 78 wives, many of whom were girls under the age of 12 or 13 (Kahn, 2021). Jeffs prohibited girls from continuing their schools after the fifth grade (Weyermann, 2012). He forced girls to marry against their will, while also exiling teen boys from the communities (Weyermann, 2012). In addition, under his leadership, FLDS community members have abused many state and federal welfare programs by presenting false marital evidence (Weyermann, 2012). Even though Warren Jeff is in prison, the community that supported his ideology lives on. This means the existence of rape, incest, child brides, welfare fraud, forced marriage, and other forms of abuse are still possible in these polygamist communities (Weyermann, 2012). Therefore, it is paramount that the United States government begin again to consider how far it will go in tolerating multiple-partner marriages, for there is growing moral acceptance of polygamy practices which suggests that rates of polygamy will continue to rise. At the very least, the federal government must create regulations that empower victims of involuntary polygamy to report such crimes without compromising their safety and security.

References listed on pages 415-416

## REMARRIAGE

***Related to CEDAW Article 16(1): States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women.***

**Definition/Context:** "Remarriage refers to getting married again after the death or divorce from a spouse" (Bell, 2014).

**Prevalence/Current Situation:** Remarriage after divorce or death of a spouse is more common in men than in women (Reynolds, 2021). According to a study conducted by the National Center for Family and Marriage Research (NCFMR) at Bowling Green State University, the remarriage rate for men in 2019 was 31.5 per 1,000 men eligible for remarriage, while the remarriage rate for women was only 19.4 per 1,000 women eligible for remarriage (Reynolds, 2021). According to the report, the average median age for remarriage was 48 for men and 44 for women. The northeastern states had the lowest remarriage rate for both men and women, states with higher rate of remarriage were distributed among the west or Midwest states (Reynolds, 2021).

**Trajectory/Trends:** Remarriage has been declining in recent years (Reynolds, 2021). According to the NCFMR report, the remarriage rate in 2019 has decreased by 50 percent since 1990 and by 25 percent since 2008. The report also shows that between 1990 and 2019, men remarried at a higher rate than women, but men have experienced a slightly greater decline (28%) than women (23%) since 2008. Moreover, according to another NCFMR report, between 2008 and 2018, Hispanic women experienced the greatest decline in remarriage (30 versus 18 per 1,000), while among men, Asian men experienced the greatest decline (17 percentage point) (Carlson & Schweizer, 2020). Overall, the declining trend in remarriage reflects changing social norms over the decades, with the choice of living without marriage becoming increasingly popular (Berenji, 2022). According to the Pew Research Center, "the share of adults ages 18 to 44 who have ever lived with an unmarried partner (59%) has surpassed the share who have ever been married (50%)" (Mitchell, 2019). According to the same study, 78 percent of those aged 18 to 29 believe it is acceptable for an unmarried couple to live together but never marry. The prevalence of such social norms possibly will continue to impact the remarriage trend going forward. But it is also the case that remarriage is disincentivized by certain US regulations regarding benefits after divorce and widowhood, as we shall now discuss.

**Legislation/Initiatives:** Although there is no federal law that governs or establishes rules for remarriage, there are two U.S. codes that provide specific remarriage instructions for receipt of federal benefits. The 5 CFR 831.644 is a federal regulation code that define a former spouse's eligibility to receive spousal benefits and survivor's spousal benefits under the Civil Service Retirement System (CSRS) (5 CFR 831.644 - Remarriage., n.d.). The second is 22 CFR 19.10-4, which addresses remarriage and its impact on survivor annuity benefits under the foreign service retirement and disability system (n.d., 22 CFR 19.10-4 - Death or Divorce of a Spouse and Remarriage After Retirement.). Remarriage has an effect on both the survivor benefit and the spousal benefit received by the former spouse in the event of remarriage under both laws.

Finally, these two laws have several rules based on various conditions and scenarios related to remarriage. In both cases, remarriage either ends or reduces survivors' or spouses' benefits (22 CFR 19.10-4 - Death or Divorce of a Spouse and Remarriage After Retirement., n.d. & 5 CFR 831.644 - Remarriage., n.d.). In a sense, then, the U.S. federal government disincentivizes remarriage, because it threatens to eliminate benefits linked to the former spouse.

Furthermore, while the federal government takes no official stance on remarriage, the status of remarriage affects the benefits received by a widow or divorced spouse based on a deceased or former spouse under the Social Security Administration. According to the SSA, a widow or divorced widow who remarries after the age of 60 is the only category that can continue to receive benefits based on her prior deceased spouse's Social Security earnings records even after remarriage (Borland, 2021). Moreover, if her new spouse is also receiving Social Security benefits and the calculation shows that she is eligible for a higher amount based on her new spouse's work history, she is entitled to the higher amount (ElderLawAnswers, n.d.). Any other group of widows or divorced spouses who remarry face certain disadvantages in receiving SSA benefits, as discussed in the following section.

**Enforcement:** There are number of social security benefits affected by remarriage (Borland, 2021). To begin, if a low-income older woman (65 or older) receiving Social Security Income (SSI), remarriages, her SSI payment rate will change from an individual rate to a couple's rate if the new husband is also receiving the payment. This change may reduce the total payment received overall. Furthermore, if a widow or divorced woman under the age of 50 remarries, she will be ineligible for survivor or disability benefits unless she divorces her new marriage. Similarly, if a widow or divorced widow remarries between the ages of 50 and 59, she will not be eligible for any survivor or disability benefits unless the new marriage ends. Lastly, if a remarrying woman is a divorced spouse, her benefit payments cease upon remarriage as well (Borland, 2021). Therefore, remarrying carries significant financial risk for women who rely on different spousal related SSA benefits. Given that elderly women in the U.S. are far more likely than men to rely solely on Social Security (see section on “The Status of Older Women”), the risk is greater than for men similarly situated.

**Reflection:** In the United States, the trend of remarriage is on the decline as social norms and the acceptance of cohabitation without marriage continue to evolve. However, that is not the full story. Analysis above show that remarriage can have a significant negative impact on federal government benefits that are based on a previous spouse's earning records. Therefore, it is crucial for women to carefully consider the effects of remarriage on their benefits prior to tying the knot. In certain situations, remarrying may result in reduced or even discontinued Social Security benefits. While the United States does have a good system in place for providing spousal and survivor benefits through Social Security, there is certainly room for improvement. Unaccountably, only women over the age of 60 are able to keep their survivor's benefits if they remarry, and even then, other benefits may be downgraded or lost. We wonder why the U.S. federal government would make such an age-related stipulation. Women of all ages should be able to restart their marital lives without fear of being penalized by a lower SSA benefit. Although addressing these issues is not currently a top priority due to the declining trend in

remarriage rates, the declining rates may also be caused by these penalties. Rethinking the rules on the retention of SSA benefits after remarriage could greatly benefit women, because women are much more likely to rely on these benefits in old age.

References listed on page 417

## WIDOWHOOD

***Related to Article 16(1): States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women.***

**Definition/Context:** "A widow is a woman who has lost her spouse or partner by dead and usually has not remarried" (Merriam-Webster, 2023). "The most stressful life event is losing a spouse. Widows face a statistically greater risk of illness due to their street, in addition to the secondary impacts of widowhood, which can impact finances, households and children. There are not enough resources available to help widows navigate the life change, even though 70% of women will face widowhood in lifetimes" (Modern Widows Club, 2020).

**Prevalence/Current Situation:** Every day in the United States, around 2,800 women become widows (Modern Widows Club, 2020). In 2021, there were 11.61 million widows and 3.58 million widowers (Duffin, 2022). As per the United States Census Bureau, widowhood is more common among older women than older men due to differences in life expectancy (Census Bureau, 2021). Women outlive men on average, and therefore women are twice as likely to the surviving spouse of a marriage (Bureau, 2021). According to the same report, 54 percent of women 75 and older who were ever married are widowed, whereas only 28 percent of men in the same age range lost their spouse. Furthermore, the Consumer Financial Protection Bureau reports that surviving spouses who are 60 or older face a significantly higher poverty rate and difficulties accessing the help they require, particularly newly widowed older adults (CFPB Office for Older Americans, 2022). Hence, 16% of the older surviving spouses who have recently lost their spouses have an income below the federal poverty line, and this disproportionately affects women (see Section on "The Status of Older Women" (CFPB Office for Older Americans, 2022).

Though widowhood is more common in older women (Bureau, 2021), widowhood exist among younger women as well. According to an 2011-2020 impact assessment report created by Modern Widows Club Organization (MWC), a non-profit organization that works to support and empower widows, 76 percent of widowhood occurs at the age of 59 or younger. Per the report, between 2011 and 2020, 16 percent of widows were between the ages of 30 and 40, 25 percent were between the ages of 41 and 50, and 32 percent were between the ages of 51 and 59. Furthermore, MWC claims that losing a spouse creates multidimensional challenges and lack of support in areas such as health, household, employment, insurance, legal, and spiritual/community. Last, there is little research and attention given to widowhood under 65, which is why many younger widows suffer from a lack of adequate social services and public policies (Modern Widows Club, 2020). Overall, available data show that in the United States, the challenges associated with widowhood affect both younger and older women.

**Trajectory/Trends:** According to a study conducted by the National Center for Family and Marriage Research (NCFMR) at Bowling Green University that looked at the change in widowhood between 1940 and 2018, since 1940, among those ever married, the proportion of women who were currently widowed was consistently higher than the proportion of men who



were currently widowed (Carlson & Schweizer, 2020). This pattern continues to be true even in recent years, as in 2021, number of women who were widowed was three times higher than men who were widowed (Duffin, 2022). This pattern has persisted even in recent years, in 2021, there was nearly four times as many widows as widower (Duffin, 2022). As per the NCFMR study, the proportions of men and women currently widowed among those ever married decreased overall between 1940 and 2018 (Carlson & Schweizer, 2020). This trend has shifted in recent years. In 2018, there were 8.9 million widows and 2.6 million widowers (U.S. Department of Health Services, 2018), but by 2021, the number of widows increased dramatically to 11.61 million and 3.58 million for widowers (Duffin, 2022). This change in trend is a result of high number of deaths during the covid pandemic which disproportionately impacted older adults, leaving many surviving spouses behind (Bosman, 2021). In 2021, people 65 and older accounted for 75% of all Covid deaths in the United States (Nawaz & Norris, 2021) and deaths of older men outnumbered deaths of older women (Bosman, 2021).

**Legislation/Initiatives:** Under 5 U.S. Code 8442, the federal government protects the rights of a widow or widower of a federal employees (5 U.S. Code 8442 - Rights of a Widow or Widower, n.d.). Under this law, the surviving spouse may be entitled to certain benefits, including a lump-sum death benefit, survivor annuity payments, and continuation of health care. To be eligible for these benefits, the surviving spouse must have been married to the deceased employee for at least nine months before their death. Lastly, the law also specifies how these benefits are calculated and distributed based on different qualifying requirements and eligibilities (5 U.S. Code 8442 - Rights of a Widow or Widower, n.d.).

Moreover, the federal government offers a number of other benefits and initiatives to assist widowed spouses in general. First and foremost, based on the deceased spouse's work record, the surviving spouse receives a survivor's benefit if the widowed spouse is at least 60 or at least 50 and disabled (If You Are the Survivor | SSA, n.d.). A younger surviving spouse is only eligible for this benefit if she is caring for the deceased worker's children under the age of 16 or has a child with disability and receives child's benefit. The surviving spouse benefit is a monthly payment based on a complex calculation that takes into account the deceased worker's age and work history. If the surviving spouse has reached her full retirement age or older (65 or older), she will receive 100 percent of the deceased worker's benefit amount; any payment made before that age will be a lower percentage of total benefit.

To be eligible for surviving spouse benefits, a widow must have been married for at least 9 months and not remarried (If You Are the Survivor | SSA, n.d.). It is important to note that there are a few cases where the 9-month marriage requirement and the remarriage clause are waived (Fay, n.d.). For example, if the spouse died in an accident, the surviving spouse would still receive benefits even if the marriage was not 9 months prior to the spouse's death (Fay, n.d.). Similarly, this remarriage clause does not apply to a surviving spouse who is 60 or older (If You Are the Survivor | SSA, n.d.). In addition, the Social Security Administration (SSA) also provides a one-time lump sum payment of \$255 to the surviving spouse as a death benefit payment. Likewise, older widows with low income and few assets may be eligible for benefits under the Supplemental Security Income (SSI) program (Social Security Administration Research, Statistics,

and Policy Analysis, 2010). For this program, the widow must be at least 65 years old or disabled).

Furthermore, while there are no other specific programs or initiatives for widows or surviving spouses, there are numerous government programs that can assist low-income widows with housing, food, health insurance, and other expenses based on their financial hardship (Fay, n.d.). For example, the United States Department of Housing and Urban Development (HUD) provides low-income tenants with affordable apartments, as well as assistance with all or part of the rent, and assists apartment owners in lowering their rent through the Section 8 Housing Choice Voucher Program (Fay, n.d.). Similarly, the U.S. Department of Health and Human Services' Low Income Home Energy Assistance Program (LIHEAP) assists low-income families with energy costs and energy-related home repairs (U.S. Department of Health & Human Services, 2023). Likewise, the same federal agency administers the Low-Income Household Water Assistance Program (LIHWAP), which assists low-income families in paying household bills related to water and wastewater (U.S. Department of Health and Human Services, 2022). Moreover, the Supplemental Nutrition Assistance Program (SNAP), which is administered by the United States Department of Agriculture and can help with food budgeting and meeting nutritional needs for families with low income (U.S. Department of Agriculture, 2021). Hence, widows who are struggling to pay their household related bills can benefit from these general benefits that are offered by the various U.S. government agencies.

Additionally, widows who want to improve their long-term financial situation by attending college may be eligible for Pell grants of up to \$6,095 per year from the Department of Education's Federal Student Aid office (Fay, n.d.). In terms of health care, older widows 65 and older can receive medical assistance through Medicare, a federal health insurance program (U.S. Centers for Medicare and Medicaid Services, n.d.). Younger widows who are not eligible for Medicare may be able to receive assistance through Medicaid insurance, which is a joint federal-state health-care program (Murray, 2020). Since Medicaid insurance is based on income, any widow of any age can apply for this program as long as they meet the low-income requirement (Murray, 2020).

Overall, there are few programs that directly assist widows, most of them are for older widows, but there are many other general benefits that widows can access while facing financial hardships. Lastly, the United States government has a federal benefit finder website called Benefits.GOV that help people understand what benefits they are eligible for. This resource can also assist widows in determining all of the benefits they are eligible for based on their specific criteria (Benefits.gov, n.d.).

**Enforcement:** While there are numerous benefits available to widows in times of financial difficulty, there appears to be a problem with widows actually accessing these benefits. Despite having benefits such as Medicaid and Medicare, according to the MWC Impact Report, 15% of widows between 2011 and 2020 reported losing their health insurance (Modern Widows Club, 2020). Furthermore, even though there are programs such as Pell grants, SNAP, LIHEAP, LIHWAP, and UHD housing support for low-income individuals, the MWC report indicated that 49 percent

of widows felt available support was insufficient, and 69 percent felt compelled to make decisions they were unprepared to make for their household within the first two years of widowship (Modern Widows Club, 2020).

Despite these benefit programs, there are still problems with program access (CFPB Office for Older Americans, 2022). According to the Consumer Financial Protection Bureau's analysis of the financial challenges faced by recently widowed older adults, the agency discovered many missed opportunities to assist low-income older widow adults. The bureau reported that despite being eligible for both SNAP and Medicaid, 58 percent of newly widowed older adults with incomes below the poverty line were not enrolled in either program. As per the same report, disability, lack of internet access, limited English proficiency, and the experience of moving to a new community all impeded older adults' access to critical support. In 2019, 41 percent of newly widowed older adults had at least one disability, 24 percent lacked internet access, 10 percent of older widows had limited English proficiency, and 11 percent had to relocate the same year their spouse died (CFPB Office for Older Americans, 2022). All of these obstacles impede access to information about benefits.

Lastly, following weeks and months after losing a spouse, widow faces overwhelming responsibility of resolving legal and financial matters (Poston, 2021). To complete such matters, widow will need to possibly hire an accountant, an attorney, consult with a financial planner, and other state agents (Fay, n.d.). All these tasks require access to immediate funds, which may not be available to every widow. Furthermore, in states where the community property rule is followed, such as Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin, the surviving widow also shares her deceased spouse's burden of debt equally (Fay, n.d.). Such a financial burden during a time when the widow is mentally and physically suffering from her spouse's death is a massive challenge that none of the United States government benefits programs appear to take into account. It can be speculated that such stress is one of the reasons why within a year of their spouse's death, around 33% of widows are diagnosed with mental and physical health problems (Modern Widows Club, 2020).

**Reflection:** Widowhood is a difficult stage of life that comes with many challenges. While women can plan for their financial security at an individual level, the government is right to also provide benefits and support. Based on the available benefits, it can be concluded that benefits for widows or surviving spouses in general are primarily focused on older widows, but studies show that widowhood can occur at any age. Therefore, extending programs to widows of all ages would be beneficial. One initiative that can truly help widows of all ages is access to an immediate fund, whether as a credit or a grant. This fund can assist widows with financial responsibilities related to settling legal and financial affairs associated with the departure of the death spouse. Such initiatives may also relieve widows from additional psychological stress during their lowest times. Another way to help widows, particularly those who are older and eligible for survivor benefits, is to increase the amount of their one-time death benefit payment to a larger sum. According to research, one out of every ten widows aged 65 and up lives in poverty (Lara, 2019). Furthermore, as they get older, their vulnerability increases and their ability to overcome financial difficulties decreases (Lara, 2019). We can help older widows

transition into their new life with greater ease and support by providing a larger death benefit payment, which can assist in addressing financial and legal matters that arise after the death of the spouse.

Finally, one major issue with current benefits is underutilization. The government must work to close the gap between the benefits available and the beneficiaries who are eligible for them. One solution to this problem is to increase the promotion of the benefits. Surviving spouses are likely to interact with a number of federal and state agencies as they deal with legal and financial issues concerning their deceased spouse (CFPB Office for Older Americans, 2022). These interactions provide an opportunity for benefits screening or referral in order to address benefit underutilization. Targeting underutilization of benefits and immediate need in the wake of the death of a spouse are key to improving government response.

References listed on pages 418-420

## WOMEN'S RIGHTS IN MARITAL DISSOLUTION

### (ACCESS TO DIVORCE, SPOUSAL SUPPORT, ASSET DIVISION, AND CHILD CUSTODY AND SUPPORT)

***Related to CEDAW Article 16(1): States parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations, and in particular shall ensure, on a basis of equality of men and women.***

**Definition/Context:** "There are a number of countries where divorce laws discriminate against women by limiting their access to justice. Aside from being a choice, divorce is a primary recourse for women who are victims of domestic violence, child marriage, or financial subjugation at the hands of a spouse. Unfortunately, in marriages where women are financially reliant on their husbands, they can be left stranded unless official divorce proceedings mandate alimony payments and child support. Even in countries where women have more freedom to access justice through divorce laws, women can face multiple difficulties related to alimony payments, child custody and child support payments, and division of property" (Anderson, 2020).

**Prevalence/Current Situation:** U.S. has one of the highest divorce rates in the world (World Population Review, 2023). According to the Centers for Disease Control and Prevention (CDC) report on marriage and divorce, the divorce rate in 45 reporting states and D.C. in 2021 was 2.5 per 1,000 people including both men and women (Center for Disease Control and Prevention, 2023). Comparatively, divorce rates in the United Kingdom and Canada are 1.7 and 2.1 respectively (World Population Review, 2023). Research indicates that women file for divorce twice as frequently as men in the United States (Rosenfeld, 2018). In 2021, approximately 948,862 women reported getting divorced, as per the National Center for Family and Marriage Research Center (NCFMR) at Bowling Green State University (Marino, 2022). Lastly, the U.S. Census Bureau reports that divorce is more common among those aged 50 or older, with a divorce rate of around 43%, which has been attributed to the marital instability of the aging baby boomer generation (Gurrentz & Mayol-Gracia, 2021).

**Trajectory/Trends:** The United States has experienced a decline in the divorce rate in recent years particularly among women. The ten-year trend analysis report on marriage and divorce published by the U.S. Census Bureau reveals that between 2009 and 2019, the divorce rate among women aged 15 or over decreased by 2.1 divorces per 1,000 women (U.S. Census Bureau, 2020). In 2009 the divorce rate was 9.7 divorces per 1,000 women, whereas in 2019, this rate had dropped to 7.6 per 1,000 women. Furthermore, the NCFMR report indicates that in 2021, the number of women who reported getting divorced was the lowest in 40 years (Marino, 2022). Interestingly, the divorce rate for women remained relatively stable between 2020 and 2021, with 948,862 women reporting divorce in 2021 compared to 960,014 in 2020 (Marino, 2022). While the overall divorce rate is declining, the U.S. Census Bureau reports a rising trend in divorce among those aged 50 or older since the 1990s (Gurrentz & Mayol-Gracia, 2021). It is

worth noting that the pandemic did not appear to change the declining trend of the total number of divorces (Wang, n.d.).

**Legislation/Initiatives:** While the federal government does not have jurisdiction over divorce proceedings, there are still several federal benefits that take divorce into consideration. Divorce and related matters are handled at the state level, where various laws regarding alimony, asset division, and child custody come into play. To provide a more comprehensive understanding of the legal stipulations surrounding divorce, this part of the report is divided into four sections. Section I focuses into laws related to access to divorce, Section II covers laws regarding alimony payments, Section III examines laws related to asset division after divorce, and Section IV focuses on laws regarding child custody and support.

- **Section I (Access to Divorce):** Every state in the United States give divorce access to both men and women under the law (Cleary, 2022). Though these laws differ from state to state, there are some elements of divorce law that are universal. To begin with, divorce proceedings are governed by each state's family court (Divorce, n.d.). Divorces are granted on two grounds: "at fault" and "no fault" (WomensLaw.org, 2020). For the longest time, divorce was only granted on "at fault" grounds, which required one party in the marriage to show fault in order for the divorce to be granted (Divorce, n.d.). Today, all states have the option of granting "no fault" divorce, which means that the dissolution of the marriage does not require an allegation or proof of fault by either party (Divorce, n.d.).

Furthermore, all states have the requirement of establishing residency (WomensLaw.org, 2020). Because divorce is a state matter, every state requires the resident to prove residency in the state where the divorce is filed (WomensLaw.org, 2020). Although each state has its own residency requirements, a person can file for divorce in most states if she is living and present in the state and considers it her permanent home (Gjelten, n.d.-a). Finally, once the divorce is filed, it can be contested or uncontested depending on the circumstances and agreement of the two parties involved (WomensLaw.org, 2020). An uncontested divorce occurs when both parties agree to all of the terms of the divorce filing and file the divorce with no changes or opposing positions. In a contested divorce, at least one party does not agree with the divorce terms and conditions, so they proceed to court to oppose and change the divorce terms. Lastly, as part of the marital dissolution, parties settle affairs such as alimony, child support and custody, as well as asset divisions under the law (WomensLaw.org, 2020).

- **Section II (Spousal Support):** At the federal level, divorce can impact certain spousal benefits. The Social Security Administration's (SSA) retirement benefits, for example, provide a divorced spouse with the ability to benefit from her former partner's work record under specific conditions (Benefits Planner: Retirement | Benefits for Your Family | SSA, n.d.). The eligibility requirements for this spousal benefit include a marriage that lasted for at least ten years, an unmarried status, and an age of 62 or older for the spouse receiving the benefit. Additionally, the divorced spouse must be entitled to social

security retirement or disability benefits, and her own record must provide a lower benefit than the one based on her former partner's work record (Benefits Planner: Retirement | Benefits for Your Family | SSA, n.d.).

Furthermore, a surviving divorced spouse is eligible for SSA survivor benefits as long as the marriage lasted at least 10 years (If You Are the Survivor | SSA, n.d.). The remarriage clause has no effect on the survivor's benefit once she reaches the age of 60, or at least the age of 50 if she is disabled. Moreover, if the surviving divorced spouse has a child under the age of 16 or a disability, and the child receives a benefit from the former spouse's record, the surviving divorced spouse will be eligible for the survivor's benefit even if the marriage did not last as long as 10 years (If You Are the Survivor | SSA, n.d.). Additionally, surviving spouse might be eligible for one time death payment of \$255 if she meets certain requirements (If You Are the Survivor | SSA, n.d.).

Finally, at state level, all states have laws that may require under certain conditions that one spouse pay spousal support to another spouse, known as alimony. The rules and regulations governing alimony vary by state. In general, there are five types of alimony: lump-sum, permanent, temporary, rehabilitative, and reimbursement (Types of Alimony and Spousal Support - Divorce Source, n.d.). Lump-sum involves a one-time payment; permanent lasts until the recipient remarries or the payor dies; temporary is granted for a short period to help the recipient become financially independent; rehabilitative supports training or education to help the recipient earn an income; and reimbursement pays for expenses incurred during the marriage (Types of Alimony and Spousal Support - Divorce Source, n.d.). In some states, alimony may be reduced or not awarded if there is a report of misconduct such as abuse, abandonment, adultery, or other similar wrongdoings (Does My State Have Alimony?, n.d.). Lastly, since January 1, 2019, recipients of alimony are not required to report it as taxable income in their federal tax reports under the Tax Cuts and Jobs Act of 2017 (TCJA). Prior to this, recipients were required to report alimony as income, while payers could deduct it from their taxes. (A Turbo Tax Expert, 2022).

- **Section III (Asset Division):** There are usually two types of asset division in divorce proceedings: equitable distribution and community property (Stim, 2022). Today, only nine states practice community property distribution in the United States. Among them are the states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Washington, Texas, and Wisconsin. The total property of a married couple in these states can be divided into community and separate property. Separate property is defined as property acquired or brought into the marriage by one of the spouses, as well as property acquired after separation or divorce. Separate property is owned by the spouse who brought it with them. Community property, on the other hand, includes all non-separate assets acquired by either or both spouses during the marriage. Traditionally, community property is divided equally (50/50) between married couples, but state laws may vary. Except for the nine states mentioned earlier, all other states allow for equitable asset distribution following divorce. Under this rule, Judges divide their assets and earnings



earned during their marriage equitably (fairly), but not necessarily equally. In some of those states, a judge may order one spouse to use separate property in order for the settlement to be equitable to both spouses (Stim, 2022).

- **Section IV (Child Custody and Support):** Failure to pay child support is a federal offense under the United States federal code, 18 U.S. Code Chapter 11a (LV Criminal Defense, 2020). The specific section 18 U.S. Code section 228 within this federal code defines when failure to pay child support is a federal crime and the consequences for such a crime. A person who fails to pay child support for a child who lives in another state could face criminal charges under this code. Similarly, if a parent owes more than \$5,000 in child support for a child who lives in another state, the parent may face federal charges. As a result, any type of interstate or international travel to avoid paying child support will be considered a federal crime (LV Criminal Defense, 2020) Furthermore, anyone who owes \$2,500 or more in child support is ineligible to receive a U.S. passport (U.S. Department of State - Bureau of Consular Affairs, n.d.). Moreover, the Federal Office of Child Support Enforcement (OCSE) collaborates with states, tribes, local offices, employers, non-profit organizations, other federal offices, and other governments to secure financial support for children (The Administration for Children and Families, 2022).

Failure to pay child support is also a crime at the state level (HG.org Legal Sources, n.d.). Many states attempt to differentiate between situations in which parents refuse to pay and situations in which a parent is unable to pay due to disability, illness, or other extenuating circumstances. States pursue unpaid child support from parents who refuse to honor their child support obligations through aggressive enforcement mechanisms (HG.org Legal Sources, n.d.). For example, in Texas, under Texas Penal Code Sec. 25.05, anyone who fails to pay child support faces 6 months to 2 years in prison (Stolzenberg, 2023). Furthermore, wages can be garnished to withhold child support payments, licenses can be revoked or suspended, liens can be placed on property, and the state can intercept tax refunds and lottery winnings, could impact credit rating, visitation rights while still owing the payment can be denied, and additional interest charges can be applied if the payments continue to be unpaid even if the child legally becomes an adult (Stolzenberg, 2023)

In each state, there are two types of child custody: physical custody and legal custody (Tsui, 2023). Physical custody determines where the child will live, whereas legal custody determines who has authority over the child's upbringing decisions, such as education, medical care, and so on. In general, courts prefer joint custody, but sole custody may be granted in some cases. In cases where joint custody is granted, it does not always imply a 50-50 split of time; a court may establish a regular schedule for taking turns with physical custody. Sole custody, on the other hand, entails the child living permanently with the custodial parent, with the noncustodial parent having only regular visitation rights. Similar to physical custody, court usually prefer to give legal custody to both parents jointly, but in some cases, one parent may be granted unilateral decision-making

power. Non-parents, such as relatives and family friends, may also be granted custody in certain circumstances under "guardianship or third-party custody" (Tsui, 2023).

There are several factors that influence the amount of child support and who receives it. To begin with, custody arrangements influence child custody payments (Sunshine and Feinstein LLP, 2018). For example, if a parent has sole legal and physical custody of the child, the non-custodial parent is obligated to pay child support to the custodial parent to assist with childcare expenses. Men often "trade" sole custody for a lowered amount of child support in negotiations. Some states, therefore, do not allow child support levels to be lowered below a minimum, knowing that this kind of negotiation is stacked against the woman. Child support is calculated when the child has joint custody based on the percentage of time the child spends with each parent and how much each parent earns individually (Tsui, 2023). Furthermore, the number of children influences the child support amount as well (Sunshine and Feinstein LLP, 2018). Child support payments are typically higher when there are more children. Other factors to consider during child support proceedings include the cost of childcare-related expenses such as food, education, health care, day care, special needs, and so on; the income of the custodial parent (if sole custody is granted); the parents' ability to pay; and the child's standard of living prior to the divorce (Sunshine and Feinstein LLP, 2018). Finally, some states have stricter child support payment guidelines than others (Tsui, 2023).

**Enforcement:** There are several factors that contribute to unfair situations for women during divorce and related proceedings.

- **Section I (Access to Divorce):** Although divorce is permitted by law in every state, the same cannot be said for child brides (Unchained at Last, n.d.). It is paradoxical that, child under 18 are considered suitable for marriage but not to make decision about divorce. Furthermore, these brides cannot even seek protective shelters in cases of domestic violence on their own. In the case of child marriage, the perpetrator of sexual abuse or rape often weds the victim in order to invoke the spousal exemption from statutory rape charges. Consequently, many child brides are forced to endure such atrocities and other forms of violence even after being wed. By denying access to divorce and protective services, the legal system unintentionally coerces these young brides into remaining trapped in their forced marriages (Unchained at Last, n.d.).
- **Section II (Spousal Support):** There are several enforcement issues for receiving spousal benefits and support at the federal and state levels. To begin with, SSA spousal and survivor benefits require the divorced spouse receiving the benefit to have been married to the former spouse for at least 10 years (Steurele, 2015). As a result, a woman who does not have any disability and has been married to the former spouse for less than that period will receive no benefits at all. This leaves a woman who does not qualify for retirement benefits based on her own work with no assistance during her retirement years (Steurele, 2015).

Furthermore, even though alimony laws exist in every state, obtaining and maintaining alimony support can be difficult. For example, if a spouse is awarded permanent alimony under Illinois law, it terminates when she remarries or begins cohabiting with a new spouse (Guillen, n.d.), regardless of whether the new spouse or new cohabiting partner provides support or not (Does My State Have Alimony?, n.d.). Furthermore, marital length can make a significant difference in how much alimony a spouse can receive in some states. For example, under Massachusetts law, the cut-off marital length period determines how much alimony a spouse receives and for how long (Commonwealth of Massachusetts, n.d.). For example, under Massachusetts law, a marriage of 5 years or less provides the dependent spouse alimony for a period equal to 50% the number of months the couple was married. This means that someone who has been married for two years will only receive alimony for 12 months (Murphy, 2012).

Similarly, 5 to 10 years will only make the dependent spouse eligible for 60% of the number of months of marriage, and so on (Commonwealth of Massachusetts, n.d.). A dependent spouse must be married for at least 20 years in order to receive indefinite alimony (Commonwealth of Massachusetts, n.d.). On the one hand, such systems force victims of abuse with limited financial resources to continue to live with their perpetrator spouse until a certain cut-off date to receive some support post-divorce (Murphy, 2012). On the other, a man or an abuser, who does not want to pay higher alimony could file for divorce a day before the next cut off period and get away without paying substantial support post-divorce (Murphy, 2012).

Finally, in many states receiving an appropriate level of alimony can be challenging or difficult (Vasileff, 2014). Alimony is an important payment for non-working spouses because it is often intended to reduce income disparities between spouses (Does My State Have Alimony?, n.d.). Women make up the majority of non-working spouses, typically foregoing career goals in order to care for the family, child, and other household responsibilities during the marriage (Murphy, 2012). As a result, changes and restrictions in alimony affect majority of divorced women who rely on it (Murphy, 2012).

- **Section III (Asset Division):** Despite the fact that every state has laws requiring equitable or equal asset division between spouses, practices can differ. To begin with, in states where communal rule of distribution is used for asset distribution where it should be 50/50, judges can allow unequal asset division if there is a "compelling reason" (Gjeltten, n.d.-b). Furthermore, in states with equitable distribution, the starting point for asset division is 0/0 rather than 50/50 (Rosen, 2023). This can lead to inequity when calculating the "fair" amount for each spouse (Rosen, 2023) especially cause under this law, many divisions can be settled outside of the court using mediator (Hersch & Shinall, 2019). According to a Vanderbilt University study, equitable division results in unequal outcomes for wives who choose not to work (Hersch & Shinall, 2019). In the study, the men awarded less than 50 percent to their wives. Additionally, wives with higher education received larger portion than the spouses who were less educated. Furthermore, as per the same study even in cases where family court is involved, judges

tend to justify giving the non-spouse a smaller portion of the award by citing "fairness" based on "need." Such asset division frequently favors the so-called "breadwinner" in asset division, giving the non-working spouse less bargaining power (Hersch & Shinall, 2019). Additionally, in some instances, when asset division requires the selling of the primary resident, women might face a risk of homelessness. This situation can be even more dire for mothers who have children to take care of.

Moreover, although some states have consideration for monetary and non-monetary asset when it comes to asset division, often the value of non-monetary contributions is understated in calculation (Carter, 2022). For example, non-monetary contribution includes the contribution made in the well-being of the family and the marriage such as household chores (Carter, 2022), but it does not include the opportunity cost of doing so (Rosen, 2023). Court do not weigh in the loss income potential of the spouse who stays at home or took less paying job with flexible hours to take care of kids and household (Rosen, 2023). So, in asset division there is no measure to understand what income could have been accumulated by the non-working spouse, had she continued her labor force participation (Rosen, 2023). Hence, not having accounted for lost income potential can be unfair and inequitable for the non-working spouse.

- **Section IV (Child Custody and Support):** There are numerous enforcement challenges that disadvantage women when it comes to child support and custody. To begin with, in many cases, the woman becomes the sole custodian or cares for the child more days than the other parent in joint custody (Lazic, 2022). Although having custody of a child is a blessing for mothers, not having enough support can make balancing work and child care difficult (Rosen, 2023). To begin with, such arrangements may limit women's earning potential because women may be forced to accept lower-paying jobs with greater flexibility (Rosen, 2023). Furthermore, being a primary caregiver means that the majority of the responsibility for child rearing falls on shoulders of mothers (Rosen, 2023). Moreover, in a 2020 study, 2,279 single mothers expressed that while being a primary caregiver and breadwinner is already difficult, as a woman, mothers felt pressure that struggling to manage both roles might send an anti-feminist message to their children (Gontcharova, 2022). Child support is viewed as an equalizer to custody support in the eyes of the law, but it does not account for the amount of time, attention, and dedication required by the primary custodial parent (Gontcharova, 2022).

Furthermore, the collection of child support owed can be difficult. The Census Bureau reports that "Less than half (45.9 percent) of custodial parents who were supposed to receive child support received full child support payments in 2018 (Grall, 2020). Thirty percent received no child support at all. This contributes to the relatively higher poverty rates of single mother households.

Additionally, sometimes the law itself might create situations where a mother (custodial parent) will stop or receive less child support than before. For example: in some states, remarrying, affect the amount of child support a primary custodian can receive (Dale &

Associates, P.C., 2021). In North Carolina, if a parent has sole physical custody of a child and the parent remarries, her new spouse's income may be factored into the child support payment that will be received after remarriage (Dale & Associates, P.C., 2021). Even if the new spouse is not financially responsible for the child, the law considers that the custodial parent's expenses, such as mortgage payments and bills, decrease with the income of the new spouse, leaving the custodial parent with more money to spend on childcare. As a result, if the custodial parent remarries, her child support payment may be reduced (Dale & Associates, P.C., 2021). Likewise, another issue with child support is even when the payment continues, it stops usually when the child turns 18 (NNEDV, 2022), with no presumption of financial support for college expenses. As a result, the custodial parent might often be left solely responsible for the significant investment required for educational expenses, such as college tuition fees. Children of divorced parents are half as likely to attend college as children of married parents, as a result (Gordon, 2020).

Furthermore, in some cases, a mother may lose custody of her children while attempting to provide a better life for them (Baker, n.d.). Mothers who have never worked prior to their divorce, have a low education level, or have limited work experience tend to get lower-paying jobs. When such pay is insufficient to sustain a good life for herself and her child, she may take on multiple jobs or work long hours. Such a situation can jeopardize child custody because a father who wants custody can use the woman's vulnerable situation as a weapon in the custody battle. The father will use the situation to create a narrative that the mother is unsuitable for child custody because she is so often absent from the home. Because the law is always looking to protect the children's interests, a father with a consistent job record, a new stay-at-home wife, or a high-paying salary will be a clear choice over a mother who works multiple jobs to keep up with her responsibilities (Baker, n.d.).

Moreover, while in some cases whether a mother wants to move for a career opportunity or want to flee to another country to get away from abuse, she is not allowed by the law. For example: in some instances, custodial mothers may be prevented from moving out of state with their children, even if doing so would provide better career opportunities for both the mother and child. While laws regarding this issue vary by state, in some cases, non-custodial fathers can petition against such a move in court, arguing that it would have a negative impact on the child (Mattis Law, 2022). Additionally, even when a mother is trying to escape domestic violence by fleeing to another country, "The Hague Convention" which is signed by 99 countries including the U.S. (Richard, 2022) will force women to return to the U.S. with her child (Stein, 2022). Under this convention, even when there is a clear evidence of criminality, mothers are forced to return.

Additionally, mothers who shield their children from abusive fathers may be accused of parental alienation in some cases (Summer, 2022). Unfortunately, courts may interpret allegations of abuse as a mother's attempt to manipulate the child and drive them away

from their father during custody battles. As a result, the mother's efforts to protect her child and keep them away from the abusive father may be viewed as malicious, resulting in her losing custody of her children and, in some cases, facing imprisonment. For mothers who genuinely want to protect their children from harm, this can be an unfair and unjust outcome. And for the child, it can result in constant abuse and violence.

Lastly, recently in some states have signed 50-50 custody bills, with Kentucky being the first to do so in 2018 (Gontcharova, 2022). Though the presumption of the law is noble, there can be several challenges in practice if several factors are not considered in decision. Some factors to consider before granting default 50-50 custody are the willingness and capabilities of both parents to serve the child's wellbeing, safety, history of abuse as well as the health of overall co-parenting relationship. Without taking these factors into account, 50-50 custody will remove a child from the safety of their home and force them to spend time in abusive, unfit, and hostile environments. Hence, signing a default 50-50 custody bill with "all or nothing" execution is not a solution to achieving equality in parenting responsibilities (Gontcharova, 2022). The law must make room to weigh in several factors and not use 50-50 as "one solution for all."

**Reflection:** There are numerous factors that influence marital dissolutions. Every state in the United States has its own set of laws and rules that govern how it is done. Divorce has a greater economic impact on women's lives than on men. In the aftermath of a divorce, the economic quality of a man's life, as measured by earnings and the amount spent on living expenses, improves because he continues to earn more while bearing fewer family expenses and responsibilities, whereas women's economic quality of life suffers as they carry even more responsibility following divorce (Rosen, 2023). According to a study that looked at gender consequences of divorce, in the year after a divorce, women lost approximately 40% of their predivorce incomes where as their former husband experienced an approximately 5% gain (Leopold, 2018). While the United States claims to have equal and fair laws for men and women, the actual practice on the ground demonstrates the contrary. To improve divorce laws, the federal government and states must collaborate to accomplish the following goals:

- While there should be no need for an excuse to prohibit child marriage, the fact that child brides do not have adequate access to divorce laws provides even more reason to do so. As a result, child marriage must be outlawed immediately in all states to ensure that no child bride is trapped in a marriage from which she cannot escape.
- There should be no marital cut-off period requirement for spousal support at the federal or state levels. Treating marital length similarly to pension or retirement requirements, where years of work are counted, diminishes the overall value of a marital relationship and disadvantages those who do not meet such requirements.
- A better solution for asset division after marriage is required, as equitable distribution does not appear to give lower earning or non-working spouse much bargaining power. According to Hersh and Shinall's 2019 research, a marital asset division formula that accounts for women's opportunity cost of taking care of the household instead of



working can be captured in part by assigning an above-market value to her contributions to her husband's career. However, the study suggests that the better approach is to adapt to the legal presumption that wives are entitled to half of the assets like the communal property states. Although this is not a perfect solution, it will at least start the negotiation with a 50/50 split. Furthermore, to counteract the tendency to award women less than half of a couple's marital assets, legal reforms could require decisionmakers to issue written findings, or justifications, whenever they deviated from an equal split (Hersch & Shinall, 2019).

- States must work to ensure that mothers are not disadvantaged as a result of custodial rules. The current system is a double-edged sword for single mothers who must work multiple jobs to support their children. On the one hand, custody rules require a mother to provide financial support for her child; on the other hand, if she works multiple jobs to support her child, she may be accused and punished for not spending enough time with the child. As a result, the current system does not work for divorced mothers with little or no work experience. Therefore, state laws should take into account the primary caregiver's burden and either reflect it in higher child support or provide state level childcare support for single mothers or provide better partnership provisions for child caring. Moreover, in any custody battle where history of abuse or allegation of abuse is presented, court must take all allegation seriously and provide thorough investigation before granting custody to both parents.
- Finally, the non-payment of child support, with thirty percent of custodial parents receiving none, and less than half receiving only partial payment, is a major cause of child poverty in the United States. This matter requires urgent attention, and a fresh new approach. There are some innovative pilot programs that should be seriously considered, such as job training for low-income child support payers (Pratt & Hahn, 2021).

Overall, the United States government needs to do a lot more to ensure true equality in exercising marital dissolution rights. Given the country's high rate of divorce, the United States should make it a top priority to work toward that goal through federal and state legislation.

References listed on pages 421-425





# SECTION 4: WOMEN'S ECONOMIC RIGHTS

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## EMPLOYMENT DISCRIMINATION

***Related to CEDAW Article (11.1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular.***

***Related to CEDAW Article 11.1(a): The right to work as an inalienable right of all human beings;***

***Related to CEDAW Article 11.1(b): The right to the same employment opportunities, including the application of the same criteria for selection in matters of employment;***

***Related to CEDAW Article (11.2): In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures:***

***Related to CEDAW Article 11.2(a): To prohibit, subject to the imposition of sanctions, dismissal on the grounds of pregnancy or maternity leave and discrimination in dismissals on the basis of marital status;***

**Definitions/Context:** The labor force includes all people age 16 and older who are either working (employed) or actively looking for work (unemployed) (U.S. Bureau of Labor Statistics, n.d.b).

**Prevalence/Current Situation:** According to the U.S. Bureau of Labor Statistics, in December 2022, the participation of men in the labor force was 68.1% compared to 56.8% of women (U.S. Bureau of Labor Statistics, 2023b). In terms of employment, in December 2022, 65.8% of men were employed compared to 54.8% of women (U.S. Bureau of Labor Statistics, 2023b). In 2022, the District of Columbia had the highest women's participation rate at 66.5%, and West Virginia had the lowest female labor force participation at 49.5% (U.S. Bureau of Labor Statistics, 2023d). Among the employed, in 2021, 83.6% of men in their prime age (25 to 54 years) were employed, compared with 71.7% of women in their prime age (U.S. Bureau of Labor Statistics, 2023a). In 2021, the lowest employment rate was for the age group of 65 years and over, where 23.0% of men were employed compared to 15.0% of women. Also, in 2021, 22% of women in their prime age were employed part-time compared to 12% of men in their prime age (U.S. Bureau of Labor Statistics, 2023c).

**Trajectory/Trends:** Using data from the U.S. Bureau of Labor Statistics (2023) is possible to observe that in the past thirty years, women's labor participation has increased slightly from 52.1% in 1981 to 56.1% in 2021 (7.7% increase) (U.S. Bureau of Labor Statistics, 2023e) compared to men, whose labor participation decreased from 77.0% to 67.6% (9.4% decrease). Remembering that labor force participation includes both employment and actively seeking employment, women also increased their employed share from 48% of women participating in the labor force in 1981 to 53.2% in 2021 (10.8% increase), compared to men, who decreased

their employment share from 71.3% of men participating in the labor force in 1981 to 63.9% in 2021 (10.4% decrease). Among the employed population, women have reduced their share in part-time work from 25.26% of women employed in 1990 to 22.0% in 2021; men also increased their share in part-time workers from 10.52% of men employed in 1990 to 12.5% of men employed in 2021.

Regarding the total number of part-time jobs, women held 64% of all part-time jobs between 2013 and 2022 (U.S. Bureau of Labor Statistics, n.d.a). Although women used to be part-time workers involuntarily (that is, they were looking for a full-time job but were not being hired), the trend started to shift in the early 2000s, increasing the percentage of women that chose part-time work over the full-time job for non-economic reasons, usually due to family caregiving obligations (U.S. Bureau of Labor Statistics, 2018). It is important to recognize that, unlike nations in Europe, part-time workers are not legally entitled to any benefits, such as health insurance, even on a pro-rated basis. This uneven playing field for part-time workers disproportionately affects women.

The difficulties of combining motherhood with labor force participation are well-known in the United States. Mothers have an employment rate inversely related to the age of their children. For example, in 1995, 57.7% of women with children under 3 years old participated in the labor force compared with 95.2% of men with children in the same age range. The situation has improved, narrowing the gap to 30.2% in 2020 (from the original 37.5% gap in 1995). The gap decreases when children are older (Hoff, 2022).

**Legislation/Initiatives:** The U.S. has a federal law, Title VII of the 1964 Civil Rights Act, that prohibits employment discrimination based on race, color, religion, sex, and national origin. This law guarantees women access to the job market, and the term "sex" includes pregnancy and childbirth. It is important to note that an employer with fifteen or more employees engaged in business at least twenty days a month is under the law (U.S. Equal Employment Opportunity Commission, n.d.c).

The Pregnancy Discrimination Act (PDA) of 1978, an amendment to Title VII of the Civil Rights Act of 1964, prohibits employers from discriminating against employees based on their pregnancy, childbirth, or related medical conditions. This law applies to employers with 15 or more employees, including state and local governments, employment agencies, and the federal government. The PDA also prohibits policies that limit or prevent women from doing jobs simply because they are pregnant or of childbearing age (U.S. Equal Employment Opportunity Commission, n.d.a).

In 2022, the Biden-Harris administration enacted the Pregnant Workers Fairness Act. This law requires employers with at least 15 workers to accommodate workers whose limitations are related to pregnancy, childbirth, or related medical conditions. The Act also establishes the illegality of firing or discriminating against workers based on their pregnancy, childbirth, or related medical conditions (The White House, 2023).

In 2022, the Equal Employment Opportunity Commission (EEOC) issued a technical assistance document in response to workplace discrimination claims. The purpose of this document was to clarify what actions constitute discrimination against individuals who have family caregiving responsibilities, a population that is disproportionately comprised of women. The EEOC emphasized how discrimination against this population violates federal law (U.S. Equal Employment Opportunity Commission, 2022).

In 2022, the Department of Labor (DoL) released the Good Jobs Initiative, which aims to improve access to quality jobs for workers, employers, and government agencies; the DoL is also developing the Good Jobs Principles to articulate what makes a quality job and ensure that equity is a priority when jobs are created as a result of federal infrastructure investments (The White House, 2023). The focus on equity may help women's employment picture.

In 2022, also Biden's administration signed into law the Providing Urgent Maternal Protections for Nursing Mothers Act (PUMP Act), which provides nursing mothers with time and private and clean space in the workplace (see the Section: Breastfeeding) (The White House, 2023).

**Enforcement:** The trend of choosing part-time jobs is embraced by more than 27 million Americans, among whom 60% are women (Kelly, 2023). Indeed, many women, especially mothers, prefer to work part-time to cope with the household chores and caring activities; they are still outperforming men (see Section: Time Poverty); however, holding a part-time job means mothers earn less, work fewer hours, and do not have access to benefits such as health insurance as full-time workers do, impacting both their present situation regarding their earnings (see Section: The Pay Gap and Occupational Segregation and Section: Work Sector Discrimination) and also their future situation regarding their retirement (see Section: The Status of Older Women).

Furthermore, in addition to facing the challenges of the economic system, women also face workplace discrimination and harassment (see Section: Workplace Harassment). Regarding sex-based work discrimination, a survey by Pew Research Center in 2017 reported that four in ten working women in the United States faced sex-based work discrimination versus two in every ten working men (Parker & Funk, 2017). In the same survey, the Pew Research Center found that 23% of women experience being treated as not competent versus 6% of men and are almost three times as likely as men to experience small slights at work because of their gender (Parker & Funk, 2017). This denotes that society, in general, continues to propagate gender stereotypes and considers that women, just for the fact of being women are not competent or good enough at their work. The situation gets worse if we consider minorities that have been systematically discriminated against by their race, religion, nationality, ethnicity, and other factors because then the fact of being a woman causes double discrimination. It could be said that mothers face triple discrimination if they are part of a minority; they are women and mothers.

Furthermore, according to federal and local laws, such as in Texas, employers can avoid paying overtime if an employee's salary exceeds \$455 per workweek and the employee's duties meet

the narrowly defined FLSA overtime exemptions (Hersh Law Firm Pc, n.d.). Moreover, while occupational risks are decreasing, intentional attacks in the workplace are on the rise. In 2020, 4.6% of women faced violence at work compared to 1.9% of men. Occupations at a higher risk of being attacked by others in the workplace include education and healthcare workers, home health aides, and cooks (Van Dam, 2023). Notably, these occupations are predominantly led by women.

One important positive change for women is the new Department of Labor law promulgated in 2022 that mandate that care workers, such as home health aides, be paid minimum wage and be entitled to overtime pay. Before 2022, they were not entitled to either (U.S. Department of Labor, n.d.)

The EEOC publishes the number of sex-based discrimination charges annually. The data shows that since 1997, the number of sex-based discrimination charges reached the lowest point in 2021, with 18,762 charges filed, compared to a peak in 2012 with 30,356 charges. The decrease in the reported cases of gender-based workplace discrimination is not explained in the information provided by the EEOC. However, the decrease might imply that because of the pandemic lockdown, women suffered less workplace harassment because they were working from home or had left the labor force for the duration. The EEOC should provide a detailed study, considering how damaging workplace discrimination is for women's labor productivity and mental health.

The EEOC's resolution of charges that are filed is another matter. Although the data show an improvement in the resolution of these cases, starting in 1997 with 75.31% of cases resolved to 94.50% resolution in 2021, more than 50% of these filed charges have been solved since 1997 by the EEOC has determined there is "non-reasonable cause," meaning that the EEOC has decided not to proceed further investigations of the claims (U.S. Equal Employment Opportunity Commission, n.d.b). This fact could hint at how the EEOC serves or disregards women's claims. As we can see in the section on workplace harassment, 90% of the victims do not report the harassment; the same situation could apply here if more than half of the cases are resolved by being dismissed for non-reasonable cause.

In addition to the challenges of being discriminated against and dealing with justice, some states do not make the process easier; for example, the magazine Forbes reported that Alabama, Georgia, Mississippi, South Carolina, and Missouri are the worst states for filing sexual harassment and discrimination claims (Spiggle, 2019).

The consequences of workplace gender discrimination are harmful because they reduce *"both men and women's sense of belonging in the workplace"* and *"reduce self-efficacy among women but not among men."* (Tost et al., 2022)

**Reflection:** Labor force participation is commonly viewed as an indicator of women's empowerment, allowing them to make autonomous decisions regarding employment. However, a closer examination of the United States' labor force reveals that labor force participation does

not accurately reflect how women cope with time poverty and economic conditions. In practice, equal economic conditions on paper translate to lower wages and poorer-quality jobs, which hurt women's lives in the present and the future, particularly in retirement. Furthermore, the lack of access to childcare, the lack of laws that enforce parental leave, the lack of benefits for part-time workers, and the systematic gender-based discrimination and work harassment that women face affects their labor participation directly because although the numbers of women in the labor force have improved across the years, these numbers do not reveal the quality of this participation, especially for mothers attempting to combine employment with caring for children. The fact that the U.S. has a below-replacement fertility rate of about 1.64 children born per woman of childbearing age (Kearney & Levine, 2021) is surely part of the reflection of these tensions. Moreover, societal norms that discriminate against women and expose them to workplace harassment further undermine their participation in the labor force.

While the Biden-Harris administration has implemented new laws to help mitigate these issues, it is a long path to achieving satisfactory conditions for women. The Good Jobs Principles mentioned above should not be limited to the government sector; they should also be recommended to the private sector, where the government could incentivize better working conditions for women. The federal government should also look into the troubling record of the EEOC concerning employment discrimination claims brought by women. The United States faces a problem with the conditions of women's labor participation, particularly with reference to the lack of paid maternity leave, lack of adequate childcare, etc. (see Section: Family Leave).

References listed on pages 426-428

## ENTREPRENEURSHIP

***Related to CEDAW Article (15.1): States Parties shall accord to women equality with men before the law.***

***Related to CEDAW Article (15.2): States Parties shall accord to women, in civil matters, a legal capacity identical to that of men and the same opportunities to exercise that capacity. In particular, they shall give women equal rights to conclude contracts and to administer property and shall treat them equally in all stages of procedure in courts and tribunals.***

***Related to CEDAW Article (15.3): States Parties agree that all contracts and all other private instruments of any kind with a legal effect which is directed at restricting the legal capacity of women shall be deemed null and void.***

### **Definitions/Context:**

Entrepreneur: Someone who organizes, manages, and assumes the risks of a business or enterprise and can be considered a change agent (Sobel, n.d.).

Entrepreneurship: Process of discovering new ways of combining resources (Sobel, n.d.)

**Prevalence/Current Situation:** According to the National Women's Business Council (2020), in 2019, there were around 13 million women-owned businesses in the United States, representing 42% of all businesses, employing 9.4 million workers and generating \$1.9 trillion in revenue. The top sectors for women-owned employer firms were: 16.9% health care and social assistance, 16.4% professional scientific and technical services, and 11.7% retail trade. In 2022, the average annual revenue for women-owned businesses was \$263,091 compared to the average annual earning for their male counterparts of \$469,372 (Bizz2credit, 2023), a huge disparity.

Regarding venture capital (VC) for startups, in 2022, all-women startup teams received \$4.5 billion out of \$238.3 billion in venture capital allocated, representing a share of only 1.9%. For the same year, the share of funding received with at least one women founder in a startup was 17.2% (Davis, 2023). Again, there is a huge disparity in venture capital funding of women-led startups.

**Trajectory/Trends:** The number of women-own businesses increased from 1.9 million in 1977 to 2.5 million in 1980 (The New York Times, 1984), 6.5 million in 2002, 7.8 million in 2007, 9.9 million in 2012 (U.S. Census Bureau, 2015), and 11.6 million in 2017 (MacBride, 2021) compared to the men-own business trend from 13.1 million in 2002 (U.S. Census Bureau, 2006) to 19 million in 2017 (MacBride, 2021). The growth rate for businesses between 2002 and 2017 was 78.5% for women-owned businesses and 45.0% for men-owned businesses. The trend shows growth in terms of women-owned businesses compared to men. However, men still hold the largest share of business ownership in the United States.



Women-owned businesses without employees represented 31.9% of the total of firms without employees in 2002 and reached 41.7% in 2017 (30% increase). Men-owned businesses without employees passed from 55.4% in 2002 to 55.0% in 2017 (0.72% decrease). The rest of the business included equally women-/men-owned business accounted and other unclassified businesses, accounted for 12.7% in 2002 and reached 3.3% in 2017 (a 74% decrease). These figures indicate that many women-owned businesses are quite small (U.S. Census Bureau, 2006).

In terms of businesses with employees, in 2002, women owned 916,657 firms with employees, and in 2017 this number grew to 1,141,410, compared to men who owned 3,524,969 firms with employees in 2002 and 2017 3,496,959 firms. (The rest of the businesses fall under the self-employed category, with no paid workers). This means that between 2002 and 2017, the number of women-owned employer firms increased by 24.5% compared to the men-owned employer firm growth rate, which has been negative, decreasing a 0.8% between 2002 and 2017 (U.S. Census Bureau, 2022; Halt, 2021). However, male-led employer firms outnumber female-led employer firms by 3:1.

In terms of revenue, in 2002, women-owned businesses had revenue that represented 13.3% of the men-owned business revenue. However, women-owned businesses increased their revenue to 56.0% of the men-owned business in 2022 (U.S. Census Bureau, 2022; Bizz2credit, 2023). This denotes that although women have increased their earnings over time, there is still a persistent and large gap in terms of income.

Regarding the sectors of activity in 2002, the largest sector of women-owned businesses was in health care and social assistance (32%). However, there has been diversification over time by incorporating professional and technical services, so that in 2023, social assistance and health care represented only 16.9% of women-owned businesses (the highest share) (U.S. Census Bureau, 2022; Bizz2credit, 2023)

In terms of venture capital for start-ups, according to a study made by PitchBook in 2022, VC allocated to all women team start-ups has changed in the past ten years, obtaining 1.9% of the total funds in 2012, reaching a peak in 2013 with 2.6% of VC allocation and plummeting in 2022 back down to 1.9% of VC allocations. The trajectory for start-ups with at least one women founder (mixed teams) improves slightly starting in 2012 with a 12.5% VC allocation, reaching the peak in 2017 with 17.8% and decreasing in a smaller proportion than all female founders in 2022 with 17.2% of VC allocations (PitchBook, 2023). This denotes a huge gap in funding for women-owned businesses that has remained steady and has not improved over the past decade.

In addition, women are significantly underrepresented in the fields of entrepreneurship and venture capitalism. Research conducted by Harvard Business School in 2016 indicates that nearly 81% of venture capital firms have never employed a female worker, even when female tech startup leaders receive funding, it is often through personal savings, and their ventures

typically relate to stereotypical female interests such as fashion or children's products (Kersten & Athanasia, 2022)

**Legislation/Initiatives:** The Women's Business Ownership Act (H.R. 5050) is a 1988 law created to address the needs of women in business by providing them with better recognition and additional resources and eliminating discriminatory lending practices by banks that favored male business owners over women's owners. The resources include advocacy, outreach, education, and support through the office of women's business ownership in the Small Business Administration (SBA), and the creation of the National Women's Business Council (NWBC) to review the status of women-owned businesses and develop plans with different stakeholders to these businesses (Congress, 1988).

In 2021, the Biden-Harris administration launched the National Strategy on Gender Equity and Equality, which aims to reduce gender discrimination in business and consumer lending, increase access to capital, and data collection on transparency in the financial technology, and VC sectors to track the proportions of investments in women-led businesses as well as the data collection of sex-disaggregated on asset ownership at the household level to track the wealth gap. In the strategy, they also establish as part of their objectives (The White House, 2021).

The Women's Business Centers Improvement Act was a bill introduced in the 117th Congress in 2022—but which has not yet been passed—that aims to reauthorize and improve the Women's Business Center (WBC) Program. The bill seeks to increase federal support to WBCs by raising the cap on individual center grants, establishing an accreditation program for grant recipients, and revising the duties of the Office of Women's Business Ownership. The WBC Program provides free to low-cost counseling, training, and other resources to women who want to start, grow and expand their small businesses (Congress, 2022)

**Enforcement:** In 2022, the budget approved for entrepreneurial development programs from the SBA was \$318 million (U.S. Small Business Administration, 2022), the equivalent of 0.0013% of the Gross Domestic Product (GDP) of the United States and 12% of the USAID budget of foreign assistance to promote gender equity and equality abroad (USAID, 2022).

Although the White House (2023) released in March 2023 the progress report of the National Strategy on Gender Equity and Equality and Progress Report, the report did not include specific measures adopted for entrepreneur women. However, during the same month's second annual Women's Business Summit, the Biden-Harris administration announced new resources to support women's small businesses. The measure included providing resources to women small business owners, expanding access and avenues to capital by providing \$10 billion to the State Small Business Credit Initiative and over \$10 billion to women-owned small businesses, and by leveraging federal spending to support small businesses by setting a goal to award 50% of federal contracting to small, disadvantaged businesses by 2025.

According to a 2023 survey from Goldman Sachs, 99% of women owner businesses feel that the United States government has not done enough to support them. In addition, 89% of women

responded that they do not feel a level playing field exists for them to compete with men, and 72% of the participants grade the programs for entrepreneurs with a C or below. Regarding the path to certifying their businesses to have access to federal contracts, only 36% of the women-led businesses were certified: 58% of the respondents said the process was difficult, and 42% said it was not worth it (Carrazana, 2023). Furthermore, according to Carrazana (2023), over the past thirty years, the government has accomplished its goal of annually granting 5% of federal contracts to certified women-owned businesses only twice.

In terms of the funding gap, according to Davis (2023), although the United States is not far from other Western societies in terms of women's access to venture capital allocations (female entrepreneurs in Europe raised 2.4% of all the continent's capital), there are governmental efforts to make up the shortfall through a "Small Business Credit Initiative" that aims to support entrepreneurs in 2023 in terms of financing and investment programs in Arkansas, Guam, Rhode Island, the U.S. Virgin, and Wisconsin.

In 2023, it was reported that 75% of women business owners resorted to using personal credit cards to cover their monthly business expenses, while 53% reported unmet financial needs (Hello Alice, 2023). The fact is important if we consider that Carter and Allen (1997) found that early access to finances is the most significant factor that affects the size of a women's business and its success. The lack of capital that entrepreneur women face has been discussed since the 1990s when, for example, the research identified capital and government contract access as immediate barriers that entrepreneur women faced, caused by the pay gap, low-pay stratification, and exclusion of decision power in the labor markets (Loscocco & Robinson, 1991).

Moreover, gender bias in decision-making is evident when referring third-party contacts in male-dominated sectors, such as construction and software engineering, potentially hindering women's access to decision-makers and limiting their network expansion, particularly in STEM fields (Chupaska, 2019). These limitations can start at the college level. According to a study on women's entrepreneurship students at the college level, female students face numerous limitations. These include difficulty finding women role model, a perception among students that women are incapable of being entrepreneurs, isolation by male students, and a high workload for those who integrate with male students by facing pressure from male students to do everything. Additionally, the study found that women were less likely to speak in class, but when they were asked to do it, they were more prepared than their men's peers (Cochran, 2019).

**Reflection:** Women entrepreneurs should be a high priority for the federal government because their performance and revenue could add up to the economic growth and innovation of the country. The fact that women-owned businesses are underfinanced affects their opportunity for growth, productivity, and competitiveness. In addition, women-owned businesses experience huge disparities in income, venture capital, and earnings compared to male-owned businesses. The solution is not easy and includes several stakeholders, such as the private sector, the government, and society. However, it is possible for the Biden-Harris administration to

implement some recommendations made by the National Women's Business Council (2022) listed below:

- The White House and/or the White House Gender Policy Council (GPC) should collect information and present the “policy wins” in terms of financial access, entrepreneurial development, and federal contracting gaps.
- Improve accessibility to SBA lending and adapt it based on the needs and experiences of entrepreneur women.
- Expand debt relief for some businesses owned by women in vulnerable situations that, after COVID-19, have not been able to recover and face predatory lending.
- Provide grants for creating new venture capital or more funding for VC firms that have less than \$50 million and less than three years of operation because most of the VCs with these characteristics are women-owned.
- Based on women's little representation in VC, Congress could help incentivize financial institutions and VC firms to increase the number of women fund managers and provide more funding to women-owned businesses.
- Use the platform of the Women-Owned Small Business Federal Contract Program to grant 5% of federal contracts to women-owned businesses (currently, the grants are in an open competition without using the WOBS channel).
- Provide access to capital rather than repetitive training.
- Increase the funding for Women’s Business Centers. Although the recommendations do not mention the pending bill for the WBC, passing the proposed bill will contribute to funding the centers.
- Identify best practices to improve support for caregivers and those that rely on them.
- The NWBC should conduct a detailed portrait of the entrepreneurial ecosystem focusing on how it affects minorities, such as women of color and women in rural areas)

The effects of leaving entrepreneur women behind can cause serious struggles in the economic system of the United States; however, it is indubitable that the Government should prioritize women entrepreneurs. Regarding the U.S. Strategy on Global Women’s Economic Security, the federal government can also take some of the goals from this outward-facing strategy in order to expand its efforts domestically; such efforts can include expanding women’s businesses to be able to export and increase the training in supply chains and trading, adjust procurement methods in other countries to reduce women’s barriers in accessing regional and global value chains, increase the access to finance and the most important to foster an enabling

environment that includes labor law reforms and enforcement to encourage the extension of labor coverage and protect women in low wage jobs.

References listed on pages 429-431

## FAMILY LEAVE

***Related to CEDAW Article (11.2): In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures:***

***Related to CEDAW Article 11.2(b): To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances;***

***Related to CEDAW Article 11.2(c): To encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child-care facilities;***

**Definitions/Context:** Although the Family and Medical Leave Act is described (FMLA) is described in the legislation sections, it is important to define the following terms (U.S. Department of Labor, n.d.a):

- FMLA guarantees: Eligible employees working for covered employers up to 12 workweeks of unpaid leave under certain qualifying reasons.
- Eligible employees: Are employees that have worked for a covered employer (see below) for at least 12 months, have at least 1,250 hours of service for this employer in the past 12 months, and are at a physical work location (“worksite”) where at least 50 employees work within 75 miles of this location.
- Covered Employers: Public agencies, all public and private elementary and secondary schools, and companies with 50 or more employees (also known as firms).
- Qualifying Reasons: FMLA reasons to apply for the leave include an employee’s own serious health condition (including pregnancy); caring for an immediate family member (spouse, parent, child) with a serious health condition; caring for or bonding with a new child (birth, adoption, foster placement) in the first year; and leave related to a family member’s service in the military.

**Prevalence/Current Situation:** The United States is the only developed country not providing paid maternity leave among other developed peers (OECD, n.d.) The rest of the world finds this fact stunning.

While the FMLA may, on the surface, seem like a very important step forward—at least guaranteeing 12 weeks of unpaid leave—the reality is much less impressive. According to the 2018 Family and Medical Leave Act (FMLA) Survey, just 10% of worksites in the private sector are covered by FMLA (have more than 50 employees); these worksites employ only 59% of the private sector employees. Among the worksites FMLA covered, 97% of employees have access

to leave under FMLA terms; however, for worksites not FMLA covered (less than 50 employees), only about 53% of employees have access for one or more qualifying FMLA reasons. This implies that FMLA does not cover 41% of the private labor force; from that force, 20% do not qualify for any benefit (Brown et al., 2020).

And that is not all. According to the same survey, men have higher eligibility rates than women, with 58% compared to 54% of women. Among the reasons that make employees ineligible for FMLA, 25% of women, compared to 18% of men, have insufficient employment tenure or worked hours, 13% of women have a worksite under 50 employees compared to 17% of men, and 8% of women were ineligible because they lack tenure hours and worksite size compared to 7% of men. This means that 42% of working men and 46% of working women are not eligible for FMLA. That is almost half of US working women who do not have access to even unpaid family leave, which is appalling (Brown et al., 2020).

In terms of eligibility per household, dual parents overall have a higher eligibility rate than single parents, with 63% compared to 43% of single parents. Among the reasons that make households ineligible for FMLA, 22% of single parents compared to 19% of dual parents have insufficient employment tenure or worked hours, 27% of single parents have a worksite under 50 employees compared to 14% of dual parents, and 7% of single parents were ineligible because they lack tenure hours and worksite size compared to 4% of dual parents (Brown et al., 2020).

Although the survey does not offer sex-disaggregated data for paid leave, the following data is relevant: worksites covered by FMLA are more likely to offer paid benefits than not covered worksites, like paid vacation (51% vs 43%), paid sick leave (50% vs 42%), paid disability leave (27% vs 16%), paid maternity leave (21% vs 16%), paid paternity leave (14% vs 13%) and paid leave for another member's illness or medical care (14% vs 15%, this is the only paid benefit that non covered worksites offer in a bigger proportion than covered worksites) (Brown et al., 2020).

In terms of how many eligible employees actually took leave, 18% were women and 14% men, by household 29% were single parent and 19% dual parent (Brown et al., 2020). The average length of the leave in business days was overall 34 days for women compared to 21 days for men, for own illness reasons it was 32 days for women and 25 days for men, related to a new child women took the leave for 54 days compared to 18 days for men, for taking care for another person it was 17 days for women and 15 days for men (Herr et al., 2020). Regarding unmet needs, 9% of women employees reported this condition compared to 6% of men (Herr et al., 2020).

Some companies offer full or partial pay on family leave; others offer no pay. Among those taking leave, it is found that on average, 32% of women receive full pay, 28% receive partial pay, and 41% receive no pay, compared to 55% of men who receive full pay, 20% who receive partial pay, and 25% who receive no pay (Herr et al., 2020). This is a highly significant disparity between men and women. Moreover, the proportion of women receiving pay decreases further



when their leave exceeds 41 days, with only 20% of women receiving full pay, 53% receiving partial pay, and 27% receiving no pay, as compared to 25% of men who receive full pay, 31% who receive partial pay, and 44% who receive no pay (Herr et al., 2020). Although the percentage of men without pay during leave that exceeds 41 days is greater, it is important to recall that men generally take shorter leaves (an average of 21 days) while women, particularly new mothers, often take longer leaves (an average of 54 days) (Herr et al., 2020). Therefore, it is reasonable to assume that a majority of pregnant and recent mothers who are employees are likely to receive only partial income when they take the leave.

Regarding the consequences after taking a leave, women are more likely than men to report experiencing greater difficulty in making ends meet. Specifically, 36% of women reported much more difficulty, while 38% reported somewhat more difficulty, 21% reported no change, and only 4% reported finding it easier (Herr et al., 2020). In contrast, only 26% of men reported much more difficulty, 26% reported somewhat more difficulty, 47% reported no change, and a mere 1% reported finding it easier (Herr et al., 2020). This indicates that nearly half of the men taking leave are not experiencing any significant economic impact, while 74% of women report a significant economic impact (Herr et al., 2020). Again, this is a huge sex-based disparity. To cope with the reduced earnings after the leave, 41% of women and 51% of men said they will use earmarked savings, 39% of women and 25% of men will borrow money, 35% of women and 20% of men will put off paying bills, and 20% of women and 7% of men will go on public assistance (Herr et al., 2020). Again, there is a significant difference, with women in a much worse economic state for having taken a leave (Women's Bureau, n.d.).

**Trajectory/Trends:** Between 1995 and 2018, there has actually been a slight decrease in the number of worksites covered by FMLA. In 1995, 10.8% of worksites were covered by FMLA, compared to 10% in 2018 (0.8% fewer worksites). Regarding the population working in the worksites FMLA covered, in 1995, they represented 59.5% of the employees; this number has decreased to 59% in 2018 (0.5% less employees with access to FMLA) (Commission on Leave, 1996; Brown et al., 2020).

Eligibility among workers who have access, on the other hand, has increased. Regarding eligibility in 1995, among the 59.5% of employees with access to FMLA, only 46.5% were eligible for the benefit compared to 56% in 2018 (average of men and women eligibility); this represented an increase of 9.5% in eligible workers to FMLA (Commission on Leave, 1996, Brown et al, 2020).

Among the leave takers in 1995, 9.8% of women took a leave compared to 7% of men. The number of leaver takers doubled from 1995 to 2018, reaching 18% of women and 14% of men. (Commission on Leave, 1996, Brown et al., 2020). Regarding the length of the leaves, in 1995 women had an average of 41 days and men 33 days. There has been a decrease in the length of the leaves for women and men in 2021, where women took an average of 34 days (reduction of 17%) and men 21 days (reduction of 57%) (Commission on Leave, 1996; Brown et al, 2020). Although there is no directly comparable longitudinal indicator of the individual's need for family leave, in 1995 women reported that in the following five years they would have more

leave needs than men. In 2018, 9% of women reported an unmet need for leave compared to 6% of men (Commission on Leave, 1996; Brown et al, 2020).

In terms of paid leave, in 1995, 24% of men reported access to a full-paid leave compared to 19% of women. Although there has been a substantial increase in access to fully paid leave, women remain with a lower access with 32% compared to 55% of men with access (Commission on Leave, 1996, Herr et al, 2020).

#### **Legislation/Initiatives:**

- **Family and Medical Leave (FMLA):** This is a federal law enacted in 1993 that provides eligible employees with up to 12 weeks of job-protected, unpaid leave per year, as well as continued group health benefits during the leave period. The Act applies to public agencies, public and private elementary and secondary schools, and companies with 50 or more employees. Employers covered under the Act must offer eligible employees up to 12 weeks of unpaid leave annually for specific family and medical reasons, including the birth and care of a newborn child, the placement of a child with the employee for adoption or foster care, caring for an immediate family member with a serious health condition, or taking medical leave when the employee is unable to work because of a serious health condition. To be eligible for leave, employees must have worked for their employer for at least 12 months, have worked a minimum of 1,250 hours over the past 12 months, and work within 75 miles. Determining whether an employee has worked the minimum 1,250 hours of service is based on Fair Labor Standards Act (FLSA) principles for compensable hours or work (U.S. Department of Labor, n.d.a)
- **Federal Employee Paid Leave Act (FEPLA):** Is an amendment of FMLA enacted in 2019 to offer paid parental leave to eligible Federal employees following a qualifying birth of a son or daughter or the placement of a son or daughter with an employee for adoption or foster care. The Family and Medical Leave Act (FMLA) provisions have been amended to provide up to 12 weeks of *paid* parental leave to eligible Federal employees concerning the birth or placement of a child on or after October 1, 2020. Paid parental leave is limited to 12 work weeks and may be used within the 12-month period following the birth or placement. To be eligible for paid parental leave, a federal employee must meet the eligibility requirements of the FMLA. The employee must also agree in writing, before starting the leave, to work for the employing agency for at least 12 weeks after the leave concludes (U.S. Department of Labor, n.d.b).
- **Military Parental Leave:** In 2023, the Department of State (DoD) expanded the Military Parental Leave Program to 12 paid weeks (Holpuch, 2023).
- **State level:** Since paid leave is not mandatory at the federal level, it falls to the states to regulate and enforce it. California, Colorado, Connecticut, Delaware, Massachusetts, Maryland, New Jersey, New York, Oregon, Rhode Island, Washington, and the District of

Columbia are the states that offer paid family and medical leave (Bipartisan Policy Center, 2023).

In 2021, the Biden-Harris administration proposed to create a national paid and medical leave program for 12 weeks of partially paid leave. The bill was amended to shift from 12 weeks to 8 weeks, costing \$205 billion over 10 years. The bill has not passed currently (Smith & Marr, 2021).

**Enforcement:** Although it is recommended that women wait at least eight weeks after a C-section to return to work, in the United States, one in four U.S. women return to work after only two weeks of giving birth because they cannot afford childcare and cannot afford to be without paid leave (Bryant, 2020). Even though women would prefer to stay with their newborns, they fear losing their job, not advancing in their careers, becoming irrelevant in their professional path, and feeling financially constrained (Water, 2021). For instance, 24% of pregnant and postpartum women reported unmet healthcare needs, 60% reported healthcare unaffordability, and 54% reported general financial stress (Taylor et al., 2021).

Although large companies offer paid maternity leave, women who access these benefits are not guaranteed job security as they can still be laid off while on maternity leave, as was the case in 2023 with several women and disabled workers who had authorized leave but were laid off by Google during that time (Elias, 2023).

Considering these barriers and US mothers' experiences with the worst maternal mortality rate (23.8 per 100,000 live births) among developed countries (Gunja et al., 2022), it is unsurprising that U.S. adults are manifesting their support for universal paid maternity leave. For instance, in 2017, a similar study from Pew Research Center reported that 85% felt workers should receive paid leave to deal with serious health conditions, 82% felt mothers should receive paid leave, and 69% felt fathers should receive parental leave. Among all the cases, more than 50% thought that employers should pay for it (Horowitz et al., 2017). Americans have not forgotten that all federal employees are entitled to 12 weeks of paid leave, while regular citizens have no such claim.

The benefits of paid leave can help mothers and children regarding health, economic, and welfare aspects. It boosts the economy by allowing mothers to participate in the workforce under better, more humane conditions, and some of the other benefits that have been researched include:

- Economically, paid leave in California lowered the risk of poverty among mothers of infants by 10.2% and increased mothers' household income on average by 4.1% (Taylor et al., 2021). In addition, an impact evaluation suggests that paid leave in California increased mothers' working participation in the medium term by 18.3% in mothers that were employed at least 20 pregnancy weeks and by 12.9% in the work participation of mothers employed during the pregnancy (Baum & Ruhm, 2016).

- Regarding businesses, a study in California showed that after introducing paid leave, businesses reported either the same productivity or an increase in productivity, and 87% of the businesses reported no increased cost, while 9% reported savings due to lower rates of employee turnover or lower spending on employee benefits (Taylor et al., 2021). Research from OECD countries shows that paid and unpaid leave has been shown to increase productivity, but only paid leave had a significant effect (Gault et al., 2014).
- All OECD member countries provide at least 14 weeks of leave around childbirth, except for the U.S. The American provision of 12 weeks of unpaid leave (accessible only to fewer than 50% of female workers) can have detrimental effects on the welfare of both mother and child. According to research conducted by (Burtle & Bezruchka, 2016), mothers who lack antenatal leave are at a threefold increased risk of preterm delivery and having low birth weight infants. Additionally, children of mothers who take shorter leaves are four times more likely to fail to initiate or sustain breastfeeding when compared to non-working women. Unpaid leave has been identified as the primary reason for early cessation of breastfeeding, and children who do not have access to breastfeeding have a 3.5 times greater risk of dying. In addition, according to (Baydar & Brooks-Gunn, 1991), the more mothers work in the early months of their child's life, the most likely their children are going to be affected cognitively and behaviorally. Indeed, they found that employment in the first child year is detrimental to child wellbeing. There may be other effects on mothers and children of too-early separation; research is ongoing.

**Reflection:** Denying working mothers access to paid maternity leave demonstrates that the United States prioritizes the well-being of the private sector over women's health and over children's health. This treatment of mothers as second-class citizens contributes to high maternal mortality rates, a persistent wage gap, and high poverty rates for women in general. These indicators are traditionally used as international development indicators and are included in the Sustainable Development Goals. Among developed countries, these indicators suggest that the United States is not at the same social level as other developed countries.

Mothers in the United States face a motherhood penalty that punishes them twice - once for being a woman and a second time for being a mother. This penalty is imposed when a woman becomes pregnant and includes unpaid leave, exposure to death due to the mortality rate, pay discrimination, fewer savings, poor retirement funds, and higher exposure to poverty. Across all economic indicators, there is not even one where mothers perform better or as well as non-mothers. In 2022, only 25% of workers in the United States had access to a family-paid leave (U.S. Bureau of Labor Statistics, 2023).

Granting women workers leave without pay only benefits employers. Furthermore, it is hard to ignore that federal workers and military personnel all have access to paid leave. The conditions should be the same for all of the population. If the United States wants to reverse the symptoms of social underdevelopment, the paid family leave should be approved, the leave will significantly help improve the well-being of women and their families and the economy.

References listed on pages 432-433

## FINANCIAL ACCESS

***Related to CEDAW Article (13): States Parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic and social life in order to ensure, on a basis of equality of men and women, the same rights, in particular:***

***Related to CEDAW Article 13(b): The right to bank loans, mortgages and other forms of financial credit;***

### Definitions/Context:

- **Unbanked:** Households without a checking or savings account. The Consumer Financial Protection Bureau (CFPB) only considers Federal Deposit Insurance Corporation (FDIC) or National Credit Union Administration (NCUA) insured accounts when evaluating banked status (Federal Deposit Insurance Corporation, 2021).
- **Underbanked:** Households with bank accounts that lack adequate access to other traditional financial services, such as credit and loans, and rely on alternative nonbank transactions and credit products such as: check cashing, money order, international remittance, payday loan, rent-to-own service, pawn shop loan, refund anticipation loan, and auto title loan (Federal Deposit Insurance Corporation, 2021).

**Prevalence/Current Situation:** According to the World Bank Global Findex Database 2021, 97% of women in the United States have financial accounts (Demirgüç-Kunt et al., 2022). However, the Federal Deposit Insurance Corporation (FDI) reported that approximately 5.9 million households were unbanked, and 18.7 million were underbanked in 2021. According to data from the FDI, in 2021 unbanked households consisted of 18.71% married couples, 13.27% unmarried female householders, 11.52% single mother householders, 2.21% single father householders, 6.65% unmarried male-householder families, 21.16% single female householder (nonfamily), and 26.48% single male householder (nonfamily) (Federal Deposit Insurance Corporation, n.d.). Underbanked households comprised 40.16% married couples, 5.43% unmarried female householders, 12.32% single mother householders, 1.06% single father householders, 6.55% unmarried male-householder families, 15.87% single female householders (nonfamily), and 18.62% single male householder (nonfamily). Female householders represented 45.95% of unbanked households and 33.62% of underbanked households (Federal Deposit Insurance Corporation, n.d.).

The ability to buy a home is also evidence of financial access. In 2023, single women represented 24.5% of homebuyers, and single men made up 33.1% (Goldsmith-Pinkham & Shue, 2020). In terms of household ownership, 61% of female-headed households owned homes compared to 67% of male-headed households that owned homes in 2019 (Hyun Choi et al., 2021). A study conducted at Yale University found that single women pay approximately 2% more for a house price and sell it for 2% less, leading women to lose \$1,600 per year (Goldsmith-Pinkham & Shue, 2020). Women seem to pay more not only for houses but also

overall in mortgages. According to data analyzed from the Home Mortgage Disclosure Act in 2021, it was found that single women pay higher mortgage rates in 49 states, with Alaska being the only state where women pay a lower mortgage rate than men (Kleimann, 2021).

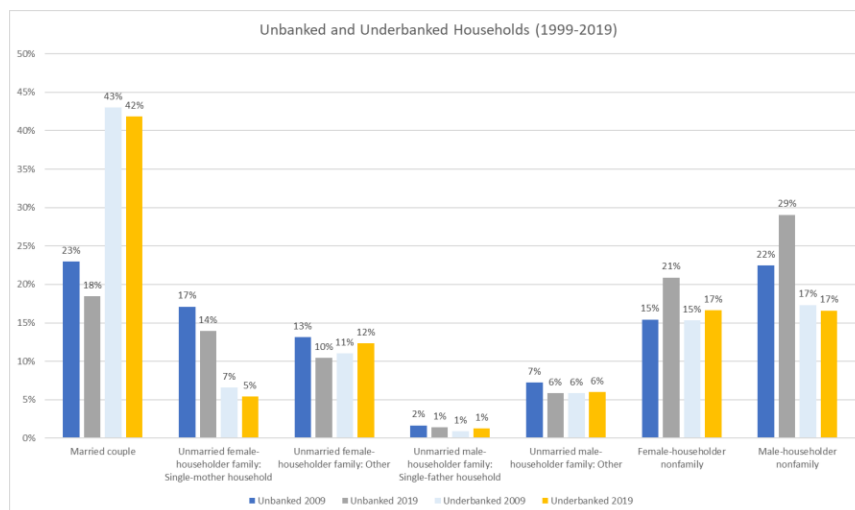
The ability to pay one's bills and to establish good credit is also evidence of financial access. In 2020, women and men, on average, had the same Fair Issac Corporation (FICO) credit score of 705, categorized as good in terms of loans overall (McGurran, 2020). However, in terms of expenditure, a consumer expenditure survey conducted in 2021 found that single women spent around 99% of their earnings compared to single men who spent 83% of their earnings. Women had higher expenses in housing and healthcare than men, whereas men had higher expenses than women in food, transportation, and entertainment (McGurran, 2020).

Regarding debt balances, in 2021, men had 2% more credit card debt, 20% more personal loan debt, 16.3% more auto loan debts, and 9.7% more mortgage debt than women. The only debt that women had more of was student loans, where they had 2.7% more student loan debt than men (McGurran, 2020). Women may see more long-term benefits of education, leading them to take on debt to finance it.

**Trajectory/Trends:** The Equal Opportunity Credit Act prohibits the use of demographic information like sex for reporting, pricing, and financial services in general. This provision, while laudatory, means that it is not possible to have a complete picture of women's access to financial services. However, some found data is presented below.

Although the most recent data for unbanked and banked households in the FDI is from 2021, the dataset includes a label that the previous years are not comparable because of different methodology. Therefore, to calculate the trajectory, the period between 2009 and 2019 will be used. Figure 9 illustrates changes in households, with almost every household experiencing a reduction in the number of unbanked and underbanked households. Only unmarried female householders and female householders without families experienced an increase in the number of unbanked households. The unmarried female householders experienced an increase in the number of unbanked households, and female householders without families experienced an increase in the number of unbanked and underbanked households (Federal Deposit Insurance Corporation, n.d.). This suggests women may be more vulnerable to losing financial access in times of economic stress.



**Figure 10: Unbanked and Underbanked Households (1999-2019)**

Note: Elaborated by Rocabado T (2023) based on data retrieved from the FDIC <https://www.fdic.gov/analysis/household-survey/custom-chart/instructions.html>

The most frequent reason for not having a bank account is related to households not having sufficient resources to open one (Federal Deposit Insurance Corporation, n.d.). Other research studies conducted in New York have found that Black women are more likely to be outside of the financial system because they lack the money to be in the banking system (Bogan, 2022).

Regarding housing, in 1991, female-headed households owned 51% of homes among female-headed households, and male-headed households owned 71% of homes among male-headed households (Hyun Choi et al., 2021). This initial homeownership gender gap of 20% has reduced to 6% in 2018, where the number of female-headed households owning homes has increased to 61%, and the number of male-headed households owning homes has decreased to 67% (Hyun Choi et al., 2021).

A study from the (Fishbein & Woodall, 2006) found that women are 32% more likely to receive subprime mortgages than men, and the rate disparity will increase as income rises. For example, women earning over double the median income are almost 50% more likely to receive subprime mortgage rates than men (Fishbein & Woodall, 2006). This denotes that since 2006, there has been evidence of women facing higher mortgage rates, a difference that has extended to reach 49 states in the United States nowadays.

**Legislation/Initiatives:** The Equal Credit Opportunity Act (ECOA) is a US federal law passed in 1974 that prohibits creditors from discriminating against an applicant based on their race, color, religion, national origin, sex, marital status, age, receipt of public assistance, or good faith exercise of any rights under the Consumer Credit Protection Act. The ECOA is detailed in Title 15 of the United States Code and prohibits discriminatory practices in any credit transaction, including credit applications, evaluations, granting, and collection.

**Enforcement:** The ECOA was passed in 1974, but in 1977 the U.S. Comptroller of the Currency denied the application of the first women-chartered bank in Washington, D.C., arguing that the applicant group was not qualified and failed to show the economic and revenue viability (Jones & Rowe, 1977). Although the decision was reversed the same year, and the permission was conceded to the bank, this is only an example of the discrimination women faced regarding finance, a sector that only seemed to allow men.

The idea among the women's bank pioneers was to provide information and services to a population that, in their words, was denied credit but was extremely appealing for the high savings that they deposited to the system. Despite the enactment of ECOA, women were still denied access to credit because they did not know about ECOA. In addition, scholars assert that ECOA provided equal opportunities but did not solve women's inferior economic situation where discrimination against women was deemed justified as a result of the women's work trajectory and wages that were significantly less than men, affecting their credit history and credit access (Cuomo, 1981).

Despite ECOA, women were still discriminated against in terms of access to executive positions in financial institutions. An example of this type of discrimination is found in the lawsuit against the Harris Bank, in 1989, where approximately 5,000 women workers filed a complaint for gender discrimination because they earned 59% of a man's salary and were systematically not promoted. Although the fine for the bank was an "exemplifier" with a settlement agreement for \$11.2 billion (Kleiman, 1989) discrimination against women continues nowadays.

It is ironic that the ECOA faced opposition from the financial sector. After all, women have been always best borrowers. In 2017, a poll showed that 33% of millennial men were in default compared to 25% of millennial women; this is important considering that the largest number of borrowers of student loans are women with two thirds of the total. Single women borrowers also are less likely to default their mortgages loans (Durkheimer, 2017).

However, despite this positive financial behavior, women are still punished. For example, there is a gender gap in bankcard limits that inexplicably gives men an average of \$1,323 more in credit limit than women. Although no specific reason is given for the gap, scholars put the blame on the first credit card (determined by a lower pay than men and affecting the limit consequently) and publicity, because women receive fewer credit card offers than men and different types of products. This, in turn, impacts the first card that women tend to choose, affecting overall their future credit (Konish, 2021; Blascak & Tranfaglia, 2021).

In addition, women's financial good behavior can be attributed to a higher financial stress. According to a survey undertaken in 2018, 33% of women expressed being concerned about their finances, and among women with debt, 68% expressed feeling overwhelmed by debt. In addition, the survey found that men are more likely to save more (42% vs 24%) because women are more likely to use any extra income to pay bills and reduce debt (42% vs 29%). Men also tend to invest more in the stock market (40% vs 22%) (Brozic, 2018).

The financial decisions of women might in part be explained by comparative financial illiteracy, as a study from the University of Stanford shows that women from all the ages do worse in financial literacy questions than their male peers. There is a gap of 16% for the age group of 25 to 34, and a gap of 12% for the age group of more than 75% (Stanford Center on Longevity, n.d.).

**Reflection:** Although women's access to banking has increased since the Equal Credit Opportunity Act (ECOA), there are still many female-led households that are unbanked or underbanked. This is mostly due to lack of resources to open bank accounts. It is necessary to conduct more research to determine the best way to tackle this problem. However, considering that the most common reason for being unbanked is lack of money, this gives a hint of the socioeconomic conditions of these households. Thus, in terms of financial accessibility, obtaining access for unbanked and underbanked households should be a priority.

It may seem that women have integrated themselves into the financial system; however, they still face challenges, such as paying higher mortgage rates, despite their credentials as good borrowers and having the same credit score as men. Higher rates negatively affect the income of women who already earn less than men, as shown in the Section on the Pay Gap and Occupational Segregation. This affects their expenditures and makes women feel financially stressed. Women are struggling and fighting in these conditions to own a house and access education. While theoretically these things are accessible to them in the same way as men, the cost for women is higher.

Women's financial decisions affect their future in terms of savings, as shown in the Section on the Status of Older Women. It is important to assess how women are making their financial decisions and how well prepared they are in terms of finances. Women have lower financial literacy than men, and this should be addressed by the U.S. government, which already has the website [mymoney.gov](http://mymoney.gov). More research is required to improve and tailor the financial education program to women's needs.

In terms of housing having more equal mortgage rates than men could contribute to women to afford more housing and relieve the financial stress that loans cause them.

The need for more research and available gender-disaggregated information is required. The Federal Deposit Insurance Corporation and the Consumer Financial Protection Bureau could perform this task by analyzing why women are charged higher rates despite the blind bank system of the United States (which should not discriminate) and having better financial behavior. This analysis will provide the socioeconomic characteristics required to determine women's access to finances. The data should be available in their raw format and also in papers.

References on pages 434-435

## MOBILITY, PHYSICAL SECURITY, AND HARASSMENT IN PUBLIC SPACES

***Related to CEDAW Article 15(4): States Parties shall accord to men and women the same rights with regard to the law relating to the movement of persons and the freedom to choose their residence and domicile.***

**Definitions/Context:** One of the factors of economic empowerment is physical mobility. What is meant is that women have the legal right to move in public spaces and are free from violence when doing so. When women feel insecure, they may not feel they can take advantage of opportunities, which reduces their autonomy and the economic opportunities women can pursue. The present section addresses those challenges regarding physical mobility, safety, and harassment in public spaces.

**Prevalence/Current Situation:** According to the World Bank (2023), the United States has a ranking of 100—the best score—as measured by the freedom that women have under U.S. law to choose where they live, to travel, to apply for a passport and travel outside of the country as a man.

However, according to a survey from the World Travel Protection in 2023 about business travelers in Australia, Canada, the United States, and the United Kingdom, it was found that 31% of women in these countries do not travel or go outside by themselves at night compared to 18% of men. 46% of women maintain updated their families about their status compared to 36% of men. Regarding preferences, women prefer to stay in hotels that make provisions for female travelers and 19% wear a wedding ring (regardless if they are married or not) to avoid attention from men. The travelers indicated 12% of them experienced some type of attack ranging from minor theft to assault (Australasian Leisure Management, 2023).

Overall, there is little data about U.S. women’s perception of safety in public spaces and public transportation, and how public harassment affects them in their daily life. However, there are small surveys which are illustrative: for example, the nonprofit “Stop harassment” conducted a small survey in 2019 where they reported that 71% of women respondents in the U.S. had experienced street harassment (U.C. San Diego Center on Gender and Health, 2019)

Regarding public transportation, U.S. women worry far more about their safety--three times more than men (Zukowski, 2022). This is important considering that in 2019, 5.2% of U.S. women compared to 4.7% of men used public transportation to commute (U.S. Census Bureau, 2021). In 2019, it was found that in Los Angeles, women are more likely to experience transportation barriers to undertake recreational activities than men, are more scared for their safety, and tend to do more trip-chain trips than men (Zukowski, 2022).

In 2022, a survey made in Los Angeles showed that the number of female riders decreased from 46% (measured before the pandemic in 2020) to 44% (in 2022), and the reasons according to the author are not surprising: almost 50% of the female passengers expressed concern about crime, safety and sexual harassment (Shelley, 2022).

**Trajectory/Trends:** Since 2012 to the present, the World Bank has consistently ranked the United States with a score of 100 in mobility. However, this indicator does not represent the reality of women in the United States in terms of access to public spaces and public transportation; it only examines law. There has been very little improvement in the percentage of women who feel unsafe in public spaces over the last decade. In 2012, almost 50% of U.S. women stated that they were concerned about crime, safety and sexual harassment when moving in public spaces (World Bank, 2012). For example, Hoebeker (2008) found that women living in urban low-income housing where the neighborhoods are perceived to be unsafe affect women's capacity of exercise and movement. The same year, a study in New York, showed that 63% of New York subway users reported having been harassed on a train, and 10% reported having been assaulted. It is significant that 93% of the victims of harassment were women (Friedman, 2014).

Regarding public street harassment, according to Bowman (1993), this type of harassment started to become more frequent as women increasingly joined the labor force in the 1960s and 1970s, and also during periods of greater male unemployment (since they were more likely to be in the streets). The author also points out that among men who harassed women in that earlier time period, there was no distinction in race, age, religion, and class, which shows how normalized it was to approach women in public spaces.

According to a survey made by Stop Street Harassment in 2014, 65% of women in the U.S. experienced some form of street harassment; comparing this number to 2018 (71%) we can see that the situation has worsened instead of improved (Stop Street Harassment, 2014). The most prevalent form of street harassment reported was verbal harassment, with 57%, followed by 41% of women that reported physically aggressive harassment forms such as following, flashing, and groping (Stop Street Harassment, 2014). The situation gets even worse if we consider a study made by the University of Cornell and Hollaback where in 2015, 85% of women reported their first harassment before the age of 17 (ILR School Cornell university & Hollaback, 2015)

**Legislation/Initiatives:** The right to freedom of movement is a fundamental aspect of individual liberty protected by the U.S. Constitution. Specifically, the Fourteenth Amendment's Privileges or Immunities Clause and Commerce Clause guarantee all citizens, male and female, the right to travel freely between states and engage in commerce and trade without undue government interference or discrimination. These legal protections ensure individuals the right to movement and traveling without undue restriction or impediment, subject to reasonable regulation for public safety or national security (Constitution Annotated, n.d.).

To prevent sexual harassment in public transportation, the Stop Sexual Assault and Harassment in Transportation Act has been proposed in the U.S. This act would require the Department of Transportation to develop a program addressing sexual harassment and assault in transportation, including on airplanes, buses, trains, and other forms of transportation. The program would include a hotline for victims to report incidents, employee training on preventing and responding to sexual harassment and assault, and annual reports to Congress on the number and types of incidents reported. The law also requires transportation providers to

develop and display clear policies on sexual harassment and assault and provide annual employee training on these policies. However, the law has not yet been enacted.

Regarding laws for street harassment, there is no federal law to prevent public harassment, but several states have laws against public harassment; examples of state-level laws include California, with laws against different forms of verbal harassment; in contrast, we can find Georgia, where confronting a harasser could make the law protect the perpetrator and Ohio where the law against harassment is only valid for harassment by phone (Stop Street Harassment, 2013).

However, even if the law protects women, according to Stop the Harassment, three legal concepts can limit women's access to justice regarding public harassment.

1. **The First Amendment:** States cannot limit free speech; the only speech that is regulable is intimidating rather than "offensive." However, any law that could attempt to limit a person's speech would be against the First Amendment, due to the lack of understanding from male judges can include the restriction of catcalling against the First Amendment.
2. **Reasonable Man:** Judges determine if someone has acted with negligence or carelessness in a given situation, and in the case of public street harassment, it means that if I am scared because of someone's actions (like harassment), this is not enough to determine that the person broke the law. This test of the "reasonable man" tends to be based on the perspectives of males that have never experienced street harassment and is arguably inequitable to women.
3. **Fighting Words:** Although the First Amendment does not rule specifically against harassing language, it prohibits fighting words that incite violence and do not contribute to democratic discourse.

**Enforcement:** Although there is not enough data to measure women's access to public spaces and use of transportation, there is evidence that women have been traditionally harassed in public spaces, including public transportation, across different cities in the United States, and that they have been harassed much more so than men. For example, a study in 2017 in San Francisco found that 63% of female college students have experienced some type of harassment using public transportation. These incidents of harassment affected women's perception of safety, undermining it to the degree that only 50% of these women feel safe, which reduces their transit use compared to men (Weinstein Agrawal & Loukaitou-Sideris, 2020).

There are many forms of harassment against women, and harassment can even be perpetrated by public servants. For example, in 2022 a nursing mother reported that she was delayed because the agents of Transportation Security Administration made her check the ice pack that kept her breast milk cold. Other women related their own experiences as nursing mothers where the TSA agents have made them even test their own breast milk (Jin Yu, 2022). Recent studies have started to address street harassment as mental health issue due to how this harassment makes women feel more unsafe, anxious, with a higher fear of sexual assault and

winds up affecting their lives negatively compared to women that do not experience street harassment (DelGreco & Christensen, 2020).

**Reflection:** One of the first things needed to address the problem is for there to be a serious data collection effort by the government. You cannot address a problem if you do not know its scope. Although there is not enough data, some smaller, more specific studies show how harassment and violence limit US women’s mobility and use of public spaces. The repercussions of these constraints, in addition to the threat and harm caused, can also be translated to the economic realm. Public transportation, rather than being an instrument of “economic empowerment” for women, becomes a barrier to women’s civil rights and women’s access to work and ability to do business. While access and rights to mobility for women are stipulated in US law, as the World Bank assesses, enforcement does not appear to be a priority of the U.S. government. It should be. Federal and state governments should act to improve women’s safety, and improve women’s access to public spaces and transportation. We believe the government needs to generate federal regulation to prevent harassment in public transportation, in addition to collecting needed information on how these barriers affect women’s productivity or work access. The Stop Sexual Assault and Harassment in Transportation Act could boost women’s ability to combat harassment, but the law has not yet been passed, and its legislative fate is uncertain.

In addition, laws against public harassment in the United States are ambiguous and outdated compared to other developed countries. For example, the United Kingdom recently (in 2023) enacted a law to criminalize street harassment, such as catcalling (Specia, 2022), following in the footsteps of France, the Netherlands, Peru, the Philippines, and other countries that have already outlawed such harassment. The United States could take a page from these efforts.

References on pages 436-437



## POVERTY

***Related to CEDAW General Recommendation No. 23, Article 7(c): Measures that should be identified, implemented, and monitored for effectiveness include, under article 7, paragraph [...] those designed to: Ensure that barriers to equality are overcome, including those resulting from illiteracy, language, poverty and impediments to women's freedom of movement.***

**Definitions/Context:** Based on the U.S. Census Bureau (Fox & Burns, 2021):

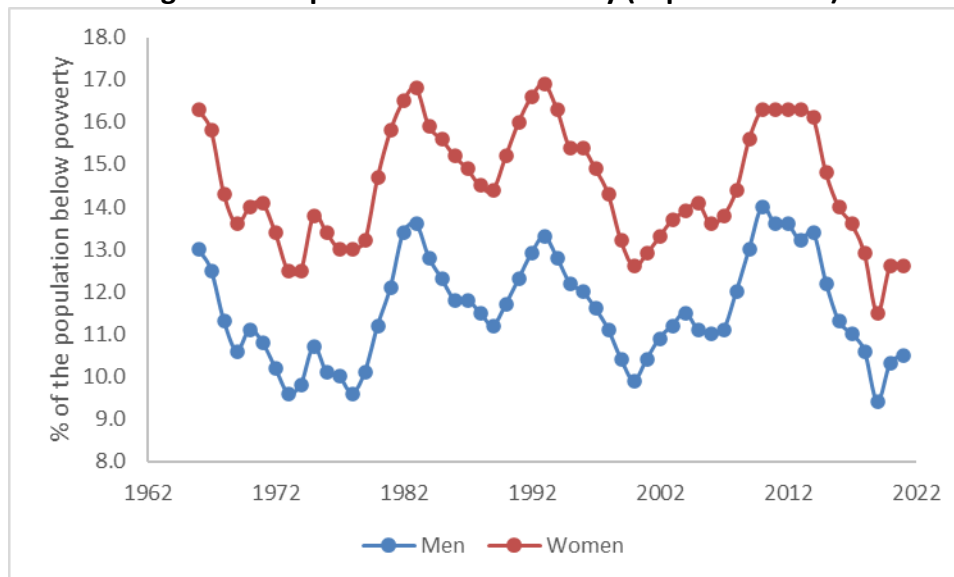
- **Official Poverty Measure (OPM):** The official poverty measure calculates the level of need based on family expenditure data from 1955 and food costs from 1962. This measure is updated annually for inflation. It counts only cash income, before taxes, as a resource to meet the level of need, excluding tax credits and noncash benefits.
- **Supplemental Poverty Measure (SPM):** The SPM calculates the measure of need based on recent spending data, using after-tax income that includes tax credits, and estimates the value of noncash benefits. It subtracts some expenditures that families cannot use towards basic needs to define the SPM poverty level. This approach aims to better reflect the economic choices families face and the effects of government programs on the low-income population.

**Prevalence/Current Situation:** There are more poor women than men in the United States. According to the U.S. Census Bureau under the OPM, in 2021, 12.6 % of women were in poverty compared with 10.5% of men. Female-headed households had a higher poverty rate (23.4%) than male-headed households. Also, according to the U.S. Census Bureau, under the SPM in 2021, 7.9% of women were in poverty compared to 7.6% of men, and female-headed households had a higher level of poverty (23.5%) than male householder families (11.4%) (Creamer et al., 2022). In 2021, among women in poverty, almost half were in extreme poverty, defined as income at or below 50% of the federal poverty level (Sun, 2023). Among all the population under both modalities, OPM and SPM, Black (under OPM 20.9% and under SPM 11.2%) and Hispanic (under OPM 18.8% and under SPM 11.2%) women have the highest poverty rates (Ross & Dorazio, 2022). At the state level, also in 2021 (Sun, 2023), the National Women's Law Center found that between 40% to 49% of female-headed households live in poverty in Oklahoma, Louisiana, Mississippi, Alabama, Kentucky, West Virginia, and Washington D.C. (National Women's Law Center, 2021).

**Trajectory/Trends:** The United Nations has established a 6% poverty rate after taxes as a long-term goal for member countries of the Organization for Economic Cooperation and Development (OECD). According to the Sustainable Development Report, between 2013 and 2019, the United States has not been able to achieve the goal, reporting between 17.2% and 18% of poverty after taxes throughout the time period. The performance of the United States concerning poverty reduction after taxes has been classified by the SDG Report as being in a “red” category with the label “major challenges remain” (Sustainable Development Report, n.d.).

Using the data about poverty of individuals disaggregated by sex from the U.S. Census Bureau, it is observable that there is not a poverty reduction trend observable for both men and women in the U.S. Figure 10 illustrates this trend that reflect a lower percentage of people below poverty in 2020 than 1967 for men and women, but also shows a persistent gap between men and women in poverty, meaning that between 1967 and 2020 there have been more poor women than men (U.S. Census Bureau, n.d.)

**Figure 11: Population below Poverty (Expressed in %)**



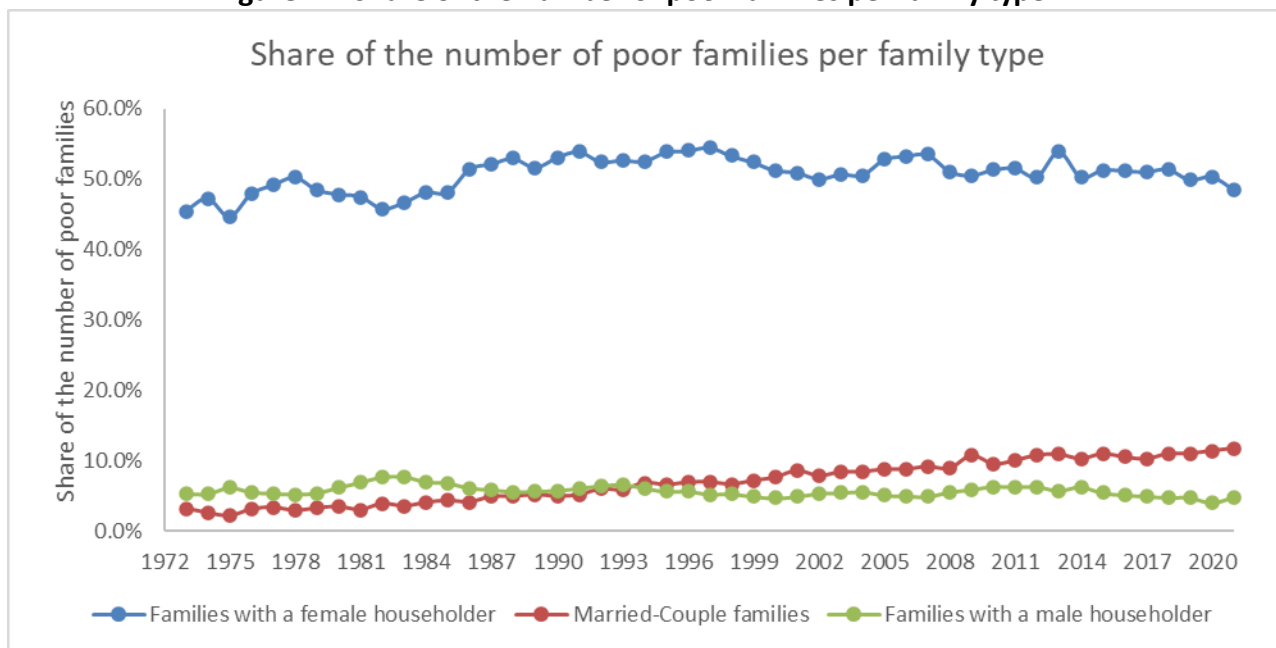
Note: Elaboration by Rocabado T (2023) based on data retrieved from U.S. Census from Table 7 <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-people.html>

In 1966, among individuals aged 18 to 64 years, 8.4% of men were below the poverty line, while 12.1% of women were in the same condition. Fast forward to 2021, and the poverty rate for men in the same age group had increased to 9.3%, while for women, it had decreased to 11.7%. These figures suggest that between 1966 and 2021, the number of men living below the poverty line had increased by 0.9 percentage points, while for women, it had decreased by 2.4 percentage points. Despite this increase in poverty among men, women still constituted a larger proportion of the population living in poverty (U.S. Census Bureau, n.d.).

For individuals aged 65 and over in 1967, men below the poverty line accounted for 23.5%, while women accounted for 32%. In 2021, the proportion of men living below the poverty line had decreased to 8.8%, compared to 11.6% for women. In this age group, women experienced a greater decline in poverty than men, with poverty rates dropping by 14.5 percentage points for men and 20.4 percentage points for women (U.S. Census Bureau, n.d.). Nevertheless, women still constitute the highest share of the population living below the poverty line across all age groups.

Examining the poverty status of families by type of family from the U.S. Census Bureau from 1959 to 2021 (U.S. Census Bureau, n.d.), there has been a reduction in the number of families in poverty over time, decreasing from 18.5% in 1959 to 8.8% in 2021. However, among poor households, the trend is steady, showing that between 1959 and 2021, families with a female head accounted for almost 50% of all poor families, a far higher percentage than families with a male householder or married couple families, as Figure 11 shows (U.S. Census Bureau, n.d.b)

**Figure 12: Share of the number of poor families per family type**

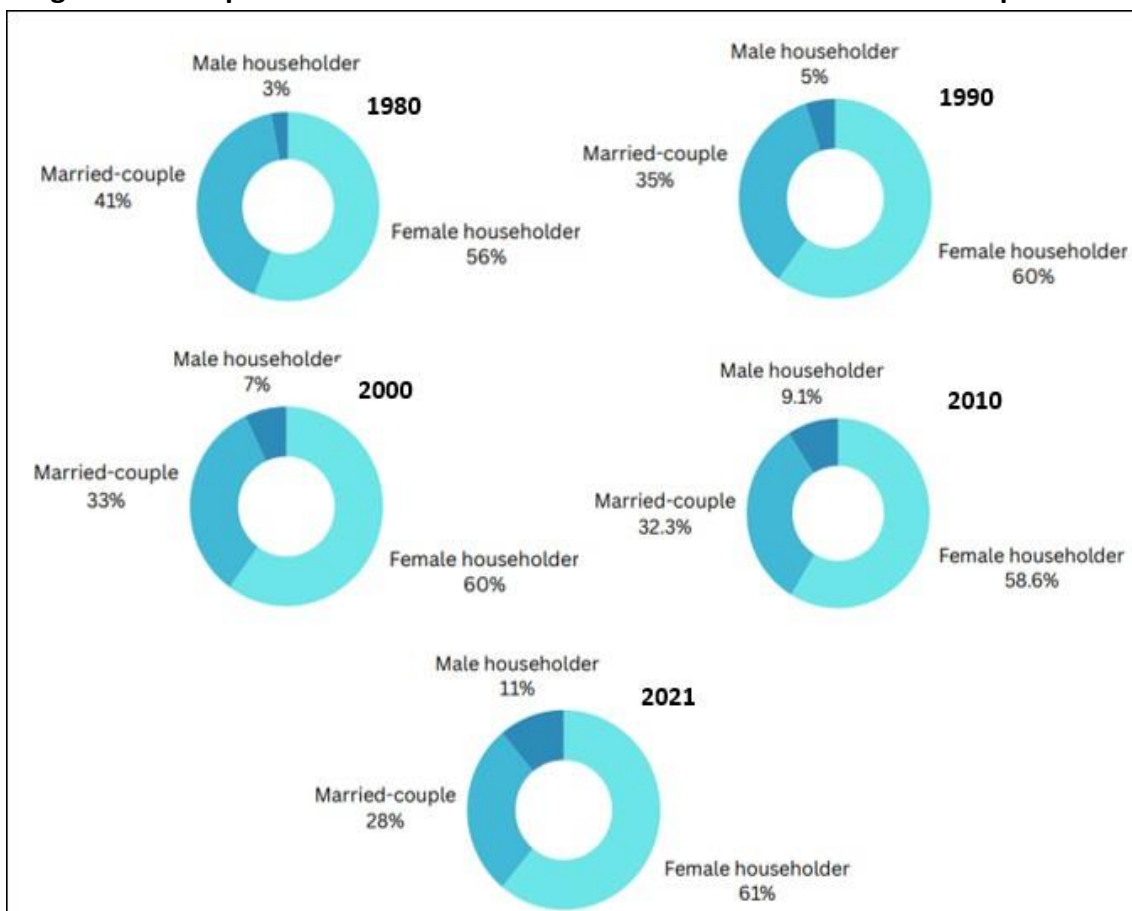


Note: Elaboration by Rocabado T (2023) based on data retrieved from U.S. Census from <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-people.html>

In 1959, families with children under 18 accounted for 65.42% of the total poor families. The situation did not change much in 2021: families with children under 18 accounted for 64.1% of poor families. Of these families, between 1959 and 2021, families with female heads accounted constituted 54.6%. Figure 12 shows the composition of poor families with children under 18 years old from 1980 to 2021, and it is observable that among poor families, the number of poor families with female and male heads has increased, and the number of poor married-couple families has decreased (U.S. Census Bureau, n.d.b).

According to the Center for American Progress, an independent, nonpartisan institute, the reasons why women have higher rates of poverty are based on the effects of racism and sexism that affect the economic opportunities available for women, access to caregiving and social programs, and interconnects with the gender wage gap, the gender wealth gap, the occupational segregation into low-paying jobs, lack of supportive work-family policies, disability, domestic violence, and inadequate and inaccessibility of public support (Bleiweis et al., 2020).

**Figure 13: Composition of Poor Families with Children under 18 Years Old per Year**



Note: Elaboration by Rocabado T (2023) based on data retrieved from U.S. Census from <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-people.html>

**Legislation/Initiatives:** According to the US Census Bureau (n.d.a) the major federal, state, and local social welfare programs in the United States are:

- **Supplemental Security Income (SSI):** Provides cash assistance to low-income elderly, blind, and disabled individuals. It was established by the Social Security Amendments of 1972 (Public Law 92-603) and began providing benefits in 1974.
- **Supplemental Nutrition Assistance Program (SNAP):** The Supplemental Nutrition Assistance Program (SNAP) (former Food Stamps Program) provides assistance to low-income individuals and families to help them purchase food. The program was established by the Food Stamp Act of 1964.
- **Supplemental Nutrition Program for Women, Infants, and Children (WIC)**  
The Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutrition education, healthy food, and other services free of charge to low-income

pregnant women, new mothers, and young children. The WIC program was established by the Child Nutrition Act of 1966.

- **Temporary Assistance for Needy Families (TANF)**  
Temporary Assistance for Needy Families (TANF) provides financial assistance to low-income families with children. It was established by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and replaced the Aid to Families with Dependent Children (AFDC) program. TANF provides grants to states to provide cash assistance, job training, and other support services to eligible families.
- **State General Assistance Program (GA)**  
General Assistance (GA) is a state-administered program that provides financial assistance to individuals and families who are unable to support themselves. The program is intended to provide temporary assistance to those who are not eligible for other government programs like TANF or SSI. GA programs vary by state in terms of eligibility criteria, benefit levels, and program duration. There is not a federal law that establishes GA.

Some other important programs are the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC). The EITC was enacted in 1975 and currently helps low-to-moderate-income workers and families get a tax break (IRS, n.d.). The CTC was enacted in 1997 and nowadays helps caregivers to get a tax break (The White House, n.d.). Both programs were expanded in 2021 under the Biden Administration (The White House, 2022).

**Enforcement:** As per the U.S. Department of Health and Human Services (n.d.) except for Supplemental Security Income, all programs utilize the federal poverty guidelines to assess eligibility for social benefits and other programs. However, the use of OPM as a measure of poverty and eligibility for social programs and benefits has been subject to substantial criticism due to its comparison of pre-tax income, including wages and social benefits, against an annual poverty threshold established using consumption levels from 1960 adjusted for inflation (Ross & Dorazio, 2022).

In 2020, the Co-Executive Director of the Georgetown Center in Poverty and Inequality testified before the U.S. House of Representatives and contended that the poverty measurement reflects the business cycle rather than expenditure trends. He argued that the poverty threshold established by the OPM is too low and failed to consider the current population's necessities, such as childcare expenses, which represented at least 10.1% of the family budget in 2019 (Dutta-Gupta, 2020). Rebecca Blank, former United States Secretary of Commerce, designed the SPM as an additional poverty measure in 2008 with the intention of replacing the OPM; the first report using the SPM was released in 2011. Nevertheless, the OPM continues to serve as the indicator of poverty and the eligibility criteria to access more government programs and social benefits (Traub, 2023)

In 2019, the Trump-Pence administration attempted to reduce the inflation rate used to measure poverty. This measure, if implemented, would have lowered the poverty threshold and subsequently reduced the eligibility of users to access public and social services (Parrot, 2019). Although the proposal was only sent to solicitation of comments, it illustrates how sensitive the OPM is to the inflation rate (Management and Budget Office, 2019).

Since its release, the SPM has been compared to the OPM to measure the contribution of public programs to lift people out of poverty in the United States. The Center on Budget and Policy-CBPP estimated that in 2011, 40 million people exited poverty, including 9 million children. Social Security was the program that lifted most people out of poverty, and the Earned Income Tax Credit was the program that lifted the most children out of poverty: both programs helped 9.4 million people out of poverty in 2011. The same report for 2011 argues that programs like TANF, SSI, SNAP, and EITC lifted 19.7 million people out of poverty. Regarding the gains for women, the TANF and the EITC are mentioned as contributors to greater women's labor force participation among single mothers (Sherman et al., 2013).

However, according to a more recent report by the Center on Budget and Policy Priorities, in 2019, TANF reached 23% of the families with children in poverty, less than half of the initial 63% of families that the program covered in 1996. The report's authors also argue that for 2019 there was a difference in the benefit levels among states, where 33 states had a benefit value that was 20% less than it was in 1996, and only 13 states have reached 60% of the benefits value of 1996 (Trisi & Saenz, 2021)

In 2019, the CBP (2019) found that the poverty rate in the U.S. fell from 26.0% in 1967 to 14.4% in 2017, and in 2018 it fell again to a new record low of 12.8%. In 2018, economic security programs lifted nearly 37 million people above the poverty line, including 7 million children (Trisi & Saenz, 2019). Economic security programs lowered the poverty rate by 4% in 1967 but by 43% in 2017. The reduction in poverty was largely attributed to government program assistance such as Social Security, food assistance, and tax credits for working families (Trisi & Saenz, 2021). In 2021, the U.S. Census Bureau estimated that economic security programs contributed to lift 45.4 million out of poverty (Creamer, 2022).

However, according to an article published by the New York Times Magazine (2023), there is a lack of progress in poverty reduction in the United States because the poor have access to mass consumption goods, but that does not imply that they can afford basic needs as rent, health care, food. The author points out that although the federal budget for governmental programs has doubled from 1980 to 2018, poverty persists and argues that the main cause is the exploitation of the poor in the labor markets, and the government attitudes mainly focus on asking the poor to identify to receive a benefit and the inefficacy of the programs to reach who need them. Indeed, in the article, it is mentioned that since Clinton reformed TANF in 1996, states have used those resources for other purposes, such as Arizona paying for abstinence-only sex education, Pennsylvania to fund anti-abortion crisis pregnancy centers, and Maine to support Christian summer camps. In 2020, poor families received only 22 cents per every dollar in the budget for TANF (Richards, 2023) which is shocking.



Since the beginning of TANF in 1996, the number of beneficiaries has plummeted, reaching only 23 families out of 100 in poverty in 2017, and has left millions of families behind (Burnside, 2019). By analyzing the gender implications, the author argues that TANF fails women because it assumes that paid work (as versus cash assistance) offers greater economic stability to women and their children. In addition, by forcing single mothers to have any job, the government emphasizes that any work is more valuable than the care that mothers provide at home (Kerregan, 2019). Furthermore, a research study made in Wisconsin found that beneficiaries of the TANF overall experienced a reduction in their measured net income because the earnings of the work were outweighed by the reduction in benefits (Cancian et al., 2002). Therefore, is not surprising that some states like New York have started to provide cash support to poor pregnant mothers in an attempt to fill the gap that the current programs have (Konish, 2022).

**Reflection:** Based on the available data, it has been evident since 1950 that there are more poor women than men in the United States, and female-headed households have a far higher poverty rate than other types of families. Unfortunately, for over 50 years, the country's policymakers have employed poverty guidelines that do not adequately represent people's needs. As a result, millions of poor families have been excluded from accessing governmental programs. The combination of gender wage disparities increased childcare costs, and other factors rooted in the American cultural environment have left women behind. The New York Times is correct in stating that there is a lack of interest from the government to reduce poverty: the SDG report places the U.S. in the lowest category of effort. However, this lack of interest only applies domestically.

The government has supported poverty reduction strategies through USAID. It has recently launched the U.S. Strategy on Global Women's Economic Security in 2023, aiming to increase women's access to well-paid quality jobs, strengthen the care economy, and promote entrepreneurship. This is supremely ironic, given the conditions in the United States for poor women. Considering the impressive drop in poverty for children and the support that the expansions of the CTC and the EITC have provided, the government should look to maintain these expansions to lift more people out poverty (mostly women) and in words of the Center for American Progress, to contribute economic growth by making the CTC refundable permanently, restore the ITIN eligibility for immigrant children, and reject administrative burdens that hinder access to the tax credits (Pathak, 2023). Moreover, for the U.S. to achieve the Sustainable Development Goals for developed countries, the government needs to focus on its poorest population, women. An analysis of the current government programs aimed at poverty reduction is necessary to determine how much they contribute to lifting women out of poverty in the long term. In particular, it is time to re-examine the idea that working outside the home in low-paying unskilled jobs is more valuable to society than having the mother present and performing care work in the home. Other necessary restructuring efforts interrelated with poverty are gender wage gaps and lack of childcare assistance that need to be addressed domestically, just as the USAID strategy intends to address them abroad.

References on pages 438-439



## THE GENDER PAY GAP AND OCCUPATIONAL SEGREGATION

***Related to CEDAW Article 11(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular:***

***Related to CEDAW Article 11.1(c): The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training;***

***Related to CEDAW Article 11.1(d): The right to equal remuneration, including benefits, and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work;***

**Prevalence/Current Situation:** In 2022, women who worked full-time in the United States were paid 84 cents for every dollar paid to men (a gap calculated only for full-time workers), according to the National Women's Law Center. This pay gap translated into an annual loss of \$9,954, which amount could cover two months of child care, three months of rent, three months of health insurance premiums, two months of student loan payments, and six tanks of gas (National Women's Law Center, 2023).

The wage gap widened when part-time workers are included in the calculation for the same year (2022), resulting in a gap of 18 cents, according to the Pew Research Center. This means that for every dollar paid to a man, his female counterpart earned 82 cents. The study also revealed that women and men between the ages of 25 and 34 had a smaller pay gap, where women earned an average of 92% of what their male counterparts earned (Aragao, 2023).

In the case of mothers, the gap is even wider than for women overall. In 2021, the pay gap for a full-time working mother was \$0.73 cents per every dollar earned by a working full-time father. By considering full-time and part-time workers, the gap gets even wider, with mothers earning \$0.63 cents per every dollar that their male counterparts earn (Prewitt, 2022). Furthermore, the pay gap widened with age, with a difference in pay between men and women of 13 cents for those between the ages of 35 and 54, and 21 cents for those between the ages of 55 and 64 (Kochhar, 2023). In 2022, the motherhood penalty, according to Forbes magazine, was 26 cents, meaning that mothers earned an average of 74% of men's earnings. The pay gap for mothers resulted in an annual loss of \$17,000 (Corbett, 2022).

The U.S. Government Accountability Office conducted a research study on various occupations in 2022 and found that the gender pay gap was greater in several industries more associated with women. Specifically, in the healthcare and social assistance industry, women earned only 57 cents for every dollar earned by men. On the other hand, in the construction industry, women earned 93 cents for every dollar earned by men. For managers, the gender pay gap was 71 cents, while for non-managers, it was 77 cents (U.S. Government Accountability Office, 2023). Furthermore,

Table 65 summarizes the ten largest occupations for women in 2021 (Women's Bureau, n.d.a) and indicates the gender pay gap for those occupations (Women's Bureau, n.d.b). These findings reveal that the gender pay gap is present even in industries traditionally associated with women. Additionally, when women reach managerial positions, the pay gap tends to widen, not narrow.

**Table 65: Top Ten Occupations with the Largest Number of Women and Women's Earnings in Those Occupations**

Occupations	Women's Earning as % of men's
1. Teachers	91.5 (for elementary and middle school teachers)
2. Nurses	91.5 (for registered nurses)
3. Nursing, psychiatric, and home health aides	99.9 (for home health aides) 88.1 (for nursing assistants) 97.6 (for psychiatric technicians)
4. Secretaries and Administrative Assistants	83.6
5. Cashiers	92.2
6. Customer Service Representative	88.0
7. Retail Salesperson	68.8
8. Managers and related not elsewhere classified	78.4 (for managers and all others)
9. Waitresses	84.6
10. First-line supervisor of retail sales workers	76.3

Note: Elaboration by Rocabado Tatiana (2023)

Data retrieved from Women's Bureau of the U.S. Department of Labor

<https://www.dol.gov/agencies/wb/data/occupations-decades-100>

**Trajectory/Trends:** The gender pay gap has seen a notable improvement over time, with an improvement from 60 cents per dollar earned by men in 1960 to 65 cents in 1982, and an even greater improvement to 82 cents in 2002 and 2022, respectively. While there was a significant closing of the gender gap from 1960 to 2002, the gender pay gap has remained unchanged over the past two decades.

In terms of median hourly earnings, women in the United States have made progress in closing the gender pay gap since 1982, with increases in earnings for all age groups of women. However, research from the Pew Research Center shows that the gap has reduced more slowly for older age groups. For example, for those aged 25-34, the gender pay gap was 74 cents per dollar earned by men in 1982, 86 cents in 2002, and 92 cents in 2022. For those aged 45-54, the gap was 60 cents per dollar earned by men in 1982, 76 cents in 2002, and 83 cents in 2022, while for those aged 55-64, the gap was 57 cents in 1982, 74 cents in 2002, and 79 cents in 2022.

The motherhood penalty has been widely recognized, according to (Correll et al., 2007). Mothers tend to experience a 10% decrease in perceived competency compared to non-mothers. Additionally, mothers are often viewed as being 12.1% less committed to their jobs, while fathers are considered 5% more committed. Non-mothers are also six times more likely to

be hired compared to mothers, and childless women are 8.2 times more likely to be recommended for a promotion. Furthermore, mothers are often offered 7.9% lower salaries compared to childless women and 8.6% lower salaries than fathers. Conversely, fathers tend to be compensated with a starting salary 2.7% higher than childless men.

However, research by Gough and Noonan (2013) suggests that the motherhood penalty can be mitigated by having children later in life, with women who have their first child after the age of 28 not experiencing as much of a wage penalty. Moreover, women who give birth after the age of 30 tend to earn 7% more than mothers who have their first child before the age of 30. In contrast, younger mothers experience a wage penalty of between 2.5% to 4% per child. Factors contributing to the motherhood penalty include less human capital among mothers, more time spent on household duties rather than work, greater likelihood of working in low-wage sectors, and work discrimination.

Regarding the pay gap across occupations, in 2019, women's median weekly earnings were higher than men's only in five occupations, compared with men that presented higher median weekly earnings for 120 occupations (Institute for Women's Policy Research, 2020). According to Smith (2022), the five occupations with the largest pay gaps (measured per every dollar earned by a man in the same field) are finance and insurance at 77 cents, agencies and consultancies at 83 cents, health care at 86 cents, transportation, and warehousing with 87 cents, and nonprofits with 88cents. Regarding the industries with the smallest gender pay gaps, these are; arts, entertainment, and Recreation (96 cents), real estate and rental/leasing (94 cents), construction (91 cents), technology (90 cents), and education (89 cents).

In terms of the sector, there has been little change in women's occupations since 1950, as shown in Table 66. Although there are new occupations in 2010, most of them are new versions of selling, nursing, teaching, retail, and secretarial work. Some of those occupations (retail sales workers, clerks, and other care and service workers) have been found to be the occupations with the lowest average pay between 2010-2016 (Ross & Bateman, 2019).

In 1970, only 38% of women were part of the labor force, with a mere 8% engaged in science, technology, engineering, and mathematics (STEM) fields. Despite progress made over the years, women's representation in the labor force and STEM careers has increased to 48% and 27%, respectively, as of 2019. However, this percentage is still lower than that of their male counterparts, with approximately three women for every ten workers in STEM (Martinez & Christnacht, 2021). Additionally, women in STEM face a significant pay gap, with women earning 72 cents per every dollar earned by their male counterparts in 2016. The gap had narrowed slightly to 74 cents by 2018 (Fry et al., 2021).

**Table 66: Top Ten Women's Occupation from 1950 to 2010**

Ranking	Year			
	1950	1970	1990	2010
1	Operatives	Secretaries	Secretaries	Teachers
2	Stenographers, typist, and	Teachers	Teachers	Secretaries
3	Clerks	Sales clerk, retail	Nurses	Nurses
4	Salesmen and sales clerk	Bookkeepers	Cashiers	Cashiers
5	Private household workers	Nurses	Bookkeeping, accounting, and auditing clerks	Nursing, psychiatric, and home health aides
6	Teachers	Waiters and waitresses	Managers and Administrators	Retail salespersons
7	Nurses	Typist	Nursing aides, orderlies, and attendants	Customer service representatives
8	Bookkeepers	Sewers and stichers	General office clerks	Waiters and waitresses
9	Waiters and waitresses	Cashiers	Supervisors and proprietors, sales occupations	First-line supervisor of retail sales workers
10	Managers, officials, and proprietors	Maids, private household	Sales workers	Maids and housekeeping cleaners

	Top ten women's occupations from 1950
	Top ten women's occupations from 1970
	Top ten women's occupations from 1990
	Top ten women's occupations from 2000

Note: Elaboration by Rocabado Tatiana (2023)

Data retrieved from Women's Bureau of the U.S. Department of Labor

<https://www.dol.gov/agencies/wb/data/occupations-decades-100>

**Legislation/Initiatives:** The principal legislation in the United States that promotes equal pay are the following:

- The Equal Pay Act of 1963: This law prohibits wage discrimination on the basis of sex. It requires that men and women be given equal pay for equal work in the same establishment (U.S. Equal Employment Opportunity Commission, n.d.).
- The Lily Ledbetter Fair Pay Act of 2009: This law amended the Civil Rights Act of 1964 to clarify that with each paycheck the employees have the opportunity to file a complaint

for pay discrimination resetting this period every 180 days (U.S. Equal Employment Opportunity Commission, n.d.).

- In 2014, the Obama-Biden administration issued a memorandum to the Department of Labor to collect data on the remuneration practices that federal contractors and sub-contractors have, including data by sex and race. Nowadays, this is known as the Equal Employment Opportunity Commission (EEOC): Component 1 (American Bar Association, n.d.).
- In 2016, the Obama-Biden administration expanded the executive order of 2014, requiring employers with over 100 workers to collect data on remuneration practices, including data by sex, race, and ethnicity. However, during Trump Administration, in 2017, the Office of Management and Budget (OMB) instructed the EEOC to stop this data collection, and although the court processed this determination as an arbitrary action, the EEOC released a statement in 2019 indicating that the collection of this information (known as the EEOC Component 2) would be stopped due to budgetary concerns (American Bar Association, n.d.), (ADP, 2018).
- In 2022, the Biden- Harris administration unveiled a set of bold, multisector actions aimed at eliminating systemic barriers to STEM. These actions include proposals for conferences to introduce school girls to STEM role models, a \$10 million investment to diversify STEM teachers (including women), access programs to NASA, and the collection of data on women's representation in physics. Additionally, advancement programs will be put in place to increase the participation of Black, Latina, and Indigenous women in STEM fields. Such initiatives are crucial in promoting gender equality in STEM fields and promoting a diverse and inclusive STEM workforce (The White House, 2022).

In addition, there is a bill that has not been passed, which is the Paycheck Fairness Act: This bill, introduced in Congress multiple times, would strengthen the Equal Pay Act and provide additional protections against pay discrimination. It includes provisions such as requiring employers to prove that pay differences are based on job-related factors, prohibiting retaliation against employees who discuss their pay, and increasing penalties for law violations.

Overall, these laws and orders aim to ensure that employees are paid fairly and without discrimination based on their gender, race, or other protected characteristics. There are also relevant regulations that seek to monitor the situation; for example, federal contractors and sub-contractors are mandated to present data on remuneration practices.

**Enforcement:** According to the Equal Employment Opportunity Commission (EEOC), during the fiscal year of 2022, the agency resolved over 65,000 charges of discrimination and had \$513 million in monetary benefits for victims of discrimination (U.S. Equal Employment Opportunity Commission, 2023). However, the \$513 million does not compensate for the estimated \$1.3 trillion that the American women lose every year because of the gender pay gap (National Partnership for Women and Families, n.d.).

In 2023, only 1 among 4 workers in the United States live in states that mandate disclosure in the pay range in the job ads. The states that have legislation to promote pay transparency advertisement are California, Ohio, Colorado, Connecticut, New York, New Jersey, Maryland, Nevada, Rhode Island, and Washington (Liu, 2023).

Some of the causes of the gender wage gap that the Center for American Progress identified in 2020 included segregation of industries (women are traditionally in low-pay sectors), time in the workforce (women tend to leave the workforce to be caregivers), time worked (women are the majority in part-time works), and discrimination. These factors can be analyzed in more detail in the employment and work discrimination sections.

It is important to note that the identified causes are integrally linked to other structural causes such as access to childcare, gender roles propagations, and the lack of paid maternity leave (see the section on Maternity Leave for more details) (Frye, 2021), (National Partnership for Women and Families, 2021).

**Reflection:** Closing the gender pay gap should be a top priority on the U.S. government's agenda. Despite efforts to address the issue, the fact that the gender pay gap has remained stagnant for the past two decades is a loss for women. This gap not only affects their current income but also their future earnings and retirement income, and these disproportionately impact mothers. This double penalty, whereby women earn less because of their gender and also due to their caregiving responsibilities, is unjust.

While the U.S. has laws in place to address pay discrimination, enforcement has been reactive, focusing on addressing complaints of discrimination without addressing the root causes of the gender pay gap, such as inadequate paid maternity leave policies (see Maternity Leave Section). Furthermore, it is contradictory that morally valuable occupations, such as teaching and healthcare, are not adequately compensated.

The Center for American Progress has proposed several recommendations to promote equal pay, which involve collaborative efforts across agencies, retrieving payment data from employers, promoting accountability and transparency, reducing pay secrecy, and increasing the task force to enforce the law, including national contractors (Frye, 2021). These recommendations could be effectively implemented if the Biden administration allocates a sufficient budget to the Equal Employment Opportunity Commission (EEOC) to collect data on employers' remuneration practices through EEOC: Component 2 (. Access to this data would provide valuable information to address pay disparities in sectors that disproportionately underpay women, such as STEM, which paradoxically is also the sector where women are seeking to gain greater representation.

By supporting the collection of data through EEOC: Component 2, the Biden administration could promote greater accountability and transparency in remuneration practices and facilitate collaborative efforts across agencies to promote equal pay. Moreover, this data would provide

crucial insights into pay disparities in sectors where women are underrepresented, such as STEM. With this information, measures could be taken to address gender-based pay gaps and promote greater equity in the workplace.

Another recommendation made by the National Women’s Center is to increase transparency and publish the pay ranges in the job requirements (Kim, 2023).

Although these recommendations are extremely important to promote transparency, the government hasn’t addressed one of the root causes of the pay gender gap: lack of paid maternity leave (see Maternity Leave Section). Several studies indicate that one of the reasons for the gender pay gap is the time that women spend in the workforce, time that is reduced when women become mothers and leave the full-time workforce for a part-time job. Indeed, according to the National Partnership for Women and Families, paid leave would significantly contribute to maintaining women in the workforce (National Partnership for Women and Families, 2021).

References on pages 440-442



## THE STATUS OF DISABLED WOMEN

***Related to General Recommendations CEDAW No. 18(a): Notes that women with disabilities are doubly marginalized and recognizes the scarcity of data, and***

***Related to General Recommendations CEDAW No. 18(b): calls on States parties to provide this information in their periodic reports and ensure the participation of women and girls with disabilities in all areas of social and cultural life***

**Prevalence/Current Situation:** According to (U.S. Census Bureau, 2021), in 2019, there were 41.1 million disabled people in the United States (12.7% of the total population): 21.2 million were women (51.6% of the total disabled population), and 19.9 million were men (48.4% of the total disabled population). For the same year, the median earnings (adjusted by inflation) were \$30,193 for disabled men (\$43,568 for nondisabled men) and \$21,185 for disabled women (\$31,403 for non-disabled women), indicating a significant sex-related disparity (U.S. Census Bureau, 2021).

In terms of poverty, in 2019, disabled women had a higher poverty rate compared to any other group, 24.7% (for the age group from 25-54), compared to men with disability (20.9%), women without a disability (9.2%), and men without disability (6.4%). The employment rate in 2019 was less than 30% for disabled women and approximately 34% for disabled men (Office of Disability Employment Policy, 2021).

**Trajectory/Trends:** According to Jans and Stoddard (1999), in 1995 there were 53.9 million disabled people in the United States (representing 20.6% of the total population), of which 53% were women (28.6 million) and 47% were men (25.3 million). Comparing these data with the current situation, we can see that in the past 24 years, between 1995 and 2019, the disabled population is 31% less than it was twenty-eight years ago, but disabled women still account for more than half of the disabled population. According to (Leveille et al., 2000), some factors that can explain the prevalence of disability among women are their higher longevity compared to men and the prevalence of chronic conditions such as lower muscle strength, lower bone density, and higher life sedentary lifestyle and obesity.

The median household income in 1995 for disabled women was \$13,974 (\$28,518 for no disabled women) and \$15,275 for disabled men (\$31,068 for no disabled men) (The Center for An Accessible Society, n.d.). At the personal level, in 1995, the median earnings for disabled women represented 74.8% of the median earnings for non-disabled women, while median earnings for disabled men represented 71% of the median earning for non-disabled men (McNeil, 1997). In 2019, the proportion of media earnings of disabled women based on non-disabled women was 67%, and the proportion of earnings of disabled men based on non-disabled men's median income was 69% (U.S. Census Bureau, 2021). In both cases we see a worsening in the income of disabled women and men between 1995 and 2019.

In terms of poverty, in 1995, 37.5% of women with disability were in poverty compared to 27.7% of men. The poverty rate decreased for women from 1995 to 2019 from 37.5% to 24.7%, while the poverty reduction rate for disabled men reduced from 27.7% to 20.9%, for the same period (Office of Disability Employment Policy, 2021). Although the reduction in poverty has been larger for disabled women (12.8%) compared to 6.8% for men, there are still more disabled women in poverty than disabled men.

The employment rate in 1995 was 33.06% for disabled women and 36.21% for disabled men (The Center for An Accessible Society, n.d.); comparing this data with current information, there has been a reduction of around 3% in the employment rate for disabled women and 2% in the employment rate of disabled men over the last 28 years.

**Legislation/Initiatives:** The primary legislation for people with disabilities in the United States is the Americans with Disabilities Act (ADA) of 1990. The ADA is a federal law prohibiting discrimination against individuals with disabilities in employment, transportation, public accommodations, communications, and governmental activities. It also requires employers and public entities to make reasonable accommodations to enable people with disabilities to participate in the workforce and public life (U.S. Department of Justice Civil Rights Division).

SSDI (Social Security Disability Insurance) and SSI (Supplemental Security Income) are two programs administered by the Social Security Administration (SSA) in the United States that provide financial assistance to individuals who are unable to work due to a disability. The Social Security Act established both Social Security Disability Insurance (SSDI) and SSI programs. SSDI was created as part of the Social Security Amendments of 1958, while SSI was established as part of the Social Security Amendments of 1972. The main difference between SSDI and SSI is their eligibility criteria and funding source. SSDI is funded through Social Security taxes and provides benefits to individuals who have worked and paid into the Social Security system for a certain number of years before becoming disabled. In contrast, SSI is funded through general tax revenues and provides benefits to individuals who have low income and resources and are disabled, blind, or aged (Social Security, n.d.).

The ACA, or Affordable Care Act, is a comprehensive healthcare reform law enacted in March 2010. It aims to address health insurance coverage, health care costs, and preventive care in the United States (U.S. Department of Health & Human Services, n.d.). The law helps people with disabilities, guaranteeing their rights to buy health insurance without discrimination, without paying higher premium rates, and ensuring that insurance policies cover ten Essential Health benefits (access to prescription medications, mental health treatment, durable medical equipment, or other medical devices, or rehabilitation and/or habilitation benefits, among others). In addition, the law expands Medicaid to cover the disabled population. (National Disability Navigator, 2019).

At the international level, the U.S. remains one of the few countries that has not ratified the Convention on the Rights of Persons with Disabilities. (United Nations Human Rights Treaty Bodies, n.d.) The Convention covers many areas such as physical access, transportation, and

access to information. It includes articles on protecting the integrity of the person, liberty of movement, living independently, and being included in the community. Article 6 refers specifically to women with disabilities and requires that the state take measures to ensure equal enjoyment, and exercise of their human rights and fundamental freedoms, acknowledging that women and girls with disabilities are at greater risk, of violence, injury, abuse, neglect, or negligent treatment, maltreatment, or exploitation (United Nations, 2006).

**Enforcement:** One issue with enforcement of the law revolves around the inconsistent governmental definitions of disability and criteria for eligibility across programs, which inconsistency can further marginalize people with disabilities or chronic illnesses that are not well-understood or easily measured. This situation also renders it difficult to study the effects of policies on the disabled community (Altiraifi, 2019).

Although the government desires to protect the disabled population from discrimination, the United States has some contradictory laws: an example is Section 14(c) provision of the Fair Labor Standards Act that allows employers certified by the U.S. Department of Labor to pay disabled employees lower wages than the minimum wage. This provision perpetuates the idea that disabled workers are less valuable and justifies economic inequality. Although the provision was meant to encourage the hiring of people with disabilities, it ultimately creates a separate and unequal pay structure (Altiraifi, 2019).

In 2019, the rate of violent victimization against women with disabilities was 49.4 per 1,000 compared to 42.7 per 1000 for disabled men. For non-disabled women, the rate was 11.3 per 1000, and for non-disabled men, the rate was 13.4 per 1,000 (Harrell, 2021). This denotes a double vulnerability for disabled women, with a rate almost five times higher than abled women. According to the Office of Women's Health, women with disabilities are more likely to experience domestic violence, emotional abuse, and sexual assault without reporting it because they tend to be more isolated than other population groups (Office on Women's Health, n.d.).

Although some laws guarantee welfare program provisions to disabled Americans, there are still attempts to overturn these benefits, as former president Trump's agenda attempted to reform the health care plan, which would have cut the federal state vocational rehabilitation program, cut social programs, and repealed the ACA (Vallas et al., 2017). Texas tried to repeal the ACA in 2019, backed by Trump, but the U.S. Supreme Court overturned this petition (Hurley, 2021).

**Reflection** It is widely acknowledged that individuals with disabilities face significant barriers in society. However, disabled women are even more vulnerable and face additional obstacles. Despite this, it is apparent that the United States government has not placed a high priority on the needs of disabled women. Policymakers must recognize the unique challenges that disabled women face, especially as they may intersect with other vulnerable populations, such as older women.

To address these issues, the United States government can implement several long-standing recommendations. Firstly, accessibility must be improved in terms of education and

employment opportunities. For instance, the government should reconsider section 14(c) of the Fair Labor Standards and introduce better mechanisms that incentivize hiring disabled individuals, especially women, who have the lowest employment rate. Secondly, the state must consider the additional expenses disabled women require, such as health care and special assistance, when expanding the welfare program and providing better protection for this group.

Furthermore, the issue of violence against disabled women must be taken much more seriously. The police force must receive better training to handle violence cases sensitively, and the public must be educated to condemn such acts and perpetrators with exemplary sentences. Lastly, increasing the representation of disabled women in government would be a key step in bringing some of these changes to pass. Currently, disabled women account for only 2.9% of all elected officials, highlighting the need for more representation and inclusion of this marginalized group (Schur & Kruse, 2022).

References on pages 443-444

## THE STATUS OF OLDER WOMEN (PENSIONS, SOCIAL SECURITY, RETIREMENT)

*Related to CEDAW Article 11(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular*

*Related to CEDAW Article 11.1(e): The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave;*

### Definitions/Context:

- **Social Security:** Retirement plan that refers to a federal program in the United States that provides economic security to eligible individuals and their families. The program operates on a contributory system, where eligible individuals pay taxes into the Social Security system throughout their working lives. Upon retirement, disability, or death, these individuals, as well as their spouses and dependent children, may receive monthly benefits from the Social Security program, which are based on the reported earnings of the individual (Social Security, n.d.b)
- **Defined Benefit Pension (DB):** Retirement plan in which an employer commits to providing a predetermined, fixed amount of retirement income to employees who meet certain eligibility requirements. This pre-determined monetary benefit is based on factors such as an employee's salary and length of service and is typically payable at a specific age, such as 60 or 65. The employer bears the responsibility for funding the plan and must set aside funds to meet its obligations. To qualify for this retirement income, an employee must satisfy certain conditions, such as being retired from the company and reaching the required age (Parent, 2006).
- **Defined Contribution Plan (DC):** Retirement savings plan in which the employer, and sometimes the employee, make fixed contributions to an employee's pension fund. The plan's benefit amount is dependent on the amount saved and the investment performance of the employee's fund, which may include stocks, bonds, and other investments. Typically, these plans take the form of 401(k) plans. In addition to employer-sponsored retirement funds such as 401(k)s, individuals may also hold retirement funds in individual retirement accounts (IRAs), which are established and funded by the employee and may be funded from pretax earnings, depending on the employee's income level (Parent, 2006)
- **The 3-Legged Stool:** Metaphor used to explain that stable income security in retirement is based on three legs (social security, defined benefit pension, and defined contribution plan) (Social Security, n.d.a)

**Prevalence/Current Situation:** According to a report from the CDC's National Center for Health Statistics in 2021, life expectancy in the United States was 79.1 years for women and 73.2 years for men (Arias et al., 2022), a difference of almost 6 years. The median annual income for elderly individuals in 2020 was \$26,668, with men having a median income of \$35,808 and women having a median income of \$21,245. The labor participation in 2021 for people over 65 years old was around 24% for men and 15.2% for women. In 2021, the poverty rate for women over 65 was 10.1% compared to 7.6% for men. The situation for elderly women is not promising, considering that they are poorer than men, have lower earnings than men, and have a lower labor participation rate, even while they spend more time as an elderly person than men due to different life expectancies.

In terms of retirement, in 2021, the average retirement age for men was 65, and for women was 62. Regarding access and participation to retirement plans, among the population over 65 years in 2019, women had an access rate of 41.1% and a participation rate of 31.5% compared to men, with an access rate of 50.6% and a participation rate of 41.4%. Regarding access to saving accounts, in 2018, according to the U.S. Census Bureau, among people 55 to 66 years old, 50% of women did not have personal retirement savings compared to 47% of men. Regarding Social Security, among retired workers, women received 80% of the monthly benefits of men. The reason, according to a Brookings Institutions Report (2022) is that the wage gap affects women's earnings across their life, and since the calculation of benefits is based on a person's 35 highest years of earnings, women with long interruptions of their careers will systematically have lower earnings. Brookings estimates that women are penalized with a 16% of reduction of their Social Security with the first child, and subsequently 2% per each additional child (Enda & Gale, 2020). This means that women's greater reliance on Social Security in old age also translates into a lower average income in old age, given that women receive less than men from Social Security.

Although it was not possible to find data about access and participation in defined benefit pensions, overall, we can conclude that the situation for elderly women is extremely precarious compared to men, and in order to continue the analysis, it is necessary to present current data about how women overall are currently doing in terms of access to retirement plans, and savings.

To start with, not all US workers are equal: state and federal government workers have greater access to DB plans, and workers for the private sector have greater access to DC. DB is available to 85% of public servants compared to only 15% of private industry workers. Access to DC among private industry workers is 66%, compared to 39% of public servants. Overall, between DC and DB, the access, participation and take-up rate of public servants (92%, 82%, and 90%, respectively) is significantly higher than that of private industry workers (69%, 52%, and 75%, respectively) (Zook, 2023). Considering that in 2022, there were 21 million public service employees (Su, 2022) out of 169.7 million of workers in the labor force (Statista, 2023), that means that only an equivalent of 12% of the labor force had access to the higher value DB. Vrdoljak and Feng (2022) found that in 2021, fewer women (1.47 million) than men (1.65 million) were participating in a DC retirement plan.

When enrolled in a DC plan, women had higher participation rates than men in the 1%-2% and 2%-7% contribution rate categories, that is, the lower contribution categories, but the study also shows that men tend to contribute at the lowest <1% and at the highest >5% rates compared to women. The authors also argue that women had a lower rate of savings investments in equity investments (75%), such as stocks and mutual funds, compared to men (80%). Considering that more men were investing at higher rates with a greater share of their savings invested in equity, we can infer that women are more risk-averse than men concerning investment.

Additionally, although women and men have the same percentage (15%) of 401(k) accounts, women have a higher loan-to-loan balance ratio (millennial 21.1% compared to 20.9%, gen X 16.8% compared to 15.4%, baby boomers 13.1% compared to 11.4%), which it means that women have taken more debt that they can afford. Out of the 1% of 401(k) contributors that claimed hardship in order to initiate a loan against their retirement account, 62% were women. Such loans indicate that women are likely to have worse financial conditions in old age. This conclusion is bolstered if we consider that according to the report on Social Security in 2021, women were more likely to receive reduced Social Security benefits (meaning that they received benefits before their full retirement age).

Personal savings can often be important in retirement. According to the Survey of Income and Program Participation (SIPP) conducted by the U.S. Census Bureau, women were less likely to have a saving account compared to men in 2021. The survey found that 47.8% of men owned a savings account compared to only 43.5% of women (Hoffman et al., 2022). In terms of marital status, the study also found that married men and women were more likely to have a savings account and more likely to have more than \$100,000 in savings compared to people who had been married more than once or never married. In terms of children, a significantly larger proportion of women who have had children with multiple partners, approximately 50.6%, lack retirement savings compared to women who have had children with only one partner (38.2%) or no children (34.2%).

**Trajectory/Trends:** The latest data available for this section of the report is between 2014 and 2016 because it was the most recent data available disaggregated by sex. More recent data is available in the U.S. Census Bureau; however, the data is not disaggregated by sex and there has not been either research papers discussing the status of older women. In 1997, according to report from the National Economic Council Interagency Working Group on Social Security, women had significantly lower retirement incomes compared to men, with a median income of \$11,161 for older unmarried women compared with \$14,769 for elderly unmarried couples (National Economic Council Interagency Working Group on Social Security, 1998). In 2003, the income for women of 65 years and over was \$23,130 compared to men of the same age income of \$37,810 (Hartmann & Lee, 2003). In 2016, the median income for the 65 years and above population was \$47,244 for women and \$57,144 for men (Bond et al., 2020). Thus, we see that the gap between men's and women's retirement income was \$3,608 in 1997, \$14,680 in 2003, and \$9,900 in 2016. However, although this data is relevant to provide a history of women's retirement trajectory, it is not possible to directly compare the data because, for some periods,

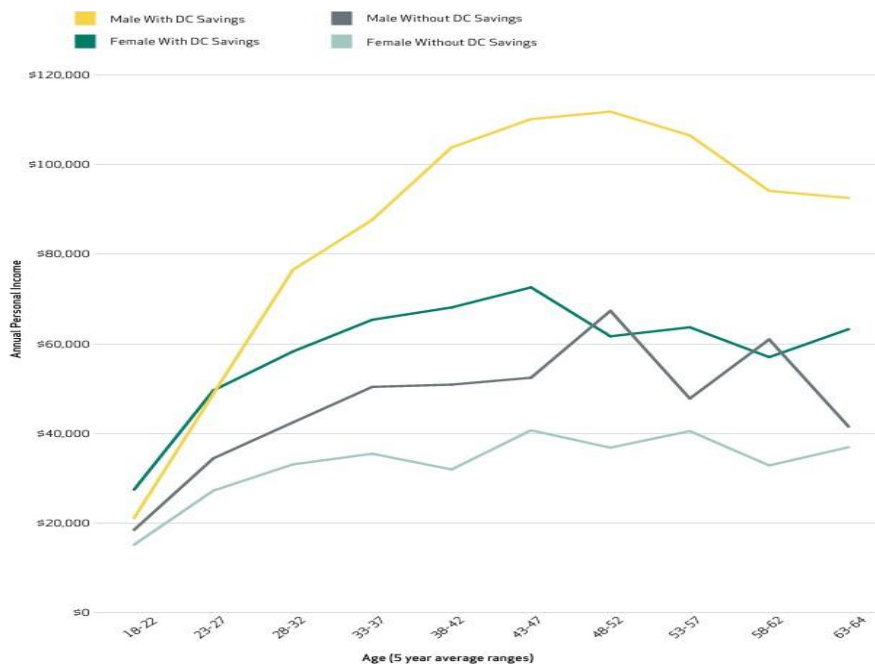


it has not been specified if the numbers are adjusted for inflation or if the measurement method has been the same.

Regarding access to retirement plans, from 1998 to 2014, women increased their access to retirement plans from 60% to 69%. In the same period, men also increased their access to a retirement plan from 60% to 65%. Although women had higher access in that period, in terms of the take-up rate, from 1998 to 2014, men had a higher take-up rate, with 91% in 1998 and 81% in 2014, compared to 87% of women in 1998 and 79% of women in 2014 (Bond et al., 2020). These trends show that even if women are increasingly being offered retirement plans, the women's take-up rate has remained below men's rate. Furthermore, the lack of enrollment in these plans tends to have consequences in the future for women, as we can see in the Figure 13, where the wage gap means women without DC savings have the smallest earnings among all the groups across the lifespan and into old age.

Regarding the trajectory of access to DB plans, in 1997, only 30% of women over 65 years had access to pension benefits (DB) compared to 55% of men (in part because DB benefits were more likely to be offered to full-time paid time positions) (National Economic Council Interagency Working Group on Social Security, 1998). In 2003, 64% of women were offered a retirement plan compared to 61% of men (Hartmann & Lee, 2003). In 2014, 69% of women were offered a retirement plan, compared with 65% of men. This suggests improvement in access.

In terms of the take-up on DC retirement plans, in 1993, 62% of women decided to participate in DC plans compared to 70% of men (National Economic Council Interagency Working Group on Social Security, 1998). In 2003, 88% of women decided to participated compared to 90% of men (Hartmann & Lee, 2003). In 2014, 79% of women decided to participate in a plan compared to 81% of men (Hartmann & Lee, 2003). These trends show that even if women are increasingly being offered retirement plans, the women's take-up rate has remained below men's rate, and fell between 2003 and 2014. Furthermore, the lack of enrollment in these plans tend to have consequences in the future for women, as we can see in the Figure 13, where the wage gap means women without DC savings have the smallest earnings among all the groups.

**Figure 14: Age Earnings Profiled by Gender and DC Savings**

**Source:** Extracted from Bond et al (2020). Still Shortchanged: An Update on Women’s Retirement Preparedness <https://www.nirsonline.org/reports/stillshortchanged/>

Regarding degree of reliance on social security, over the years women have increased their reliance on social security, departing from 51% of income dependency on social security in 1991 to 33.5% in 2003 to reach 50% in 2016, increasing the dependency more for vulnerable women in 2016, with widows as the most vulnerable group at 56%.

An interesting finding concerns the retirement coverage that women’s traditional industries (health services, education, retail trade, public administration, professional scientific accommodation and food services, manufacturing, finance and insurance and social services) offered in 2014. According to Bond et al. (2020), most of these sectors offered more DC coverage (excepting for public administration) than DB Coverage. However, 53% of industries of accommodation and food services, 39% of Industries of Social Services, and 35% Professional Scientific, Management, and Administration offered no coverage at all to women in 2014. Although the women’s occupations are discussed in the wages section, the finding is relevant for retirement because these sectors were primarily employing women but also providing little or no access to retirement plans. This only worsens the situation of women’s retirement in the U.S.

**Legislation/Initiatives:** The following timeline summarizes the most important historical developments and some of the current legislation related to retirement in the United States between 1875 and 1960 (Georgetown University Law Center, 2010; Economic History Association, n.d.)

In 1875, the American Express Company developed the first formal pension plan in the United States; this was followed by largest employers providing pensions plans to their workers. The requirements included 30 years of service and a mandatory retirement age of 70. The Revenue Act of 1926 exempted these pensions from taxation. In 1930, 20% of workers were covered by a pension plan.

In 1935, the Social Security Act was approved, which expanded pension benefits to employees without company pensions, and established 65 years old as the retirement age. The program continued to expand in the early 1970s.

Between 1970 and 1980, Congress slowed down the growth of Social Security benefits, adjusting the formula to define benefits, and instituting reforms such as the delay of a cost-of-living adjustment, taxation to up half of the benefits, and payroll tax increases.

In 1974, the Employment Retirement Income Security Act (ERISA) was enacted to regulate private pensions and ensure their solvency. This law required firms to comply with funding requirements and obtain insurance to protect against unexpected events that could lead to insolvency. Additionally, ERISA offered individuals who were not covered by private pensions the opportunity to save in a tax-deductible Individual Retirement Account (IRA). In 1981, the eligibility for tax-advantaged IRAs was extended to all individuals.

In 1978, the Revenue Act was implemented, which established qualified deferred compensation plans, also known as Code Section 401(k) plans. These plans are now known as defined compensation (DC) plans, and involve voluntary employee contributions, shifting the risk of the investment's performance from the employer to the employee.

In 1983, amendments were made to the Social Security Act, gradually increasing the normal retirement age from 65 to 67. As per the amended system, individuals born after 1959 were required to reach the age of 67 to qualify for normal retirement age. For instance, those born in 1959 were eligible at 66 years and 10 months.

Recently, Congress enacted the SECURE Act in 2020 and its new version of SECURE 2.0 in 2022. According to Colley (2023), the Act aims to encourage Americans to save more for their retirement, and contains over 90 provisions, some of which are especially beneficial for women. One significant change in the Secure Act 2.0 is the delay in the age at which Required Minimum Distributions (RMDs) begin, which reduces the tax burden for those who do not need the funds, either because they are still working or are receiving distributions from another account like a pension, annuity, or taxable account. The bill also takes steps aimed at increasing participation in employer-sponsored retirement plans among part-time workers and military spouses. Increasing the availability of employer-sponsored retirement plans in this way is especially useful for women, as they are more likely to work part-time than men.

There is no federal law that mandates the private sector to provide retirement plans. However, some states have implemented state-mandated retirement plans. A state mandate retirement plan is a retirement savings program created by state governments that requires employers to automatically enroll their employees in a retirement savings plan. These plans are typically designed to provide employees with a simple and low-cost way to save for retirement, especially if they do not have access to an employer-sponsored plan. State mandate retirement plans usually operate like a traditional IRA or 401(k) plan, with contributions made through payroll deductions and investment options selected by the employee.

**Enforcement:** It is not surprising that 66% of Americans are concerned about running out of money during retirement (Duley, 2022). The 401(k) plans were originally designed as an additional tool for retirement and were never intended to replace the DB. The creator of the 401(k) acknowledges that Wall Street has used the tool to make more money than they were already making. The Economic Policy Institute categorizes the 401(k) as a poor substitute for the DB (Morrissey, 2023). Since the enactment of the 401(k), the number of workers with fixed pensions (DB) has fallen from 38% in 1979, to 13% in 2017, and then to 12% in 2020. The shift from pensions to DC through 401(k) has several implications for the population in general. First, since the money is invested in financial markets, a market crash or an economic crisis can lower the value of workers' retirement savings, drastically and unexpectedly. Secondly, the assumption that all people know how to invest their money is flawed. For example, (VanDerhei, 2009) showed that during the 2008 U.S. stock market crash, 401(k) accounts were hit, and although the losses affected people with a higher account balance to a greater extent, all accounts lost money. Furthermore, since there is no mandatory requirement for a company to establish a retirement plan, companies can decide to suspend or reduce 401(k) benefits, as happened during COVID-19.

The situation is even more precarious for women, who already face a wage gap and are more likely to have part-time jobs, making them less likely to obtain benefits like 401(k). Although the Secure Act is supposed to change this situation, it does not affect the fact that women face labor discrimination and thus are more concerned about preserving capital, therefore tending not to invest aggressively like men. Despite women having better saving habits than men, they still have 33% less in their retirement accounts than men (Place, 2023).

The existing regulations also do not take into account differential life expectancy between men and women, so the situation of women, who on average have a longer life expectancy than men, is not considered by the law. The combination of fewer resources and a longer life increases the probability of older women being poor. As the (Government Accountability Office, 2020) study showed, elderly women are very concerned about their financial security in retirement, with concerns linked to differences in average Social Security and Medicare benefits, healthcare costs, and housing. In the study, women mentioned that the lack of financial education also had a negative impact on their retirement plans.

Although the SECURE Act claims to be designed with specific measures meant to help women, the Center for American Progress (CAP) argues that the Act will only benefit high-income households that are more likely to take advantage of the provisions in the Act (Ross, 2022).

**Reflection:** The retirement system of the United States, inadequate for most American, is especially inadequate for the needs of American women, who typically do more carework than men and who on average live longer than men. During their prime working age, women do not receive the same wages as men, and when they become mothers or caregivers, they opt for part-time work (or even suspend their labor force participation), which reduces their income and future retirement options. Lower wages also have consequences for the future because women tend to not enroll and save money for retirement due to the need for money in the present. When women become old, their financial situation worsens significantly, as most rely exclusively on the Social Security system and tend to be among the poorest of all Americans, especially women who have had children. These sex-specific factors are not adequately addressed by current legislation.

While the government recognizes the importance of Social Security benefits for women, it fails to effectively address the challenges women face. For example, no Social Security credit is given for unpaid caregiving labor. There is no Social Security algorithm that takes into account the longer average life expectancy of women. The fact that government employees have access to different types of benefits (i.e., DB benefits) and have a secured and fixed retirement plan, may provide a clue as to why policymakers are not interested in improving retirement conditions for women. American women are clearly disadvantaged compared to American men in retirement, as statistics for 2021 show women of 65 years have a poverty rate of 10.4% compared to men of the same group (8.8%), and the poverty increases for women of age 80 and older that have a poverty rate of 14.7% compared to men (10.3%) (Congressional Research Service, 2022).

Furthermore, access to information to evaluate the dimension of the problem and the situation of older women in the United States is challenging because there is a lack of accessible information. It was difficult to find sex-disaggregated statistics for the most recent decade. This needs attention by the federal government. It was not possible to find any type of regulation to enforce the collection and display of data disaggregated by sex. Thus, this an area where information should be available.

Although additional information is necessary to make proper recommendations, considering the precarious situations of older women in the United States, poverty alleviation programs such as cash transfers could be successful in reducing poverty among older women. However, these recommendations, as previously stated, do not resolve the root problems that are the causes of the vulnerable situation of older women. It is time for the U.S. government to take a new look at the economic situation of elderly women and rectify current inequities.

References on pages 445-446

## TIME POVERTY

***Related to CEDAW General Recommendation 17(a): Encourage and support research and experimental studies to measure and value the unremunerated domestic activities of women; for example, by conducting time-use surveys as part of their national household survey programmes and by collecting statistics disaggregated by gender on time spent on activities both in the household and on the labour market;***

***Related to CEDAW General Recommendation 17(b): Take steps, in accordance with the provisions of the Convention on the Elimination of All Forms of Discrimination against Women and the Nairobi Forward-looking Strategies for the Advancement of Women, to quantify and include the unremunerated domestic activities of women in the gross national product;***

***Related to CEDAW General Recommendation 17(c): Include in their reports submitted under article 18 of the Convention information on the research and experimental studies undertaken to measure and value unremunerated domestic activities, as well as on the progress made in the incorporation of the unremunerated domestic activities of women in national accounts.***

### Definitions/Context:

- **Time Poverty:** Chronic feeling of having too many things to do and not enough time to do them (Giurge et al., 2020)

**Prevalence/Current Situation:** According to the published tables of the American Time Use Survey (ATUS), (U.S. Bureau of Labor Statistics, n.d.a), in 2021, men spent an average of 4.18 hours working per day, compared to women, who spent an average of 2.86 hours working per day. For the working population, men worked an average of 8.48 hours per day, while women worked 7.58 hours. In terms of household activities, women spent an average of 2.33 hours per day, while men spent 1.54 hours. When it came to caring for and helping household children, women spent an average of 0.48 hours per day, while men spent 0.25 hours per day. Women also spent more time on education, with an average of 0.46 hours per day, compared to 0.40 hours per day for men. On the other hand, men spent more time on leisure and sports, with an average of 5.61 hours per day, while women spent 4.94 hours per day on these activities. Overall, women spent more time than men on household activities, caring for and helping household children, and education, while men spent more time working and on leisure and sports activities.

Comparing time poverty among other developed countries, the United States seems to do better than Canada, considering that in 2018, Canadian women spent 2.8 hours per day on household activities while men spent 1.9 hours per day, generating a gap of 0.9 hours (Moyser & Burlock, 2018). The 0.9 Canadian gap is 13.92% higher than the American gap (0.79 hours), indicating that American women have less time poverty than Canadian women in household activities. However, women in the United States are not better off than women in Finland,

where women and men work the same number of hours, and the gap in household activities is 0.62 hours (Stickings, 2022).

**Trajectory/Trends:** The trajectory, or the prevalence of time poverty in women, is presented below; the used data is based on the American Time Use Survey from 2003 (initial year), to 2021, for the age population over 15 years old (U.S. Bureau of Labor Statistics, n.d.a).

- **Household Activities:** Between 2003 and 2021, men increased from spending 1.33 daily hours to 1.5 hours in household activities; this implies an increase of 0.16 hours spent on household activities in 17 years. Women decreased from 2.33 hours spent daily in household activities in 2003 to 2.29 hours spent daily; this implies a reduction of 0.02 hours in time spent in household activities over 17 years. Despite these changes, these figures denote that women continue to spend more time in household activities than men since 2003.
- **Caring for and Helping Household Children Activities:** Between 2003 and 2021, there has been a decrease in the amount of time men spend on caring and helping with children's activities from 0.35 daily hours to 0.32 hours, implying a decrease of 0.02 hours over 17 years. On the other hand, women's daily hours spent on children care decreased from 0.59 in 2003 to 0.48, indicating a reduction of 0.09 hours per day spent on taking care of children. This suggests that women have reduced their time spent caring for children to a greater extent than men, though they still spend more time in this activity than men.
- **Caring for and Helping Household Adults Activities:** Between 2003 and 2021, there has been a decrease in the amount of time men spend on caring for and helping with household adult activities, typically the ill and elderly, from 0.04 daily hours to 0.03 hours, implying a decrease of 0.01 hours over 17 years and on the other hand, women's daily hours caring and helping household adult activities decreased from 0.06 in 2003 to 0.05, indicating a reduction of 0.01 hours per day spent on caring elderly. This suggests that although men and women have both reduced slightly the time spent on elderly care, women are still spending more daily hours taking care of the ill and elderly than men.
- **Working and Work-Related Activities:** Between 2003 and 2021, there has been a decrease in the amount of time men spend working and doing work-related activities from 4.44 daily hours to 4.18 hours, implying a decrease of 0.26 hours over 17 years. On the other hand, women's daily hours spent working and doing work-related activities decreased from 3.00 daily hours in 2003 to 2.86, indicating a reduction of 0.14 hours working and doing work-related activities. This suggests that in 17 years, women have decreased their working time less than men, but men are still working on average almost 50% more than women.



- **Educational Activities:** Between 2003 and 2021, there has been a decrease in the amount of time men spend on educational activities from 0.45 daily hours to 0.40 hours, implying a decrease of 0.05 hours over 17 years. On the other hand, women's daily educational activities hours increased from 0.42 in 2003 to 0.46, indicating an increase of 0.04 hours per day spent on education. This shows that in 2003 women spent less time than men in education, but in 2021, women surpassed men in daily time spent in educational activities.
- **Leisure and Sports Activities:** Between 2003 and 2021, there has been an increase in the amount of time men spend on leisure and sports activities from 5.49 daily hours to 5.61 hours, implying an increase of 0.12 hours over 17 years, and on the other hand, women's daily hours on leisure and sports activities increased from 4.79 in 2003 to 4.94, indicating an increase of 0.15 hours per day spent on leisure and sports activities. This suggests that although men and women have increased their time on leisure and sports activities, women still spend 0.67 hours less than men on leisure and sports activities.

**Legislation/Initiatives:** There is no regulation regarding time poverty or time use allocation in the United States. However, the U.S. Bureau of Labor Statistics collects time use data in its American Time Use Survey (ATUS) (U.S. Bureau of Labor Statistics, n.d.b)

**Enforcement:** Although there are no specific regulations to address time poverty in women, and the time poverty of American women does not seem significantly worse than women in other peer countries such as Canada or Finland, the government of the United States has announced “The American Rescue Plan” which contains \$103 million to promote mental health and wellness among healthcare workers (U.S. Department of Health & Human Services, 2022), as a response to the resignation of 20% of health workers and 30% of nurses in 2022, where 28% cited burnout as the reason for leaving their jobs. Considering healthcare workers and nurses are predominantly women, it is important to understand how time poverty becomes a domestic care burden that affects women in different aspects of their lives. For example, it has been found that American women’s time poverty can affect them physically because it prevents them having time to exercise and impose several stress burdens (Hyde et al., 2020). Then, it is not surprising that 56% of women reported experiencing mental burnout because of their work in 2023, and 41% of working women have considered leaving the workforce because they feel overwhelmed with work (CBNC, 2023).

The effects of time poverty are interconnected with poverty, childcare, and welfare, as women's wages are lower, and access to childcare is restricted due to its cost. Because of all these things, women have a higher cost to their own welfare in order to remain above the poverty line. As a result, 24% of women skip preventive doctor visits due to a lack of time, and only 33% of part-time female workers get paid sick leave, compared with 75% of full-time workers (Siclait, 2021). In terms of childcare, 58% of parents cannot find childcare, and 26% cannot afford it (Ferguson, 2022).

In terms of the aggregate effect of time poverty, unpaid care labor is central to the functioning of families. However, this invisible care seems to be taken for granted. The government and society need to reconsider the priority and treatment that they give to women considering that in 2022, the caregiving labor (primarily performed by women) was valued at up to \$6 trillion, composed of around \$2.5 trillion in paid caregiving and approximately \$3.5 trillion in unpaid caregiving (Kos et al., 2022). In addition, in terms of the economy, women's poverty can have serious implications for the United States. For instance, if the 46% of women who feel overwhelmed by their jobs were to exit the labor force, that would represent a loss of 21% of the total workforce, disproportionately affecting the fields of education and health care, as we saw during covid lockdown.

**Reflection:** It is essential to recognize that time poverty is linked to gender roles and the government's general lack of recognition of the much greater time poverty experienced by women compared to men. Although changing gender roles is difficult and requires a long-term framework, the government can support women by improving access to childcare, narrowing the pay gap, counting women's caregiving labor for social security purposes, and providing maternity leave, which are the four policies that seem to be what women need in the United States, and can contribute to alleviating women's economic and time poverty. For more details regarding economic poverty please refer to the poverty section of the present report. Moreover, in terms of data collection, the American Time Use Survey (ATUS) is a good initiative conducted by the U.S. Bureau of Labor Statistics, however, there are problems with the transparency and accessibility of the data that the federal government should address. Data concerning time use per age, marital status, and type of household should be released to understand how time use differs among women (this data is only accessible upon request). The data should also be analyzed and then translated into programs specifically for parents that would replicate the burnout program that the government designed for healthcare workers. For example, in Germany, struggling parents are legally entitled to a health retreat of three weeks every four years (Hardach, 2023). Without the implementation of the four economic policy recommendations, it seems far-fetched that the mental and physical well-being of women, especially mothers and caregivers, could be promoted.

References on pages 447-448

## UNEMPLOYMENT

*Related to CEDAW Article 11(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular:*

*Related to CEDAW Article 11(e): The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave*

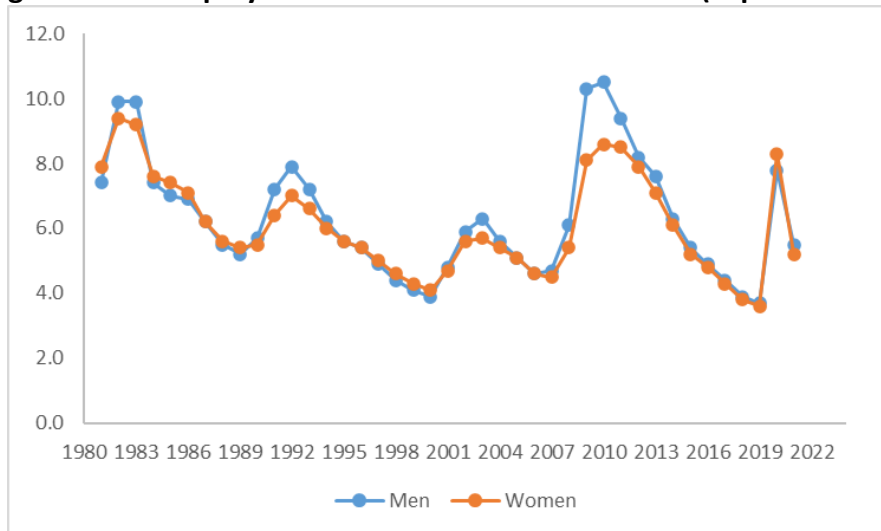
### Definition/Context:

- **Unemployed:** Jobless population, looking and available for work.

**Prevalence/Current Situation:** According to the U.S. Bureau of Labor Statistics, in March of 2023, there were 5 million unemployed persons. The average percentage unemployed for adult men was 3.3% and for adult women 3.2%. The unemployment rate for men of 20 years old and over was 3.0% for White men; 5.5 % for Black men; and 6.1% for Hispanic men. For women of 20 years old and over was 3.1% for White women; 5.3% for Black women; and 5.0% for Hispanic women. For the Asian population the tables are not disaggregated by sex, but the overall unemployment rate was 3.0%. Black and Hispanic populations have unemployment rates above the average adult rate.

**Trajectory/Trends:** In terms of unemployment, women do not differ so much from men, according to the Figure 14, we can observe in terms of unemployment a similar trajectory, excepting for the periods from 2009 to 2011 that is coincident with the aftermath of the Great Recession.

**Figure 15: Unemployment Rates for Men and Women (Expressed in %)**



Source: Elaborated by Rocabado T. (2023). Based on data retrieved from the U.S. Bureau of Labor Statistics <https://www.bls.gov/cps/tables.htm>

In terms of trajectory, the unemployment rate for men over 16 years of age in 2009 was 9.4% for White men, 17.5% for Black men, 7.9% for Asian men, and 12.5% for Hispanic men. For women over 16 years the unemployment rate in 2009 was 7.3% for White women, 12.4% for Black women, 6.6% for Asian Women, and 11.5% for Hispanic Women. The unemployment rate for men over 16 years, in 2020 was 7.0% for White men, 12.1% for black men, 7.8% for Asian men, and 9.7% for Hispanic men. For women over 16 years the unemployment rate in 2020 was 7.6% for White women, 10.9% for Black women, 9.6% for Asian Women, and 11.4% for Hispanic Women. In this trajectory analysis, we compare two years having severe economic crisis and it is evident that although Black men had the highest unemployment rate during the 2009 recession period, the COVID-19 economic shock impacted more women than men in terms of unemployment, with Hispanic women being the group with the highest rate of unemployment. Although unemployment is not as much of a concern at this moment, it is still important to address the factors that led a disproportionate number of women out of the labor force during the pandemic of COVID-19.

Some of the explanations as to why women were more harmed by COVID-19 than men in terms of unemployment is because before the pandemic, almost 50% of the working women were employed in low-wage jobs, where these jobs are more likely to be held by Hispanic women (64%) and Black women (54%) than White women (40%). The consequences of being in these low paying jobs meant such women could not transition to remote positions as easily as most of the population did, and several of the woman-led occupational sectors, such as hospitality and education, were closed due to the pandemic. As a report of the Brookings Institution states: *“COVID-19 is hard on women because the U.S. economy is hard on women, and this virus excels at taking existing tensions and ratcheting them up.”* In addition, gender norms forced women to drop out of the labor force because the pandemic required them to take care of their families as schools closed. Overall, U.S. women in 2020 lost 5.4 million jobs compared to 4.4 million jobs for men.

**Legislation/Initiatives:** Some of the economic programs that the United States have in terms of unemployment are the following:

- **Unemployment Compensation or Unemployment Insurance (UI):** This is a type of unemployment compensation, established by the Federal Unemployment Tax Act in 1935. It provides monetary support to workers that lost their jobs for reasons not dependent on them, the support is temporary until the beneficiary can find a new job. The amount provided includes the eligibility (how long and how much you have earned to become a beneficiary), the benefit levels (amount of money obtained), and various special conditions (lose your job for other factors than you). Since the program is managed at state level, the details of how much do they offer and how many weeks do they cover will be different (Hartmann, 2022). For example, Florida, Kentucky and North Carolina have the lowest number of maximum number of weeks of benefits available with 12 weeks, and the rest of the states will fluctuate between 16 weeks and 26 weeks,

being 26 the most frequent number of days (Center in Budget and Policy Priorities, 2023).

- **Temporary Assistance for Needy Families (TANF):** Time-limited program designed to assist families with children when they cannot provide for their basic needs. The program is funded by grants from the federal government to the states, which then design and run the TANF programs. The goals of TANF are to aid needy families, promote job preparation, work, and marriage to end dependency on government benefits, prevent and reduce out-of-wedlock pregnancies, and encourage the formation and maintenance of two-parent families.
- **Unemployment Insurance Relief During COVID-19 (expired in 2021):** It extends the unemployment compensation to independent contractors and other workers who are ordinarily ineligible for unemployment benefits.
- **American Rescue Plan (ARP):** In 2021, the Biden administration contributed through the ARP (pandemic relief package) to reopen the school, provided aid to childcare providers, and enhanced support for childcare costs through the tax code revisions with the aim to allow parents, especially women to get back to work.
- **Good Jobs Initiative (GJI):** In 2021, the Department of Labor (DoL) launched the Good Jobs Initiative, which aims to improve access to quality jobs for workers, employers, and government agencies; the DoL is also developing the Good Jobs Principles to articulate what makes a quality job and ensure that equity is a priority when jobs are created as a result of federal infrastructure investments (The White House, 2023). The focus on equity may help women's employment picture.

**Enforcement:** It is not surprising that the most affected population in terms of unemployment during the pandemic were mothers. In 2020, for every father with a small child losing his job, there were 3 mothers with small children losing their job (Henderson, 2020). In addition, due to the unpaid labor and the care that the family and children demand, fewer mothers were looking for jobs after the pandemic compared to fathers (mothers' decline was 21.1% compared to 14.7% for fathers) (Heggeness et al., 2021). Considering that, overall, women were more vulnerable during the covid crisis, it is also not surprising that in 2020, in 42 of 50 states and DC, women were the majority of unemployment insurance claimants. Overall, women are more likely to be the largest claimant group and the benefits are important in terms of women's wellbeing. For example, before COVID-19, in 2017, according to Women's Law Center and Center for American Progress, the UI was recognized as replacement earnings for 1.4 million of the unemployed, among whom 661,000 were women, and this contributed to keeping 127,000 women above the poverty line during that time (National Women's Law Center, 2019). During the pandemic, the UI contributed by reducing hunger risk and the risk of foreclosure for women. However, despite the importance of the program, in 2020, Pew Research found that only 29% of the unemployed total population have access to UI (Desilver, 2020), and when they have access, they sometimes face bureaucratic challenges, as the case of the Tallahassee

mother that waited for her UI for two years (Holfeld, 2022). In addition, although the system is gender neutral in term of provide the same benefits to men and women, women are less likely to meet the requirements because they earn less, they are less consistent in their tenure in the labor force (exits and entries) and are more likely to be part-time workers because of the unpaid care that they provide at their homes (Hartmann, 2022).

Furthermore, since access to the UI in each state is different, the federal government should encourage and track how the state and local governments are implementing security measures to allow only the rightful beneficiaries to access their benefits of UI. For example, in 2023, an employee from Jefferson County, Texas used her position to give more than \$140,500 to her relatives and friends as a consequence of manipulation of the UI system (Weiser, 2023). Regarding the TANF, the Poverty Section of our report provides a hint of how inefficient the TANF has become in terms of helping mothers. According to the Center American for Progress, TANF is insufficient to cover low-income families and needs and it need to be updated in terms of best response so it can expand the safety net without making poor families wait months for the budget approval.

**Reflection:** Although unemployment seems no longer to be a pressing problem in the United States, the federal government should strength women’s capacity to exit unemployment by providing paid parental leave and childcare. The expansion of the UI during COVID-19 has been effective in reducing poverty among those who are able to access it. The Biden administration should consider expanding the UI to include and protect gig workers and lift families out of poverty. Regarding the TANF, considering that the system is insufficient in terms of meeting the basic needs of families, mostly single mothers of color, the system should be perceived as an automatic stabilizer that expands or contracts depending on the economic situation of the country. Furthermore, considering that the TANF has been misused by some of states (See Section: Poverty), it is important for the federal government to increase measures to monitor and make states accountable for their expenditures under the label of TANF and conduct regular audits.

References on page 449

## WORK HARASSMENT

***Related to CEDAW Article (1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on the basis of equality of men and women, the same rights [...]***

**Definitions/Context:** Harassment is a pervasive unwelcomed conduct that could create a hostile, abusing or intimidating work environment or become an offensive condition of continued employment, the harassment can be based on race, color, genetic information, disability, sex (including pregnancy), national origin, older age, or religion (U.S. Equal Employment Opportunity Commission, n.d.).

**Prevalence/Current Situation:** In 2018, a study conducted by Stop Street Harassment found that 38% of women have been sexually harassed at their workplace compared to 13% of men. Furthermore, 8% of women had their first harassment experience at their workplace compared to 13% of men. In terms of where they are more harassed, 13% of women reported that it was at their workplace compared to 15% of men. Regarding the perpetrators, more than 20% of women reported their boss or employer as sexual assault/harassment perpetrators compared with 10% of men, more than 30% of women reported their coworkers as sexual assault or harassment perpetrators compared with 30% of men, and almost 20% of women reported someone at work who is not a coworker or boss as harassment and sexual assault perpetrators compared with less than 20% of men (Stop Street Harassment, 2018). While there is substantial underreporting, in 2021, the Equal Employment Opportunity Commission (EEOC) received 5,581 sexual harassment charges allegations.

**Trajectory/Trends:** Considering that there are not periodic surveys that are conducted across different years to show the trajectory of work harassment in the U.S., a proxy could be based on the data of sexual harassment charges receipt by the EEOC; however, when analyzing this trajectory is important to note that work harassment is usually underreported, with an estimate of 90% of victim that have not filed a charge or complaint (Barling & Cooper, 2008). Between 2014 and 2021, the EEOC received in terms of sexual harassment charges; 6,862 cases in 2014, 6,822 cases in 2015, 6,758 cases in 2016, 6,696 cases in 2017, 7,609 cases in 2018, 7,514 cases in 2019, 6,587 cases in 2020, and 5,581 cases in 2021. The highest number of filed cases were in 2018 and 2019 as an aftermath of the #MeToo movement. Among the filed cases, between 2018 and 2021, 62.2% of all harassment charges were filed by women (EEOC, 2022). If charges filed does indicate the level of the problem, the decreasing numbers suggest the problem is not as bad as it once way.

**Legislation/Initiatives:** Harassment violates the Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, and the American with Disabilities Act of 1990; the firms or businesses covered by this legislation are the ones that employ at least 15 workers (U.S. Equal Employment Opportunity Commission, n.d.). In 2020, there were 5 million employees with fewer than 20 workers (Georgetown Institute for Women, Peace and Security, 2020). According to a report from the (National Women's Law Center, 2022), 22 states plus the District



of Columbia have enacted more than 70 anti-harassment workplace bills, but states like Mississippi, Alabama, and Georgia do not have laws to protect workers of the private sector from workplace harassment. In addition, the report also states that 16 states have passed bills forbidding employers to use Nondisclosure Agreements that have prevented employees of complaining or denounce abuse and discrimination.

In December 2022, the Biden administration passed the "Speak Out Act" to enable survivors to speak about workplace assault on harassment by disregarding and making against the law any clause of nondisclosure agreements that could retaliate or not allow a victim to report harassment (The White House, 2022).

**Enforcement:** The EEOC contributes compensation for victims with sexual harassment claims. Between 2018 and 2021, the EEOC recovered almost \$300 million for persons that reported harassment that was resolved through receipts and litigation (EEOC, 2022). However, as it was mentioned before, considering that most of the cases are not reported, is necessary to look for how work harassment is happening in different sectors and how they are affecting women.

Women have filled out more workplace sexual harassment charges against low wages industries such as accommodation and food service, retail trade and manufacturing, and health care social assistance (Frye, 2017). These industries tend to be women dominated and can differ in size. The size or number of employees is relevant if we consider that in the accommodation and food service, we can find businesses such as restaurants that do not meet the criteria of 15 workers covered by law, then women are sexually harassed at their workplace and do not have access to fill out a complain.

The sectors do not differ from those mentioned by the Institute for Women's Policy Research (Hess et al., 2018):

- Food accommodation and services "the tipping workers" where for example, a survey in 2018 reported that 90% of women workers in restaurants have experienced work harassments (sexual type) compared to 70% of men (Johnson & Madera, 2018).
- Isolated workers as janitors, domestic care workers, etc. where the University of Chicago found that 36% of life-in workers have been harassed, threatened, insulted or abused (Theodore & Burnham, 2012), (Hess et al., 2018).
- Temporary workers with unregular or temporary work visa migrants are in particular risk of being harass and assaulted (Hess et al., 2018).
- Women workers in dominated male occupations like construction, where 3 in ten women in construction reported sexual harassment in their work daily (Hegewisch & O'Farrell, 2015), (Hess et al., 2018).
- Women who work in vulnerable positions with a significant power difference.



However, outside of these sectors, women are also harassed: one study performed in the United States, Japan, and Sweden in 2020, found that 30% of female managers in Sweden were exposed to sexual harassment in the workplace compared to 50% of manager women in the United States, and 30% of managers women in Japan. These facts show that across the world women even at managerial positions suffer work harassment, and that US figures are particularly high (Folke et al., 2020), (Spencer, 2020).

In the medical field, workplace harassment is not different considering that a study conducted among physicians of an international gynecologic society in the United States, reported that 53% of women in their field suffered harassment compared to 17% of men, and regarding sexual harassment, 39% of women suffered sexual harassment compared to 11% of men. The consequences of such behaviors included loss of confidence; the incidents were not reported due to fear of retaliation because most of the offenders were in power positions (Brown et al., 2019).

In terms of the consequences of workplace harassment for women, according to the Institute for Women's Policy Research (2018), the consequences include negative effects on mental and physical health, barriers on access to training and learning opportunities, reduced productivity, increased absence, quitting job, and finally unemployment (Hess et al., 2018).

**Reflection:** Tackling work harassment requires the intervention of several stakeholders to make changes, not only in public policy but also in societal norms to where it is not acceptable to harass any person. However, since societal norms require a long-time frame to see changes, it is necessary to focus on the public policy aspect. While the Speak Out Act is a milestone against workplace harassment, it is necessary to implement more mechanisms, such as the entitlement of all employers, regardless of the size of the company, to file a harassment claim. This is because, as the legislation mentions, there are still states, like Mississippi, Georgia, and Alabama, that do not even offer the first type of protection for workers in terms of harassment. Additionally, there are several types of harassment that are not being addressed or measured, such as online harassment and bullying. Therefore, the federal government should begin to collect information about these other types of workplace harassment in order to have a complete picture of women's situations. With such comprehensive data, it will be easier to identify the areas that require more attention and develop effective policies to combat workplace harassment.

References on pages 450-451



# SECTION 5: EDUCATION FOR WOMEN AND GIRLS

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Rylee Matousek

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TEXAS A&M UNIVERSITY  
The Bush School  
of Government & Public Service

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## ACCESS TO EDUCATION FOR PREGNANT AND PARENTING STUDENTS

***Related to CEDAW Article 10(a): States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women: (a) The same conditions for career and vocational guidance, for access to studies and for the achievement of diplomas in educational establishments of all categories in rural as well as in urban areas; this equality shall be ensured in pre-school, general, technical, professional and higher technical education, as well as in all types of vocational training.***

**Definition/Context:** Pregnant and parenting student refers to students in secondary or higher education that become pregnant or become a parent responsible for a dependent during their studies.

**Prevalence/Current Situation:** Teen pregnancies in 2020 (females aged 15-19) accounted for less than 5% of all pregnancies, meaning that approximately 1.5% of teenage girls became mothers (OPA, 2020). While this number might not seem like a lot, it indicates that over 150,000 teenage girls likely experienced a disruption in their education (OPA, 2020). The last time a report studied the high school dropout rate of pregnant girls in the U.S. was in 2010, and it was discovered that only 50% of pregnant mothers received a high school diploma by the age of 22 (Perper et al., 2010) (CDC, 2021). In higher education, parenting students are more than twice as likely to drop out before they receive their diploma compared to non-parenting students (IWPR, 2021). Parenting fathers were actually more likely than parenting mothers to drop out of a college degree program (Contreras-Mendez & Cruse, 2021).

**Trajectory/Trends:** It is difficult to find updated research that accurately shows the number of pregnant teenagers who drop out of high school each year. A 2012 report pulling data from the 2000s showed that 30% of girls who dropped out of high school did so as a result of pregnancy or parenthood (Shugler, 2012). However, we can assume that as teen pregnancy rates have dropped, so have dropout rates associated with pregnancy and parenting. In 1991, the teenage pregnancy rate was around 6.1%, compared to 3.1% in 2011, and 1.5% in 2020 (Hamilton et al., 2012).

Between 2011 and 2016, the percentage of parenting students in college decreased by 15% (Cruse et al., 2019). Between 2012 and 2017, 52% of all parenting students left college before completing their degree, compared to 29% of non-parenting dependent students (Contreras-Mendez & Cruse, 2021). It is important to note that the dropout rate for independent non-parenting students was 47%, suggesting that the financial difficulties associated with higher education, compounded with the expenses of pregnancy and parenting, significantly impact one's ability to complete a degree program (Contreras-Mendez & Cruse, 2021).

**Legislation/Initiatives:** Title IX explicitly protects the rights of pregnant and parenting students. For example, schools cannot discriminate against pregnant or parenting students, such as placing pregnant students in a separate program or removing them from athletics, and they

must allow for student absences related to pregnancy or childbirth (OCR, 2013). Schools are also required to make reasonable adjustments to their program in order for pregnant students to continue their education (OCR, 2013). Any services provided to students in the event of a temporary medical condition must also be applied to pregnant students, per Title IX (OCR, 2013).

Up until 2021, U.S. military service academies prohibited parenting students from joining, unless they relinquished their parental rights. Students who became pregnant were also expelled or expected to terminate their pregnancies in order to continue their education. In the 2022 National Defense Authorization Act, however, military service academies were finally required to provide options to cadets who became pregnant or parenting students to keep their parental rights (117th Congress Public Law 81, 2021). However, according to West Point's current eligibility requirements, for example, cadets must not be married, pregnant, or responsible for child support (*Steps to admission*, n.d.).

**Enforcement:** Title IX does not legally require federally funded schools to provide specific assistance programs or child care for pregnant or parenting students, although some schools do provide these services on rare occasions. Any federal programs for pregnant or expecting students apply to young people in this group as well, such as WIC, a nutrition program for women, infants, and children (Special Supplemental Nutrition Program for Women, infants, and children (WIC) 2022). The Department of Education supplies funding to states for certain programs that serve expecting young parents, and the Department of Health and Human Services' Office of Population Affairs runs the Teen Pregnancy Prevention (TPP) program. TPP funds organizations across the U.S. that work to prevent teen pregnancy and educate youth on safe sex practices (OPA, n.d.). However, programs like the Pregnancy Assistance Fund, which aided in connecting parents of any age to necessary services, ended in 2019, as funds ran out and the program was not reauthorized by Congress, despite being highly effective for keeping pregnant teens in school (OPA, n.d.), (Zief et al., 2021). Many programs to help pregnant teens and college students come at the state or local level. An option for many teen parents or non-traditional students is a diploma program, where students can earn their high school diploma or GED in an environment that is more suitable for their needs.

**Reflection:** The financial burden and time poverty that comes with pregnancy and parenting places a great strain on student's ability to complete their education. As teen pregnancy rates have gone down, the government likely doesn't see the need for investment in studying current pregnancy-related high school dropout rates. We call for new data collection on pregnancy and dropout rates, especially at this time when reproductive rights are being severely curtailed in some US states. Teen pregnancy may again be rising due to changes in state abortion laws that in some cases all but ban the procedure, and it is important for the government to track what is happening. Even though teen pregnancy rates have been dropping over the last several decades (though we do not know what will happen post-Dobbs), this doesn't mean that pregnant teens do not continue to exist and do not need to finish high school. Child care is undoubtedly one of the greatest reasons why parents experience time poverty; consequences relevant to the lack of accessible child care is discussed in the "Child Care" section of this report. Investing in

affordable and accessible childcare could greatly improve pregnant and parenting students' ability to finish school.

References listed on pages 452-453

## FIELDS OF STUDY

***Related to CEDAW Article 10(a): States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women: (a) The same conditions for career and vocational guidance, for access to studies and for the achievement of diplomas in educational establishments of all categories in rural as well as in urban areas; this equality shall be ensured in pre-school, general, technical, professional and higher technical education, as well as in all types of vocational training***

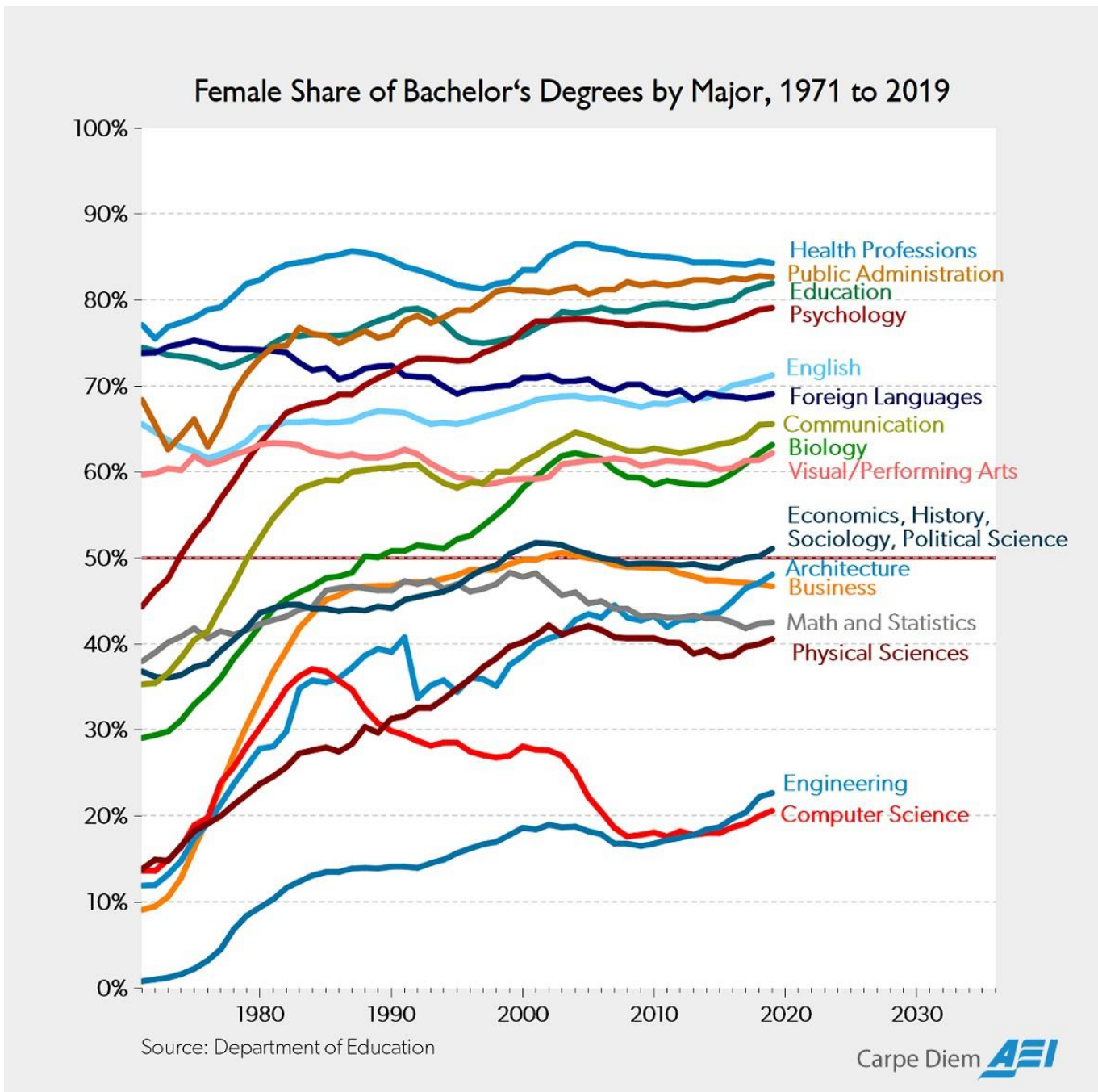
**Definition/Context:** This section looks at the concentration of women across particular fields of study, with an eye to whether women might be discouraged from entering certain fields.

**Prevalence/Current Situation:** While U.S. women make up the majority of degree earners at all levels, there is still gender disparity within specific fields of study. For example, women make up the majority of undergraduate degree earners in psychology, all health-related degrees, biological sciences, and social sciences (NCES, 2022). On the other hand, men make up the majority of undergraduate degree earners in engineering and business (NCES, 2022). Women earn just 21% of degrees in computer science and 24% of degrees in both physics and engineering (The State of Girls and Women in STEM 2023). While this might seem like an inconsequential reflection of traditional gender norms, the subsequent outcomes are troublesome. Studies show that while women pursue equally academically challenging fields of study as men, these fields have lower associated earnings (Kugler et. al, 2021).

**Trajectory/Trends:** In the past ten or so years, the number of bachelors of engineering degrees awarded to women has almost doubled, from 15,553 (~19% of bachelor of engineering degrees) in the 2010-2011 school year, to 30,555 (~24% of bachelor of engineering degrees) in the 2020-2021 school year. However, as the number of total bachelors of engineering degrees awarded have gone up, the percentage of women receiving bachelor of engineering degrees has only increased by 5%. This means that in the 2010-2011 school year, men received around 80% of bachelor of engineering degrees, and in the 2020-2021 school year, men received around 76% of bachelor of engineering degrees. In both school years (2010-2011 and 2020-2021) men made up the majority of degree earners in mathematics and statistics, military technologies, business, physical sciences and science technologies, and more. (NCES, 2013 and 2022). The graph below, courtesy of the American Enterprise Institute, shows women's share of bachelor's degrees by field, from 1971 to 2019.



Figure 16: Female Share of Bachelor's Degrees by Major, 1971 to 2019



Source: Perry, M. J. (2021, February 26). *Chart of the day: Female shares of Bachelor's degrees by Field, 1971 to 2019*. American Enterprise Institute.

One might be quick to assume that these discrepancies are because women historically were not allowed to participate in higher education, and when they finally were, their choices of study were very limited. However, while women could once not practice medicine or law, they now make up the majority of doctorate degree earners in health related fields (~61%) and the

majority of law school students (~55%), for example (NCES, 2022) (Women in the legal profession: American Bar Association profile of the Legal Profession 2022). We purport that current gender disparities within specific fields of study have more to do with societal expectations of men and women, including misconceptions surrounding the capability of women and men to perform certain tasks.

**Legislation/Initiatives:** There are no laws preventing women from studying within a specific field. There are several key pieces of legislation that have allowed women to achieve higher levels of education. Title IX of the Education Amendments of 1972 was a massive win for women’s rights to higher education. Title IX made gender discrimination in educational programs and Federal financial assistance programs unlawful. Moreover, Title IX includes sanctions for noncompliance. The Women’s Educational Equity Act of 1974 specifically targeted women’s opportunities in all levels of education, and opened the door for programs, resources and grants to be used specifically towards women’s education. In 1976, amendments were passed to the 1963 Vocational Equity Act, requiring vocational programs receiving federal funding to implement plans for eliminating gender discrimination. The Elementary and Secondary Education Act of 1965 was amended in multiple ways: establishing gender training programs for teachers, implementing targeted interventions in math and science teaching, and enforcing anti-sexual violence programs are among the amendments.

**Enforcement:** From a young age, girls perform just as well as their male peers in science and math, and more often than not take advanced versions of these classes (NGCP, 2023). Young girls tend to stay away from advanced classes in computer science and physics (NGCP, 2023). Initiatives like the Barbie Dream Gap, spearheaded by American corporation Mattel to expand children’s interest in a variety of careers and encourage young girls to see themselves as “really, really smart” (Mattel, n.d.). There are a variety of organizations to increase women’s presence in high-tech STEM fields, like the National Girls Collaborative Project and Girls Who Code. The National Science Foundation, an independent government agency, is also working to broaden participation in STEM through funding, hosting conferences and advancing STEM research priorities across the country (Diversity and STEM: Women, Minorities, and Persons with Disabilities 2023)

**Reflection:** While women’s participation in higher education has increased at great rates, there are still gender disparities regarding women’s participation in studies that lead to higher earning fields. Women have been making great strides to increase their participation in engineering and business, for example, but are not nearly at the same level as men. Other sectors of study like education and liberal arts are overwhelmingly composed of women. Some studies even suggest that when women enter a field at high rates, the median pay decreases (Kugler, Tinsley, and Ukhaneva, 2021). This suggests that the value which women bring into a specific field of study is not regarded as highly as men’s. In order to close the gender wage gap, a goal which the U.S. has set its sights on achieving for decades, gender parity in higher earning fields must continue to be encouraged.

References listed on pages 454-455





## SCHOOL SAFETY FOR GIRLS AND WOMEN

**Related to CEDAW Article 10(a): States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women: (a) The same conditions for career and vocational guidance, for access to studies and for the achievement of diplomas in educational establishments of all categories in rural as well as in urban areas; this equality shall be ensured in pre-school, general, technical, professional and higher technical education, as well as in all types of vocational training.**

**Definition/Context:** School safety is defined as “schools and school-related activities where students are safe from violence, bullying and harassment, and the influence of substance use” (NCSSLE, n.d.).

**Prevalence/Current Situation:** Relevant to violence, 6% of girls, compared to 7% of boys, reported being threatened or injured with a weapon at school (NCHHSTP, 2022). 18% of female students reported that they had experienced sexual violence, and 14% reported that they had been forced to have sex, compared to 5% and 4% of boys, respectively (NCHHSTP, 2022). Ten percent of girls reported that they did not go to school out of concerns for their safety, compared to 7% of boys (NCHHSTP, 2022). Twenty percent of girls reported that they experienced bullying online, and 17% of girls reported that they were bullied at school, compared to 11% and 13% of boys, respectively (NCHHSTP, 2022). Almost 60% of girls reported feeling hopeless or sad, compared to 29% of boys; girls also reported poor mental health at twice the rate of male students (NCHHSTP, 2022). 30% of girls, compared to 14% of boys, reported that they seriously considered attempting suicide (NCHHSTP, 2022). Although not disaggregated by gender, the graph below, from the CDC’s 2021 Youth Risk Behavior Survey Data Summary & Trends Report, shows several variables regarding school-aged children’s mental health. The red stop sign indicates that the rates are going in the wrong direction. The yellow slow sign indicates no change in the variable. These numbers show a worsening mental health crisis for all students. However, girls report worse mental health overall.

Figure 17: High School Students and Depression

The Percentage of High School Students Who: <sup>*</sup>	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health <sup>†</sup>	–	–	–	–	–	29	–
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

Female students additionally reported higher marijuana, e-cigarette and vape, and prescription opioid use than male students (NCHHSTP, 2022). Over 25% of all undergraduate female students have reported nonconsensual sexual contact since beginning college (AAU, 2019).

School shootings have become increasingly present in the U.S. over the past several decades, threatening the safety of all school children. Reports show that 92% of foiled or failed mass shootings were planned by male perpetrators, compared to 8% of female perpetrators (Silva and Greene-Colozzi, 2022). However, girls only attempted 1% of school shootings (Silva and Greene-Colozzi, 2022). Reports also suggest that half of female offenders were co-offenders, most often alongside a male. Female offenders who engage in violence were only likely to use guns when they co-offend alongside males (Silva and Greene-Colozzi, 2022). Mass shootings have continued to increase since 1966, but more drastically since 2011. These findings suggest that women students in school are more likely to be victims of violence than perpetrators, and specific attention needs to be focused on violence on male students in order to address this aspect of school safety.

Reports also show an increasing trend in teachers who prey sexually upon students. Although more recent data is not available, likely due to disruptions in schooling from the COVID-19 Pandemic, 2015 reports reveal that 7% of students reported having experienced sexual contact from an adult, usually a teacher or a coach (Rosen, 2022). Ten percent of students reported having experienced any sexual misconduct from an adult in school (Rosen, 2022).

Laws on bathroom use have also become a controversial topic in schools. There are issues of safety on both sides, with women students feeling unsafe when bathrooms are not single-sex. At the same time, LGBTQ+ students already report higher rates of bullying and violence at

school, and further data suggests that 36% of transgender and non-binary students with restrictive bathroom or locker-room access reported being sexually assaulted in these settings (Harvard School of Public Health, 2019).

**Trajectory/Trends:** The percentage of girls who had reported being threatened or injured with a weapon at school, or being bullied online has not changed in the 10 years between 2011 and 2021 (NCHHSTP, 2022). Between 2017 and 2021, the percentage of girls who reported experiencing sexual violence increased from 15% to 18% (NCHHSTP, 2022). Between 2011 and 2021, the percentage of girls who reported being forced to have sex increased from 12% to 14%, reports of sadness or hopelessness dramatically increased from 36% to 57%, and absence due to safety concerns increased from 6% to 10% (NCHHSTP, 2022). Female students did, however, report less bullying in school between 2011 and 2021, but cyber-bullying has increased 1 (NCHHSTP, 2022). Between 2011 and 2021, female students reported less illicit drug and alcohol use, but the same or worse levels of e-cigarette and vape, marijuana, and past or current prescription opioid use (NCHHSTP, 2022). Between 1995 and 2013, approximately 20% of female undergraduate students reported being raped or sexually assaulted to police (Sinozich & Langton, 2014). In other words, while the challenges have changed somewhat, mental health and sexual assault continue to be significant challenges for women and girls in school.

**Legislation/Initiatives:** Bullying and school violence have been the subjects of various pieces of legislation and programming by federal and state governments. With regard to bullying, there is no federal legislation which directly addresses bullying in schools, however some forms of bullying overlap with discrimination and can be prosecuted as such (HHS, 2021). At the state level, there are a variety of laws and programs across the country that work to mitigate bullying and violence in schools, although some states have more comprehensive laws than others. The anti-bullying laws of 28 states do not require protections for specific groups of people, such as female or LGBTQ+ students (HHS, 2021). The anti-bullying laws of 10 states do not have expectations for parent involvement in addressing bullying behavior (HHS, 2021). The anti-bullying laws of 16 states do not require districts to provide safeguards or mental health support for students involved with bullying (HHS, 2021). Colorado’s anti-bullying laws, for example, do not even require districts to provide training to teachers or other school staff on how to respond to bullying incidents (HHS, 2021). There is no standardization across state laws to prevent and respond to bullying, and the federal government has not required any such standards.

However, in terms of physical violence in schools, the U.S. government has created programs to educate and prevent school violence from happening, such as STOP, which is funded by the Bureau of Justice Assistance and the Office of Community Oriented Policing Services (COPS) (U.S. Department of Justice, 2022). STOP provides grants relevant to ending violence in schools, in order to train school personnel, develop technology solutions, operate school threat assessments, and support violence prevention measures (U.S. Department of Justice, 2022). COPS also facilitates the School Violence Prevention Program (SVPP), as part of STOP, which allows them to provide grants for target hardening equipment, like cameras, fencing, locks, metal detectors, hotlines, and security systems (U.S. Department of Justice, 2022). Additionally, the Department of Health and Human Services created a website called “Stopbullying.gov” to



provide resources and education to the public about bullying. The website provides information on what bullying is, who is at risk, and how one can respond to and prevent bullying (HHS, 2021).

In 2015, a provision was added to the Elementary and Secondary Education Act of 1965 (ESEA) to protect students from sexual misconduct in schools; as a result, states must have laws or policies that prohibit education agencies and schools from “aiding and abetting” job placements for school staff believed to have engaged in sexual misconduct (OESE, 2022). However, the provision does not explicitly define “aiding and abetting,” making it difficult to standardize how school districts respond to the legislation. All 51 states responded by requiring criminal background checks for school staff, and 35 states implemented at least one other provision to prevent believed offenders from obtaining a new job in education (OESE, 2022). As of a 2019 report, several State Education Agencies (SEAs) have reported needing additional help from the Department of Education in order to further satisfy the 2015 ESEA amendment, including Department guidance, promising practices, and even a national database that generates information about employment histories of school staff (OESE, 2022)

In terms of violence on college campuses, Title IX is meant to address sexual violence. However, in 2020, then-Education Secretary Betsy DeVos published reforms to Title IX, creating barriers for victims to achieve justice. Some of the reforms included narrowing the definition of sexual harassment and directing schools to not investigate sexual assault allegations that occur in off-campus student housing or during study abroad programs (OCR, 2021). The Department of Education is set to release new Title IX revisions in May 2023 which should strengthen protections; however, the 2020 revisions are still in effect at this time.

**Enforcement:** School safety is a growing issue in the United States, despite all that has been done. The Department of Justice’s Bureau of Justice Assistance and COPS are responsible for directing grants for schools as authorized under the STOP School Violence Act of 2018 (U.S. Department of Justice, 2022). Specifically, COPS directs funds for the purchase of safety equipment. Millions of dollars have been distributed to schools, SEAs and states as part of STOP and COPS. However, school shootings have worsened since 2018 (U.S. Department of Education, 2022).

Bullying, cyber-bullying, and mental health issues are all of great concern (please see section on Mental Health). Federally funded schools have the responsibility to resolve bullying related issues, as no federal legislation explicitly addresses bullying (HHS, 2021). Private schools also face the same challenges. There is no disaggregated data to suggest that private school students experience more or less bullying than public school students, however experts suggest that private schools can be more exclusive about who they enroll, subsequently leading to less bullying and violence (Rosenkrantz, 2021). Regardless, 15% of students nationally, in both public and private schools, reported experiencing bullying at school, while 16% reported being bullied electronically (NCHHSTP, 2021).

Sexual predation by teachers and other students continues to be of great concern, especially for women and girls, since they are the majority of victims. The Department of Education and the Department of Justice enforce Title IX, in addition to other discrimination laws (HHS, 2021).

There are a variety of non-governmental organizations working to end bullying and rape in schools and on college campuses. STOMP Out Bullying is a nonprofit working to end bullying through policy reform, education, and resources (STOMP Out Bullying, n.d.). Civic Nation's group End Rape on Campus works to educate and provide resources for survivors of sexual harassment and rape (EROCC, n.d.).

**Reflection:** Studies by the CDC show that bullying, sexual violence, and substance abuse have worsened among female students in the past 10 years. Mental health has dramatically worsened for all students, but especially young girls, students of color, and LGBTQ+ students. While mental health may not be a direct responsibility of the school, schools can be a factor in whether this problem is made worse or better. Schools can begin to provide accessible and adequate mental health programs and services for all children, such as through a Social-Emotional Learning (SEL) curriculum. States should also seek to strengthen mental health personnel on schools and campuses. Students and staff must also be trained and prepared to prevent violence and bullying, and families should be included in these conversations and programs.

Rape on college campuses has also not improved, suggesting that reform is needed on a larger scale. Title IX reforms need to aggressively protect survivors and provide them with ample resources to complete their schooling. The new Title IX reforms set to be released in May plan to strengthen the rights of survivors by including all unwelcome sex-based behavior in the definition of sexual discrimination, as well as requiring schools to investigate all sexual harassment complaints. These reforms are critical to ensuring the right of all students to attend school without the fear of sexual harassment.

Safety in schools is a multifaceted problem that spans a variety of issues students are facing. Protecting the safety of the most vulnerable students, including women and girls, should be a key priority, which means focusing on the prevention and response to sexual violence, poor mental health, and substance abuse. These issues are worsening, indicating that a safer school environment is becoming further out of reach.

References listed on pages 456-457



## WOMEN'S ACCESS TO EDUCATIONAL FUNDING, SCHOLARSHIP, AND LOANS

***Related to CEDAW Article 10(a): States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women: (a) The same conditions for career and vocational guidance, for access to studies and for the achievement of diplomas in educational establishments of all categories in rural as well as in urban areas; this equality shall be ensured in pre-school, general, technical, professional and higher technical education, as well as in all types of vocational training***

**Definition/Context:** Educational funding or scholarship refers to “a grant-in-aid to a student (as by a college or foundation)” (Merriam-Webster, n.d.). Loans refers to “money lent at interest” (Merriam-Webster, n.d.).

**Prevalence/Current Situation:** There is no law that prevents women from applying for educational funding, scholarships, or loans. However, the U.S. government does not offer sex-specific scholarships to students. As such, there is little data regarding the exact number of scholarships available to U.S. women versus the number of scholarships available to U.S. men, as any such scholarships are usually funded by private sources.

Pell Grants, one of the largest undergraduate educational scholarships provided by the U.S. government, provides over \$7 billion in financial assistance for students of all genders each year (Department of Education, 2020). Unlike loans, Pell Grants do not need to be repaid to the government. In 2019, the Department of Education released a gender and race disaggregated report regarding demographics of Pell Grant recipients, however the data used only ranges from 2003 to 2016. Forty-three percent of all female undergraduate college students received a Pell Grant in 2016, while 34% of male undergraduate students received one (National Center for Education Statistics, 2019). The average amount of the grant was the same for male and female students (National Center for Education Statistics, 2019)).

While gender-specific scholarships do exist, there is a growing trend of critics who say these scholarships violate Title IX. Some have gone so far as to file Title IX violations against any such scholarship (Elsessner, 2022). However, Title IX states that universities can assist with the administration of a scholarship that is gender specific, so long as the overall effect of the award is not gender discriminatory (Office of Civil Rights, 2021). A few exceptions are made for sex-discriminatory scholarships under Title IX, most notably in regards to scholarships won in beauty pageant competitions (20 U.S.C. §§ 1681-1688).

In terms of loans, there is no legislation preventing women from applying for or receiving loans for education, as the Equal Credit Opportunity Act of 1974 prohibited against discrimination by financial lenders (Kreiswirth and Tabor, 2016). This was an important win for women, as prior to this act, women could be discriminated against by lenders, meaning they oftentimes could not apply for loans or open a credit card. However, studies show that women hold 58% of student debt and that they usually have higher debt than their male counterparts (Hanson, 2021). One

year after graduation, it is estimated that women hold 9.6% more student debt than men (Hanson, 2021). These numbers are greatly exacerbated for women of color (Hanson, 2021).

**Trajectory/Trends:** In the past, women had limited access to either educational scholarships or loans (NCWGE, 2002). Very notably, Title IX opened up doors for athletic scholarships and opportunities for women. Prior to the legislation, virtually no colleges offered athletic scholarships for women (NCWGE, 2002). In 1973, the Gertrude Dudley Scholarship was established at the University of Chicago, which was one of the first ever academic-athletic scholarships just for women (Zaccardi, 2022).

**Legislation/Initiatives:** The National Defense Education Act of 1958 and the Higher Education Act of 1965 allowed women in higher education programs to apply for and receive federal financial aid (Anne Sisson Runyan, 2019). Reauthorization of the Higher Education Act in 1986 allowed for Pell Grants to be awarded to part-time students (NCWGE, 2002). For universities with athletic programs, Title IX, passed in 1972, requires that scholarship money be awarded equitably to males and females based on their relative participation rates in athletics.

**Enforcement:** The Department of Education's Office of Civil Rights (OCR) is responsible for enforcing Title IX of the Education Amendments (Office of Civil Rights, 2020). Individuals can file a Title IX complaint online through the OCR's website (Office of Civil Rights, 2023).

As more people have taken issue with sex-specific scholarships, the OCR has taken on a variety of related cases. In the instance of several sex-specific scholarships at Dakota State University, the OCR's investigation required the university to revise any non-athletic sex-restricted programs or funding opportunities to include applicants of any sex (Office of Civil Rights, 2020).

**Reflection:** While women have greater access to financial opportunities for education today than ever before, sex-specific scholarships can still be meaningful for both women and men's presence in fields where their participation is not common. Many sex-specific scholarships still exist; however, they are funded usually by private sources. Given that these scholarships typically address underrepresentation by one sex in a given field (such as females in STEM), such scholarships should remain accessible to students, so long as any educational inequity exists between genders (see section on Fields of Study). While the OCR should continue to investigate Title IX complaints, perhaps it is possible that exceptions for scholarships, similar to Title IX's beauty pageant exception, can be made for educational fields where there is greater gender disparity in enrollment, however this is likely not a high priority issue for the U.S. currently. If the U.S. wants to increase the number of women in STEM fields, as the Biden-Harris Administration's National Strategy on Gender Equity and Equality suggests, maintaining sex-specific scholarships for such fields would create significant progress towards achieving this goal.

References listed on pages 458-459

## WOMEN'S EDUCATIONAL ATTAINMENT

***Related to CEDAW Article 10(a): States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women: (a) The same conditions for career and vocational guidance, for access to studies and for the achievement of diplomas in educational establishments of all categories in rural as well as in urban areas; this equality shall be ensured in pre-school, general, technical, professional and higher technical education, as well as in all types of vocational training***

**Definition/Context:** “Educational attainment refers to the highest level of education that an individual has completed” (U.S. Census Bureau, 2022)

**Prevalence/Current Situation:** As a result of Title IX, there are no legal restrictions concerning how far women can advance in their educational attainment, nor concerning what women can study in the U.S., although there are gender disparities across what men and women choose to study (see Sector of Studies section), and these choices may be influenced by discrimination and/or gender norms.

In the 2020-2021 academic year, women earned approximately 58% of bachelor’s degrees, around 62% of master’s degrees, and 56% of doctoral degrees. Men earned around 42% of bachelor’s degrees, 38% of master’s degrees, and approximately 44% of doctoral degrees (NCES, 2022). Women make up a particularly large proportion of students in health-related fields, social sciences, psychology and education (NCES, 2022). In 2020, only 4.8% of women in the labor force did not have any formal education, including a high school diploma or GED (BLS, 2022). Overall, 39% of U.S. women in 2021 held a bachelor’s degree or higher, compared to 37% of men (Schaeffer, 2022).

Interestingly, of Americans without a degree, women were more likely to report not attaining a degree because they could not afford to or had to work to support their families. Men were more likely to report that they did not want to get a degree or did not need higher education for their current career path (Schaeffer, 2022).

**Trajectory/Trends:** Before the implementation of Title IX, women’s education was segregated for a long time. Women were only admitted to some colleges in the 1800s, and even then, their opportunities were limited and centered around cooking, washing and cleaning (Parker, 2015). Women’s colleges began to open in the mid-to-late 1800s, although their main focus was liberal arts education (Parker, 2015). For coeducational institutions, many would often require higher test scores for the admission of women, and oftentimes quotas were set for how many women could be accepted into a program (Equal Access to Education: Forty Years of Title IX 2012). When women were finally admitted into universities, they were excluded from certain areas of study such as medicine (Equal Access to Education: Forty Years of Title IX 2012).

Over the last fifty years, the growth in women’s share of educational degrees has risen significantly, except in the case of master’s degrees. In the late 70s, women earned around 46% of bachelor’s degrees (compared to 58% now), 46% of master’s degrees (compared to 38% now), and approximately 21% of doctoral degrees (compared to 44% now). Fifty years ago, men earned 54% of bachelor’s degrees, around 54% of master’s degrees, and around 79% of doctoral degrees (NCES, 2022). It is unclear why master’s degrees are tracking in the opposite direction as bachelor’s and doctoral degrees. The National Center for Education Statistics projects that women will continue to hold the majority of degrees at all levels of education, peaking between 2029 and 2031 (NCES, 2021).


**Legislation/Initiatives:** There are several key pieces of legislation that have allowed women to achieve higher levels of education. Title IX of the Education Amendments of 1972 was a massive win for women’s rights to higher education. Title IX made gender discrimination in educational programs and Federal financial assistance programs unlawful. Moreover, Title IX includes sanctions for noncompliance, such as the withdrawal of federal funds. The Women’s Educational Equity Act of 1974 specifically targeted women’s opportunities in all levels of education, and opened the door for programs, resources and grants to be used specifically towards women’s education. In 1976, amendments were passed to the 1963 Vocational Equity Act, requiring vocational programs receiving federal funding to implement plans for eliminating gender discrimination. The Gender Equity in Education Act of 1993 amends the Elementary and Secondary Education Act of 1965 in multiple ways: establishing gender training programs for teachers, implementing targeted interventions in math and science teaching, and enforcing anti-sexual violence programs are among the amendments.

**Enforcement:** The U.S. Department of Education’s Office for Civil Rights states that they “vigorously [enforce] Title IX” and work to defend the law through investigating allegations of gender discrimination (U.S. Department of Education, 2021). There are currently thousands of pending Title IX investigations at the OCR, over 2000 of which are relevant to sex discrimination, but vary between discrimination in admissions, harassment, retaliation, and more (U.S. Department of Education, 2023).

**Reflection:** As a result of Title IX, women are able to pursue whatever academic path they desire. Women now have higher attainment of bachelor’s and doctoral degrees than men. However, the U.S. Government, academic establishments, and society have a responsibility to encourage women’s participation in male dominated fields, and vice-versa (see section on Fields of Study). Analyses of women and men’s participation in different fields shows that an increase of men in a certain career increases median pay (Cohen, 2016). Take, for example, the field of programming; once a career that overwhelmingly consisted of women. As men began to take over programming jobs, the pay for such work skyrocketed (Cohen, 2016). The opposite can be said for fields like education, which was once a career field dominated by men. As women became the majority of educators, pay decreased, as did perceptions about the value of educators (Cohen, 2016). This suggests that women’s work is valued less than men’s, and the presence of men in a certain field improves perceptions about such work (Cohen, 2016). U.S. women have advanced substantially in terms of educational attainment, even surpassing men at

some levels of attainment. However, this plays out in a context where there is still a gender pay gap, and where some career fields are still dominated by men and pay more because they are still dominated by men.

References listed on page 460



# SECTION 6: WOMEN'S PARTICIPATION IN LEADERSHIP



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## WOMEN CEOS, BOARD MEMBERS, AND MANAGERS

*Related to CEDAW Article 7 States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right: (c) To participate in non-governmental organizations and associations concerned with the public and political life of the country.*

*Related to CEDAW Article 11 (1) States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular: (b) The right to the same employment opportunities, including the application of the same criteria for selection in matters of employment, and (c) The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training, and recurrent training.*

### Definition/Context:

- **CEO** is defined as “the executive with the chief decision-making authority in an organization or business” (Merriam-Webster, n.d.).
- A **board of directors** is defined as “a group of people who manage or direct a company or organization” (Merriam-Webster, n.d.).
- A **manager** is someone who “exercise[s] executive, administrative, and supervisory direction of” a company or organization (Merriam-Webster, n.d.).

This section focuses primarily on women’s roles as CEOs and board members in Fortune 500 and S&P 500 companies.

**Prevalence/Current Situation:** The Fortune 500 list reflects the highest-earning corporations in the U.S. and is updated annually; these companies account for two-thirds of the U.S. GDP. The S&P 500 is another equity index that tracks the stock performance of large U.S. corporations.

As of January 2023, and for the first time in history, women make up over 10% of CEOs leading Fortune 500 companies (Hinchliffe, 2023). In 2021, women made up 29% of board directors in Fortune 500 companies (Gwin et al., 2022). Women make up 8.2% of CEOs in S&P 500 companies in 2023 (Women CEOs of the S&P 500, 2023). At the end of 2022, women held 32% of positions on S&P 500 boards (Green, 2023). In a mark of progress, there have been no all-male boards in S&P 500 companies since 2021. However, for women of color, these numbers



are lower. For example, when new Fortune 500 board appointments were filled by Hispanic or Latinx people, only 31% were women. Women constituted 49% of all white people filling new board appointments (Gwin et al., 2022).

In 2022, women held around 52% of management and professional positions, according to the Bureau of Labor Statistics, however this number has not changed over the past 10 years (BLS, 2012; BLS, 2022).

**Trajectory/Trends:** Data shows an upward trend in the percentage of women on Fortune 500 boards. In 2015, the total number was 19%, and in 2021, the total number was 29% (Gwin et al., 2022). In terms of new appointments to board positions, the trend also appears to be moving upward. In 2020, 41% of new board appointments were women, and in 2021, 45% of new board appointments were women (Gwin et al., 2022). On the other hand, some data shows that gains in women’s representation on S&P 500 boards are slowing. In 2021, board seats held by women rose by 8% from the previous year, whereas they only rose by 5% in 2022 (Green, 2023). For women in CEO positions, the trend appears to be generally moving upward. The percentage of women in management positions has not increased over the past 10 years, but it has increased slightly since the 90s (BLS, 2022).

**Legislation/Initiatives:** While the Civil Rights Act of 1964 and subsequent executive order prohibit employment discrimination on the basis of sex, there are no federal quotas for women CEOs or women on boards of directors. At the state level, some legislation has been passed to encourage quotas for women in public companies. For example, the Washington state legislature implemented a gender quota of at least 25% women on a public company’s board of directors (RCW 23B.08.120). California implemented a similar law, SB 826, in 2018, however, it was ruled as a violation of the Equal Protection Clause of the California Constitution (Crest v. Padilla I). While other states have introduced similar legislation, it appears as though the legality of such laws comes down to state constitutionality. Other states like New York and Illinois have found success in implementing firmly built diversity disclosure laws that require board representation reporting (Rubin, 2022). At the federal level, mandatory quotas likely would not be considered constitutional, as many quota programs and affirmative action directives have seen the same fate.

While the Department of Commerce’s Strategic Plan for 2022-2026 mentions its commitment to increasing diversity of senior leadership internally, it does not detail policies to encourage women’s leadership within U.S. companies. The Department of Labor’s Women’s Bureau, described as “the only federal office exclusively concerned with serving and promoting the interests of the more than 75 million women in the U.S. labor force today,” does not explicitly commit to increasing women in senior leadership positions across U.S. companies (Department of Labor, 2021), (Women’s Bureau, 2022).

**Enforcement:** Those working to increase women’s representation as CEOs and board members of large corporations are primarily nonprofit organizations and private funding organizations. While some state legislatures have attempted to enforce mandatory quotas, the federal

government has no such law. Furthermore, the data-oriented nonprofit organization Catalyst seeks to advance women's roles in business and the workplace through their research and policy initiatives (Catalyst, 2023). The Rockefeller Foundation launched an initiative in 2016 to reach 100 women CEOs in Fortune 500 companies by the year 2025 (The Rockefeller Foundation, 2016). The Thirty Percent Coalition is a national forum made up of investors, corporations, advocacy groups, and more, working to increase diversity within senior leadership (Thirty Percent Coalition, n.d.). While the greatest change would most likely come from legislation, there is current societal antipathy towards quotas and other affirmative action policies.

Some government programs exist, such as the U.S. Department of Commerce's Minority Business Development Association, which provides grants and services, compiles data and research, and hosts events to discuss breaking down barriers to economic success for minority businesses (MBDA, 2022).

**Reflection:** Fortune 500 companies represent a large portion of the U.S. GDP, and as such, hold great economic power. While the number of women in CEO and board positions has increased over the last twenty years, the percentage of CEOs, especially, is quite low, about 10%. This suggests there are major barriers for women in this career path. Research suggests that women's participation on corporate boards and in CEO positions greatly benefits the success of a company and enhances corporate governance (Kramer et al., 2006). Moreover, corporations with women leaders are more profitable (Post and Byron, 2014). Given the United States' commitment to economic growth and prosperity, the federal government, especially the Department of Commerce and the Department of Labor, should look into researching the impact of women's leadership on U.S. corporate revenue, determining what barriers exist that prevent women from filling senior management positions, and encouraging companies to expand the number of women in leadership roles.

References listed on pages 461-462

## WOMEN IN ELECTED OFFICE

***Related to CEDAW Article 7: States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right: (c) To participate in non-governmental organizations and associations concerned with the public and political life of the country.***

***Related to CEDAW Article 11(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular: (b) The right to the same employment opportunities, including the application of the same criteria for selection in matters of employment, and (c) The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training, and recurrent training.***

**Definition/Context:** In this section, we will examine women as they campaign for and are elected to political positions. We will not examine political appointees.

**Prevalence/Current Situation:** While women make up over half of the U.S. population (U.S. Census Bureau, 2021), they still remain vastly underrepresented in almost every elected local, state, and federal government body or office. In 2023, the 118th U.S. Congress consists of 124 women in the House of Representatives and 25 women in the Senate (Leppert & DeSilver, 2023). This means that out of 525 seats in both the House and the Senate, women make up just 27.9% (Leppert & DeSilver, 2023) of the U.S. Congress. At the state level, women make up 32.7% of 7,383 seats across all state legislatures, and 12 women hold gubernatorial positions (CAWP, 2023b). The best state for legislature for women’s representation is Nevada at 60.3%, while the worst state is West Virginia at 11.9% (CAWP, 2023b). At the local level, women constitute 26% of mayoral offices in all cities with over 30,000 people (CAWP, 2023b). A woman has never held the office of president in the U.S., and only one woman, Kamala Harris (2020 - present),<sup>1</sup> has ever served as vice president. As of the publication of this report, the U.S. ties with 3 other countries, Jamaica, Mali, and Trinidad and Tobago, for women’s representation in a national parliament or legislature (IPU Parline, 2023).

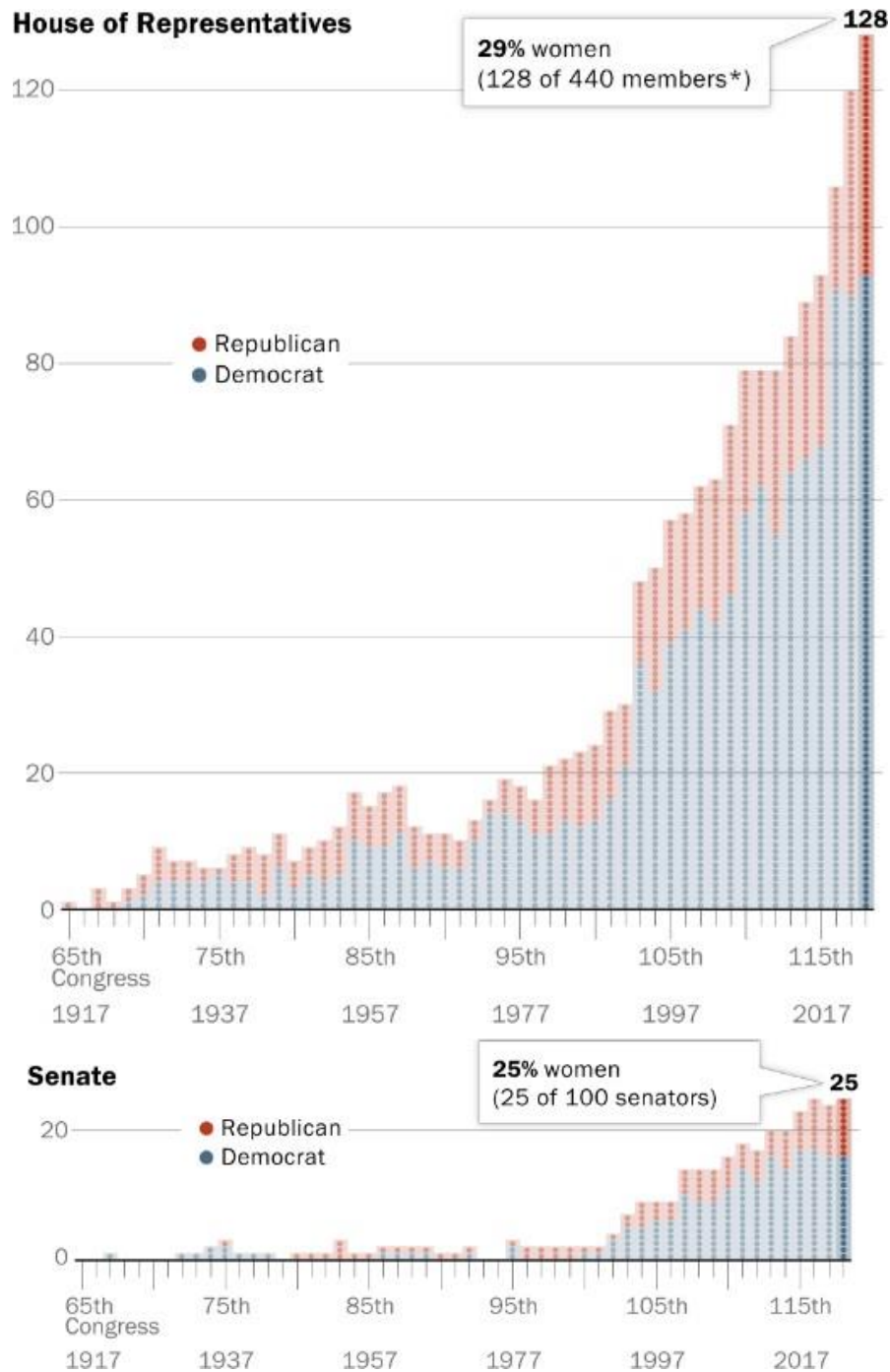
**Trajectory/Trends:** Recent election years have successively been dubbed the “Year of the Woman,” signaling a steady increase in the number of women running for and winning elected office across the U.S. Just ten years ago, women only made up 73 seats in the U.S. House and 17 seats in the Senate (CAWP, 2023c). 30 years ago, the numbers were 28 and 4, respectively (CAWP, 2023c). It is clear that women’s presence in elected office has significantly increased in the last several decades, but gender parity has yet to be achieved. The graphs below show the trajectory of women’s participation in the U.S. House and Senate over the last 100 years,

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<sup>1</sup> April 2023.

courtesy of the Pew Research Center, 2023. Given the current trajectory, the Institute for Women's Policy Research estimates that gender parity will not be reached in Congress until the year 2108 (IWPR, 2020).

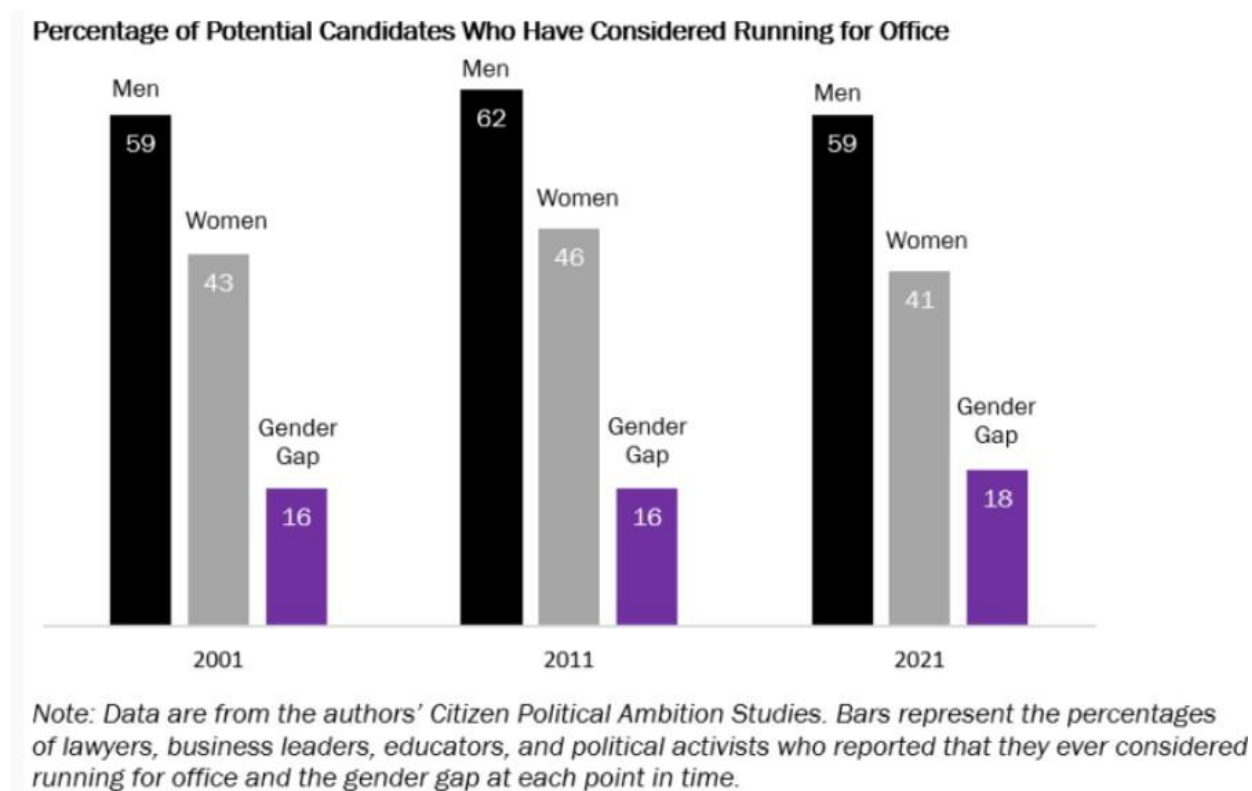
**Figure 18: Women in Congress**



Source: Leppert, R., & DeSilver, D. (2023, February 1). *118th Congress has a record number of women*. Pew Research Center.

There are a variety of reasons as to why women have not reached gender parity in the U.S. House or Senate. Of course, women were not able to run for office until many decades after the First Federal Congress was established. However, decades-long, yet ongoing data from Jennifer Lawless and Richard Fox suggests that one aspect contributing to women's lower presence in elected office is the ambition gap. The ambition gap suggests that women do not run for office as much as men do, nor do they see themselves as politicians. Women likely do not run for office as much as men run for office for reasons such as childcare responsibilities, stigmas around women politicians, and simply because nobody asks them to (Lawless, J. L., & Fox, R. L., 2012). The graph below shows women and men's interest in running for office across a decade.

**Figure 19: Percentage of Potential Candidates Who Have Considered Running for Office**



Source: Lawless, J. L., & Fox, R. L. (2022, February 8). *Running for office is still for men—some data on the "Ambition Gap"*. Brookings.

**Legislation/Initiatives:** Despite women not being granted the right to vote until 1920, when the 19th amendment was passed (U.S. Const. amend. XIX.), some women still ran for office and even held elected positions at the state level during the years preceding. In 1866, Elizabeth Cady Stanton was the first woman to run for the U.S. House., and in 1872, Victoria Woodhull was the first woman to run for president (CAWP, 2023a). In 1887, Susanna Salter was the first woman mayor in the country, and in 1894, the first three women were elected to a state legislature in Colorado (CAWP, 2023a). It was not until 1917, 128 years after the First Federal Congress met, that a woman would serve in this body of government (CAWP, 2023a).

Women have the right to run for and hold elected office in the U.S. The Civil Rights Act of 1964, specifically Title VII, prohibits private employment discrimination based on race, color, religion, sex or national origin and this was extended to governmental positions by Executive Order 11375, signed in 1967 by President Lyndon B. Johnson. The federal government does not have any quotas for women's representation in political office (Institute for Democracy and Electoral Assistance, 2023), and neither does any US state.

**Enforcement:** Studies show that while women win office at the same rate which men do, they do not run for office at the same rate which men do (Miller, Claire Cain, 2016). To alleviate this so-called "ambition gap," there are many NGOs, political actions committees (PACs), and non-profit organizations in the U.S. that work to elect more women into office, although most of these groups do not receive federal funding. For example, She Should Run, a nonpartisan nonprofit organization, is working to encourage 250,000 women to run for office by 2030 (She Should Run, 2023). Vote Run Lead, another national nonprofit, trains women to run for office, and is working to achieve women majorities in every state legislature (Vote Run Lead, 2023). As it currently stands, only one state has a majority women legislature, Nevada (CAWP, 2023b). Additionally, there are dozens of state-specific organizations working to elect women to local and state office. At the federal level, very little has been done to address U.S. women's low representation in elected office. In 2019, the "Help America Run Act" passed in the U.S. House but not in the Senate. The Act most notably wanted to mandate the use of campaign finances for childcare and other personal use services, undoubtedly meant to target mothers who do not run for office because of childcare responsibilities. Moreover, the Biden-Harris Administration's National Strategy on Gender Equity and Equality aspires to advance women's participation in "democracy, representation, and leadership," however there is no clear indication of how the Administration plans to do this (The White House, 2021).

**Reflection:** Studies show that women do not run for office because they doubt their political capabilities and are less likely to be *asked* to run for office by political parties (Lawless and Fox, 2017). More than this, there are a variety of barriers standing in the way of women running for office, such as high rates of online harassment and abuse (Songy, et al., 2022), time poverty due to domestic labor and caretaking, and lower levels of personal wealth. The U.S. should invest in greater research to determine the barriers that prevent women from running for office, and further work to dismantle systems that continuously discriminate against and harass women politicians. Other recommendations include approving the use of campaign funds for childcare, encouraging state legislatures to pay legislators a living wage (so that working class people can afford to serve in elected office), and establishing campaign finance reforms that promote voluntary public financing systems. This should be a high priority for the U.S., as the nation cannot reach its potential as a democracy when a majority of the population is continuously excluded.

References listed on pages 463-464



## WOMEN IN LAW ENFORCEMENT

***Related to CEDAW Article 7: States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right: (c) To participate in non-governmental organizations and associations concerned with the public and political life of the country.***

***Related to CEDAW Article 11(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular: (b) The right to the same employment opportunities, including the application of the same criteria for selection in matters of employment, and (c) The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training, and recurrent training.***

**Definition/Context:** “Law enforcement describes the agencies and employees responsible for enforcing laws, maintaining public order, and managing public safety” (Bureau of Justice Statistics, n.d.).

Women in law enforcement refers to the presence of women that make up sworn officers in police forces across the country, including officers in leadership positions. While law enforcement jobs include non-sworn or civilian positions, such as criminal analysts or correctional officers, this section focuses on women as sworn officers. Sworn officers carry a badge and firearm, have the capacity to arrest, and are paid exclusively from government funds intended for sworn officials. This section looks at both sworn officers within local police departments, as well as within law enforcement positions, such as within the Secret Service or the FBI. Having women in law enforcement can be helpful for many reasons. For example, research suggests that women officers do not use excessive force like their male colleagues, excel in certain areas of performance compared to males, tend to use “community-oriented policing,” and in the long term can improve police response to violence against women (Lonsway, et. al, 2003). These things make an important case as to why women’s meaningful participation within law enforcement are critical to the success of communities.

**Prevalence/Current Situation:** Women made up approximately 13.5% of sworn officers in local police departments in 2020 (Goodison, 2022). Women made up just 3.6% of police chiefs, 8.7% of immediate supervisors, and 10.9% of sergeant or first-line supervisors in 2020 (Goodison, 2022). At the federal level, women made up around 15% of law enforcement officers, and 13% of supervisory law enforcement (Brooks, 2022). In states like Georgia and Oklahoma, women make up only 2% of state police agencies (Van Ness, 2021). Sexual harassment of women officers is also frequent, serving as another barrier for women looking to join law enforcement. A recent study suggests that 71% of female officers and 41% of male officers experienced sexual harassment or sexual assault in their jobs (Taylor, et al., 2022).



**Trajectory/Trends:** In the early 2000s, women made up approximately 10-12% of sworn officers in local police departments (Goodison, 2022), so there has not been significant change over the past twenty years. The percentage of women police chiefs and first-line supervisors has not changed significantly between 2013 and 2020 (Reaves, 2015). At the federal level, the percentage of law enforcement officers who are women has also not significantly changed since 1996 (Reaves, 1998). The Pew Charitable Trusts concludes that the prevalence of women in state policing has stalled in the last 20 or so years (Van Ness, 2021).

The first women in law enforcement were called police “matrons,” and their duties were extremely limited compared to what a sworn police officer does today. The first sworn woman police officer was Lola Baldwin in 1908 (COPS, 2017). It was years until women of color would be inducted into the police force, and it was not until 1985 that Penny Harrington became the first woman police chief of a major city (COPS, 2017).

**Legislation/Initiatives:** There are no federal laws to enforce gender quotas for women in the police force. In fact, local gender quotas have recently been struck down at the federal level, citing that the U.S. Department of Justice argues that such quotas are not constitutional (Welsh-Huggins, 2021). This case occurred when the constitutionality of the Cincinnati Police Department’s 40-year-old gender hiring quota came into question, and a federal judge subsequently lifted the quotas (Welsh-Huggins, 2021).

However, several key court cases have been used to mitigate the use of hiring practices that produce gender disparities. For example, in the case of *Dothard v. Rawlinson*, the Supreme Court ruled that the use of height and weight screening mechanisms for hiring practices, in this case, within the Alabama Department of Corrections, was discriminatory against women and violated Title VII (*Dothard v. Rawlinson*, 433 U. S. 321 (1977)).

Many police departments began using physical ability tests (PATs) to screen applicants, however, several court cases (*United States v. Virginia et. al.*, 1996; *Bauer v. Lynch*, 2016; *U.S. v. City of Erie*, 2005) ruled that PATs which produce gender disparities are unlawful (Roman, 2020). Several federal agencies have been looking to implement gender-specific fitness tests that take physiological differences between men and women into account, yet still impose the same burden on applicants (Roman, 2020). These kinds of “gender-normed” PATs were ruled constitutional in *Bauer v. Lynch* (*Bauer v. Lynch*, 812 F.3d 340 (4th Cir. 2016)).

**Enforcement:** A National Institute of Justice (NIJ) Special Report published in 2019, entitled “Women in Policing: Breaking Barriers and Blazing a Path”, sparked conversation about women’s experiences in the police force, not limited to their stagnant participation. Noting that women are routinely subject to sexual harassment, the report urges greater research on law enforcement culture for women. One initiative called 30x30 started in 2018 when former Chief Ivonne Roman approached Maureen McGough at the NIJ about the state of women in the police force (30x30 Initiative 2022). The initiative seeks to see women make up 30% of police recruit classes by the year 2030 (30x30 Initiative 2022). Additionally, the initiative seeks to

fundamentally change policing culture for women officers by encouraging departments to take immediate action toward making the workforce more accessible and less discriminatory (30x30 Initiative 2022). There have been several high-profile cases of relentless harassment of female officers by male officers, necessitating this cultural change. A Michigan police officer, the first woman law enforcement officer to serve in her small town, was recently forced to resign after relentless sexual harassment, including being forced to kiss her direct supervisor (Planas, 2023). Change is to be facilitated by highlighting best practices for establishing a supportive environment for women in policing, such as enforcing sexual harassment training, ensuring family leave, and accommodating nursing mothers. The 30x30 initiative suggests that lasting change within law enforcement requires a deep uprooting of cultural and gender norms, something they hope to inspire through the initiative. Dozens of local police departments have signed the 30x30 pledge, including the Los Angeles and New York City Police Departments.

**Reflection:** Research suggests that women officers do not use excessive force like their male colleagues, excel in certain areas of performance compared to males, tend to use “community-oriented policing,” and in the long term can improve police response to violence against women (Lonsway, et. al, 2003). Despite this research being acknowledged for decades, there has been no significant progress in the percentage of women law enforcement officers. The Biden-Harris Administration’s National Strategy on Gender Equity and Equality states that women’s leadership in nontraditional roles like law enforcement is a priority (The White House, 2021). Ensuring this goal comes to fruition means enabling law enforcement agencies to tackle cultural norms, stereotypes, and unfriendly policies and practices that typically discriminate against women and mothers. As the NIJ 2019 report suggests, there are no clear metrics to measure the success of women’s presence in law enforcement; before the U.S. can really begin to understand how to increase women’s meaningful participation in these roles, it is critical to define what success looks like.

References listed on pages 465-466

## WOMEN IN THE U.S. JUDICIARY

***Related to CEDAW Article 7: States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right: (c) To participate in non-governmental organizations and associations concerned with the public and political life of the country.***

***Related to CEDAW Article 11(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular: (b) The right to the same employment opportunities, including the application of the same criteria for selection in matters of employment, and (c) The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training, and recurrent training.***

**Definition/Context:** A judge refers to “a public official authorized to decide questions brought before a court” (Merriam-Webster, n.d.). At the federal level, all judges are appointed by the President and confirmed by the Senate. At the state level, some judges are appointed and some are elected into public office.

**Prevalence/Current Situation:** Women make up 34% of all state court judges in the United States (NAWJ, 2023), (*The American Bench*, 2023). Of State Final Appellate Jurisdiction Courts, a state’s Supreme Court in many cases, women make up 36% of all judges (NAWJ, 2023), (*The American Bench*, 2023). There is some disparity among states, such as Arkansas with only 24% of women making up their state courts, whereas in some states like Minnesota, women make up the majority of judges in state courts (NAWJ, 2023), (*The American Bench*, 2023). In federal courts, only about 33% of judges are women (U.S. Courts, n.d.). In the nation’s highest court, a woman was not appointed until 1981, almost 200 years after the establishment of the Supreme Court. Only six women have ever served in the U.S. Supreme Court since then, and they have never made up a majority of Supreme Court Justices (Rutgers CAWP, 2023). The current percentage of women on the Supreme Court is 33%. A woman has never been the Chief Justice of the U.S. Supreme Court.

**Trajectory/Trends:** It took 140 years after the establishment of the federal court system for a woman to be appointed to a judgeship position (U.S. Courts, n.d.). Women were not allowed to attend many law schools until the early 1900s, which meant that women would not see federal judgeships until almost the 1930s (U.S. Courts, n.d.). The year 1979 is when women really began to make an impact within the judiciary (U.S. Courts, n.d.). Although in this year the number of women serving as federal judges nearly doubled, they still only made around 7% of federal judges (U.S. Courts, 2013). 10 years ago, women made up around 30% of all federal judges, whereas today the percentage is around 33% (U.S. Courts, 2013), (U.S. Courts, n.d.).

In the past 10 years, the percentage of women in state courts has increased from 29% to 34%, suggesting a greater increase for women's representation in state judgeship positions than federal judgeship positions (NAWJ, 2023), (*The American Bench*, 2023).

**Legislation/Initiatives:** Before the Civil Rights Act was passed in 1964, prohibiting sex discrimination in employment, there was a history of U.S. Presidents appointing women to federal judgeship positions where they saw fit (U.S. Courts, n.d.). After the Civil Rights Act and subsequent amendments, of course, there were no legal barriers standing in the way of women becoming judges.

More legal barriers stood in the way of women becoming lawyers, however, with many states barring women from practicing law until the latter half the 19th century (Bomboy, 2023). In 1879, U.S. President Rutherford B. Hayes signed a law allowing women to practice law in any federal court (Bomboy, 2023).

**Enforcement:** Presidents undoubtedly carry a lot of responsibility and weight when they appoint federal judges. As such, the responsibility to appoint a diverse array of judges lies within this position and the Senate's confirmation, making it easy for bias to influence who becomes a federal judge. President Biden has made it a priority in his platform to appoint judges to federal courts that represent the population. He has appointed more Black women, for example, to federal courts than all other presidents combined (Johnson, 2023). So far, Biden has appointed 74 women judges to federal courts, more than Trump or George W. Bush during their entire terms (Johnson, 2023).

For state judgeship positions that are elected, it all comes down to the voters. Similar to any other campaign for political office, there are PACs and political organizations that work to educate voters or fund campaigns. Groups like the National Association of Women Judges not only work to bring together women and allies to support women's roles as stewards of justice, but also encourage women to pursue judicial careers (NAWJ, n.d.).

**Reflection:** In terms of getting women into judgeships, there is a certain level of bias and inflexible bureaucracy that prevents greater change from taking place. However, as women have begun to outnumber men in law school, more women will likely take on judiciary positions in the future (Enjuris, 2020). With the steady increase in women's presence on federal and state courts over the last 10-30 years, the objective of parity appears not too far off. However, encouraging voters to educate themselves on who is running for a judicial office is just as important as any other elected office. As laws outlining the appointment for federal judges are established in the U.S. Constitution, it is unlikely that any change will occur to revise how the President nominates federal judges. The President should continue to value the diversification of federal courts when nominating candidates, as is outlined in the Biden-Harris Administration's 2021 National Strategy on Gender Equity and Equality.

References listed on page 467

## WOMEN IN THE U.S. MILITARY

***Related to CEDAW Article 7: States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right: (c) To participate in non-governmental organizations and associations concerned with the public and political life of the country.***

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**Definition/Context:** The section looks at both women’s presence in active-duty military positions and Department of Defense (DoD) and military civilian positions. Civilian employees in the military or DoD work alongside active-duty members but do not serve in any armed capacity.

**Prevalence/Current Situation:** In active-duty positions, women constitute approximately 21% of Air Force members, 20% of Navy sailors, 15% of Army soldiers, and just 9% of Marine Corps members. In total, women constitute 17.3% of the active-duty force, as of 2021 (ODASD (MC&FP), 2021). Women make up 14% of senior enlisted personnel across the entire military (ODASD (MC&FP), 2021), and 19.2% of active-duty officers across the military are women (ODASD (MC&FP), 2021)). On the civilian side, women constitute 29% of Air Force civilian employees, 28% of Navy civilian employees, 34% of Army civilian employees, 26% of Marine Corps civilian employees, and 48% of DoD civilian employees (ODASD (MC&FP), 2021).

Women are allowed to serve in all military positions today, however a woman has never served as a U.S. secretary of defense, on the Joint Chiefs of Staff, or as the commander-in-chief of the U.S. Armed Forces.

Regardless of progress, women in the military still report a high incidence of discrimination and harassment, and even sexual assault. In 2021, around 8.4% of women, compared to 1.5% of men, experienced an incident of Unwanted Sexual Contact (USC) (SAPRO, 2022). Approximately 29% of active-duty women experience sexual harassment, compared to 7% of active-duty men (SAPRO, 2022)). There were approximately 8866 reports of sexual assault in the military made to the DoD in 2021 (SAPRO, 2022).

At military academies, sexual assault and harassment of cadets and midshipmen is common (SAPRO, 2023). The DoD’s Annual Report on Sexual Harassment and Violence at the Military

Service Academies for 2021-2022 indicated that unwanted sexual contact and harassment has been increasing, even over just the last few years. The report stated that 21.4% of academy women experienced unwanted sexual contact, compared to 4.4% of academy men (SAPRO, 2023), and 63% of academy women and 20% of academy men experienced sexual harassment (SAPRO, 2023). There were 206 sexual assaults reported to the Academies during the 2021-2022 school year, compared to 161 the previous year (SAPRO, 2023).

Underreporting of sexual harassment remains a significant problem within the military, and as a whole, the military sees a loss in thousands of service members who choose to not reenlist as a result of being assaulted or harassed (Nagel et al., 2021). If active-duty victims do choose to report an incident of USC, they are likely to be retaliated against or receive subpar support. Around 30% of women who reported an incident of USC experienced a response that would legally be considered as retaliation (SAPRO, 2022). Only 52% of service members who reported an incident of USC approved of their experience working with Victims Legal Counsel; 61% reported being satisfied with support from a Sexual Assault Response Coordinator (SAPRO, 2022).

**Trajectory/Trends:** Since America's birth during the Revolutionary War, women have been involved in the military. Despite not being legally allowed to serve, women found their places as nurses and domestic caretakers alongside soldiers; some even disguised themselves as men to fight (DeSimone, 2023). During the Civil War, approximately 20,000 women provided a variety of services to soldiers, and thousands took on more legitimate roles as Army nurses (DeSimone, 2023). While women were allowed to openly serve in the U.S. military during WWI, these positions were relegated to non-combat, clerical roles (DeSimone, 2023). Each branch of the military enlisted women during WWII, but still kept them in non-combat roles; women played critical roles as nurses (DeSimone, 2023). In the past thirty to forty years, however, women have made the greatest strides towards equity within the military. Women became Naval aviators, four-star generals, and were finally allowed to serve in direct ground combat roles in 2015 (DeSimone, 2023).

The U.S. has never had a higher number of women in the military, including in senior leadership positions, however they remain a small percentage of the military as a whole (Robinson and O'Hanlon, 2021). In 2011, women made up around 14.5% of DoD active-duty members (compared to 17.3% in 2021) and 15.9% of active-duty officers (compared to 19.2% in 2021), meaning that these percentages have increased over the last decade, but only by small margins ((ODASD (MC&FP), 2012).

One key barrier that has been identified is the level of sexual harassment and assault. Despite increasing attention to this problem, the rate is increasing. Within the military, 6.1% of active-duty women and 1.2% of active-duty men reported experiencing an incident of USC during FY2012 (SAPRO, 2013). There were 3,374 sexual assaults in the military reported to the DoD in FY2012 (SAPRO, 2013). Data from this year does not report incidences of sexual harassment in the way that current data does. However, sexual harassment among military women increased



from 2018 (24%) to 2021 (29%). All of these areas have increased in prevalence, according to most recent data (SAPRO, 2022).

In the 2011-2012 school year, there were 80 reports of sexual assault at the Academies (SAPRO, 2012). In the 2011-2012 school year at the Academies, 12.4% of women and 2% of men reported an incident of USC, while 51% of women and 10% of men who experienced sexual harassment (SAPRO, 2012). All of these areas have increased in prevalence, according to most recent data.

**Legislation/Initiatives:** In 1948, the Women’s Armed Services Integration Act was signed into law, enabling women to join the military as full members, albeit not without serious limitations (DeSimone, 2023). There were quotas placed on the number of women that could serve in each branch and become officers (DeSimone, 2023). Moreover, women would be discharged automatically should they become pregnant and could not command men (DeSimone, 2023). Women of color could serve as well after the passing of the Integration of the Armed Forces order, issued the same year (DeSimone, 2023). In 1967, women could be promoted to general and flag ranks, and in 1972, women could join command units that also had men (DeSimone, 2023). In 1973, pregnant women could remain in the military (DeSimone, 2023). In 1988, the “Risk Rule” was implemented, barring women from any noncombat positions that could expose them to risk of combat (General Accounting Office, 1998). This rule was rescinded in 1994, although it was not until 2015 that women could serve in direct ground combat roles (DeSimone, 2023).

While the military draft is no longer in place today, Congress could reinstate it in response to a national emergency (*Selective Service*, n.d.). As such, men aged 18-25 are required to register with Selective Service should the draft be reinstated (*Selective Service*, n.d.). Women do not register with Selective Service, and this resulted in a debate of several years duration over whether they should or should not (*Women*, n.d.).

Relevant to sexual harassment mitigation, parts of the “I am Vanessa Guillen Act” were included in the 2022 National Defense Authorization Act, after the murder of 20-year-old Army soldier Vanessa Guillen at Fort Hood. Several provisions were made, including the removal of commanders from sexual assault or sexual harassment cases, and the criminalization of sexual harassment within the Uniform Code of Military Justice (Larson, 2021), (S.1605 - 117th Congress, 2021).

**Enforcement:** The armed services have been slow to truly integrate women into their ranks, especially the U.S. Marines (Athely, 2022). The U.S. DoD has identified the recruitment and retention of women as an important aspect to embracing diversity and inclusion in the military. However, the Government Accountability Office has pointed out that the DoD’s recruitment and retention plans are unguided or vague, as they do not include timelines, performance measures, or goals (GAO, 2020). While the DoD did publish their own Women, Peace and Security Framework and Implementation Plan (SFIP) in June 2020, the plan does not include goals for increasing women’s participation in the U.S. military, but rather includes a goal to serve



as an exemplary model of women's participation the Joint Forces (DoD, 2020). However, it is too early to determine how much progress has been made towards the Plan's goals. It is also too early to tell whether the 2022 changes in how military sexual assaults are handled will make a difference.

**Reflection:** The DoD's WPS implementation plan (SFIP) has goals to ensure that women in partner nations play a meaningful role in their country's military operations (DoD, 2020). However, the DoD's slow response to genuine integration of women into its own forces is something that should be taken into consideration when looking at progress. Furthermore, regardless of women's presence in the military, they still report twice the levels of sexual harassment and assault that men in the military do (Nagel et al., 2021). As the Council on Foreign Relations expresses it, "Female service members are more likely to be sexually assaulted by a fellow member of the military than shot by an enemy combatant at war" (Sierra, 2021). The responsibility to protect women and girls from violence rests with the U.S. military, and we cannot expect the DoD to perform its mandated WPS responsibility to protect women in other countries if it cannot protect its own women (DoD, 2020).

References listed on pages 468-469

## WOMEN'S PARTICIPATION IN PEACE PROCESSES AND FOREIGN AFFAIRS

***Related to CEDAW Article 7: States Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right: (c) To participate in non-governmental organizations and associations concerned with the public and political life of the country.***

***Related to CEDAW Article 11(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular: (b) The right to the same employment opportunities, including the application of the same criteria for selection in matters of employment, and (c) The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training, and recurrent training.***

**Definition/Context:** Women in peace processes or peace negotiations refers to the presence of women as “delegates from a party who come to negotiate in a peace process” (Lazaro Sumbeiywo, 2009). Women in foreign affairs refers to the presence of women in “matters having to do with international relations and with the interests of the home country in foreign countries” (Merriam-Webster, n.d.).

**Prevalence/Current Situation:** The Implementation Plans for the National Action Plan on Women, Peace, and Security contain goals to increase women’s participation in the foreign policy establishment, as mandated by UNSCR 1325. There are a variety of government agencies that play a role in U.S. peace processes and foreign affairs. For example, the U.S. contributes peacemakers to the United Nations, the Department of State has foreign service officers working all over the world, USAID provides foreign aid and assistance, and many departments have their own international affairs division. However, there is little data delineating the exact number of women working within foreign affairs departments of the government, however there is data from some specific areas of the government that can provide an insight into how many women are involved in foreign affairs in the U.S. as a whole.

In 2022, women constituted 54.6% of civil service positions within the State Department, 43.3% of foreign service generalist positions, and 29% of foreign service specialist positions (American Foreign Service Association [AFSA], 2022). Women only made up 38.8% of senior ranking positions within the State Department (AFSA, 2022). In December 2022, the U.S. contributed 34 uniformed personnel to UN peacekeeping missions, but only 2 were women (UN, 2022). Today women make up approximately 64 of 193 ambassador positions for the U.S. to other countries and the UN, approximately 33% (Tracker: Current U.S. Ambassadors).

The State Department’s Bureau of Conflict and Stabilization Operations did not comment, when asked by our team, on the number of women working within their office. While the Council on

Foreign Relations has a database for women’s participation in peace processes across the world, the U.S. was not included (Council on Foreign Relations [CFR], n.d.). There is thus no way to tell whether the United States is fulfilling its mandate under UNSCR 1325 to include women—including US women—in peace negotiations in which the U.S. plays a role. However, civil society organizations have repeatedly complained that the U.S. was not living up to its commitments in this area (Rahmaty, 2021).

**Trajectory/Trends:** The number of women working within U.S. foreign service agencies has grown throughout the last several decades. The first woman was admitted into the State Department’s Foreign Service in 1922 (Strano, 2016). Fifty years later, women only made up 10% of the diplomatic core in the Foreign Service (Strano, 2016) In the late 80s, women made up only 7% of U.S. ambassadors (Bloch, 2004), (McGlen and Sarkees, 1995). Three women have served as the U.S. Secretary of State, including Madeleine Albright, Condoleezza Rice, and Hillary Clinton. The present chief administrator of USAID is a woman, Samantha Power. There has never been a woman Secretary of Defense, however. There has certainly been tremendous progress over time, and yet arguably there is still a long way to go.

In UN peacekeeping missions, while the number of total uniformed personnel contributed by each country varies depending on mission necessity, the number of women included has always remained a small percentage compared to men. In December of 2013, for example, the U.S. contributed 118 uniformed personnel to UN peacekeeping missions, and only 12 were women, meaning that the number has dropped substantially since that time (UN, 2013).

**Legislation/Initiatives:** In 1968, Alison Palmer of the State Department brought forth an equal employment opportunity complaint, the first to ever come from the Foreign Service (Strano, 2016). This case launched a decades-long legal battle for greater equality of women within the State Department and Foreign Service. Many benefits came from what has been dubbed “the Palmer Case,” mostly relating to impartial evaluation for things such as entrance and promotion (Strano, 2016). Of course, the Civil Rights Act of 1964 officially prohibited gender discrimination in the workplace. The Foreign Service Act of 1980 was legislation that revised the objectives and functions of the Foreign Service, including mandating that diplomatic officers were representative of the American people (Strano, 2016). However, even up until the 90s, the State Department was found to discriminate against women in entrance examinations, ultimately being court-ordered to make reparations and improve personnel processes (Strano, 2016).

The United Nations Security Council Resolution 1325 was adopted in 2000, establishing the Women, Peace, and Security (WPS) agenda. Part of UNSCR 1325 encouraged countries to implement National Action Plans (NAPs) in order to fulfill tenets of the Women, Peace, and Security agenda. The U.S. most recently adopted a WPS NAP in 2019, for which the U.S. Departments of State, Defense, Homeland Security, and USAID have produced implementation plans; these departments are also responsible for producing yearly reports to update progress made toward the WPS strategies. These strategies focus on the increased participation of women in foreign affairs and conflict resolution, protection and access, internal U.S. capabilities, and partner support. Notably, the 2019 U.S. WPS Strategy supports the inclusion of American

women in international “diplomatic, military, and development” operations (*United States Strategy on Women, Peace, and Security* 2019). However, benchmarks for the inclusion of American women are not given in these strategies, and most of the lines of effort focus on increasing the presence of women in foreign affairs and peace operations in partner countries, and not necessarily within the U.S. We recommend that WPS National Action Plans and implementation reports explicitly address the inclusion of American women in operations, including peace negotiations.

This is not to say that the inclusion of U.S. women is not present in the U.S. WPS Strategy. The 2022 Congressional report on WPS strategy (The White House, 2022), which incorporates updates from the four agencies involved in the WPS implementation, included several cross-department achievements, specifically the hiring of dedicated WPS personnel in military departments, as well as the training of over 400 DoD personnel as Gender Focal Points. The Department of Homeland Security highlights several accomplishments made for women’s participation in U.S. conflict resolution, specifically law enforcement, including the establishment of a mentoring program for women, as well as an initiative to increase new women recruits. While these initiatives are a step in the right direction, the WPS strategy needs to explicitly include efforts for increased women’s presence in foreign affairs across the U.S. government, and set hard targets in important areas such as peace negotiation teams.

The Women, Peace, and Security Act of 2017 codified the U.S.’s commitment to women’s participation in conflict management and resolution. However, it explicitly states this commitment centers around women’s participation in overseas conflict, not necessarily within the U.S. As such, the efforts and programs included are intended to target women in other nations, relevant to how the U.S. can embolden them.

**Enforcement:** The State Department and other agencies acknowledge that diversity is an important aspect of success in foreign affairs (Drenning, 2021). However, women remain underrepresented, and the presence of women of color and women with disabilities is even lower. The Biden-Harris Administration’s National Strategy on Gender Equity and Equality says that it will promote policies to increase women’s participation “in conflict prevention, peace, security, and political processes,” however there has yet to be any significant policy addressing the presence of women in these processes to come out of the White House (The White House, 2021). While the four agencies involved in the implementation of the WPS strategy are responsible for reporting to Congress each year on their progress, the included lines of effort do not necessarily work to increase American women’s presence and participation in foreign affairs and conflict resolution. For example, that only 33% of American ambassadors are women is an unfortunate statistic in 2023.

**Reflection:** The WPS National Action Plan and subsequent implementation plans, and the WPS Act of 2017 are a huge win for women. The U.S. has prioritized the advancement of women’s leadership in partner countries, and it is promising to see the U.S. valuing the participation of women in conflict resolution, management, and prevention. However, it is our suggestion that the WPS strategy be revised to address more specifically the presence of American women in

implementing foreign policy, setting hard targets for inclusion in peace negotiation teams, heads of missions, and so forth. The U.S. effort on WPS cannot be primarily outward-facing; it must be equally inward-facing.

References listed on pages 470-471

## WOMEN WORKING IN ACADEMIA

***Related to CEDAW Article 11(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular: (b) The right to the same employment opportunities, including the application of the same criteria for selection in matters of employment, and (c) The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training, and recurrent training.***

**Definition/Context:** An academic is “a member (such as a professor) of an institution of learning (such as a university)” (Merriam-Webster, n.d.). This section also discusses the tenured vs. non-tenured employment status of professors. Academic tenure refers to “an indefinite appointment that can be terminated only for cause or under extraordinary circumstances such as financial exigency and program discontinuation” (AAUP, Tenure 2021).

**Prevalence/Current Situation:** Across academic institutions, women make up the majority of instructors and lecturers, however they only make up 44% of all tenured faculty and 36% of professors (AAUW, Fast facts: Women working in Academia 2020). Women also constitute 30% of university presidents and college board of directors (AAUW, Fast facts: Women working in Academia 2020). For women of color, these numbers are much lower, with only 5.2% of tenured faculty members at undergraduate schools being Black (AAUW, Fast facts: Women working in Academia 2020). In studies where women are already underrepresented, like engineering and computer science, women constitute less than 16% of tenured faculty (AAUW, Fast facts: Women working in Academia 2020). At medical schools, men still make up the majority of professors, assistant professors, and associate professors; women make up the majority of instructors, however (AAMC, 2023).

Although women do make up 50% of heads of departments, they are still paid less than their male counterparts in academia. Relevant to education administration, women experience a 20% pay gap, while a 10% pay gap exists for university presidents (AAUW, Fast facts: Women working in Academia 2020).

**Trajectory/Trends:** Women have an interesting history of leadership at educational institutions. When women began attending university in larger numbers during the 19th and 20th centuries, “dean of women” positions were created to advise female students (Schwartz, 1997). As more universities became co-ed, opportunities for women leadership in academia rose. In 1986, 9.5% of university presidents were women (American Council on Education, 2017). Today, approximately 30% of university presidents are women (AAUW, Fast facts: Women working in Academia 2020).

Some universities like Columbia University and New York University, to this day, are still naming their first woman presidents. However, the American Council on Education estimated in 2017

that gender parity of university presidents will be achieved by 2030 (American Council on Education, 2017). Notably, their prediction of around 40% women presidents by 2023 has not been hit (American Council on Education, 2017).

Relevant to all positions, the Brookings Institution pointed out that the number of women who are full-time faculty members has only increased by 5% in the last 75 years (Kelly, 2019).

**Legislation/Initiatives:** The Civil Rights Act of 1964 and subsequent executive order prohibit employment discrimination on the basis of sex, and Title IX also prevents sex-based discrimination within educational institutions, which also applies to faculty and staff. In the United States, there are no federal quotas for any job position.

**Enforcement:** While the U.S. government cannot legally force universities to hire a certain number of women presidents, professors, or faculty members, employees can still face gender discrimination in their workplaces and file complaints should they deem it necessary. Different federal offices could investigate civil rights violations depending on the kind of discrimination alleged (DOL, n.d.). The U.S. Department of Labor has the Civil Rights Center, while the Department of Education has the Office of Civil Rights, where most Title IX cases are investigated. Each department has a way for complaints to be filed, usually online. There are many organizations that are working to promote women faculty and leaders in academia, especially in fields where women are not well represented. The American Association of University Women (AAUW) provides support, funding, and education for women in academia. Smaller fellowship programs, such as ELATES at Drexel University, brings together women and allies to promote senior women faculty in STEM fields (Drexel University, n.d.). Some universities, for example, have implemented implicit bias trainings, for example, that encourage search committees to incorporate an inclusion and diversity lens into their faculty hiring, as well as best practices (Harvard University, 2018).

**Reflection:** Although the projection for women presidents in academia is on the upward trend, the numbers for tenured professors and faculty members appear stagnant. As AAUW points out, many key opportunities for leadership advancement within academia coincide with women's childbearing years (AAUW, Fast facts: Women working in Academia 2020). This might be why only 44% of tenured women professors have children, compared to 70% of male professors (AAUW, Fast facts: Women working in Academia 2020). This suggests that there are certainly barriers to women climbing the leadership ladder in academia, not to mention sexism and lower ratings from students. If the U.S. hopes to see greater gender parity within fields where women are significantly underrepresented, the change will come from *who* is leading these fields. As studies suggest, young girls often do not want to pursue STEM fields because they feel they have few role models to look up to (Western Governors University, 2019).

Similar to corporate boards of directors, perhaps states could look into creating gender quotas at least for public educational boards of directors. Moreover, tenure quotas that exist to limit the number of professors granted tenure likely add a greater disadvantage to women professors who have children (Tiede, 2022). Reviewing the tenure process could highlight major gaps that



create added barriers to women’s ability to achieve such job security. The tenure system was built around male lives, with its “7 years, up or out” approach. However, during their 30s, men are not encumbered by childbearing, whereas women of the same age typically are. It is time to rethink what a tenure system based on women’s typical life course would look like. In addition, in 2022, only 21.5% of tenure standards across all universities included diversity, equity and inclusion criteria (Tiede, 2022). Positive change will mean looking at the systems which routinely work against women, and universities should take it upon themselves to not only appoint more women to leadership roles, but to understand the link between female role models and greater diversity within their student population. If the U.S. wants to see greater women’s representation in leadership, as the Biden-Harris Administration’s National Strategy on Gender Equity and Equality suggests, encouraging federally funded universities to promote women into senior positions is one way of doing so.

References listed on pages 472-473

# FINAL REFLECTIONS



TEXAS A&M UNIVERSITY  
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## FINAL REFLECTIONS

In this section, we reflect on our journey writing this report. These reflections can be made at two levels: at one level, we reflect on what we found. That is, from a bird’s eye view, what are the highest priority items for those who wish to advance the situation of women in the United States today? What areas requiring the most urgent attention from lawmakers and policymakers?

But there is also a second level of reflection: why was it so difficult to create this shadow CEDAW report for the United States? We encountered endless roadblocks as we attempted to understand in a more holistic fashion what was happening with women in the United States. Could this relative inability to track women’s situation be one of the major barriers to improving that situation?

### I. An Overall Assessment of Priority

Our report is relatively exhaustive. Among the 72 dimensions of women’s lives we examined, we found some where women are doing well or substantial progress is being made. On the other hand, we found other dimensions that are in need of urgent attention by our lawmakers and policymakers. Our team took the liberty of ranking the need for urgent attention concerning each variable from “low” to “extremely high.” Details on why we make that judgment, and what recommendations we offer, are, of course, explicated in the full report, and we invite you to explore all of the information provided. Nevertheless, a bird’s eye view can be educational.

Our team polled each of its members, for each had become over the course of this semester an expert in a particular field of women’s experience, such as health, education, leadership, etc. We asked each team member to look over their variables and assign a level of priority based on the level of urgency the government should feel about addressing the issue. In a sense, this ranking of priorities provides the basis for a substantive policy agenda to improve the situation of women in the United States. Below is a list of each variable discussed in this report and its associated priority ranking.

**Table 67: Priority Rankings for the 72 Variables Covered in the Report**

<u>Variable</u>	<u>Priority</u>
<b>Femicide</b>	<b>High</b>
<b>FGM/FGC</b>	<b>Medium</b>
<b>Harassment - Online</b>	<b>High</b>

<b>Honor-Based Threat and Honor Killings</b>	<b>High</b>
<b>IPV and Domestic Violence</b>	<b>High</b>
<b>Labor Trafficking (Forced Labor)</b>	<b>High</b>
<b>Pornography</b>	<b>High</b>
<b>Prostitution</b>	<b>High</b>
<b>Rape and Sexual Assault</b>	<b>High</b>
<b>Sex-Selective Abortion – Sex Ratio</b>	<b>Medium</b>
<b>Sex Trafficking</b>	<b>High</b>
<b>Stalking</b>	<b>High</b>
<b>Surrogacy</b>	<b>High</b>
<b>Teen Dating Violence</b>	<b>Medium</b>
<b>Abortion/Reproductive Rights</b>	<b>Extremely High</b>
<b>Access to Health Insurance</b>	<b>High</b>
<b>Access to Healthcare</b>	<b>High</b>
<b>Breastfeeding</b>	<b>High</b>
<b>Country-Specific Issues – Eating Disorders</b>	<b>High</b>
<b>Country-Specific Issues – Plastic Surgery</b>	<b>Low</b>
<b>Drug/Substance Abuse</b>	<b>High</b>
<b>Female-Specific Cancers</b>	<b>High</b>
<b>Forced Sterilization</b>	<b>High</b>
<b>Malnutrition</b>	<b>Low</b>
<b>Maternal Mortality</b>	<b>Extremely High</b>

<b>Infant Mortality</b>	<b>Low</b>
<b>Life Expectancy</b>	<b>Extremely High</b>
<b>Menstrual Health</b>	<b>Low</b>
<b>Mental Health</b>	<b>High</b>
<b>Suicides</b>	<b>High</b>
<b>STD Rates</b>	<b>High</b>
<b>Teen Pregnancy</b>	<b>Low</b>
<b>Bride Price and Dowry</b>	<b>Low</b>
<b>Child Marriage</b>	<b>High</b>
<b>Cousin Marriage</b>	<b>Low</b>
<b>Incest</b>	<b>High</b>
<b>Inheritance and Property Rights</b>	<b>High</b>
<b>Marital Rape</b>	<b>High</b>
<b>Nationality Rights of Women</b>	<b>Low</b>
<b>Polygamy (Polygamous Marriage)</b>	<b>High</b>
<b>Remarriage</b>	<b>Low</b>
<b>Widowhood</b>	<b>High</b>
<b>Women's Rights in Marital Dissolution:</b> -Access to Divorce -Spousal Support -Asset Division -Child Custody and Support	<b>High</b>
<b>Employment Discrimination</b>	<b>Medium</b>
<b>Entrepreneurship</b>	<b>Medium</b>
<b>Family Leave</b>	<b>Extremely High</b>

<b>Financial Access</b>	<b>Medium</b>
<b>Mobility, Physical Security, and Harassment in Public Spaces</b>	<b>High</b>
<b>Poverty</b>	<b>Extremely High</b>
<b>Time Poverty</b>	<b>Medium</b>
<b>The Gender Pay Gap and Occupational Segregation</b>	<b>Extremely High</b>
<b>The Status of Disabled Women</b>	<b>High</b>
<b>The Status of Older Women</b>	<b>High</b>
<b>Unemployment</b>	<b>Medium</b>
<b>Work Harassment</b>	<b>High</b>
<b>Access to Education for Pregnant and Parenting Students</b>	<b>Medium</b>
<b>Fields of Study</b>	<b>Medium</b>
<b>School Safety for Girls and Women</b>	<b>High</b>
<b>Women's Access to Educational Funding, Scholarship, and Loans</b>	<b>Medium</b>
<b>Women's Educational Attainment</b>	<b>Low</b>
<b>Women CEOs, Board Members, and Managers</b>	<b>Low</b>
<b>Women in Elected Office</b>	<b>High</b>
<b>Women in Law Enforcement</b>	<b>High</b>
<b>Women in the U.S. Judiciary</b>	<b>High</b>
<b>Women in the U.S. Military</b>	<b>High</b>
<b>Women Working in Academia</b>	<b>Low</b>

## II. The U.S. Government Must Become Responsible for ‘Seeing’ the Situation of U.S. Women

Our capstone team began this project naively believing it would be a straightforward matter to assess the situation of U.S. women. After all, the United States is arguably one of the most developed and powerful states in the international system, with a commitment to the free flow of information. Government capacity, personnel, and resources are not in short supply. Surely the U.S. government has already put all the needed information together? Surely the U.S. government has already attempted a holistic examination of the state of U.S. women?

These naïve beliefs were quickly dashed. The U.S. government has never made such an attempt. And if it ever had, it would have run into all the roadblocks and barriers that our team encountered.

There were numerous limitations our team faced. Of course, the time constraints we faced were idiosyncratic to our semester-long university capstone experience. But we faced many other challenges which, in our opinion, have prevented the U.S. government from successfully understanding and addressing the needs of U.S. women. Those roadblocks, we argue, should be removed—and that also needs to be part of the policy agenda of the U.S. government.

Information on the situation of U.S. women is not as readily available as one might think. Consider the following problems we faced:

- **Lack of Data:** Our team often could not find *any* official data on some topics. In such cases, we attempted to find non-governmental sources of information, which sources were usually not as authoritative or as valid because collection techniques were not optimal or N sizes were small.
- **Outdated Data:** Our team frequently had to utilize outdated data for our research due to lack of any updated statistics. This was the case even when the source of the information was the U.S. government itself.
- **Lack of Disaggregated Data:** Our team often had issues of finding data that was disaggregated based on sex or racial group.
- **No Central Place for Data:** In our team’s research, we rarely ever found a central website that contained the data or information we needed. As such, we had to go through numerous websites and government agencies’ datasets to find the materials or statistics we needed. This material was often presented in a very user-unfriendly way, and links to pertinent datasets might be buried in obscure



footnotes in larger reports. The fractured and scattered nature of the available information presented a huge obstacle to our efforts.

- **No Central Place for Recording Laws and Policies:** It became a frustrating scavenger hunt to try and track down what the government was actually doing to address a particular problem, such as maternal mortality or violence against women. Indeed, we found that different agencies had policies that were duplicative or even somewhat contradictory. There was no attempt by the U.S. government to inventory or keep track of what it was doing. As a result, it was almost impossible to put together an overview of government laws, regulations, and policies on particular problems facing U.S. women.
- **No Follow-Up on Laws and Programs:** Many of the government programs and initiatives our team came across have been in progress for several years, however there is almost never a follow-through or evaluation of the success of these programs. In addition, there was no means of discovering whether a particular program had lapsed or was no longer being funded. In short, there was no way of knowing what actually was being done and whether it was having any effect at all.
- **Lack of Trend Assessment:** Furthermore, there was almost no assessment of trends in the variables we examined. This ties into the more general problems with incomplete data: an important part of any assessment of program efficacy is to track trends over time in the variables relevant to the problem. With a few exceptions, the lack of data prevented trend assessment, which in turn prevented program assessment.

For those whom we hope will be tasked in the future to address these roadblocks, we offer some specific examples below.

- **Section-Specific Limitations:**
  - **Economic Rights for Women**
    - **No data/Old data:** For the variable of the Status of Older Women, which comprises defined benefits, defined contributions, and social security, it was not possible to find updated information disaggregated by sex. Although the federal government provides an annual report on older Americans, it does not include the composition of income of this population. Therefore, the composition of how much older women depend on each category is not accessible. While reports on women's retirement in 2020 are available, the data used is from 2016 or 2014. While it is commendable that other institutions are analyzing the retirement situation of women and comparing it with men, the federal government should provide a holistic overview of women's retirement

situation. We need to know how many women are employed, their median annual earnings, and the composition of their earnings (defined benefits, defined contributions, wages, social security). In addition, while the U.S. Bureau of Labor Statistics has accessible information on access to employment benefits, including access to retirement plans, this information is not disaggregated by sex. Given that older women have a higher poverty rate in the United States and live longer than men (spending more years in poverty), the government should collect data to understand the dimension of the problem in order to design policies to address it. Although several agencies will elaborate the information, it should be consolidated into a single report that is comprehensible and accessible to the public.

- **Data not disaggregated:** Even if financial data is protected, there is no systematic analysis of how women access financial services. The limited available data is not disaggregated by sex and fails to provide an explanation of why women, for example, are charged more in mortgages or why women overall have a higher prime rate than men when they are better borrowers. The federal government should provide data to analyze the profile of women as financial consumers and also provide an explanation of why women pay more for everything but receive less. Without this data, it is difficult to improve women's financial access and remove barriers.
- **Regarding the American Time Use Survey,** the data is disaggregated by sex but not at the level of household composition, leaving single mothers, for example, out of the analysis. Even though a disclaimer requesting disaggregated data in a friendly format is available on the website, a request made on March 20 to the U.S. Bureau of Labor Statistics remains unanswered as of today (April 18, 2023)
- **Website:** The website of the Women's Economic Empowerment and Equality (WE3) Dashboard of USAID is impressive; it provides an overview of women's access to capital, women's access to markets, gender-based violence, leadership and agency, and human capital for women ABROAD. Women in the U.S. deserve at least a similar website where their status is updated with information from the government. The federal government has the resources and knowledge, as evidenced by the existing WE3 Dashboard. The Women's Bureau from the U.S. Department of Labor is a good attempt but only provides certain economic information.

## ○ Health Problems for Women

- **Missing Trajectory Data:** Agencies appear to be prone to drop the collection of data, which then makes it impossible for trends to be assessed. For example, the CDC has unaccountably stopped asking about eating disorders in its annual health surveys. Other examples can be found in the Access to Healthcare and the Drug/Substance Abuse variables, where there was no data that showed the trajectory or trend of whether both variables have gotten worse or have improved over time. For instance, in the Drug/Substance Abuse variable, there was no trajectory of Heroin and LSD Use among women.
- **Lack of Disaggregated Data for Minority Groups:** In some of the health variables such as Malnutrition, Drug/Substance Abuse, Suicide, and so on, there was no data on which racial groups were most affected. Furthermore, although major racial groups were mentioned such as Black, White, Hispanic, and sometimes Asian women were mentioned, data on Pacific Islander, American Indian, and Alaskan Native women was most often not available. As such, variables such as Infant Mortality, Forced Sterilization, Maternal Mortality, and so on, do not have data on these specific racial groups.

## ○ Violence Against Women

- The lack of uniformity in the definition of crimes is a significant limitation for both researchers and law enforcement when attempting to understand the scope and magnitude of criminal activity. For example, in the U.S., the term "femicide" is often classified as "homicide," despite important differences between the two. Femicide specifically refers to intentional killings of women due to their gender, while homicide can refer to any murder committed by anyone, regardless of gender.
- Another limitation is the substantial variation in data-gathering methods. Victimization surveys and the FBI frequently report different figures due to disparities in their methodologies. Furthermore, the FBI only reports on crimes that have been reported to law enforcement, and their data collection covers only 64% of the U.S. population!

## ○ Women in Family and Personal Status Law

- There is no central repository of laws and regulations, and no uniformity in laws among states: The absence of a centralized repository for laws and

regulations, coupled with a lack of uniformity in laws among states, posed significant challenges for our team in their research efforts.

Firstly, we had to carefully understand the jurisdiction of federal and state laws for different subject matters, as there was no clear and concise document or repository to guide us. This led to extensive investigation and consumed valuable time. In addition, we discovered that federal laws could still be impacted by state laws, even in cases where federal jurisdiction was absent. For instance, marriage-related matters such as divorce, remarriage, and widowhood, although outside federal jurisdiction, could still affect federal spousal support based on marriage. This trend was observed in various other cases as well, requiring us to navigate overlapping jurisdictions of both federal and state laws, which made the research process complex.

- Moreover, in our research, we recognized that family and personal status laws are state-related matters, requiring our focus on state-level laws. However, the absence of a centralized repository for state-level laws posed a challenge in navigating through various state laws, resulting in a considerable amount of time being consumed. For instance, during our research, we discovered that some state law portals were more user-friendly than others which added to more complexity in research. Furthermore, states varied in their definitions and degree of tolerance for certain matters. For instance, marital rape is categorized under the general rape section in some states, whereas others have a specific law that distinguishes it from non-marital rape. Similarly, although polygamy is a crime under every state law, some states, such as Utah, exhibit a higher degree of tolerance, leading to a lesser level of offense. The lack of uniformity in laws, including language usage and punishment levels, created obstacles for our team in collecting information and having a clear understanding of the United States' overall stand on different issues.

#### ○ **Education for Women and Girls**

- For the section regarding access to education for pregnant and parenting students, the data was several years old. The last time a comprehensive study on pregnant or parenting students and their educational attainment was in 2010, well over a decade ago.
- Navigating Title IX and its restrictions on certain gendered issues, such as sex-based scholarships, was extremely nuanced and legally dense. It was difficult to find any resource that could adequately explain Title IX and its impact in layman's terms.

- **Women's Participation in Leadership**

- Data regarding women's presence in lower-level judiciary positions was not readily available.
- The exact number of current women ambassadors of the U.S. was not readily available. While a tracker on current ambassadors could be found, it was not disaggregated by gender.
- There was almost no government data reporting on any of these variables, aside from women in the military and some data on women in law enforcement. From our research, it appears that the U.S. has little idea as to where women stand in leadership roles.

In sum, it should not have been as hard as it was to create this report. And it should not have been the case that the US government has never even attempted to do what we have done. How can the U.S. government improve the situation of U.S. women if it is not comprehensively tracking their situation? How can the U.S. government improve the situation of U.S. women if it cannot state all that it is doing to address their problems, and figure out whether what it is doing is even working? One of the most important take-aways from our exercise is that this state of affairs is lamentable. *The United States must do better.*

Not only must it do better because U.S. women would benefit thereby, but the U.S. government, through the State Department's Office of Global Women's Issues and USAID, promotes programming to improve the status of women in other countries. We actually know more about what the U.S. government is going to help women *abroad*, including what the trends are, and whether programming is effective, than we know about our efforts to help U.S. women. That's completely unacceptable.

Furthermore, in some cases the situation of women in the U.S. may make our efforts abroad either hypocritical or risible. How can the U.S. justify efforts to reduce maternal mortality in Peru, when Black women in the United States have a worse maternal mortality rate than Peru does? How can the U.S. promote access to reproductive health services abroad while it is restricting access at home? How can the U.S. fight child marriage abroad when it fails to fight child marriage at home? How can the U.S. promote women's economic empowerment abroad with a straight face when it is one of the only countries in the world not to offer paid maternity leave? We argue that these contradictions severely undercut our WPS efforts abroad. Countries justify what they do and don't do for women on the basis of what the U.S. government does and doesn't do for U.S. women. By that standard, we do not provide an appropriate role model along many dimensions of women's situation.

We suggest that a major first step to be taken in doing better is to mandate that the U.S. federal government regularly assess the situation of U.S. women through a report very much like the report we have compiled here. We hope that our report can serve as a baseline against which

progress and regress of American women can be assessed on a more frequent basis. We call upon the White House Gender Policy Council to compile such a report every year.

We believe that the White House Gender Policy Council has the authority to remove many of the roadblocks our capstone team faced, thereby making an annual report possible. There are at least three steps to be taken here:

1. The Council should begin by establishing reporting mandates from every federal agency—mandates that cover not only the annual submission of data, but the continual collection and submission of data so that trends can be analyzed easily. In addition, if particular data is not being collected, or not being disaggregated, the Council can mandate corrective action.
2. In addition to data, it is also imperative for the Council to establish a central repository of the laws, programs, and regulations relevant to the issues facing U.S. women, and this should be made publicly accessible. Citizens deserve to know what is being done, and what the law is. In addition, this repository should note whether a program has lapsed, or a program’s funding has been cut—information that is almost impossible to come by in open-source documentation.
3. Further, as part of this reporting obligation, the Council should mandate assessment of the efficacy of the programs, including an analysis of trends over time in the situation of U.S. women since programs were implemented.
4. Pursuant to this annual reporting obligation, the Council should put forth a legislative and policy agenda to improve the situation of women, addressing Congress and the White House on both the report and the agenda derived from it.

The U.S. not only has the capacity and ability to create such a report, but an obligation to understand how women in the U.S. are faring. Meaningful programs cannot be implemented if there is no data regarding the issues women face. This leads to ineffective programs that place a band-aid over complex problems that have been plaguing American women for decades, stymying real progress. If the U.S. wants to serve as a global model for women’s presence in representation, leadership, and democracy, as the Biden-Harris Administration’s National Strategy on Gender Equity and Equality suggests, the country and its leaders *must* pay closer attention to what is going on at home. We call upon the U.S. government to mandate an Annual Report on the State of U.S. Women.

We welcome feedback, additional data, corrections, and suggestions to this report. Please contact Dr. Valerie Hudson at [vhudson@tamu.edu](mailto:vhudson@tamu.edu)

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## SECTION 3: FAMILY AND PERSONAL STATUS LAW

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