MORE TO DO:
The Road to Equality for Women in the United States
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Executive Summary

Despite the successes of the women's movement over the last 40 years, significant barriers to full equality and inclusion remain, particularly for marginalized women. This report proposes a benchmark for the status of women today and a guide to critical policy changes that can help women overcome challenges in the areas of economic justice, reproductive justice and safety.

Given the projected population growth of people of color and immigrants, this report gives particular attention to the specific concerns of women in these groups. Such women belong to the most marginalized communities in our nation, and the issues most relevant to their well-being are not often reflected in our national policy agenda.

This report's focus on economic justice, reproductive justice and safety reflects the Ms. Foundation for Women's long-standing commitment to improving all aspects of women's lives.

Among the report's central findings:

- Women are marginalized in the economy, consistently relegated to the lowest-paying sectors, which are further stratified by race;
- Control over women's bodies and access to health care, particularly for women of color and low-income women, is being legislated primarily by men, with a dangerous narrowing of health options for all women; and
- Violence still tops the list of concerns for women at every age, with an increasingly evident pattern that begins with the sexual abuse of children.

Many of the policy recommendations in the report either explicitly or implicitly call for an engaged and empathetic government that provides funding for vital services and recognizes the needs of its most marginalized communities.

The report provides specific policy recommendations to address these vital concerns. Solutions include increased public funding for child care and early education, combined with an increased minimum wage. Such changes would benefit millions of women who remain concentrated in low-wage jobs and struggle against unaffordable child care and lack of other employment opportunities.

The dramatic inequities in access to health care can be largely addressed through implementation of the Affordable Care Act, repeal of the Medicaid waiting period for immigrants and an end to the total exclusion from non-emergency health care for undocumented immigrants. Removal of legislative barriers to reproductive health care services, including abortion, remains a priority.

To address violence against women, the report advocates such policy changes as the establishment of required national standards for child sexual abuse prevention for youth-serving organizations, increasing resources for female service members who experience military sexual trauma and reauthorization of the Violence Against Women Act, including protections for immigrant, LGBT and Native American women.

Urgent action and energetic leadership are needed to shift the national policy debate away from approaches that exacerbate these inequalities and toward a government that recognizes the inequalities and injustices women endure and prioritizes policies that lift up low-income women and families.
Introduction

A woman born in the United States 40 years ago inhabits a very different world today. She has likely heard a lot about “how far women have come” since 1973 — from her mother and grandmother, or from politicians and feminist leaders. However familiar, theirs is a story worth listening to, not merely as a lesson about the past, but for what it portends for our collective future, and what remains to be done to bring genuine, widespread equality.

Before the women’s movement, every aspect of society, from the legal system to academia to the entertainment industry, reinforced women’s second-class status. Women lived under laws giving their husbands control of their property and earnings, and they needed a man’s endorsement to go into business or obtain a credit card. They were barred from serving on juries in some states and excluded from many universities, professional schools and fields of work. They were stereotyped in stage and film roles, and few were accepted as directors, producers or writers.

So, what kind of world can a girl born in 2013 expect to see 40 years from now? What will the women of today tell their daughters in 2053?

The answer depends very much on whether and how our society responds to the critical issues facing women today. We should feel grateful that women across the United States — many of them social justice trailblazers and leaders from marginalized communities — had the vision and drive to fight for women’s rights over the past 40 years. But we must also acknowledge that there is more — much more — work left to do before women achieve equity and justice in our society. Our mission is critical, not just for women, but for everyone with a stake in our nation’s future.
The New Demographics: Dramatic Population Changes Portend Challenges & Opportunities

The United States is a “woman’s nation.” Of the current population of 311 million, 50.7 percent are women. In some cohorts of the population, women further outnumber men: This begins in the 25–29 age range and continues later in life. For example, the 22.7 million women aged 65 and over significantly outnumber their 16.8 million male peers. However, this dominant presence in society has not often translated into women’s political or economic power.

Significantly, race and ethnicity make a difference at the most basic level of demographic data. For example, among Latinos in the United States, men slightly outnumber women; for African Americans, by contrast, 2002 data recorded only 87 men for every 100 women, a gender disparity much greater than for other racial and ethnic populations.

By 2050, the Census Bureau predicts a U.S. population of 439 million, an increase of 55 percent since 2000. Nearly all of that growth will be driven by communities of color, particularly Latinos. People of color, now roughly one-third of the U.S. population, are expected to make up 54 percent of the population by 2050. This change in the racial mix of the population will come even sooner for those under age 16: people of color will comprise more than half of this group by 2023. Similarly, people of color will make up more than half of the working-age population (ages 18 to 64) by 2039.

By 2050, almost one in three Americans will be Latino. The African-American population will grow to 15 percent of the overall population, with Asians making up 9.2 percent. The non-Latino white population will actually decline as the United States approaches 2050: Whites will comprise 46 percent of the overall population, down from 66 percent in 2008.

As we experience these profound demographic changes, the proportion of immigrants within the U.S. population will likewise grow. As of 2008, immigrants constituted 12.3 percent of all U.S. women, and immigrant women accounted for just under half of the total foreign-born population. The Pew Research Center reports that, by 2025, the immigrant share of the population will surpass its peak during the last great wave of immigration in the early 20th century. By 2050, almost one in five Americans (19 percent) will be an immigrant, up from one in eight (12 percent) in 2005.

The age of the overall U.S. population will also increase over the coming decades. In 2030, nearly one in five U.S. residents is expected to be 65 and older. The female-dominated 85-and-older population will see particularly significant growth: It is expected to more than triple, from 5.4 million to 19 million between 2008 and 2050. Women aged 85 and over will make up 8.5 percent of all women in the United States.

This aging population will require significant care. The total number of Americans in need of long-term care is expected to more than double from 13 million in 2000 to 27 million in 2050.

Factor in race, however, and the picture changes. In 2009, the median age for Latinos was 27.4 years, compared to 36.8 years for the total population. More than one-third of the Latino population was younger than 18, compared to approximately one-fourth of the total population. In addition, approximately 5.6 percent of the Latino population in 2009 was 65 and older, compared to 12.9 percent of the total population.

Given the projected population growth of people of color and immigrants, wherever possible this report focuses on the specific economic, safety and health concerns of women in these groups. Such women often belong to the most marginalized communities in our nation, and thus, the issues most relevant to their lives are often not reflected in our national policy agenda and in our various movements. How we as a society choose to address the concerns of women of color and immigrant women today will affect a significant proportion of the population 40 years from now and will determine...
the success of various political movements and the extent to which we are able to construct the nation of equality we seek. We must seize the opportunity we have now to advance solutions for problems that loom tomorrow — not just for women, but for everyone in the United States.

**Organization & Methodology**

This report seeks to analyze women’s changing demographics, provide a broad overview that connects the dots among key areas of concern facing women today and provide policy recommendations that can significantly improve the social and economic status of women in the United States.

In each section, the report first examines overall trends for women, and then draws on disaggregated data to present a more nuanced picture. Wherever possible, we present data through the lens of race, ethnicity, immigrant status, age, disability and/or sexual orientation. However, this analysis is often limited by the lack of research and data that could shed more light on our nation’s rapidly shifting population. If we are to move forward toward a nation of equality for all women, investments in obtaining such information will be necessary so that we all have a better understanding of the challenges that such communities face.

At the end of each section, we provide policy recommendations focused on government actions of two kinds: raising standards and realizing rights. This structure acknowledges that rights must not only be established and elevated, but also protected and enforced by our government. Our recommendations are by no means comprehensive, but represent top-line thinking on a range of urgent issues that women in our nation face.

**Terminology**

Where possible, we consistently use the following terms when referring to race or ethnicity: African American, Latino/a, Asian and Native American. In instances in which we cite a study that employs specific terminology (e.g., “black,” “non-white Hispanic” or “Asian American/Pacific Islander”), we have left the original language intact to avoid confusion about the data or conclusions. We also recognize that much more data needs to be gathered to shed light on the full extent of our diversity, since many of these racial categories describe a very diverse community. For example, the term “Latina/Latino” refers to people from many nations of origin, for many of whom Spanish may not be a uniting language. This is even truer of Asian American and Pacific Islanders, a community comprised of people from 36 nations and with an enormous range of languages.
Only 20 of 821 occupations have lower average wages than child care workers.


Wages Earned by Demographic

- Men: $1.00
- Asian Women: 95¢
- White Women: 82¢
- Black Women: 68¢
- Latina Women: 59¢

*Average statistics

Source: Institute for Women’s Policy Research.

Families with Two Children

- Annual rent or mortgage payments
- Child care fees

*Average payments in 18 states

Source: Nat’l Assoc. of Child Care Resource and Referral Agencies.

Minimum-wage workers (and sub-minimum-wage)

- Women: 63%
- Men: 37%

*Approximate

The world we live in

Since American women joined the formal workforce en masse during World War II, they have played a growing role as workers and breadwinners, signaling a profound economic and social shift. Currently, 71.3 percent of women with children are in the labor force, and in 29 percent of dual-earner families, women are the primary earners.11

The dramatic increase in women workers has given rise to the idea that women are succeeding at the expense of men, who face a decline in economic and social status.12 But for all of their progress, women have yet to attain parity with men in the workplace. Over a lifetime of work, the average woman earns about $380,000 less than the average working man.13 Indeed, women’s wages have stagnated at around 80 percent of men’s, and women have not pierced the upper echelons of business leadership in any significant numbers.14 Similarly, workforce segregation persists, with women overrepresented in minimum-wage jobs.15

Efforts to hold employers accountable for pay discrimination continue to be hard-won. In January 2009, President Obama signed the Lily Ledbetter Fair Pay Act, which represents a small step toward ensuring that individuals have recourse when they discover wage discrimination by eliminating the 180-day statute of limitations to bring federal pay-discrimination claims. The Act was passed in direct response to a 2007 Supreme Court decision against Lily Ledbetter, a female supervisor in an Alabama Goodyear plant who learned, after more than two decades on the job, that she was being paid 40 percent less than male co-workers in the same job. This law represents an important improvement for women who have managed to overcome employment discrimination only to face wage discrimination. However, countless women still do equal work for lesser pay, but have no way to prove or address such discrimination. Most employers — including large corporations — do not provide information about salary bands or ranges and require strict secrecy in employment contracts.

Over a lifetime of work, the average woman earns about $380,000 less than the average working man.

Source: U.S. Department of Labor.
The Gender Gap, the Wage Gap and Today’s Economy

Our current recession, with increases in joblessness and home foreclosures, has affected many families and communities; but to the extent that women and women of color are concentrated in low-wage sectors of the economy, they experience the impacts more acutely.

From 2008 to 2009, early in the downturn, women retained jobs at a greater rate than men, perhaps because they worked in sectors that had already been cut to the bone. However, as the recession continued, women’s positions — particularly in the public sector — were increasingly vulnerable to cuts, while men began to experience decreases in joblessness. The economic recovery has been significantly slower for women than for men. By 2011, women had regained only 11 percent of jobs lost in the recession, to men’s 24 percent. By late 2012, the outlook had improved somewhat, with women regaining 46 percent of jobs lost, compared to a 50 percent gain for men.

From Boomers to Millennials, Women Remain in Traditional Jobs

Women are still largely missing from the corporate corner office, the operating room and the construction site; despite gains in some sectors, younger women are increasingly likely to move into gender-segregated positions. In 2008, only 5.8 percent of employed women were doing non-traditional work. Those in non-traditional jobs face gender discrimination: Although they earn 20 to 30 percent more than women in traditional occupations, their earnings still fall below men’s in comparable positions. They also face sexual harassment and, as discussed further below, lack of access to affordable child care.

Four out of five of women are concentrated in only 20 of the more than 440 occupations identified by the Bureau of Labor Statistics. Not surprisingly, these 20 are jobs that have been historically considered “women’s work,” such as secretaries, home health aides, child care providers, nurses, school-teachers and waitresses. Many of these job categories have average salaries that are barely above the federal poverty line. Further, even within these traditionally female jobs, women face wage discrimination. In the restaurant industry, for instance, women make up 72.4 percent of tipped workers, but earn a median wage of $9.04 to men’s $9.87. Women are also concentrated at the low end of hourly wage jobs, with 7 percent of women paid hourly wages at or below minimum wage compared with only 5 percent of men. Overall, approximately 63 percent of minimum- and sub-minimum-wage workers are women.

Women’s Earning Power: Increasingly Important to Families, But Still Stagnant

Wage disparities and industry segregation persist at a time when women’s earnings are indispensable to families. Of married couples with children, more than 1.5 million (or 6.7 percent) relied exclusively on women’s earnings at some point in 2009. Among two-earner families, almost 60 percent relied on both parents’ earnings in 2009. Of families headed by single mothers, 28.7 percent — 4 million of them — lived in poverty compared with 13 percent (or 670,000) of those headed by men. And the difference in household income between married and single parents is significant — only 5.9% of families headed by married parents live in poverty.

Unfortunately, women’s earning power remains constricted by a number of factors. First, women are less likely than men to be union members: 11.1 percent of women versus 12.6 percent of men — a significant disparity since union members earn more on average than their non-union counterparts. Second, more women than men are underemployed (i.e., in part-time or seasonal jobs) and unable to achieve their full earning potential. Third, about 26 percent of working women are in part-time jobs. With so many women in part-time jobs and with smaller employers, they lack benefits and job security.
example, less than half of all female workers (46 percent) and only 20 percent of new mothers are estimated to be covered by the Family Medical Leave Act (FMLA), which guarantees some unpaid leave to care for new babies and family members but applies only to full-time employees in workplaces employing 50 or more.22 Even for full-time employees, a 2011 report found that only 17 percent had the right to paid maternity leave beyond short-term disability.23

Antiquated gender norms and persistent social pressures compound the difficulties facing women. Data also demonstrates the bias against men who contribute to family responsibilities. A 2003 study found that men taking leave to provide care for a newborn or an elderly family member were rated more negatively in the workplace than their male counterparts who did not take a leave, whereas women were rated the same whether or not they took such leave.24

**Economic Disparities Hit Women of Color Hardest**

Women of color, including immigrants, are a growing demographic in America making valuable contributions as members of the workforce. Yet, our country’s long and shameful history of structural racism — a legacy of slavery — has kept economic success out of reach for many. Even in the 21st century, the playing field is still far from level. Wage data indicate that African-American women can expect to earn only 68 cents, and Latinas only 59 cents, for every dollar earned by a man; by contrast, white women earn 82 cents. Consistent with research indicating that job segregation contributes to these wage disparities, in 2009, occupational gender segregation was greatest for Latinas. Immigrant women, particularly those who are undocumented, face high levels of poverty. Lacking work authorization, undocumented immigrant women often receive substandard wages. For example, among undocumented Mexican workers, males earned 35 percent less than the overall immigrant population, while the gap rose to 39 percent for undocumented women.25

Family status also determines women’s economic health, and here again, women of color are hit hardest. Single women with families have the lowest household earnings of all family types:26 Almost 43 percent are poor, with 17 percent receiving some welfare assistance during the course of a year.27 Ninety percent of household heads on the TANF (Temporary Assistance for Needy Families) caseload are women.28 The poverty numbers are even higher for single women of color with children: 47.5 percent for African-American female-headed families, 50.3 percent for Latina female-headed families and 53.8 percent for Native-American female-headed families.29 As noted above, the prevalence of women of color in low-wage jobs creates all kinds of instabilities in terms of earnings, child care, paid sick leave and health care that create nearly insurmountable barriers to success.

**The Many Faces of Female Poverty**

Women with disabilities are among the most impoverished groups in the United States. They are more than twice as likely as non-disabled women to report being unable to pay their rent or having to move in with others to save money.30 The lack of data on this group makes the causes difficult to parse, but studies have pointed to the high cost of disablement in the United States because government benefit programs and private insurance typically do not cover all related expenses; women with disabilities are also less likely to marry, which, in turn, gives them diminished access to the resources of a spouse.41

The poverty rate among older unmarried women is also high. As Wider Opportunities for Women, a Ms. Foundation grantee, has explained, over time women accumulate disadvantages that lead to poverty in old age.42 For all elderly women, the poverty rate is 11.5 percent.43 However, in 2010, 17 percent of women over age 65 living alone lived in poverty.44 Older women of color are the poorest in retirement: Of women over age 65, in 2010, 20.5 percent of black women, 20.9 percent of Latinas and 15.3 percent of Native Americans lived in poverty.45 Older men fare better, drawing more in Social Security payments and pensions.46 Fewer than one in three women receives pension income compared to nearly one in two men, for example.47 And of those older individuals who are still working, older men out-earn older women almost two to one ($20,000 for men and $11,297 for women annually).48

Transgender people report two times the rate of unemployment of non-transgender people. Indeed, according to a 2011 national survey, almost half of transgender people have experienced adverse job outcomes, such as being fired for being transgender or gender-non-conforming.49 Lesbians experience similar economic disadvantage. Data compiled by the Williams Institute at UCLA indicate that among
people aged 18 to 44, 24 percent of lesbians and bisexual women are poor, compared with only 19 percent of heterosexual women. Similarly, lesbian couples have a higher poverty rate than married heterosexual or gay male couples. Lesbians who are 65 or older are twice as likely to be poor as heterosexual married couples. Not surprisingly, nearly half of college-educated gays and lesbians hide their sexual orientation at work, according to the Center for Work-Life Policy.

The unavailability of paid sick leave is another problem for working women, who generally serve as the primary caregivers to children and the elderly. In fact, for each additional child under the age of 6, a mother is 5 percent more likely to require a work absence in a given year. However, because more women than men work part-time, and because women are concentrated in low-wage jobs, they are less likely than men to have paid sick or family leave.

Again, the numbers for people of color are even more dismal because of their prevalence in low-wage and part-time jobs, which provide few benefits to support work-family balance. Latinas, for instance, have the least access to paid sick leave, at only 46 percent.

Child care is also a significant barrier for working families. In the United States, in contrast to other developed countries, 90 percent of child care costs are assumed by parents, with few, very low-income families qualifying for subsidies. In 2010, across the United States, average center-based child care fees for an infant exceeded the average amount families spent on food, and, in nearly half the states, exceeded the average amount for rent. Fees for families with two children exceeded the average annual rent or mortgage payments in 18 states; in 35 states and the District of Columbia, infant care was more than public college tuition. In 2008, the average cost of full-day care for an infant was equal to 41 percent of the median income for single mothers, an astounding figure but not surprising given that nearly 43 percent of single women with families are classified as poor. This overwhelming need for child care remains unmet and is still seen as the personal responsibility of families, especially mothers. For low-income women and communities of color, in particular, lack of access to affordable, flexible and quality child care is the biggest impediment to economic security, productivity and advancement. These groups would benefit most from improvements to the informal child care sector (e.g., in-home and family, friend and neighbor [FFN] care), which is more flexible, affordable and geographically accessible. Quality child care is important for all children and can contribute to healthier futures for low-income children.

Research links early care and education to children’s development in low-income families, including their status upon entry in school and early school progress, with effects continuing through adolescence and early adulthood. Recognizing and treating access to care, including child care, as a collective societal responsibility would be transformative.

The Road to Equality

Lack of Support for Work-Family Balance Affects Women at Every Level

Today’s workplace has yet to adjust to the now-prevalent family model of two working parents, let alone single parents or individuals who care for both elderly family members and children (the so-called “sandwich generation”). Because caregiving and household duties still fall disproportionately on women, the persistent lack of workplace flexibility or work support — like child care, paid sick leave and family medical leave — affects women at every level of the economy. Indeed, this lack is largely responsible for the continued wage and gender gap.

Reconciling work and care is a particular challenge for families with few economic resources. Of low-wage female workers, only a small percentage have access to flexible work schedules or flexible child care, and this figure is even lower for African-American women and Latinas. While such figures are not available for immigrant women or Native-American communities, their prevalence in low-wage jobs (which tend to lack flexibility) suggests similar outcomes.

On one side of the child care contract are parents struggling to find affordable child care so that they can work. For many families, the cost of child care may impede women’s ability to work outside the home — because child care often falls on women, and women typically earn less than they should (i.e.,...
less than men). On the other side of this contract are child care workers — 94.6 percent of whom are female, with an average income of $20,350, or about 120 percent of the federal poverty line for a family of three. The overwhelming majority of child care workers are also women of color raising children themselves. The ironies here are exquisite: Women, especially women of color, are the losers all around. Yet, as an industry, child care is a growing sector and proven economic stimulus, with multiplier effects rivaling those in manufacturing and tourism.

The perception of child care as “women’s work” predominates, leading to the devaluation of this work and providers’ socioeconomic contributions. Child care providers are among the lowest paid and most vulnerable workers in our economy, whether employed at a center-based facility or self-employed in a home, and experience high turnover rates and lack of career advancement. According to the Bureau of Labor Statistics, only 20 of 821 occupations reported by the agency have lower average wages than child care workers. The realities are daunting: One-third of child care workers are self-employed and work out of their home, and therefore, lack access to unemployment compensation, health insurance, retirement and other benefits. Few of those employed by others are granted sick days or paid leave. Although unionization has made some inroads, in-home child care providers are isolated from professional communities and support and often cut off from opportunities for advancement, such as training on child development, health and safety or small business management skills. And many child care workers must find arrangements for their own young children — and face the same barriers to affordable care.

The Wealth Gap for Women of Color

While the pay gap for women of color is well documented, the wealth gap is potentially even more damaging to future generations. Wealth and income are related, but they are distinctly different. Wealth is the accumulation of assets, including physical and financial investments that can be sold for cash; income is the amount of money received per week, month or year.

According to a March 2010 report by the Insight Center for Community Economic Development, Lifting As We Climb: Women of Color, Wealth, and America’s Future:

- Single African-American and Latina women have median wealth of $100 and $120, respectively; the median for single white women is $41,500.
- While single white women in the prime working years of ages 36–49 have a median wealth of $42,600, the median wealth for women of color is only $5.
- Nearly half of all single African-American and Latina women have zero or negative wealth, meaning that their debts exceed their assets.
- While 57 percent of single white women own homes, the same is true for only 33 percent of single African-American women and 28 percent of single Latina women.
- Social Security is the only source of retirement income for more than 25 percent of African-American women.
- Prior to age 50, women of color have virtually no wealth at all.
Policy Recommendations

RAISING STANDARDS

1. **Substantially increase public funding for child care and early education.**

   In his 2013 State of the Union address, President Obama called for states to make high-quality preschool available to every child in America, recognizing that additional resources in child care and early education would produce better outcomes for children and increase work opportunities for parents. Interventions should include enhancing the Child and Dependent Care Tax Credit and increasing Head Start and federal funding for the Child Care and Development Block Grant Program (CCDBG) to help states reduce waiting lists for subsidized child care. However, because states have wide latitude in spending block grant funds, greater oversight and accountability for CCDBG is needed to ensure that funding is directed toward its intended goal. Existing child care subsidies should be prioritized for low-income working parents and people transitioning off public assistance.

2. **Encourage companies to allow flexible scheduling, provide child care subsidies and implement other family-friendly policies that are good for businesses and the economy.**

   Deloitte Touche Tohmatsu, a professional services consulting business, estimated that implementing flexible work arrangements in 2003 resulted in savings of $41.5 million in reduced turnover costs for their company. Flex programs in Germany, the United Kingdom and Australia have not caused decreased profits or unmet customer demand, according to a survey of employers who have implemented these programs.67

3. **Raise the federal minimum wage and the minimum wage for tipped workers.**

   As President Obama acknowledged in his 2013 State of the Union address, the current federal minimum wage of $7.25 per hour is simply too low and represents a near-poverty wage for a full-time worker. A modest increase, to $9.80 per hour, would at least begin to account for the rate of inflation: The buying power of the 1968 minimum wage is the equivalent of about $10.55 an hour today.68 According to the Economic Policy Institute, such an increase would significantly impact 28 million low-income workers and would especially benefit the women who labor in this tier of the economy.69 A longer-term goal is to abolish the tipped minimum wage. The abysmal rate of $2.13 per hour (which hasn’t changed in 21 years) forces employees to subsist almost entirely on tips — an unpredictable and unsustainable source of income. Indeed, the differential hourly wage has been a key factor behind increased poverty rates and growing economic insecurity for workers in the tipped industries — the vast majority of whom are women.70

   The Rebuild America Act proposed by Sen. Tom Harkin (D-IA) and a companion bill introduced in the House by Rep. George Miller (D-CA) include provisions to address these issues. The bill mandates that the tipped minimum wage be raised to 70 percent of the current federal minimum wage. While the ultimate goal is to abolish the tipped minimum wage, the bill is considered an important first step and has the support of key advocates such as Restaurant Opportunities Center, a Ms. Foundation grantee.
Policy Recommendations continued

4 Reform labor laws to provide federal minimum wage and overtime rights to the 1.7 million members of the home health care workforce.

Home health care is a growing field, but many of the workers in this industry — mostly women of color — are not covered by our nation’s most basic labor laws, and one in five live in poverty. The U.S. Department of Labor should issue a final rule amending the Fair Labor Standards Act regulations to bring in-home elder companions under the statute. Such protections would improve working conditions for an expanding workforce and ensure the availability of home care for the fast-growing elderly population.

State and federal lawmakers should also support proposals to better the lot of caregivers. In 2010, Domestic Workers United, a Ms. Foundation grantee, successfully advocated for passage of the nation’s first Domestic Workers Bill of Rights in New York. This historic law guarantees basic rights and protections for privately employed elder caregivers, as well as nannies and housekeepers. The group is now working nationally to secure passage of similar bills around the country.

5 Improve women’s access to non-traditional jobs.

Non-traditional jobs — both professional and managerial (e.g., civil engineer, physician or physicist) and nonprofessional (e.g., electrician, truck driver or auto mechanic) — pay more, expand career opportunities and offer better benefits. Yet, women face many barriers to access, including lack of information about opportunities, training, community support and child care, as well as sexual harassment on the job.

Ms. Foundation grantee Wider Opportunities for Women suggests that overcoming these barriers requires a focus on both changing institutions and supporting the individual woman. Among the reforms recommended are training for teachers, counselors and program administrators to support women’s access to non-traditional jobs, investment in programs that prepare women to succeed in non-traditional jobs and manage the challenges of working in male-dominated environments, and establishment of funding streams, such as the Women in Apprenticeship and Nontraditional Occupation Act, that promote recruitment, hiring, training and retention of women in non-traditional jobs.
Policy Recommendations continued

REALIZING RIGHTS

6 Advocate for strong pay-equity legislation, regulation and enforcement to protect employees and assist employers.

Proposed legislation such as the Paycheck Fairness Act would empower women by outlawing workplace policies that make disclosing one’s salary to co-workers a cause for being fired, thus, giving women an opportunity to discover whether they are being paid less than men for equal work. States should also be required to use audits to monitor and address pay differences. And employers should end abusive workplace policies that make it impossible for employees (the majority of them women) to earn a steady paycheck and complicate planning for other responsibilities like school and child care.¹²

7 Ensure that public assistance programs transition people into real jobs and make good use of federal child care subsidies.

At present, too many welfare-to-work programs fail to transition people into decent jobs, and “work activity” requirements attached to cash assistance often equate to unpaid labor, with no opportunities for education or advancement. Radical welfare reform is needed to raise benefit levels, improve access to assistance and create real jobs. In the meantime, states should pursue incremental reform via TANF waivers, toward the goal of building more effective public assistance and welfare-to-work systems.

States should also use federal welfare money more wisely. In many jurisdictions, for example, precious federal child care subsidies are wasted on forcing welfare recipients to participate in unpaid, dead-end “work activities,” instead of supporting low-income, working parents. A bill currently pending in New York state would free up millions of these subsidy dollars by waiving the “workfare” requirement for primary caretakers of children under age 1, thereby putting valuable federal money to its intended purpose as a low-income work support.¹³
The world we want

An America where all women have full economic parity.
**Maternal Mortality Rates**

Women of color experience maternal mortality rates nearly four times those of whites.

Source: Amnesty International.

**Women Who Lack Healthcare Coverage by Demographic**

**Latinas**

24%

**African Americans**

16%

**Whites**

13%

*Approximate: for women aged 18-64
Source: U.S. Dept. of Commerce.

**The U.S. teen pregnancy rate continues to be one of the highest in the industrialized world.**

Source: Guttmacher Institute.

**Enacted Abortion Restrictions by Year**

Source: Guttmacher Institute.
Reproductive autonomy is both inseparable from and fundamental to women’s overall health and well-being. As the United Nations Population Fund recently stated in declaring family planning a universal human right, “Not only does the ability for a couple to choose when and how many children to have help lift nations out of poverty, but it is also one of the most effective means of empowering women.”

Yet, in the United States, reproductive health care — and health care in general — is seen as a commodity and privilege, rather than a public good or right. Little wonder, then, that our nation’s extraordinarily high expenditures on health care do not result in commensurate health gains; indeed, U.S. women lag behind their developing-country counterparts in terms of maternal mortality, life expectancy and gender equality (a ranking that includes health and survival demographics). Gender inequality — along with racial and ethnic disparities — has also been recognized as one of the key drivers of the HIV/AIDS epidemic. Not coincidentally, our low international ranking on health is matched by the highest rate of child poverty among affluent nations.

The historic passage of the Affordable Care Act of 2010 (ACA) means that women now have greater access to affordable health insurance and health care. But the continued politicization of women’s health issues means that women must overcome many barriers before fully benefiting from the law’s potential. Across the United States, women and girls are routinely denied the fundamental human right to quality reproductive health, education and services, very often by politicians who claim to be proponents of “family values” while simultaneously slashing the social safety net that poor women rely on.

Today’s attacks on women’s access to reproductive health care undermine every woman’s human rights, but low-income women, women of color and immigrant women are particularly affected. Women with fewer resources suffer more from the defunding of Title X family planning clinics like Planned Parenthood and denial of insurance coverage for contraception and abortion. Immigrant women suffer from the five-year waiting period on applying for Medicaid. Low-income women who are victims of sexual assault also rely on clinics like Planned Parenthood to provide needed services, such as testing for HIV/AIDS and sexually transmitted infections (STIs), as well as abortion. And since a woman’s ability to control her health and reproductive choices has a very real impact on her family’s long-term financial stability, access to health care is a matter of economic justice. For instance, in families with a new baby, 12.9 percent become poor in the month the child was born; this figure increases to 24.6 percent for female-headed households.

As shown by the data discussed below, women overall have made gains in health outcomes, but disparities persist along the lines of race, class, immigrant status and sexual orientation. Similarly, significant legal and logistical barriers continue to undermine women’s access to health care. Only by identifying and addressing the systemic barriers that result in greater health disparities, and demanding accountability and social change through our political system, can we begin to achieve real gender equity and a stronger, more inclusive society.
Barriers to Reproductive Justice: the Battleground in the States

Abortion opponents have seized upon virtually every health-related initiative, from the Affordable Care Act to Medicaid reauthorization, as a proxy battleground, and the majority of these battles take place in the states. According to the Guttmacher Institute, states introduced a record 950 measures related to reproductive health and rights in 2011, with 68 percent of enacted provisions restricting access to abortion services – a striking increase from 2010, when 26 percent did so.

These numbers show no sign of abating: In the first quarter of 2012, legislators introduced 944 provisions related to reproductive health and rights in 45 of the 46 states whose legislatures convened. Fully half of these provisions would restrict access to abortion. A common strategy in both state and federal bills is to restrict women’s access to abortion, which often results in reducing access to the full range of sexual and reproductive health care services. Roadblocks to access include:

**State legislative restrictions**

Many states have enacted so-called “conscience clauses” that allow providers and companies to cite religious reasons for refusing to provide contraception, abortion and sterilization services and, in some instances, referrals. “Personhood” initiatives that give legal recognition to fetuses are also on the rise — more than 135 were proposed in 2012 alone — endangering most forms of birth control and making illegal in vitro fertilization. “TRAP laws,” or Targeted Regulation of Abortion Providers laws, single out doctors providing abortions and impose burdensome and unnecessary requirements that are different and/or more stringent than the legal requirements of other medical practices. States have also proposed or passed numerous barriers to informed decision-making, from gag rules on discussion of abortion in doctors’ offices and insufficient sex education to invasive ultrasound procedures and abortion waiting periods. These excessive government regulations are aimed at reducing the number of available providers and increasing the cost of abortion services. Lastly, parental notification laws impose barriers for teenagers and can compromise their safety and well-being. Many teenagers fear that disclosing a pregnancy to their parents will bring about physical or emotional harm.

**Geographical proximity**

According to the Kaiser Family Foundation, 87 percent of U.S. counties, home to 35 percent of women of reproductive age, have no abortion provider. Women in the Midwest and South are more likely than those in the Northeast or West to live in such a county. This issue is of particular concern for Latinas, since a growing proportion of new immigrant Latinas live in non-urban areas.

**Inequality**

The Hyde Amendment (passed in 1976 and still in effect), which bans federal funding for abortion in the Medicaid program, set the precedent for dozens of other laws that prevent federal health care programs from covering abortion for federal employees, women in the military and Peace Corps, disabled women, Native women and federal prisoners. These restrictions have a particularly harsh impact on low-income women and women of color and their families. Numerous states have proposed cuts to the federally funded Title X Family Planning Program, which pays for health screenings, contraception and family planning resources and is often the only source of preventive health care for low-income, uninsured women.

**Affordability**

The Affordable Care Act of 2010 increases health insurance coverage for contraception and preventive and prenatal care. However, women who lack employer-based coverage and fall just above the outdated federal poverty level (for Medicaid eligibility) — many of whom are low-income and women of color — must turn to the individual health insurance market, where they may be charged more for coverage, denied coverage for gender-specific conditions and sold plans that inadequately cover their health needs.

**Accuracy**

The right of women and girls to receive unbiased, accurate information about reproductive health is under threat. Many states require public schools to provide only “abstinence only until marriage” classes or programs instead of meeting comprehensive sex education standards. A growing number of taxpayer-funded Crisis Pregnancy Centers pose as comprehensive health providers and mislead or harass women with false information about abortion, birth control and sexually transmitted diseases.
The Road to Equality

All told, the right to self-determination is being eroded, starting in the most vulnerable communities, but ultimately impacting all women. Lawmakers’ relentless attempts to limit reproductive autonomy not only undermines all women’s ability to control their destinies, but also demonstrates a fundamental distrust of — and disrespect for — women’s decision-making about their own health, life and family.

The State of Reproductive Health

Trends in reproductive health show mixed data, especially when it comes to young people. Teen birth rates have continued to drop over the past few years, to a record low of 31.3 live births per 1,000 women aged 15–19 in 2011.12 Research shows that fewer high school students report having sexual intercourse, and more sexually active students use some method of contraception.17 Notwithstanding this decline, the U.S. teen pregnancy rate continues to be one of the highest in the industrialized world,18 with significant, short- and long-term social and economic impacts on teen parents and their children.

Only about 50 percent of teen mothers earn a high school diploma by age 22, versus approximately 90 percent of women who did not give birth during adolescence.19 In 2008, teen pregnancy and childbirth accounted for nearly $11 billion per year in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents and lost tax revenue because of lower educational attainment and income among teen mothers.20 The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager and face unemployment as a young adult.21

Sexually active teens and young adults are also more likely to contract an STI or HIV/AIDS. Teens make up only 25 percent of the sexually active population, but account for nearly half of new STI cases and 31 percent of new HIV infections.92 The lack of clear, effective and comprehensive sexual education programs is a major reason behind these troubling statistics. As with other areas of reproductive health care, education has been politicized: religious and conservative groups continue to push for “abstinence-only” programs — many of them faith-based — in the face of overwhelming evidence that such curricula do not decrease rates of sexual activity and result in higher rates of pregnancy, STIs and HIV/AIDS among young people.93

Compounding Factors: Health, Wealth & Race

As with economic and safety issues, poverty and race compound the reproductive health challenges faced by women in the United States. The Robert Wood Johnson Foundation has found that income and education — and correlated characteristics like wealth, occupation and neighborhood conditions — can influence health in myriad ways. The direct effects of poverty are complicated by the less obvious health effects of chronic stress that accompany a constant struggle to make basic ends meet.94 And as noted elsewhere in this report, the difficult socioeconomic conditions experienced by women of color stem in part from historical, systematic exclusion and bias.

Disparities in Access to Health Care Mean Disparities in Reproductive Health Outcomes

Not all women are similarly situated when it comes to their health. Among women aged 18 to 64, 24 percent of Latinas and 16 percent of African Americans lack health care coverage, compared to only 13.3 percent of whites.95 Disparities in health care access extend beyond race: Twenty-eight percent of single mothers are uninsured, as are 35 percent of foreign-born women. Discrimination in accessing care is also a factor: Transgender people and lesbians often experience significant difficulty in getting the attention and treatment they need.96

Latinas and other immigrant women face cultural and language barriers in seeking and obtaining health care. Low-income immigrants may not qualify for public health insurance due to immigration status (legal permanent residents are not covered by Medicaid during their first five years of residency, and undocumented immigrants are only covered by Medicaid for emergencies). Even those who are eligible, or whose children are eligible, may avoid enrolling themselves or their children for fear that it will undermine their ability to stay in the country.97 Over the last decade, the number of Latinas receiving Medicaid has declined from 29 percent to 12 percent, despite the fact that a significant number of Latinas continue to live in poverty.98 Non-English speakers and those who are limited in English proficiency are often denied language-appropriate treatment, information and pharmaceutical instruction, with potentially grave results.99
Because immigrants, women of color, youth and other disadvantaged groups have more difficulty accessing health care in general, they also suffer disadvantages when it comes to reproductive health and family planning. The Centers for Disease Control and Prevention (CDC) has found that, among young women, non-Hispanic blacks, Hispanics/Latinos, American Indians/Alaska Natives and the socioeconomically disadvantaged have higher rates of teen pregnancy and childbirth. Black and Hispanic youth comprised 57 percent of U.S. teen births in 2011, with detrimental impact on education and well-being.101

Most women who obtain abortions — approximately 75 percent — report that economics played a role in their decision.102 Given this and other statistics, policymakers concerned about rates of abortion would thus do well to focus on raising the economic status of women rather than engaging in “shame and blame.”

Women of color experience maternal mortality rates nearly four times those of whites, due in part to disparate rates of prenatal care, discrimination in hospitals103 and systemic failures within the hospital system, including understaffing and inadequate and variable quality of care. While 88.1 percent of white women begin prenatal care in their first trimester, only 76.1 percent of African Americans and 77.3 percent of Latinas do so — a consequence of these groups having limited or no insurance.

These disparities in access to reproductive health care also result in disparate rates of STIs and cervical cancer for women of color. In 2009, the chlamydia rate for black women was eight times higher than for whites.104 The incidence of cervical cancer for Latinas is almost twice that of non-Latina white women, and black women and Latinas have the highest mortality rate from cervical cancer, a highly preventable disease (85 percent of women who die from cervical cancer never had a pap smear).105 All these statistics could be improved through access to basic health care services. Paid sick leave would also help by preventing low-income women from having to choose between their health and earning money. African-American women and Latinas are less likely to have paid sick leave; only 46 percent of Latinas do.106

**Women and HIV/AIDS**

Barriers to reproductive health care are also a major factor in women’s rates of HIV/AIDS infection. Research shows little clinical variance between women and men living with HIV, yet women living with HIV experience substantial treatment and health outcome disparities in comparison to men.107 Many women with HIV are low-income and struggling to support their families, potentially complicating the management of their illness. Further, intimate partner violence has been closely linked with HIV risk and HIV infection for women and men, both as victims and perpetrators of violence, but little research has been done to identify best practice interventions that address the prevalence of this intersection.108

As with so many societal ills, women of color suffer disproportionately. Research indicates only minor differences between the sexual risk-taking behaviors of white women and women of color, yet the incidence of HIV/AIDS among women of color has increased over time.109 While the causes of these disparities are complex and interconnected, they point to deficiencies in access to medical care, HIV testing and information for women of color and women who are poor, as well as much higher rates of inadequate or non-existent health insurance.110

Black women in particular have been hard hit: They represent the majority of new HIV infections and AIDS diagnoses among women and constitute the majority of women living with the disease.111 The rate of new AIDS diagnoses for black women in 2010 was 33.7 per 100,000, or 22 times the rate for white women (1.5). The rate for women of multiple races (13.1) was nine times the rate for white women, while the rate for Latinas (7.1) was five times as high. The rate was 5.4 for Native Hawaiian/Other Pacific Islander women, 4.6 for American Indian/Alaska Native women, and 1.2 for Asian women. HIV incidence and prevalence rates for women by race/ethnicity show a similar pattern.112

Given these trends and issues, efforts to stem the tide of the U.S. HIV/AIDS epidemic will increasingly depend on how we address the gender dimensions of the epidemic and to what extent we address its effect on women and girls. A 2010 gender audit of the National HIV/AIDS Strategy (NHAS) noted the
lack of a specific strategy for women and set out a series of recommenda-
tions to improve all women’s, including transgender women’s, access to HIV prevention, care and treatment. One of the most critical gaps, the audit noted, is the lack of concrete recommendations for the integration of women-centered services, such as sexual and reproductive health care, into HIV care and treatment. Another critical gap lies within the current outdated CDC HIV surveillance system that does not classify, count and prioritize women as a risk group.

In the same vein, the President’s Advisory Council on HIV/AIDS (PACHA) recently issued a resolution on the needs of women living with HIV/AIDS, calling for the NHAS to be amended to address the disparities in health outcomes.

Dispatches from the War on Women:
Diverse Coalition Defeats a Stealth Anti-Abortion Bill

The “Prenatal Nondiscrimination Act,” introduced into the House of Representatives in 2012 by Arizona Republican Trent Franks, had a benign-enough title. But advocates for women and people of color — particularly the Asian-American community, which the bill targeted — weren’t fooled.

Known as “PRENDA,” the bill would ostensibly ban abortions performed on the basis of sex, requiring doctors and nurses to report suspected sex-selective abortions to the authorities, under threat of civil and criminal penalties. Supporters claimed that the legislation would combat sex-selective abortion and prevent the United States from becoming a "safe-haven" for women — particularly Asian Americans — trying to guarantee the sex of their babies.

In reality, PRENDA would merely further the stigmatization of women seeking an abortion. International experts working to address sex-selection agree that the best remedy is not to criminalize the practice, which only pushes it behind closed doors, but to address the root economic, social and cultural causes of sex inequality.

The bill’s sponsor, Rep. Franks, is a consistent opponent of abortion and progressive economic policies. In 2011, he championed an earlier version of PRENDA, the “Susan B. Anthony and Frederick Douglass Prenatal Nondiscrimination Act.” That proposal — which was voted down — sought to limit abortions by arguing that African-American mothers were engaging in racial discrimination by choosing to have an abortion.

Fortunately, the updated version of PRENDA was also defeated, due in no small part to the work of a diverse coalition that included the National Asian Pacific American Women’s Forum, a Ms. Foundation grantee.

This billboard in lower Manhattan, funded by an anti-abortion group, courted controversy by suggesting that African-American women were committing racial genocide by choosing to have an abortion. Similarly, a bill introduced in the House, the “Susan B. Anthony and Frederick Douglass Prenatal Nondiscrimination Act,” sought criminal penalties for medical professionals who failed to report a suspected sex- or race-based abortion to law enforcement. The bill, introduced in 2011, was defeated.
Policy Recommendations

RAISING STANDARDS

1. Adopt ACA Medicaid expansions at the state level, including coverage for immigrants, and increase public funding for family planning through Title X.

The dramatic inequities in health among women in the United States can largely be addressed through access to basic health care. The federal Affordable Care Act is an important step in that direction. However, it has limitations, such as the exclusion of undocumented immigrants, which includes children. This law should be revised to expand coverage, as the deliberate exclusion of immigrants, even those benefitting from President Obama’s deferred action program, undermines the ACA’s principle of health equity and access to those most in need.

In addition, in June 2012, the U. S. Supreme Court ruled that each state can choose whether to expand its Medicaid programs to cover citizens living at up to 133 percent of the federal poverty level. Realizing access to the full range of comprehensive reproductive health services for countless low-income people, including 4.6 million women of reproductive age, requires that states adopt the Medicaid expansion. States that choose to expand Medicaid by 2016 will benefit from significant financial incentives, with the federal government picking up 100 percent of the costs. Nevertheless, at least nine states have already opted not to expand Medicaid.

States should also increase their shares of public funding for family planning services, and fight efforts to defund Title X family planning clinics and legislate unnecessary provisions — such as ultrasounds, mandatory waiting periods and TRAP laws (Targeted Regulations Against Abortion Providers).

2. Implement comprehensive sex education curricula at the state level to ensure that young people receive accurate and life-saving information.

In January 2012, four leading health organizations released the first national standards for sexuality education in schools. The standards call for educators to provide clear, consistent and straightforward guidance on sexuality education that is developmentally and age-appropriate for students in kindergarten through grade 12. States should adopt these standards and reject attempts to impose “abstinence only until marriage” curricula or other biased programs.
Policy Recommendations continued

REALIZING RIGHTS

3 Repeal the five-year waiting period for legal permanent residents accessing Medicaid.

Medicaid coverage facilitates access to essential reproductive and other health care services for low-income women, but is curtailed by a five-year waiting period for legal permanent residents in many states. As the National Latina Institute for Reproductive Health, a Ms. Foundation grantee, has stated, “The exclusion of Latina immigrants from Medicaid for the first five years of residency is a great injustice”—and one that will ultimately harm not only Latinas, but all members of society.

4 Repeal state and federal legislative barriers to abortion access.

For many women, the multitude of state-level abortion restrictions add up to a de facto ban on abortion. State legislatures should resist attempts to ban access to abortion and instead repeal restrictions to women’s reproductive autonomy. On the federal level, repeal of the Hyde Amendment is a crucial first step in improving access to abortion for women of color and other marginalized groups. In short, women’s reproductive autonomy should not be subjected to partisan political battles but recognized as an essential and inalienable right.

5 Integrate services for family planning, HIV testing, HIV/AIDS services and intimate partner violence across health centers in the United States.

Funding and services for these deeply connected issues have been irrationally isolated, with grave implications. As recommended by the 30 for 30 campaign (spearheaded by the National Black Leadership Commission on AIDS), relevant agencies must integrate HIV testing and service delivery and provider training in the three health care areas of greatest importance to women: (1) HIV prevention, treatment and care; (2) sexual and reproductive health services; and (3) intimate partner violence prevention and counseling.

6 Adopt the President’s Advisory Council on HIV/AIDS (PACHA) resolution on the needs of women living with HIV.

PACHA recommends that the National HIV/AIDS Strategy Plan address the needs of women by better evaluating strategies relating to women and HIV/AIDS, specifically prioritizing women in surveillance methods and routinely offering HIV testing services at any family planning and sexual health care clinic; making gender-sensitive care for women with HIV more available through the integration of HIV care and prevention services with sexual and reproductive health care and intimate partner violence prevention and counseling; expanding housing and services for women with HIV; producing more refined data that analyze the unique health and service needs of women with HIV; and expanding research into the development of women-controlled prevention methods.
The world we want

An America where women have full decision-making authority over their bodies & unfettered access to health care.
Gender-based violence remains a prevalent and complex problem in the United States. It is well understood that physical violations of women and children are fundamentally grounded in issues of power and control — and therefore, related to women’s relatively weak economic status and gender stereotypes of women as victims and of men as acting beyond their control. Consider Missouri Senate candidate Todd Akin’s notorious election-year comment about “legitimate rape,” or the statement by Wisconsin Rep. Roger Rivard that “some women just rape easy.” The uproar over these remarks indicates how far we’ve come and how far we have to go.

As a result of grassroots efforts leading to the enactment of the Violence Against Women Act (VAWA) in 1994, which continue today, we have made important inroads against gender-based violence. Violent assaults against women in the United States are down overall, and most workplaces and schools claim a “no tolerance policy” on sexual harassment. However, despite such progress, the serious emotional, physical and financial impact of violence on women and girls persists in epidemic proportions.

90% of child sexual abuse cases are not reported.

*Estimated for all children under 18.
Source: Centers for Disease Control and Prevention.

18% – 20% of female students suffer rape or another form of sexual assault during their college years

Source: National Institute of Justice.
Female inmates are more than twice as likely as male inmates to report inmate-on-inmate sexual victimization.

Source: Bureau of Justice Statistics.

Sexual Harassment by Level of Authority

Females without supervisory authority

Female managers

137% more sexual harassment

Source: H. McLaughlin, Univ. of Minnesota.

Sexual Assault
Native Americans vs. Other

Native American Women

Other Women

2.5 x

Native American women are 2.5 times more likely to be raped or sexually assaulted than other women.

Source: Bureau of Justice Statistics.
The Number One Victims of Rape: Children

Adult rape is generally taken seriously, as a grave and significant crime. Yet, many people aren’t aware that children are victims of rape at a much higher rate than adults. Nearly 70 percent of reported sexual assaults overall are perpetrated against children aged 17 and younger, and of these, 86 percent of the victims are female. In 2000, sexual assault among youth aged 12 to 17 was 2.3 times higher than for adults. Adult retrospective studies show that one in four women and one in six men were sexually abused before the age of 18, meaning that more than 42 million adult survivors live in the United States today. And this figure does not account for the upward of 90 percent of child sexual abuse cases that go unreported.

How has the shocking ubiquity of child sexual abuse managed to escape public scrutiny? One obstacle is survivors’ understandable reluctance to disclose such victimization and trauma. Even when people are made aware — for example, of the high-profile, epidemic reports of Penn State, the Boy Scouts and the Catholic Church — most lack the knowledge and tools to address child sexual abuse in their respective spheres of life. Few of the institutions in which we trust adults to care for our children have policies, practices and accountability systems in place to prevent child sex abuse, and to the extent that they do, these policies are clearly inadequate and sometimes ignored.

Further study of the problem is needed. For instance, while child sexual abuse occurs in all communities at every socioeconomic level, children from low-income households are three times as likely to be identified as victims of child sexual abuse than children from higher income brackets. However, the discrepancy in these statistics may be due to the frequency of contact with law-enforcement and child-welfare agencies by poor communities and communities of color. Children living with a single parent who has a live-in partner face the highest risk: They are 20 times more likely to be victims of child sexual abuse than children living with both biological parents.

The Long-Term Societal Impact of Child Sexual Abuse

Because child sexual abuse leaves mainly emotional, instead of physical, scars, its total impact on victims remains under-appreciated. Child sexual abuse occurs at a tragically high rate and robs young people of self-determination, self-esteem and potential, sometimes setting in motion a lifelong chain of adverse events. Although research on the relationship between child sexual abuse and other social problems is still emerging, existing research suggests that it is a major risk factor for sexual and domestic violence, poverty, sex work, trafficking, incarceration, mental illness, health problems and homelessness. Girls who are sexually abused, for instance, are four times more likely to develop psychiatric disorders than girls who are not sexually abused. Further, children and adolescents who have been sexually victimized are at increased risk for unplanned pregnancy, HIV infection and revictimization. Research also suggests that 70 to 90 percent of commercially sex-exploited children have a history of child sexual abuse. And 85 percent of women in the sex industry report being sexually abused as children (70 percent report incest) — a group that also suffers disproportionately from gender violence.

Women are significantly more likely than men to report experiences of child sexual abuse. Of all women who report having been abused as girls, 65 percent were abused more than once, and 57 percent were abused by a family member. Indeed, in as many as 93 percent of child sexual abuse cases, the perpetrator is a relative, family friend, coach or teacher — someone known, in other words, to the victim. This helps explain why, as noted above, an estimated 90 percent of child sexual abuse incidents are not reported to legal authorities.

For too long, discussion of women’s status in society has failed to account for the devastating effects of gender-based violence, particularly child sexual abuse, which has a tremendous impact on the economy and social fabric of our society. Cumulative costs related to adult rape and child sexual abuse are estimated at $23 billion annually in the United States — including mental health and health care, juvenile delinquency, hospitalization, law enforcement and loss of productivity to society. Only by identifying and targeting both the individual consequences and overall prevalence of this silent epidemic can we begin to address the problem for our communities and society as a whole.
Justice Denied

Despite the epidemic proportions and profound consequences of child sexual abuse, our society offers victims few avenues for recourse. One challenge is that it often takes years for a victim of sexual abuse or assault to come forward due to many factors inherent to the crime — including the private nature of the violation, misplaced shame, fear of not being believed, fear of exposing family members or community leaders, perpetrators having authority over and ability to manipulate victims, and an ill-equipped criminal justice system. Victims need time to recognize the extent of the harm done to them and to build the courage and fortitude to pursue justice.

Although many states have improved their criminal statutes of limitations to allow victims the time needed to consider bringing charges, some states still require that victims report these crimes to prosecutors within one to three years of the offense in order to preserve the option to prosecute. Victims who report and pursue charges face an uphill battle; adding to the problem that child sexual abuse claims can be hard to prove, in many jurisdictions police and prosecutors do not thoroughly or professionally investigate sex crimes due to lack of prioritization, training and resources. Backlogs of DNA testing on rape kits further exacerbate this problem, delaying a victim’s ability to seek justice in a timely way.

In pursuing justice, many victims also encounter short windows of opportunity to pursue civil lawsuits against abusers and the institutions that protect them. This is a proven obstacle to justice for victims who seek monetary reparations and who want to take steps to ensure that no other victims are harmed under the care of institutions like the Catholic Church, the Boy Scouts and many others. Most states have insufficient statutes of limitations to accommodate victims. For example, states like Indiana, New Jersey, Oklahoma and Virginia provide only two years from age 18 or discovery of the abuse to pursue justice through civil litigation; Tennessee and North Dakota provide only one year. Such laws protect institutions while victims struggle against tremendous obstacles to recovery, including costly mental health care. Advocacy efforts against unjust civil statutes of limitations (led largely by survivors of abuse inside the Catholic Church) have resulted in improvements to laws in California, Delaware and Hawaii. Active campaigns in Massachusetts, New Jersey, New York and Pennsylvania point to improvements on the horizon in these states as well.

Finally, it must be acknowledged that even with the best laws in place, many victims, including incest survivors and women of color, may actively avoid legal remedies and instead search for other solutions to heal and recover. There is a growing but insufficiently supported movement to involve ever-widening circles of adults in the community (in schools, businesses, places of worship, etc.) to create a holistic safety net for children. Advocates are also exploring restorative justice programs that put the burden of reparation and resolution on the abuser, not on the survivor.120

Gender-Based Violence is a Reality for Many Women

As prevalent as child sexual abuse is, often it is only the first violation a girl endures over her lifetime; gender-based violence unfortunately tarnishes many women’s experience in the United States. Women are significantly more likely than men to experience intimate partner violence and rape, and one in six women will be sexually assaulted in her lifetime. Every two minutes, someone in the United States (aged 12 and older) is sexually assaulted121 — a figure that excludes the vast number of victims who never report this terrible crime, whether out of a sense of shame, fear or helplessness, or based on a distrust of the criminal justice system.

Transgender people and lesbians suffer gender-based violence at significant levels. Their failure to conform to gender stereotypes renders them vulnerable,122 and, as one researcher found, “These acts of violence are not single individual incidents, but happen across a lifetime, and often a single individual experiences multiple acts of violence or intolerance on a daily basis.”123 The National Crime Victimization Survey reported that 15 percent of hate crimes from 2003 to 2009 were motivated by bias based on sexual orientation.124 More research is needed to uncover — and begin to address — the violence directed at these vulnerable populations.

Disturbingly, when it comes to women and girls with developmental disabilities, as many as 83 percent are the victims of sexual assault at some point in their lifetime.125 According to the World Health Organization, children with disabilities are three times more likely than children without disabilities to be victims of sexual abuse, and the likelihood is even higher for children with certain types of disabilities, such as intellectual or mental health disabilities.126 Similar to children without disabilities, research has shown that the individuals responsible for these crimes are “trusted” adults. This includes family members, babysitters, neighbors and teachers — but, for children with disabilities, the circle is expanded to include...
caregivers, transportation providers, occupational therapists, and other support staff who serve as an integral part of the day-to-day lives of many children with disabilities.

Gender-based violence and harassment occur at work, on campus and in the home. Homicide, not accidental death, is the leading cause of fatal injuries to women at work. Workplace sexual harassment remains commonplace and persistent, despite most large workplaces having formal policies designed to detect and address such behavior. A recent study of low-income union workers, for example, found that 26 percent of women surveyed experienced sexual harassment on the job. Another study reported that female managers experience 137 percent more sexual harassment than women without supervisory authority, as male workers use such behavior to challenge and undermine women's authority. Similarly, in male-dominated workplaces, sexual harassment is used to discourage women from holding non-traditional jobs.

Women of color experience a version of “double jeopardy” in the workplace: They are vulnerable to both sexual and racial/ethnic harassment. One study concluded that women of color consequently experienced more harassment overall than either white men and women or men of color.

Sexual harassment of female students is common and frequently involves physical contact, according to the American Association of University Women (AAUW). Female students harassed at college report significant negative impacts on their emotional well-being and chances of thriving in school. Sixty-eight percent of surveyed female college students felt very or somewhat upset by sexual harassment that they had experienced, while 57 percent felt self-conscious or embarrassed. Sixteen percent of young women who were sexually harassed found it difficult to pay attention in class or study, while 9 percent skipped class or dropped a course as a result. The devastating effects of violence on female students can last a lifetime. Beyond the immediate trauma, victims are at risk of contracting sexually transmitted infections, becoming pregnant and suffering long-term mental health effects. Policymakers have recently focused significant attention on school bullying, but sexual harassment may be even more harmful to girls.

Women of Color Are Among the Most Vulnerable

Gender-based violence hurts all women, but the impact and frequency of such violence varies. For example, while incidents of rape are comparable across white, African-American and Latina communities, Native Americans are 2.5 times more likely to be raped or sexually assaulted than other women. Further, African-American and Asian Pacific Islander women experience intimate partner violence at significantly higher rates than other U.S. women. In a survey of Korean immigrant women, 60 percent reported having been abused by their husbands. And the National Violence Against Women Survey indicated that African-American women experienced higher rates of intimate partner homicide than their white counterparts.

Poverty may play a role. There is a strong association between financial strain and the likelihood of intimate partner violence and women of color — including Native Americans, who experience high rates of gender violence — are disproportionately poor.

Immigrant women lacking legal status are particularly vulnerable to intimate partner violence. Undocumented immigrants may not have access to the economic and emotional support needed to escape violence, and fear of immigration enforcement may deter them from reporting crimes to the police. In 2012, for the first time, bipartisan support for reauthorization of the Violence Against Women
Assault Behind Bars

The incarcerated are subject to various forms of violence, including that based on gender. In prison, such violence is a means to reinforce the perpetrator’s power over the victim, making women prisoners particularly vulnerable to sexual assault. While a 2003 bill called the Prisoner Rape Elimination Act has led to a decrease in the frequency of sexual abuse against men as well as women, abuse against women is indeed still prevalent. Female inmates in prison (4.7 percent) or jail (3.1 percent) were more than twice as likely as males in prison (1.9 percent) or jail (1.3 percent) to report experiencing inmate-on-inmate sexual victimization.¹⁴¹

A 2011 report by the United Nations Special Rapporteur on violence against women included disturbing figures on violence against women in prison.¹⁴² While non-consensual sex is sometimes perpetrated by prison staff, it is more common for staff to use their position of power to coerce sexual acts from women inmates seeking access to phone calls, visits or basic supplies, such as food or soap.¹⁴³

The U.N. report also noted with concern the growing incarceration of women in the United States and its disproportionate impact on women of color. Of the 1 million women currently under state or federal jurisdiction, African-American women represent 30 percent and Hispanic women 16 percent, despite their making up 13 percent and 11 percent, respectively, of the female population of the U.S.¹⁴⁴ One factor behind the growing female prison population is the increased detention of individuals without valid immigrant status who are in custody of U.S. Immigration and Customs Enforcement (ICE).¹⁴⁵ The so-called “war on drugs,” which targets the African-American population, is also to blame. Even though white women and Latinas are more or as likely as African-American women to report using drugs at least once in their lives, the incarceration rate for African-American women (mostly for drug crimes) is double that of women of all races.¹⁴⁶

Girls in the juvenile justice system are also vulnerable to sexual violence. The 2006 National Report of the Office of Juvenile Justice and Delinquency Prevention reported that there were 2,881 allegations of youth-on-youth (59 percent) and staff-on-youth (41 percent) acts of sexual violence in juvenile facilities in 2004. Of those allegations, girls accounted for 32 percent of the victims of substantiated incidents of staff sexual misconduct.¹⁴⁷ In a bitter irony, a prevalent risk factor for girls ending up in the juvenile justice system to begin with is having experienced sexual abuse.¹⁴⁸

Transgender women, too, are especially vulnerable in prisons, due to a general policy of housing them according to their birth-assigned gender, regardless of their current appearance or gender identity. Seven percent of respondents in the National Transgender Discrimination Survey reported being locked up at some point in their lives because of their gender identity. These rates skyrocketed for African-American (41 percent) and Latino/a (21 percent) people.

Ending Sexual Assault of Female Service Members

Service Women’s Action Network (SWAN), which the Ms. Foundation has funded since its inception, is the first advocacy organization in history to hold the U.S. government accountable for sexual crimes committed against service members and to end the impunity granted to perpetrators and negligent commanders.

Today, a woman serving in Iraq or Afghanistan is more likely to be raped by a fellow service member than to be killed in the line of fire. Nearly one in three women is raped during her service, according to a Veterans Affairs Administration study — double the 15 percent risk of rape that civilian women face.

The Pentagon’s annual 2011 report shows a 58.5 percent increase over the previous year in reported sexual assaults...
at military academies (institutions similar to civilian universities and colleges). While increased reporting is considered by officials to be a sign of success in its sexual violence prevention strategy, the same institutions were found to be noncompliant or only partially compliant with the mandate to improve sexual assault response. The Department of Defense has pointed to this priority area as being key in increasing the number of students who come forward to report assaults. These findings are particularly disturbing because such institutions are the training grounds for future high-ranking military leaders.

Victims who report military sexual trauma commonly face stigma and retribution. Superiors in the chain of command have little incentive to document assaults that could reflect poorly on their leadership. Ultimately, only 8 percent of alleged perpetrators are prosecuted. And after they leave the service, veterans face enormous obstacles in obtaining medical care and disability compensation connected to sexual assault.

Under pressure from women’s groups and numerous lawsuits, Secretary of Defense Leon Panetta recently announced new policies that will make it easier for victims to report crimes and transfer from their units if necessary, ensure that documents are retained long enough for victims to rely on them as evidence and provide more resources to train victim advocates, investigators and lawyers.

Understanding (and Ending) Sexual Violence Against Women and Children in Native-American Communities

In September 2012, The New York Times reported on an epidemic of child sexual abuse in North Dakota’s Spirit Lake Sioux tribe, whose reservation has among the highest proportion of sex offenders in the country. Federal officials have now taken over the tribe’s social services programs, after years of failure by government and tribal law enforcement officials to conduct proper investigations of dozens of cases of child sexual abuse.

The prevalence of violence within Native-American territories is strongly linked to the poverty and exclusion that Native Americans have historically endured. What the Times article failed to note was that for more than 100 years, Native-American children were forced into federally financed, assimilationist boarding schools, where great numbers of children suffered serious emotional, physical and sexual trauma. To prevent child sexual abuse in Native-American communities, an honest assessment of these past failures is critical.
Policy Recommendations

RAISING STANDARDS

1. Establish a national standard for child sexual abuse prevention practices for youth-serving organizations including after-school programs, sports programs and schools. Require all youth-serving organizations that receive state or federal funding to adopt policies and practices that ensure accountability with respect to child sexual abuse prevention.

Every child has the right to participate in public life without being subject to sexual predators in schools, universities, youth programs and religious institutions. Whether achieved through legislation or public policy, standardized prevention programs would include screening guidelines for employees, behavioral policies that limit opportunities for child sexual abuse to occur, regular training sessions and other strategies advocated by the Centers for Disease Control and Prevention.¹⁰⁹

2. Increase resources available to female service members who report military sexual trauma, including access to emergency contraception and abortion. Augment resources for investigation and prosecution of sexual assaults as suggested by Service Women’s Action Network and other advocates.

Women serving in the Armed Forces have the right to be protected from sexual assault; that one-third are raped is a national disgrace. While the new policies recently announced by Secretary of Defense Leon Panetta are a positive first step, these policies must be diligently enforced. More training needs to be done to change the military culture to make rape unacceptable and ensure that perpetrators are prosecuted.
Policy Recommendations  

3. Ensure that police and prosecutors have training and resources to investigate reports of sexual violation thoroughly, promptly and appropriately in light of the sensitivity of the crime.

The epidemic of sexual abuse and assault is largely overlooked when it comes to provision of law enforcement resources: Authorities instead prioritize other, less-serious offenses, namely non-violent drug crimes. Contrary to representations on television, most major city police departments dedicate few, if any, trained officers to sex crimes. And few police departments create an atmosphere in which women feel comfortable coming forward to report sex crimes.

Every police agency in the United States should have a critical mass of trained male and female personnel to prioritize and address sex crimes, in view of the large-scale devastation such crimes create. In addition to personnel, prosecutors should have prompt and high-quality forensic support, no longer having to wait six months or more for analysis of DNA evidence that would help police identify suspects in existing unsolved cases, bring perpetrators to justice and prevent potential future assaults.

4. Reauthorize the Violence Against Women Act with full protections for immigrant women, LGBT populations, Native Americans and other vulnerable communities.

Since its original passage in 1994, VAWA has dramatically improved the law-enforcement response to violence against women and has provided critical services necessary to support women struggling to overcome abusive situations. Any reduction of this support, especially insofar as it removes or fails to include protections for specific groups, is unacceptable. The 112th Congress’ failure to reauthorize VAWA leaves in place the 2005 version of the law, which has none of the important improvements in protections for vulnerable populations. Now it rests in the hands of the 113th Congress.
Policy Recommendations continued

REALIZING RIGHTS

5 Expand statutes of limitations for both criminal and civil prosecutions of child sexual abuse.

In some states, the statutes of limitations relating to child sexual abuse are too short for victims who often do not recover sufficiently to seek justice against abusers until years after the crimes take place. Although at least 30 states have widened the door for those who want to press criminal charges by extending or eliminating their criminal statutes of limitations, some still give victims only one to three years. Those states need to revise their statutes of limitations to reflect the nature of recovery from child sexual abuse and allow victims ample time to report.

When it comes to civil lawsuits against abusers and institutions that enable or protect them, few states provide victims adequate time to seek justice through civil litigation, with some giving victims as little as one or two years from age 18 to file lawsuits. State legislatures should follow the example of California, Delaware and Hawaii and extend time limits on civil claims relating to child sexual abuse.

6 More federal and state data collection on child sexual abuse and sexual violence is needed, especially as concerns people of color, those with disabilities, LGBT communities and Native Americans.

There is a lack of data on sexual violence against women and children from vulnerable populations. Without solid information on the prevalence of the problem, appropriate resources cannot be directed to those in need, and solutions remain out of reach.
The world we want

An America that protects women and girls from child sexual abuse, rape & assault.
In 2012, the women’s website iVillage gathered data from a variety of sources — including the National Women’s Law Center, National Partnership for Women & Families, the 2010 U.S. Census and the National Network to End Domestic Violence — to create a ranking of all the U.S. states in terms of female-friendliness. Not surprisingly, women fared worst in states lacking health insurance and abortion coverage, with low graduation rates and low median pay.

The best states for women were those that ranked high on access to health care and abortion and with the higher educational attainment that leads to higher pay. However, all of the five “best” states for women reported huge child care costs with long waiting lists for assistance.

The top five best and worst states are represented on this map. To see the full report, go to: ivillage.com/best-and-worst-states/8-a-434913
1. Connecticut
Women thrive in Connecticut, where 90 percent enjoy health care coverage and their median salary is $46,000. However, a good chunk of that goes to child care, which averages over $12,000 a year. A high level of diet and exercise keeps women in the state fit, and more than a third (35 percent) have a four-year college degree, well above the national average of 28 percent.

2. Hawaii
Hawaii boasts a high percentage of female business owners, and robust representation in the legislature. Only 9 percent of Hawaiian women are uninsured, and they also beat the national average on a healthy weight. Unfortunately, as with other prosperous states, child care is steep at more than $12,000 per year.

3. Maryland
Maryland also boasts high earners, educated women, and a high percentage of female business owners. The state also has one of the lowest poverty rates among women (10.1 percent, 30 percent lower than the national average of 14.5 percent). However, like Connecticut and Hawaii, child care takes a big bite out of the paycheck at an average $12,400 for an infant.

4. Massachusetts
Massachusetts is the only state that requires its residents to have health insurance, so 96 percent of women are covered. The state also leads the nation in college graduation rates and has among the country’s top-earning women with a median salary of $46,213 per year. But Massachusetts also has the highest child care rates in the nation — $16,500 per infant, with nearly 20,000 on a waiting list for child care assistance. The state also lags in political representation, with low representation in the legislature and only five female members of Congress in its history, including Elizabeth Warren, who was elected in November 2012 and also became the first Massachusetts female to serve in the Senate.

5. California
California earns top marks for its efforts to ensure women’s access to contraceptives and abortion services, and for enacting comprehensive breastfeeding laws and parental leave benefits. However, 22.4 percent of women lack health insurance, and child care averages $11,300 per infant.
1. Mississippi

Mississippi has the highest rate of female poverty (22 percent), the lowest median earnings ($28,879), and the highest percentage of overweight and obese women (68 percent). While the state has the lowest child care costs in the nation ($4,650 per year for an infant), it also has a high fertility rate, and only 24 percent of women have health insurance. The state’s reproductive rights record is abysmal. Given that 99 percent of its counties have no abortion provider and that the state accounted for 0.2 percent of abortions in the U.S. in 2008, Mississippi has a de facto ban on the procedure due to lack of access. Mississippi is also one of just four states that have never sent a woman to Congress. It has also never had a female governor and its state legislature is just 15 percent female — 26 out of 174 seats.

2. Oklahoma

Choice is under constant attack in Oklahoma, where 96 percent of counties have no abortion provider and there are only six such doctors in the entire state. Health insurance companies are banned from covering the procedure (except in cases of rape, incest or threat to the mother’s life), and women seeking an abortion must wait 24 hours after undergoing a sonogram. Further restrictions — including a “Personhood” bill — are in the pipeline. No surprise, then, that the state has one of the lowest percentages of women in its state legislature — a mere 12.8 percent — and zero female representatives in Congress.

3. Arkansas

Arkansas ranks near the bottom when it comes to key economic indicators: poverty, women-owned businesses, the number of college graduates and median earnings. For women in Arkansas, it is nearly impossible to get an abortion, since only three percent of the state’s counties offer them. And it’s likely they won’t have the means to travel, as the median income is only $29,148 a year, and 24 percent don’t have health insurance.

4. West Virginia

With the lowest female college graduation rate in the country (17.8 percent), not surprisingly, West Virginia women also bring home smaller paychecks. The poverty rate for women, 17.8 percent, is higher than the national average of 14.5 percent. On the plus side, thanks to a health insurance mandate that requires coverage, contraceptives are easier to access in West Virginia than in the 22 states that lack such a requirement. West Virginia is also the only state with no laws to protect breastfeeding, although pending legislation may soon change that.

5. Kentucky

Kentucky’s female poverty rate is at 18.5 percent, and only 21 percent of women have college degrees (compared to a national average of 28 percent). There are no women from Kentucky in Congress, and less than 20 percent of the state legislature is female. Health insurance companies don’t cover abortions except to save the mother’s life, and even if they did, an overwhelming 77 percent of women live in counties without a provider.
Women on the Run...

Election Day 2012 proved to be a watershed for women in politics, both in terms of candidates and winners. The 113th Congress will have a record number of women lawmakers: Seventy-eight will serve in the House of Representatives and 20 will serve in the Senate.

The 113th Congress is also notable for being the most diverse in U.S. history; it will see the first openly gay senator in history, more Latino and Asian-American members than ever and the first Asian-American woman in the Senate.

In the House next year, women will have a seat at the leadership table of both parties. Democrat Nancy Pelosi will retain her position as Minority Leader, while Rep. Cathy McMorris Rodgers will serve as the GOP’s Conference Chair — only the third woman in history to hold the position. New Hampshire also made history, electing the first all-women delegation to the House, the Senate and the Governor’s office.

The results add up to good news for everyone — because when it comes down to getting things done, women lawmakers excel. They open up the legislative agenda to new perspectives and issues, in addition to bringing innovative approaches to policy and problem-solving. As the Center for American Women and Politics has found, research confirms what many of us might have guessed:

- Women in Congress sponsor and co-sponsor more bills than the men with whom they serve.
- Women in Congress secure more discretionary funding for their districts than do their male counterparts.
- Across time, office and political parties, women take the lead more often than men on legislation focusing on issues that matter most to women (health care, social services, gender discrimination, women, family, children’s issues and the environment).

### Women in Congress Scoreboard

#### Over 40 Years

<table>
<thead>
<tr>
<th>Year</th>
<th>The House of Representatives</th>
<th>The Senate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1973</td>
<td>16 (out of 435 members)</td>
<td>00</td>
</tr>
<tr>
<td>1993</td>
<td>48 (out of 435 members)</td>
<td>07</td>
</tr>
<tr>
<td>2013</td>
<td>78 (out of 435 members)</td>
<td>20</td>
</tr>
</tbody>
</table>

*As of Jan. 15, 2013  
Sources: Congressional Research Service; Center for American Women and Politics at Rutgers University.
...And at the Ballot Box

Women vote at statistically higher rates than men, and 2012 was no exception: Fifty-three percent of votes were cast by women — greater than their proportion of the population. This high turnout was generally seen as a rebuke to Republicans’ “War on Women,” in which conservative lawmakers kept up relentless attacks on equal pay, reproductive health and everything in between. Since voting and registration rates increase with age, the growing number of older women will continue to exert a strong influence on elections.

The same is true for Latino voters, who chose President Barack Obama over Republican Mitt Romney at a rate of 71 percent to 27 percent. Latinas showed even greater support for Obama than did Latinos: 76 percent versus 65 percent.171 African-American and Asian voters also backed President Obama by sizeable margins.172

Young people of color are also an important voting bloc. Among America’s 4.4 million 18-year-olds in 2011, for example, 56 percent were white, 21 percent were Hispanic, 15 percent were African American, and 4 percent were Asian.173 The increasing racial/ethnic diversity among young voters, Pew researchers found, helped to ensure President Obama’s 2012 victory in key battleground states and will likely be a determining factor in elections to come. These younger voters are not only more diverse, but also have more liberal views on a variety of issues: 64 percent of voters younger than 30 said abortion should be legal in all or most cases, compared with 58 percent of voters 30 and older. And they are far more likely than older voters to support gay marriage. Fully 66 percent of young voters favored legal recognition of gay marriage in their state, compared with 45 percent of voters aged 30 and older (and just 37 percent of those 65 and older).174

A world in which the concerns of women, people of color and young people take center stage may be on the horizon — a hopeful idea for the disenfranchised and, perhaps, an unsettling one for the conservative status quo. As Republican Senator Lindsey Graham of South Carolina told The Washington Post, “We’re not generating enough angry white guys to stay in business for the long term.”175 But demographics alone will not win the day. As this report argues, significant changes to our institutional and policy infrastructures are needed to ensure that political gains translate into “the world we want” — four years from now and 40 years from now.

Source: Pew Research Center.

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2012 Election Poll
Percentage of Support by Topic

Support for Gay Marriage

- Under 30: 66%
- Over 30: 45%

Support for Access to Abortion

- Under 30: 64%
- Over 30: 58%
Conclusion

This report describes an increasingly diverse United States in which women continue to be discriminated against on all fronts. In particular, women face wage discrimination, gender-based violence, lack of access to health care — particularly reproductive health — and have unequal political power. Structural gender discrimination remains powerfully alive in the United States. Women’s experience of these profound inequities is mediated, and most often exacerbated, by other aspects of their identity, particularly their race, class, sexual orientation, age, and economic status. Solutions to address such injustices should be implemented with a concern for the most marginalized women. We seek to lay the groundwork for action and hope that our findings will help persuade policymakers, funders and other “doers” to take concrete steps to address these disparities, particularly around the most urgent policy priorities identified.

Some traditionally marginalized women are already making inroads toward equality. For example, through intensive organizing, creative advocacy, and strategic coalition building, domestic workers in New York in 2010 successfully secured a legislative bill of rights that guarantees minimum standards and new worker protections industry-wide (an effort that the Ms. Foundation is proud to have supported from its inception with one of the first grants to Domestic Workers United). Similarly, women-led organizations around the country are working with progressive allies to expand paid sick leave, prevent child sexual abuse and extend worker protections to low-wage workers in the food and retail industries. In these campaigns, women workers struggle together to address issues that transcend gender, but that often fall hardest on women — especially women of color — because of persistent discrimination and stereotyping. The campaigns are characteristic of reinvigorated women’s and social justice movements with diverse leadership that is intent on radically reshaping societal institutions rather than attempting to simply excise sex discrimination from those institutions. Such successes of the renewed grassroots movement give reasons to hope that fundamental shifts in power are in the offing.

Clearly, government must play a role in dismantling gender discrimination and creating equal opportunities for all women. Many of our policy recommendations either explicitly or implicitly call for an engaged government that provides funding for vital services and recognizes the needs of its most marginalized communities.
Our nation faces the greatest income inequality in its history, with financial gaps that become chasms when race and sex are used as the axis of measurement. Urgent action and energetic leadership are needed to shift the national policy debate away from approaches that exacerbate these inequalities and toward a government that prioritizes and rewards support for caring, community, and equal justice.

Lifting up marginalized voices is essential to this vision and a long-standing Ms. Foundation priority. However, as this report demonstrates, we have much more to do to gain an understanding of the needs of our increasingly diverse population. Without sufficient data, we cannot adequately formulate specific policies to address crucial issues. For instance, while data show high rates of poverty for women with disabilities, older women, and LGBT communities, more research is needed to understand how their needs can be addressed, especially in light of the “graying” of the female population. Native Americans face many troubling issues, from child sexual abuse to domestic violence to the highest incidence of rape across all racial and ethnic groups; more study of this historically marginalized community could yield solutions. And the growing demographic of immigrant women, both documented and undocumented, calls for an increased focus on the needs and concerns of this group.

In examining our diverse populations, we must also attend to the “diversity within diversity” that exists among various racial and ethnic groups. The 2010 Census, for the first time, provided 15 separate response categories for race and three areas where respondents could write in detailed information — including, for example, seven categories to choose from for those selecting “Asian.” Now that such information is being collected, we hope that researchers will be able to provide a more accurate picture of women in the United States today. By fully examining the disparities that exist between women head-on, rather than turning aside from the sometimes uncomfortable truths they represent, we hope to contribute to policies and programs that will herald their eventual end.

At the Ms. Foundation, we believe that empowering families, communities and societies to root out biases and undo systems of structural discrimination without shaming, blaming or curtailing the rights of women is our only real hope for bettering the lives of women in our society. As this report demonstrates, there is more — much more — to do to get us further down the road to equality for ALL women.


04 Spraggin, ibid.


07 Passel, ibid.


09 Passel, ibid.


20 Hegewisch, ibid.


25 Filion, ibid.


27 National Women’s Law Center, ibid.


The Road to Equality

ENDNOTES


38 Gabe, ibid.


41 Parish, ibid.


47 Finkle, ibid.

48 Finkle, ibid.


59 Ibid.


61 Ibid.


66 The chief data source for the report is the 2007 Survey of Consumer Finances (SCF), a triennial national survey sponsored by the Federal Reserve Board and considered to be one of the best sources of data on wealth inequality.

67 Center for American Progress. “Fact Sheet: Workplace Flexibility.” Ibid.


The Sustainable Scheduling campaign advocates for stable, predictable and livable work hours for part-time employees. For more information go to www.retailactionproject.org.


Guttmacher Institute, see “State Policies in Brief” for a list of links to specific provisions, at http://www.guttmacher.org/sections/index.php?page=spb.


Braverman, ibid.


101 Pazol, ibid.
103 Amnesty International, ibid.
107 for 30 Campaign, ibid.
109 for 30 Campaign, ibid.
110 30 for 30 Campaign, ibid.
122 Sedlak, ibid.
126 Sedlak, ibid.
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156 Manjoo, ibid.
157 Manjoo, ibid.
159 Manjoo, ibid.
162 The Rebecca Project. ibid.
165 Perry, ibid.
166 Perry, ibid.
171 Portions of this section were adapted with permission from Ms. Magazine, Nov. 2012, “Women on the Run” by Deborah Walsh and Katherine Kleeman. Deborah Walsh is director and Katherine Kleeman is senior communications officer at the Center for American Women and Politics, a unit of the Eagleton Institute of Politics at Rutgers University.
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In this 40th year of the Ms. Foundation, we would also like to acknowledge with gratitude our Founding Mothers: Patricia Carbine, Letty Cottin Pogrebin, Gloria Steinem, Marlo Thomas and Marie C. Wilson.

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The report was commissioned under the leadership of Ms. Foundation President Anika Rahman and developed under the direction of Deborah Jacobs, Vice President, Advocacy and Policy. The following Ms. Foundation staff members contributed to the report: Beatrice Abreu, Patricia Eng, Kasia Gladki, Monique Hoeflinger, Caroline Hotaling, Julie Kay, Ellen Liu, Aleyamma Mathew, Kelly Parisi, Christie Petrone, Irene Schneeweis and Natalie Sullivan, Tanisha Tate, as well as Ms. Foundation interns Shilpa Guha and Heather Ramirez.

About the Ms. Foundation for Women

The Ms. Foundation for Women builds women's collective power to realize a nation of justice for all. The Ms. Foundation has led the charge for women's rights for 40 years. We were at the frontlines in 1973 and continue to fight for equality and justice today. Women have come a long way, but we have much more to do. For more information, including a list of our current grantees, visit us at forwomen.org
To learn how to make a difference in the critical issues affecting women, please contact the Ms. Foundation development team at 212.709.4444 or msfund@ms.foundation.org

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More to Do: The Road to Equality for Women in the United States proposes a benchmark for the status of women today and a guide to critical policy changes that can help women overcome the challenges that impact us all.