NATIONAL POLICY PLATFORM
Centering Girls, Young Women, and Gender-Expansive Young People
ACKNOWLEDGEMENTS

The Girls @ the Margin National Alliance (G@TM) Policy Platform was written by current and former members of the steering committee of the G@TM National Alliance and reviewed by advocates, including young people, who were critical in ensuring that the facts and recommendations truly represent the issues faced by girls and gender-expansive youth impacted by many of the systems described herein.

We would like to thank the countless number of people who have worked on this document over the years, or have shared their perspective, resources, or learnings to inform the data, recommendations, and insight offered in this platform. These acknowledgements highlight those who have engaged deeply in the production of this policy platform while recognizing that much of this was influenced by individuals far beyond those listed here. Thank you to those in our broader community for helping us learn and grow, in the past, at present, and in the future.

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CENTERING GIRLS, YOUNG WOMEN, AND GENDER-EXPANSIVE YOUNG PEOPLE

“. . .we are just asking that girls and gender-expansive young people be given equal opportunities. We are not asking for special treatment but just for our voices to matter and be heard.” - August R., Advocate, Alabama
Events that took place throughout 2020 and 2021 have cast a long overdue spotlight on the racial and gender injustice threaded throughout our social systems. The effects of the COVID-19 pandemic have highlighted disparities in health care, mental health supports, education, housing, and other social systems and institutions, which have been uniquely harmful to young people (for more on this, see the Girls at the Margin National Alliance Girls and Gender-Expansive Youth and COVID-19 Issue Brief released in June 2020). Missing in discussions of these harms is specific attention to how such disparities are experienced by cis and trans girls, young women, and gender-expansive (i.e. nonbinary, gender-nonconforming, genderqueer) youth of color, two-spirit youth, immigrant youth, LGBTQ+ youth, young people with disabilities, young moms and young parents, ethnic and religious minorities, and other groups of systemically marginalized young people (note, our discussions of “girls” throughout this platform is inclusive of transgender and cisgender girls). By centering the experiences of these girls, young women, and gender-expansive youth and taking an intersectional approach to addressing issues they face, we can push for change that will benefit them, and everyone. This policy platform highlights the specific systemic harms experienced by girls and gender-expansive youth and offers solutions to ensuring these youth are able to lead full and complete lives.

Girls, young women and gender-expansive young people hold immense potential and value in our society. They are deserving of a life where they are not only safe, healthy, and well-cared for, but where they have the power to imagine, identify, and self-actualize goals; where achievement of those goals is aided by meaningful and powerful support. Yet for too many of these young people, social and structural barriers prevent them from accessing such opportunities and having their most basic needs met (such as safe and secure housing). These young people are forced to focus on mere survival in the face of prolonged adversity.

“We must create the conditions so that young women do not have to be surviving.”

- Dr. Nadine Burke Harris, California Surgeon General

Far too many generations of families, households, and communities have been harmed by historical systems of oppression that result in present-day disparities, creating challenges for young people in their homes and communities. Many live in families where generational poverty is the norm, as is chronic exposure to Adverse Childhood Experiences (ACEs), including categories of abuse, neglect and household dysfunction. Moreover, these young people are disproportionately cisgender and transgender young women and gender-expansive youth of color, youth who identify as LGBTQ, and/or are girls with disabilities.
Girls and gender-expansive young people have experienced harm by adults, in their immediate environments, and through their contact with various systems. They may experience dismissal, infantilization and penalization when airing grievances or concerns about their treatment. A critical factor to ensuring that girls and gender-expansive youth transition from surviving to thriving must be addressing the root interpersonal, societal and systemic factors that lead to harm.

The net impacts of these persistent challenges are continued exposure to gender-based violence and exploitation, high levels of systems involvement, and poverty and destructive outcomes driven by the lack of access to safe and supportive services that are responsive to the diverse needs of girls and gender-expansive youth. Although public systems aim to address the needs of vulnerable youth, they were not designed to address the unique and complex experiences of transgender girls, two-spirit youth, nonbinary youth, girls of color, LGBQ youth, and other youth experiencing societal “-isms”. Today, there is increasingly broad agreement that our public systems are broken and often do harm to girls and gender-expansive young people. We must demand long-term solutions that dramatically increase and enhance family and community-based responses to meet the needs of vulnerable girls and gender-expansive youth and provide robust supports and opportunities that prevent their marginalization from occurring in the first place.

As those most directly impacted by the systems and issues described in this document, it is critical that girls and gender-expansive young people lead all efforts to transform our public systems, truly centering their experiences in such efforts. Systemic reform must be rooted in an awareness of the complexity of their intersecting identities — including race, gender identity, sexual orientation, ability, and others — to ensure we address the deepest levels of systemic marginalization, which in turn improves outcomes for all youth.

The Girls @ the Margin National Alliance Steering Committee offers this policy platform as a place to begin reimagining an effective ecosystem of supports for girls and gender-expansive young people. This is also true for the Girls @ the Margin National Alliance (G@TM) which will begin a collaborative process of visioning and creating the next version of the G@TM, including the Alliance structure. During this process the work of the Alliance will continue, including through monthly meetings and other updates. We look forward to envisioning a new future for the Alliance. Questions about this design process and the policy platform should be submitted to inbox@NationalCrittenton.org.

In Community,

- 2021 Girls @ The Margin National Alliance Steering Committee
Principles

Girls and gender-expansive young people need supports, services, and programs that are:

➤ SOGIE-informed and Gender-affirming: Recognize and understand that sexual orientation, gender identity and expression (SOGIE) play a significant role in making unique the experiences of two-spirit young people, cisgender and transgender girls, gender-expansive young people (i.e. nonbinary, genderqueer, gender-nonconforming young people), and lesbian, gay, bisexual, questioning, and queer young people. Recognize the importance of affirming gender beyond the binary for young people who identify across the gender spectrum.4

➤ Trauma-informed and healing-centered: Understand the effect of trauma (i.e. violence, abuse, or other adverse experiences), including historical and intergenerational trauma, in responding to and supporting girls and gender-expansive young people in a way that is appropriate and facilitates healing.

➤ Culturally responsive: Recognize the importance of culture and cultural identity in the provision of services and supports by honoring core cultural values, roles, and traditions, and ensure this approach is inclusive of religious and ethnic minorities.

➤ Strengths-based: Build on the strengths and positive characteristics of every individual to nurture resilience in the face of adversity.

➤ Accessible: Deliver services and supports that meet the needs of girls and gender-expansive young people living with disabilities.

➤ Developmentally appropriate: Provide services and supports that match the emotional, cognitive, and social development stage of girls and gender-expansive youth, rather than simply using age as a guide.

➤ Two-generation: Two-generation (2Gen) approaches build family well-being by intentionally and simultaneously working with children and the adults in their lives. The approach recognizes that families come in all different shapes and sizes and that families define themselves.5 Such an approach recognizes that the bonds between parents and their children are strong and should be preserved and strengthened whenever possible.
Important Considerations

Recommendations in this policy platform are divided into nine distinct policy areas:

1. Child Welfare
2. Domestic Sex Trafficking
3. Education
4. Gender-based Violence
5. Health and Healing
6. Immigration
7. Legal System
8. Pregnant and Parenting Youth
9. Runaway & Homeless Youth

Although we have organized our recommendations in this way, the G@TM Steering Committee recognizes that the needs of girls, young women, and gender-expansive youth often defy traditional categories. To meaningfully improve outcomes for this vulnerable population, policymakers and advocates must collaborate across agencies, systems, funding streams and political affiliation.

Data Considerations

Data collection and many research practices contribute to the marginalization of girls and gender-expansive young people. This is especially true for trans girls and other girls and gender-expansive young people of color, including American Indian, Alaska Native, Asian-American, and Pacific Islander youth who are rendered invisible in data reporting by practices that treat their experiences as insignificant due to their smaller representation in the population. Data regarding their unique experiences of system involvement is particularly limited — often due to systematized bias and invisibility in record-keeping.

Though we drafted this document in the spirit of inclusivity and intersectionality, we acknowledge that because this document relies on available research and data, the experiences of some young people may not be represented and information regarding the depth of their experiences may be limited. G@TM is committed to engaging in and advocating for data collection and research practices that center and uplift the experiences of girls and gender-expansive young people of all identities. Girls and gender-expansive young people should also be consulted directly in the creation of data gathering systems to adequately reflect changing identities and ensure a focus on self-identification.
“According to the Brookings Institution, in 2019, less than half of children 15 years and younger are white. As time passes, our stories are becoming more complex and more diverse. Public servants must, therefore, shift to focusing on data analysis that is diverse and inclusive.” - Eman K., Advocate, California
Language and Terminology

The language we use to describe ourselves and others is complex and constantly changing. We strive for inclusivity and recognize that the language we use in this document can in no way capture the diversity of experiences and identities that exist for all of us today. In our efforts to maintain consistency, we use the terms below throughout the report, using alternate language when required to stay true to cited research and data.

- Transgender girls are girls and are included in our overall use of girls and young women. We highlight transgender girls independently when highlighting their unique experiences of marginalization.

- Gender-expansive is inclusive of youth who identify along the spectrum of gender identity — including young people who identify as two-spirit, nonbinary, gender-nonconforming, and genderqueer — rather than one end of the spectrum (i.e. boy or girl).

- When discussing more broadly the experience of marginalization based on sexuality and gender expansivity, we use the initials for Lesbian, Gay, Bisexual, Queer, and include initials for Two-Spirit, Trans, as well as the plus sign to indicate additional sexual orientations and gender identities (LGBTQ2S+).

- We use Black to be inclusive of people who are part of communities across the African Diaspora, including African Americans, Black Caribbean people, African people, and others.

- We use American Indian and Alaska Native, and Indigenous, to describe the people on whose land we currently reside.

- We acknowledge both Asian American and Pacific Islander communities and specify separately when possible, using a combined identification respectfully when data and other reporting have grouped these communities together.

- We use the term Latinx instead of Latina/o to be inclusive of gender-expansive young people.

We encourage people who read this document to consider their own wellbeing. Please be mindful that information shared includes references to violence and other experiences of adversity that some may find triggering. We hope you exercise care as you engage with this document.
CHILD WELFARE

While girls and young women overall represent almost half of the children in foster care, girls and gender-expansive young people of color are overrepresented in the child welfare system and likely to confront racial bias and institutional racism that can deepen and lengthen their experience in the child welfare system. Girls and gender-expansive youth with disabilities, trans youth, girls and youth in rural and reservation communities, and LGBTQ girls also face unique challenges during their time in the child welfare system and their needs are often rendered invisible through a lack of data collection and reporting, adding to their displacement and disconnection.

Contact with the child welfare system can also exacerbate mental health needs for girls and gender-expansive young people who have experienced abuse, neglect and family dysfunction resulting in trauma and toxic stress prior to entering the system. Girls may also be retraumatized as a result of family separation, lack of adequate support, and system involvement.

Child welfare responses to girls, young women, gender-expansive youth, and their families must prioritize direct connections to local and community-based resources, including healing and mental health assistance, parenting supports, economic and housing assistance, therapeutic services, and early education programs. Ensuring they have access to gender and culturally responsive, therapeutic environments is critical to their safety and healing and to reducing their risk of further victimization. A comprehensive community-based continuum of support can enable them to access opportunities to achieve their goals, live healthy and safe lives, and prevent future generations of children from entering the child welfare system.
Key Facts

- In their review of data released in 2014 through the Adoption and Foster Care Analysis and Reporting System (AFCARS), National Women’s Law Center found that 57% of girls in foster care were girls of color. At the time, Black girls made up 15% of girls in the youth population, but 23% of girls in foster care, while Native American girls made up 1% of the girls population but 2% of girls in foster care. More recently, based on point-in-time counts collected on September 30, 2019, AFCARS reported that there were over 205,000 girls and young women in foster care, representing approximately 48% of children and youth in foster care – a percentage that has stayed consistent even as numbers have fluctuated some over time.

- Racial bias and structural and institutional racism throughout the child welfare system may explain some of the disparity and disproportionality of involvement in the child welfare system for youth of color. Black and Indigenous youth and families are overrepresented throughout the United States, across various decision points in child welfare, including initial reports, having cases substantiated, and removal of a child. American Indian/Alaska Native (AI/AN) children are four times more likely than non-Native children to be removed from their families by state child welfare systems. Contrary to the Indian Child Welfare Act (ICWA), which suggests that AI/AN children stay within tribal communities, 56% of adopted AI/AN youth are adopted outside of their families and their communities. While national representation of Latinx youth is consistently lower than their percentage in the youth population, and lower in comparison to white youth, Latinx youth are overrepresented in the child welfare systems of a number of states, and likely many counties and jurisdictions as well.

- The rate of child maltreatment is higher for girls (9.4 per 1,000) compared to the rate for boys (8.4 per 1,000). Data on youth of color show that American Indian and Alaska Native, African-American, and multi-racial children experience child maltreatment at higher rates than their peers (14.8, 13.7, and 11 per 1,000, respectively, compared to the rate of 7.8 per 1,000 for white youth). While research shows that youth of color experience disparate reporting of maltreatment (including by mandatory reporters), some of which can be tied to systemic racism, these rates provide insight into disparities in system involvement for youth of color—contact which increases risk to further system involvement for youth and families.

- Youth with disabilities are at increased risk for involvement in the child welfare system due to abuse or neglect and are more likely to be placed into out-of-home placement than youth without disabilities.

- LGBTQ youth face discrimination from foster families and care staff, report receiving less services than heterosexual youth, are less likely to be reunified or adopted, and more likely to be placed in restrictive settings. A 2019 analysis of data from two nationally representative studies found that sexual minority youth (e.g. lesbian, gay, bisexual, and same-sex attracted) are overrepresented in child welfare, foster care, and out-of-home placement. Findings from the first study
show that sexual minority youth are almost 2.5 times as likely as heterosexual youth to be placed in foster care. The second study indicated an overrepresentation of sexual minority youth in child welfare and among young people who reported out-of-home placement. A 2014 study found that 19% of youth in out-of-home foster care in Los Angeles county identify as LGBTQ, compared to an estimated 5% to 7% of the youth population.

Youth in the child welfare system experience family separation, instability in placements, and isolation, especially during out-of-state placements—all of which have the potential to inflict deep and long-term harms. Girls in the child welfare system also experience high rates of post-traumatic stress disorder (PTSD) and depression, in addition to other mental health needs. One study found that 47% of adolescent girls who were investigated by Child Protective Services (CPS) reported at least one mental health diagnosis, compared to 37% of adolescent boys. A study of older adolescents leaving the foster care system found that 14% of girls—compared to 11% of all youth—were assessed as having experienced major depression over their lifetime and 22% of girls met the lifetime criteria for PTSD, compared to 15% of all youth.

Many girls in foster care as teenagers experience physical and mental health challenges, as well as homelessness, financial difficulties, challenges in school, and early parenthood. Girls in the child welfare system are also at higher risk of repeat and subsequent victimization and abuse—particularly domestic violence, sexual violence, and domestic child sex trafficking—and involvement in other public systems such as juvenile justice. The risk of adult physical, sexual, or psychological victimization has been found to be four times greater among girls who have experienced child physical and sexual abuse.

Involvement in the child welfare system also has the potential for negative educational experiences and outcomes for girls and gender-expansive young people, including higher school discipline rates and lower graduation rates. These youth also face challenges related to greater school mobility.
and a lack of access to early childhood education and special education services, issues which impact stable and consistent educational opportunity.\textsuperscript{33} The rate of pregnancy before age 21 is three times greater for girls in foster care than for girls in the general population and repeat pregnancies are also far more common in teens in foster care. Due to inadequate support for expectant and parenting youth in foster care, their children are frequently removed and placed into foster care themselves.\textsuperscript{34} Ensuring young parents in foster care have the support needed to successfully parent their children is thus a critical strategy for preventing future generations of child welfare involvement.

> Girls in the child welfare system are more likely to cross into the legal system than boys. Although girls comprise 30\% of youth arrested and detained, they represent 33\% to 50\% of the crossover population.\textsuperscript{35}

“Since the birth of this country upon stolen Indigenous land, people and communities of color have been systematically invisibilized, demonized, dehumanized, and excluded from community—and self-actualization and progress. In this modern world, girls and gender-expansive youth can wait no longer for these slow and biased systems to make change. Youth of color, especially Indigenous youth, need to be consulted, considered, and centered when making change that must benefit future generations.”

- Kendra B. (Diné Nation), Advocate, New Mexico
RECOMMENDATIONS

- Create opportunities for girls and gender-expansive youth impacted by the child welfare system to shape a reimagined system that favors healing, safety and opportunity. This direct inclusion of young people most impacted by the system should happen within government, advocacy organizations, direct services organizations, other non-profit organizations, and any other entity with an active stake in how young people experience the child welfare system.

- Fill the data gap about girls and gender-expansive youth by requiring states to collect, and make publicly accessible, Adoption and Foster Care Analysis Reporting Systems (AFCARS) data that is disaggregated by gender identity across race, ethnicity, sexual orientation, immigration status, disability, and location (e.g. city, state, reservation). For girls and gender-expansive youth in foster care, include the documented reason for entry, information and relevant data on mental and physical health, educational outcomes, placements, including placement location (i.e. in- or out-of-state), pregnancy rates, juvenile justice involvement, and rates of re-victimization.

- Raise awareness about the unmet unique needs of girls and gender-expansive young people at all points in the child welfare system, from family support to foster care, including girls and youth who are disproportionately represented such as those of color, with disabilities, girls and youth in rural and tribal communities, LGBTQ2S+ girls and youth, and expectant and parenting teens.

- Provide technical assistance to jurisdictions, providers, and advocates in building a continuum of services and supports — from assessment to prevention to out of home placement (when needed) — for youth and their families that is gender and culturally responsive, trauma informed, developmentally appropriate and strengths-based.

- Significantly shift funding approaches to directly support girls and gender-expansive young people, their families, and their communities. Shift federal funding to support community-based prevention services and familial supports — supports that are gender responsive, culturally appropriate and healing informed — including direct investments for robust health, education, social and economic supports for youth and families. Create community-driven, community-based innovation funds to support the development of new gender responsive programs and services, created in collaboration with system impacted young people, with the goal of finding innovative alternatives to child welfare involvement.

- Prioritize the provision of services in the home to ensure youth and family needs are met and, when young people have been removed, ensure placements with other family members and close family friends, while working to reunite families quickly, if safely able to do so. In situations involving imminent risk to safety (i.e. LGBTQ2S+ girls and gender-expansive young people experiencing abuse, girls and youth experiencing familial trafficking), match girls and gender-expansive young people to the most appropriate foster care placement based on gender identity, race, sexual orientation, parenting status, disability, etc. and ensure youth have access to therapeutic foster homes and other supportive environments, including peers, siblings, and chosen families. Provide mandatory training to ensure that foster parents and families are equipped with skills, knowledge, and empathy needed to effectively support youth in healing and succeeding while in their care. This must include active work on identifying and addressing bias and oppression.
> Develop and implement programming for girls and gender-expansive young people in the child welfare system, including for youth in foster care, to provide them with the opportunity for a successful transition into adulthood. For custodial young mothers and young parents, ensure that programming utilizes two-generation approaches that provide supports and services to both parent and child.

Programs for girls and gender-expansive young people, including young parents, should include:

- Advocacy skills development (i.e. access to information and training on the rights of youth, including young parents, in child welfare, and training on how to navigate systems).

- Health and healing resources including legal rights related to health for youth, inclusive of young parents and their children (i.e. access to health information, including sexual health).

- Health and healing resources including legal rights related to health for youth, inclusive of young parents and their children (i.e. access to health information, including sexual health education, that centers youth needs and affirms their gender identity, expression, and sexual orientation; access to health care rooted in reproductive justice values, including the legal autonomy in health decision-making; health insurance; ensuring children receive well-baby care and parents have access to quality mental, physical and sexual health services; education on nutrition, physical activity and sexual health).

- Independent living skills (i.e. career and life planning, creating and managing a budget, managing credit, building wealth, how to rent an apartment, parent training and support).

- Workforce development (i.e. developing skills like coding and/or other computer skills, learning how to start a business); access to structured information on educational opportunities, including specific and detailed information on higher education (i.e. how to choose a college in- or out-of-state; how to apply for grants, scholarships, and the Federal Application For Student Aid or FAFSA; access to Chafee Act opportunities; and for children of young parents, ensure access to early learning/learning readiness services and supports).

> Revisit mandatory reporting requirements in the Federal Child Abuse Prevention and Treatment Act (CAPTA), in collaboration with girls and gender-expansive young people and families impacted by these policies and practices. In the meantime, the Department of Health and Human Services Administration of Children and Families, in collaboration with young leaders, should issue guidance to states that directly addresses bias in the practice of mandatory reporting, including clarifying standards for “privileged communication” to emphasize positive relationships with young people. This guidance must include tools and strategies to ensure that youth know when and how to protect their right to privacy, confidentiality and safety in their communication with others.  

> Develop and fund innovative approaches to acknowledging and addressing current issues in child welfare, including issues that uniquely impact girls and gender-expansive young people, such as developing oversight bodies based in community and state-level Foster Care Ombudsperson offices that provide youth in foster care with a direct line to someone or a team of people with authority to advocate on their behalf.
> Review the implementation of the Family First Prevention Services Act using a gender lens to assess specific areas of need for girls and gender-expansive young people, such as the ability for Title IV-E dollars to support prevention services for pregnant and parenting youth in foster care to help them be successful as parents and keep their children out of foster care.

> Review existing federal guidance and, if appropriate, release new guidance on out-of-state placements that address the unique needs of girls and gender-expansive young people. This review must be informed by girls and gender-expansive young people who were impacted by this practice while in foster care, and should include a rationale for out-of-state placement, a review of limitations on length of stay, address issues of isolation, and delineate requirements for maintaining safe contact with families and care workers, to ensure young people stay safe and connected to support networks in their home states.

> Ensure that young parents in foster care, including young women — who make up the majority of custodial parents — are aware of their right to be placed with their child(ren) while in foster care. Equally important is ensuring that they understand why and how their legal authority over their children, known as custodial rights, can be terminated by the state.

> Provide pregnant and parenting girls in foster care access to comprehensive parent support programs, including home visiting, child care, and health care services, to help support their parenting and prevent their children from being removed and placed into foster care.

> Provide foster families with information about the health care related rights of foster youth, including sexual and reproductive health care, so families and caregivers can best support girls and gender-expansive young people in their well-being and ensure girls’ autonomy over healthcare decisions.

> Ensure that girls and gender-expansive young people in the child welfare system have the opportunity to develop safe and supportive relationships with people who can provide them with the consistency of support that may be lacking in their lives.

> Increase the age for youth to have the option to stay or re-enter foster care before “aging out” to age 25, to align with advancements in brain science, and provide girls and gender-expansive young people time and resources to ensure successful transition.
DOMESTIC SEX TRAFFICKING

Domestic child sex trafficking (DCST) is the commercial sexual exploitation of children in the United States. Under federal law, whenever a young person under the age of 18 engages in a sexual act in exchange for anything of value (including but not limited to money, food, and shelter), that child is a victim of human trafficking. Girls and gender-expansive young people at the margin, particularly those who have histories of physical and sexual abuse, are especially vulnerable to sex trafficking. These youth must be met with a response that recognizes that they are victims of child abuse and connects them to resources that address their trauma and ensure their safety.

Key Facts

- Survivors of DCST are disproportionately girls of color. In King County (Seattle, WA), Black girls comprise approximately 1% of the population but 52% of identified child trafficking survivors were Black and 84% were female. In Louisiana, Black girls account for nearly 54% of child sex trafficking survivors, even though Black girls comprise approximately 19% of Louisiana’s youth population. In Multnomah County (Portland, OR), Black people comprise less than 6% of the population but account for 27% of child trafficking survivors. Approximately 95% of child sex trafficking survivors in Multnomah County are female. In Minnesota, the majority of buyers are white, middle-to-upper class, married men.

- Racialized and gendered stereotypes often cause girls of color to be hypersexualized and contribute to their being targeted for sex trafficking. Black girls in particular are also subjected to adultification, which increases the likelihood that survivors will be met with a punitive response. For example, beginning at age five, Black girls are perceived as being more knowledgeable about sex and less in need of protection than white girls.

- In jurisdictions that have researched sex buyers, those who purchase youth for sex are overwhelmingly adult white men. One study found that 85% of online sex buyers are white men. In King County (Seattle, WA), 80% of sex buyers are white men. In Pennsylvania, 74% of sex buyers are white men. Likewise, in Minnesota, the majority of buyers are white, middle-to-upper class, married men.

- Children with child welfare involvement are at particular risk of being sexually exploited. In 2018, 88% of the likely child sex trafficking victims reported to the National Center for Missing and Exploited Children were missing from the care of social services.

- Runaway and homeless youth are at increased risk of being trafficked for sex. LGBTQ youth have a 120% increased risk of experiencing homelessness compared to heterosexual and cisgender youth. Girls comprise 75% of runaway youth. One in six of the youth reported missing to the National Center for Missing and Exploited Children in 2019 were likely victims of sex trafficking.
In one study on child sex trafficking among homeless youth in three cities, LGBTQ youth comprised 39% of child survivors. Of transgender youth who participated in the study, 60% reported being sold for sex.

Girls are also exploited by members of their own families. In 2019, among sex trafficking reports to the National Human Trafficking Hotline in which the method of trafficking was identified, 29% of survivors were trafficked by a family member.

Too often, DCST survivors are arrested and detained on prostitution charges instead of being recognized as victims of human trafficking or child abuse. Nationally, approximately 200 survivors of child sex trafficking are arrested for prostitution each year. 38% of these children were Black, and 61% were girls.

Many survivors of child sex trafficking become involved in the legal system for offenses other than prostitution that are committed as a direct result of their being trafficked. Many child sex trafficking survivors are arrested for status offenses or detained because of probation violations where the underlying offense was a status offense. Others are arrested and detained for offenses such as substance abuse, trespass, loitering, etc.

Safe Harbor and Immunity Laws can be used to protect survivors of DCST from arrest and prosecution. Some states have adopted laws to prohibit the prosecution of minors for prostitution charges and instead connect child survivors with services (sometimes through specific programs, sometimes through child welfare, etc.). While overall, these laws seek to keep child survivors from entering the legal system, protections vary (e.g. in scope and who is eligible) and, in some states with Safe Harbor laws, DCST survivors continue to be arrested on prostitution-related charges.

Sex buyers often are not held accountable. For example, in Pennsylvania, only 30% of prostitution arrests are for purchasing sex whereas 70% of arrests are for selling sex.

Even when systems identify girls and gender-expansive youth as survivors of DCST, many child welfare agencies are precluded by state law from responding to such incidents unless the abuse is being carried out by a parent or “caretaker”. In 2015, the Child Abuse Prevention and Treatment Act (CAPTA) was amended to include a special rule designating child sex trafficking as a form of “abuse or neglect” regardless of the perpetrator. States can now follow suit and amend their child welfare laws in order to respond to all children being trafficked for sex.

Survivors of DCST still lack adequate funding for services: In 2015, federal law created a Domestic Trafficking Victims Fund to supplement existing domestic victims’ appropriations, but even with this fund, domestic victims still lack access to necessary services and housing.
“Often times, policy is framed without the input of invisibilized communities who experience unique, historical, and intergenerational traumas, thus further marginalizing and silencing these already vulnerable populations. When platforms, like this one, are created with these experiences considered and marginalized voices included, policies can better address needs and help create healthier systems and communities” - Kendra B. (Diné Nation), Advocate, New Mexico
Address root causes (e.g. abuse, child welfare involvement, homelessness, etc.) of DCST that make girls and gender-expansive youth more vulnerable to trafficking, including more robust efforts to end childhood sexual abuse and sexual violence against children.

Provide safe housing and meaningful access to educational (including higher education) and vocational opportunities for runaway and homeless youth, to prevent runaway and homeless girls and gender-expansive youth from becoming victims of DCST.

Provide survivor-led or survivor-informed trafficking prevention programs for youth, including peer support programs.

End the criminalization (i.e. the arrest, prosecution, and incarceration) of child sex trafficking survivors for their own victimization and allow survivors of DCST and sexual exploitation to clear prostitution arrests, related charges, and adjudication records to ensure that they are not further disadvantaged or harmed as a result of their exploitation. Ensure judicial responses center survivors’ needs, including in specialized dockets or collaborative courts, such as the Los Angeles County’s STAR Court which has worked with over 450 young people, a large majority of whom are girls and young women. Court responses such as these can address the needs of trafficked youth irrespective of the offense for which the youth is charged.

Adopt and implement safe harbor laws that protect child survivors from arrest and/or prosecution for offenses directly resulting from their exploitation and that connect children and their families to services.

Amend laws or regulations to allow child welfare to provide support to survivors and their families in DCST cases where the exploiter is not a parent or guardian.

Ensure full compliance with the Preventing Sex Trafficking and Strengthening Families Act, including requirements to report and search for children missing from foster care, who may have become victims of sex trafficking.

Institute screening and assessment for child sex trafficking among youth involved in public systems, including behavioral health, child welfare, and juvenile justice systems to facilitate connecting survivors with services.

Require training (that is survivor-led or in partnership with a survivor) for child-serving agencies and foster parents to identify, engage, and serve/care for girls who have been trafficked or are at increased risk of trafficking, including familial trafficking.

Require training for organizations whose employees are likely to interact with trafficked children or who work at establishments where trafficking is likely to occur, such as hospitals and hotels, to identify and report trafficking.
Institute multidisciplinary (and multi-agency in cases where the child has already been touched by a system) local responses to comprehensively address the immediate and long-term needs of identified victims.

Substantially increase funding to community-based organizations (CBOs) — particularly survivor-led and survivor-informed organizations — to provide services to DCST survivors and to train others (both within CBOs and systems) who will be working with survivors.

Provide trauma-informed, gender-responsive, culturally responsive, age appropriate, accessible services to DCST survivors (e.g. counseling, tutoring, job skills, parenting classes, etc.), including services that offer cultural/non-Western healing practices. Ensure that these services are financially and geographically accessible.

Establish public awareness campaigns to raise awareness around DCST, ensure the general public recognizes these youth as crime victims instead of offenders, and reduce the stigma to survivors.

End the culture of impunity, including assigning complicity to girls and gender-expansive youth, that allows adults to purchase sex acts with children with little or no accountability.

Prohibit DCST survivors from being forced to testify against their exploiters and traffickers in court, and implement protections for those who choose to testify.
EDUCATION

Educational inequity is a key factor in preventing girls and gender-expansive young people experiencing social and systemic marginalization from accessing educational opportunities and reaching their goals. At its best, the educational system has the potential to educate, uplift, and inspire. It can also serve as a safe space and source of supports and resources otherwise unavailable to vulnerable students. However, at its worst, and for far too many girls and gender-expansive youth, it can deny access to education, further traumatize, deepen system involvement, and perpetuate cycles of violence, trauma, and abuse. As evident during the COVID-19 pandemic, any crisis impacting the in-person educational system will quickly and severely exacerbate issues experienced by youth most vulnerable to marginalization.\footnote{69} Global pandemic notwithstanding, girls and gender-expansive young people are consistently denied access to supports that are critical to their development and academic success. Race and gender based stereotypes and other forms of bias lead to disproportionate discipline rates of girls of color. Black girls in particular are frequently labeled as “angry” and “aggressive,” are hypersexualized, experience adultification and get punished for behaviors that challenge notions of ‘femininity’.\footnote{70} Access to meaningful educational opportunities that acknowledge the experiences of these vulnerable young people is critical to helping them heal and achieve their full potential.

Key Facts

- Girls of color and girls attending high-poverty schools are more likely to attend schools that are under-resourced. More than two in five Black high school students (43%) and more than half of American Indian/Alaska Native (AI/AN) students (53%) do not have access to the full range of math and science offerings compared to the 29% of white students.\footnote{72} Little more than half (52.1%) of science teachers in high-poverty schools have advanced degrees, compared to the 71.1% of science teachers with advanced degrees in low-poverty schools.\footnote{73}

- In schools primarily attended by students of color, the limited resources that support extracurricular activities are allocated inequitably. For example, in schools that are primarily attended by students of color, girls have 67% of the opportunities to play sports that boys have in the same school.\footnote{74} In addition, girls attending schools primarily attended by students of color have only 39% and 32% of the athletic opportunities of girls and boys, respectively, at primarily white schools.\footnote{75}

- Girls of color aspire to be leaders. A 2020 Girls Leadership report found that 48% of Black girls and 36% of Latinx girls see themselves as leaders and receive encouragement in their leadership from parents and mentors. Yet they face a number of barriers to their leadership aspirations, including racial bias and gender discrimination.\footnote{76} Additionally, a research study conducted by the American Institutes for Research from 2017-2019 found that Girls Inc. girls —78% of whom identify as girls of color — are significantly more likely than their peers to: (1) exhibit strong leadership skills and see themselves as leaders, (2) believe in their ability to contribute in their community, and (3) stand up for fairness and their own beliefs.\footnote{77}

- Many school systems are still highly segregated (i.e., predominantly white or students of color), and predominantly white school districts receive $23 billion more in funding than school districts with similar numbers of students that predominantly serve students of color.\footnote{71}
Rates of discipline for girls of color are disproportionately high; unfair or discriminatory policies and practices lead to high rates of “pushout” from school, particularly for Black girls. Black girls are disproportionately disciplined for subjective or minor offenses, such as talking back to teachers, dress code violations, and defiance. In 2015-2016, Black girls made up 14% of out-of-school suspensions but accounted for only 8% of students enrolled in school. In 2017-2018, Black girls were 4.19 times more likely than white girls to be suspended at least once from school, and more likely to be suspended than other girls of color. AI/AN girls were 2.26 times more likely to be suspended than white girls, Hawaiian/Pacific Islander girls were 1.36 times more likely to be suspended than white girls, and Hispanic girls were 1.31 times more likely to be suspended than white girls.

National data on school discipline shows that girls of color are also at greater risk of being referred to law enforcement, with Black girls (3.01 times), AI/AN girls (2.69 times), Hawaiian/Pacific Islander girls (1.46 times) and Hispanic girls (1.35 times) more likely to be referred to law enforcement than white girls.

LGBTQ2S+ youth are disproportionately affected by out-of-school suspensions, expulsions, and truancy-related discipline, often due to their attempts to avoid hostile school climates, all of which place them at increased risk for contact with school resource officers, truancy court, and other legal system-related contacts. LGBT youth are 3 times more likely to experience harsh disciplinary action by school directors than their non-LGBT-identifying peers.

Students living with disabilities are suspended at disproportionately high rates compared to their peers without disabilities. In their analysis of 2013-2014 CRDC data, National Women’s Law Center found that 8.4% of girls with disabilities received one or more out-of-school suspensions compared to 2.8% of
Students who are girls of color or LGB girls were also likely to experience other forms of violence at higher rates than girls in general: 6.5% of girls overall were threatened or injured with a weapon on school property, while 7.2% of Black girls, 10.6% of multiracial girls, 10.6% of LGB girls, and 11.1% of girls who were unsure of their sexual orientation shared this experience.  

Students with disabilities are also at increased risk of being subjected to restraint and seclusion. Though students with disabilities served under the IDEA accounted for only 13% of students in 2017-2018, they accounted for 80% of students subjected to physical restraints, 41% of students subjected to mechanical restraints and 77% of students subjected to seclusion. Many of these students were students of color; for example, of the students with disabilities who were subjected to mechanical restraints, 34% were Black and 28% were Hispanic or Latinx.

Corporal punishment in schools is still legal in 19 states, with most cases reported in Alabama, Arkansas, and Mississippi. Black girls experience this form of violence in schools at three times the rate of white girls (6% vs 2%).

According to the 2019 Youth Risk Behavioral Survey, almost 1 in 10 (9.8%) girls missed a day of school in the 30 days preceding the survey because they felt they would be unsafe at school or on their way to or from school. This number is higher for girls of color and lesbian, gay, bisexual (LGB) girls: 10.8% of Black girls, 11.8% of Latinx girls, and 13.7% of girls identified as multi-racial experienced this, compared to 8.1% of white girls; 8.9% of heterosexual girls missed at least a day of school because of feeling unsafe, while 11.5% of LGB girls and 15.4% of girls unsure of their sexual identity reported the same.

A review of the 2019 National School Climate Survey found that approximately 20% of transgender girls and 18% of nonbinary students had switched schools due to safety concerns compared to approximately 13% of cisgender girls.

In that same study, approximately 72% of transgender girls and 70% of nonbinary students experienced anti-LGBTQ discrimination at school, e.g., being misgendered and not being able to wear clothes or access bathrooms or locker rooms aligned with their gender.
“This Policy Platform provides an accurate representation of the issues and barriers that Black girls in Pittsburgh, Pennsylvania often experience. The systems that are supposed to protect our youth, are in fact, failing our youth. They deserve better. We must do better. The recommendations that are succinctly outlined provide guidance on policy and practice changes that policy makers, system leaders, school administrators, any and all youth-serving entities can use to address the systemic gender and racial biases that disproportionately impact the lives of girls and gender-expansive youth locally and nationally.”

- Kathi E., Advocate, Pennsylvania
RECOMMENDATIONS

> Engage girls, gender-expansive young people, their families, and their communities in the creation, development, and change of school and district level policy, particularly when these policies have an impact on students’ educational access and opportunity.

> Conduct school climate surveys to ascertain the prevalence of harassment (due to race, ethnicity, gender identity, sexual orientation, religious beliefs, disability, etc.) in schools, its impact on students, and to understand what schools need to do to more effectively respond to harassment.

> Develop and implement policies, practices, and pedagogy that address — with the goal of eliminating — discrimination and disproportionate student outcomes based on race, ethnicity, gender identity, sexual orientation, religious beliefs, disability, and the many other identities for which youth are subjected to marginalization and include mechanisms for students and parents to report discrimination by teachers and other adults in school systems.

> Through federal and state reforms, actively address disparities in funding that create inequitable school systems.

> Strive to create schools and school systems that support girls and gender-expansive young people in healing and learning.

> Invest in training focused on implicit bias, trauma, and adolescent development (including trainings to foster positive interactions with students and assist in identifying student needs) for educators, school board members, social workers, school counselors and other education-related or school-based staff, stakeholders and decision-makers.

> Create and promote school and community leadership and advocacy opportunities for girls and gender-expansive young people, especially in schools and communities where these opportunities are more limited, including rural communities.

> Institute truancy interventions that avoid court referrals and address the underlying reasons a young person misses school.

> Replace overly punitive disciplinary policies and practices that disproportionally affect girls of color, girls with disabilities, and LGBTQ2S+ youth with strengths-based alternatives such as Restorative Justice and Positive Behavior Interventions and Supports.

> Ban the suspension of students, at a minimum in K-2nd grades.

> Divest funding from school resource officers and reinvest in school counselors, social workers, restorative justice practitioners, and trauma-informed training to support girls and gender-expansive young people and reinforce schools as environments focused on healing.

> Immediately institute anti-racist and anti-sexist dress codes policies, inclusive of cultural practices of girls and gender-expansive youth who are religious and ethnic minorities, with the goal to eliminate school dress code policies overall.
> Immediately end to harmful and abusive corporal punishment practices in schools and create policy that bans these practices in remaining states where corporal punishment in schools is legal.

> Invest in mental health supports in schools and eliminate law enforcement responses when young people are in crisis.

> Invest in school-based health centers to support students’ well-being and allow them to be fully present in their learning.

> Provide reasonable accommodations to students with disabilities that include safety and mental health accommodations in addition to academic accommodations.98

> Create and enforce specific policies to protect transgender girls and gender-expansive young people from harassment and discrimination, and ensure their access to healthy and positive learning environments.

> Institute comprehensive, medically accurate, evidence-based, non-religious sex education that includes information on healthy relationships, consent, and gender-based violence (including bullying and sexual harassment, domestic child sex trafficking, sexual exploitation, and teen dating violence). Ensure the education is LGBTQ2S+ affirming, culturally responsive, and includes an analysis of how gender-based violence uniquely impacts transgender girls and gender-expansive young people.

> Enforce Title IX protections robustly so that schools are safe places where all students are free from sexual harassment and assault, and other forms of gender-based violence and discrimination. Also enforce Title IX protections related to pregnant and parenting students to ensure their continued access and connection to schools.

> Ensure coordination between a school’s Title IX office and office of disability services.99

> Disseminate information to students regarding the name(s), contact information and role of Title IX coordinators who are available to assist them.

> Teach an inclusive curriculum that educates students about creative, scientific and historical contributions from a diverse array of people and communities, including people with disabilities, American Indian/Alaska Native (AI/AN) people, women and girls of color, gender-expansive people, and religious and ethnic minorities.100

> Ensure access to curricula and programs that will help girls and gender-expansive young people successfully transition to life after high school, graduate college, and become career-ready, including programs that expose them to career possibilities in fields traditionally dominated by men, such as Science, Technology, Engineering, and Mathematics (STEM) courses; teach them soft skills; and provide hands-on, informal education opportunities.

> Support out-of-school-time programs, such as after school and summer programs, that provide youth from underserved communities (including rural and reservation communities) with social and emotional learning skills, mentoring, a safe and trauma-sensitive space, leadership development, and college and career exploration counseling.
GENDER-BASED VIOLENCE

Violence against young women, girls and gender-expansive youth is pervasive, with girls of all races and socioeconomic levels experiencing myriad forms of violence in their homes, communities, and in public systems. Factors that push girls and gender-expansive youth to the margin and deprive them of opportunities and support also increase their vulnerability to violence. Due to the many stereotypes and myths promulgated about girls and the ways they identify, when marginalized girls are victimized, they are less likely to be perceived as survivors of violence and, therefore, less likely to be met with a trauma-informed response. Traumatic experiences, compounded by a lack of resources and support, create obstacles in the healing journey of these vulnerable young people and increase the likelihood that the violence they survived will result in collateral consequences that create further harm to their wellbeing and futures. All of these experiences are symptomatic of deeply-rooted patriarchal attitudes that minimize girls’ safety and hold girls accountable for their own harm while excusing those who harm them (typically men and boys), perpetuating a culture of gender-based violence.

Key Facts

- Sexual violence against girls is pervasive. About 1 in 4 girls will be sexually abused before they turn 18. ²⁰¹ Forty-three percent of women who have been raped were first raped before age 18. ²⁰² In fact, 1 in 16 women reported rape as their first sexual encounter. ²⁰³ In 2019, 11.4% of high school girls reported being raped in the prior year compared to 3.4% of boys. ²⁰⁴

- Eighty-five percent of women report experiencing street harassment for the first time prior to age 17. Nearly 12% were age 10 or younger when they were first harassed. ²⁰⁵

- Like adults, girls experience violence in their romantic relationships. In 2019, approximately 12.6% of high school girls reported experiencing sexual dating violence during the prior year, compared to approximately 3.8% of boys, and 9.3% of high school girls reported experiencing physical dating violence during the prior year compared to 7% of boys. ²⁰⁶

- Transgender youth are especially vulnerable to violence. In 2017, 23.8% of transgender youth were raped in the prior year compared to 10.5% of cisgender girls. Transgender youth also experienced higher rates of sexual and physical dating violence (22.9% and 26.4% respectively) in comparison to cisgender girls (12% and 8.7%). ²⁰⁷
Girls of color are exposed to violence at disproportionate rates. In one survey, 44% of Latinx participants under age 25 knew a survivor of domestic violence and 27 percent knew a survivor of sexual assault. Respondents believed fear of additional violence to be a major deterrent to seeking help, including fear of violence by systems such as deportation or having children taken away.

In 2017, homicide was the second leading cause of death for Black young women and girls and the fourth leading cause of death for American Indian/Alaska Native (AI/AN) young women and girls aged 19 and under. However, it was the fifth leading cause of death for white young women and girls of the same age.

American Indian women and girls, in particular, experience staggering rates of violence. For example, from 2010-2019, the homicide rate for American Indian women and girls in Wyoming was 6.4 times higher than the homicide rate for white women and girls. In Minnesota, from 2010 through 2018, American Indian women and girls comprised only 1% of the general population but accounted for 8% of murdered women and girls. Additionally, each month American Indian women and girls account for approximately 15% of cases of missing women and girls in Minnesota.

Among American Indian and Alaska Native survivors of sexual violence, 96% of women and girls have been harmed by someone of another race. When this violence occurs in Indian country, the ability of tribal governments to respond is hampered by complex jurisdictional issues.

Attitudes about violence perpetrated against young women and girls of color is often problematic. For example, in Wyoming only 18% of murder victims who were American Indian women and girls received newspaper media coverage compared to 30% of all American Indian murder victims and 51% of white murder victims. The coverage was more likely to portray American Indian victims negatively and provide less information than coverage of white victims.

Issues with data collection impede the ability to gain clear insight into the rates at which transgender youth are murdered. However, available data strongly suggests that young transgender women of color are at higher risk of being murdered than cisgender people.

Girls who identify as lesbian, bisexual, or questioning (LBQ) are particularly vulnerable to violence. In 2017, 22.8% of lesbian and bisexual high school girls and 18.9% of questioning high school girls reported experiencing some form of sexual violence in the prior year, compared to 13.4% of heterosexual girls. During the same period of time, 16.9% of lesbian and bisexual high school girls reported experiencing physical dating violence compared to 7.1% of heterosexual girls.

Girls with disabilities are also at increased risk of experiencing violence. From 2011 to 2015, girls and women with disabilities age 12 and older experienced violence at nearly triple the rate of girls and women without disabilities (32.8 per 1000 compared to 11.4 per 1000, respectively). Likewise, girls and young women with disabilities face increased barriers to accessing services and escaping abusive situations, particularly if their abuser also provides attendant services.

In 2015, youth aged 12-14 experienced violence at higher rates than people of other ages in both rural and urban communities.

Survivors of gender-based violence are less likely to report their experiences of violence to police than survivors of other violent crimes. This is especially so of
survivors in rural communities. In 2015, only 2% of estimated rape and sexual assaults were reported to law enforcement in rural communities compared to 19% of estimated rape and sexual assaults reported in urban communities.

- Survivors in rural communities face additional barriers to services, including a lack of anonymity due to smaller populations, geographic isolation from services and, in some cases, pressure to protect family or community reputation.

- Girls who experience violence are at increased risk of being pushed into the legal system as many of the ways in which girls respond to trauma have been criminalized. Nationally, 73% of justice-involved girls experienced some form of violence prior to their system involvement.

- Experiencing violence can lead to a myriad of physical and mental health consequences for survivors. Additionally, girls are more likely than boys to develop PTSD, to experience depression and other comorbid disorders, and to engage in substance abuse, self-harm, and risky sexual behavior in response to trauma. Experiencing sexual abuse as a child increases the risk of experiencing additional incidents of violence, including into adulthood. For example, experiencing childhood rape triples the likelihood of being raped as an adult.
RECOMMENDATIONS

> Develop and support opportunities for girls, young women, gender-expansive youth, and survivors to provide input and leadership on policies and initiatives that combat gender-based violence.

> Disseminate information to girls, young women, and gender-expansive youth informing them of programs and resources that can contribute to their safety as well as those that can help them heal from experiences of violence, including resources on healthy relationships.

> Fund self-defense and other programs that enable girls and gender-expansive youth to feel empowered in their safety.

> Develop violence prevention policies and practices that focus on addressing the behavior of potential perpetrators rather than policing girls’ and gender-expansive young peoples’ behavior.

> Provide violence prevention trainings and programming for youth, including boys, that educate youth on patriarchy, gender-based violence, consent, healthy relationships and healthy masculinity, including through comprehensive sex education.

> Provide violence prevention trainings for parents and adults who work with youth that include education on patriarchy and gender-based violence as well as the role of consent, healthy relationships, and healthy masculinity in enhancing the safety of girls and gender-expansive youth.

> Eliminate policies and practices that sexualize and objectify girls, hold girls responsible for their own victimization, or otherwise contribute to rape culture and ‘victim-blaming’.

> Provide trauma-informed, gender-responsive, culturally responsive, developmentally appropriate, accessible services to youth who have experienced trauma and violence, including survivor-led peer support and mentorship programs. Ensure that these services are financially and geographically accessible.

> Invest in safe, alternative housing options (both short and long term) for girls and gender-expansive youth and their families for whom home is unsafe.

> Provide resources to parents and caregivers to enhance their ability to support children who have experienced violence, including training on trauma, counseling for secondary trauma, and information on services available to survivors and their families.

> Require law enforcement, teachers and other system stakeholders likely to interact with survivors to undergo training on trauma related to sexual and interpersonal violence and child abuse, including practices that center the needs of survivors and safeguard against further traumatizing them.

> Ensure timely and thorough investigation of all complaints of gender violence.

> Implement protocols that protect survivors of gender violence from further trauma or
psychological distress during internal investigations, criminal investigations and court proceedings such as allowing testimony via CCTV and permitting the presence of a support person in court.114

> Hold those who commit violence against girls and gender-expansive youth accountable.

> Expand tribal authority to enable tribal governments to hold accountable people who are not American Indians of Alaska Natives and commit trafficking, sexual assault, and stalking in Indian Country.

> Close legal loopholes that enable police officers to avoid liability for sexually assaulting young women and gender-expansive young people in their custody by claiming the encounter was consensual.

> Ensure that survivors of police violence are eligible for crime victims services.

“Youth shouldn’t need an abundance of data to validate their lived experience in the eyes of others; they should be believed as the experts of their own lives. Until that’s a reality, this report is essential in offering the data to back up the stories girls and nonbinary youth of color are telling. We see how often they are punished for trying to keep themselves safe when all of their supports have failed them. The Policy Platform highlights the need for us to come together to create a multifaceted and interwoven network that supports and respects youth rather than criminalizing them.”

-Melissa C., Advocate, New York
HEALTH AND HEALING

Girls and gender-expansive young people are subjected to overlapping and deeply rooted biases, discrimination and systemic oppression, including environmental injustice, that severely impede their meaningful access to quality health care, pollutant-free environments, social supports, and other protective factors critical to their wellbeing as well as the wellbeing of their families and communities. As a result, girls and gender-expansive young people facing marginalization — especially those who are system-involved — run a far higher risk of having poor health and experiencing trauma, which can further lead to unique physical and mental health needs that often go unmet. This is especially so if a young person lacks the buffering influence of supportive relationships. This demands that dismantling systemic oppression and social marginalization be treated as a public health priority consisting of initiatives that recognize, identify, and address adversity promptly, holistically, and supportively; yet many systems are ill-equipped to do so. Without such support, girls are at greater risk for negative mental and physical health outcomes in the short- and long-term, new incidents of abuse, and system involvement.

Key Facts

> Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur before the age of 18, including abuse (physical, emotional or sexual), neglect, witnessing violence in the community or home, parental separation, living in a household with someone who has substance dependency problems or mental health concerns, the incarceration of a household member, and having a family member die by or attempt suicide. These incidents have been shown to be associated with long-term physical, mental, and behavioral health effects. Girls also face a greater risk of experiencing more forms of ACEs, at higher prevalence rates. A Centers for Disease Control review of 2015-2017 adults’ survey data showed that women had experienced four or more ACEs at higher rates than men. The consequence of this trauma is wide-ranging, including a higher risk of involvement in the criminal legal system. Girls are more likely to experience mental health disorders as a result of traumatic incidents. According to multiple studies, girls who experience trauma are more likely than boys to meet the diagnostic criteria of PTSD. Children in families with low incomes also face greater risk; 62% of these children had experienced one or more ACEs. Girls of color in low-income households are less likely to receive mental health services. Young women of color living in poverty receive mental-health treatment at less than one-third the rate of young white women living in poverty. Girls involved in foster care also experience high rates of mental health needs, including experiencing major depression over their lifetime and PTSD.

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In contrast, the CDC found that adults who had strong family connections (as well as school connections) during their youth were 48%-66% less likely to experience violence, have mental health problems, engage in risky sexual behavior, or use substances in adulthood.\textsuperscript{141}

Youth of color are at particularly high risk of experiencing ACEs. A 2016 study found that 51% of Latinx children and almost 64% of Black children had experienced one or more ACEs.\textsuperscript{142} Though there is a lack of information on American Indian and Alaska Native (AI/AN) children and ACEs, available data suggests that they are also at increased risk of experiencing ACEs.\textsuperscript{143}

People of color experiencing mental illness are less likely to receive proper diagnosis and effective treatment. People experiencing a mental health crisis are more likely to have the police called on them than to receive treatment and people with an untreated mental illness are 16 times more likely than other people to be killed during a police encounter.\textsuperscript{144}

By adolescence, girls experience higher rates of depression and anxiety than boys. Girls internalize their responses, which are less easily identifiable than disruptive, externalized symptoms — symptoms which boys tend to express more often. When mental health needs are unaddressed, girls can become “locked in a cycle of depression, self-destructive behavior and delinquency — each feeding the other and increasing a girl’s sense of shame and self-blame.”\textsuperscript{145} According to the CDC, girls in high school were almost twice as likely as boys to report depressive symptoms in 2017 (41% vs. 21%).\textsuperscript{146}

A pilot question added to the 2017 Youth Risk Behavior Survey (YRBS) allowed for first-time collection of data specific to transgender youth. Analysis of this data shows that transgender youth reported higher rates of substance use than cisgender boys and girls across all substances. For example, 70% of transgender youth reported consuming alcohol in their lifetime compared to 62.8% of cisgender girls and 53.3% of cisgender boys; 35.9% of transgender youth reported prescription opioid misuse compared to 12.3% of cisgender girls and 11.5% of cisgender boys; and 27.2% of transgender youth reported cocaine use compared to 2.6% of cisgender girls and 4.3% of cisgender boys.\textsuperscript{147}

In the 2017 YRBS, transgender youth reported higher rates of suicide risk than cisgender boys and girls across all outcomes. Transgender youth were over twice as likely to have seriously considered attempting suicide than cisgender girls (43.9% compared to 20.3%) and almost four times as likely as cisgender boys (43.9% compared to 11%). Rates were as disparate in other suicide risk behaviors: 39.3% of transgender youth made a suicide plan (compared to 16% of cisgender girls and 10.4% of cisgender boys).\textsuperscript{148}

This section and others refer to suicide rates of youth. The National Suicide Prevention Lifeline provides 24 hours support to anyone in crisis: 800-273-8255. The Trevor Project also provides services for LGBTQ young people: 1-866-488-7386. If you have thoughts of suicide, or know someone who does, please reach out to crisis counselors for support.
Significantly, the widest discrepancies in suicide risk between transgender and cisgender youth was in the category of attempted suicide. 34.6% of transgender youth attempted suicide (compared with 9.1% of cisgender girls and 5.5% of cisgender boys), and 16.5% had a suicide attempt treated by a doctor or nurse (compared to 2.5% of cisgender girls and 2.1% of cisgender boys).

Among high school students who responded to the 2019 Youth Risk Behavior Survey, suicide risk behaviors were higher for girls, LGB girls in particular, than for other youth in the study. During the 12 months before the survey, almost 25% of girls seriously considered attempting suicide, almost 20% developed a suicide plan, and over 10% attempted suicide (for boys, reports were 13.3%, 11.3%, and 6.6% respectively). The prevalence of attempted suicide was highest among Black girls (15.2%) and Latinx girls (11.9%) compared to white girls (9.4%).

In the same study, girls who identified as lesbian or bisexual experienced the highest rates of most suicide risk behaviors, including seriously considering attempting suicide (49%) and creating a suicide plan (42.4%). Over the preceding 12 months, 70.5% of these girls also reported persistent feelings of sadness or hopelessness (as compared to 53.5% of gay or bisexual boys, 32.2% of heterosexual youth).

Girls’ physical health is also frequently neglected. In 2017, high school girls were less likely than high school boys (37% vs. 57%, respectively) to report engaging in 60 minutes of physical activity on five or more days in the past week.

Girls and gender-expansive youth of color are at increased risk of experiencing environmental factors that negatively affect their health. In one study, white people demonstrated the lowest exposure for 11 out of 14 pollutants and Hispanic people had the highest exposure rate for 10 out of 14 pollutants. Black people demonstrated a higher exposure rate than white people for 13 out of 14 pollutants. Environmental injustice plays a significant role in these inequities; more than 50% of people who live within two miles of toxic waste facilities are people of color.
Reproductive health care and education is often focused on normative binary understandings of gender and sexuality, and neglect the experiences and behavior of youth who identify across the continuums of gender and sexuality. A 2018 study found that, among sexually active youth, 32% of girls identifying as lesbian and 36% of girls identifying as gay reported that at least half of their recent sexual partners was a boy. Additional studies show high-risk sexual behavior for LGB girls, including infrequent condom use with partners who are boys, earlier sexual activity, and more lifetime partners, than heterosexual girls.

The 2017 YRBS also showed high-risk sexual behavior for transgender youth compared to cisgender girls and boys. For example, 14.9% of transgender youth reported first having sex before age 13, compared to 1.5% of cisgender girls and 4.5% of cisgender boys and 30% of transgender youth used drugs or alcohol prior to their last having sex, compared to 17.9% of cisgender girls and 19.2% of boys.

Because menstrual products cannot be purchased with SNAP benefits or Medicaid, menstruating youth whose families experience poverty — in addition to those who don’t have access to their own incomes — are often unable to purchase them. In one study of women with low incomes, 66% of women could not afford menstrual products in 2019, and 20% struggled to purchase menstrual products each month. The lack of access to menstrual products impedes the wellbeing of menstruating youth by limiting their participation in everyday life and forcing them to create alternatives or use products longer than recommended.

Girls and gender-expansive young people experiencing poverty face increased risk to their health and well-being as economic stability is one of the social determinants of health, conditions that affect a wide range of health and quality-of-life outcomes.

Children of color living in rural communities are at increased risk of experiencing poverty. Of the 100 counties with the highest rates of child poverty in 2015, 95 of the counties were rural and in 66 of the counties people of color accounted for the majority of the population.

“...there are difficulties that women go through and they should be exposed. Sharing this document allows people to see the problems but also the solutions to these problems. This is important because as leaders these solutions that were created to help build a world with equality in mind.”

- Lanitta B., Advocate, North Carolina
RECOMMENDATIONS

> Create youth councils and other youth groups that enable youth to play a role in identifying and solving problems in their communities and that enhance youth engagement and connections within the community.\(^{164}\)

> Invest in peer support networks that enable girls and gender-expansive young people to build connections with and provide/receive support from their peers.

> Invest in programs that educate girls and gender-expansive youth on practices to enhance their physical, emotional and mental health; identify when they are feeling unhealthy; process trauma in a healthy manner; and learn about wellbeing resources available to them.

> Address racism as a public health threat – as it has been understood in communities for years and recently recognized by the American Medical Association\(^{164}\) – and respond to health disparities by acknowledging and addressing deeply rooted systemic policies and practice. This response must include analysis of how gender identity, sexual orientation, disability, age, and other identities (such as being a religious minority) impact the ability of girls and gender-expansive young people to access youth-appropriate mental and physical health care resources.

> Address trauma of youth in public health systems through gender-responsive, culturally competent approaches. Incentivize partnerships among health, behavioral health, child welfare, and legal systems as well as community-based organizations and schools to ensure that system-involved youth are screened and referred to appropriate health services.

> Expand research to better understand the nature and prevalence of mental health and reproductive health issues among system-involved girls, and measure systems’ response to those needs to design and implement improved interventions and responses.

> Support trainings for health care providers — particularly at school-based health centers and other facilities intended to provide care primarily to young people — to support the provision of SOGIE-affirming health care and to eliminate bias related to gender, race, ability, sexual orientation, age, religion, and other biases from health care treatment.

> Educate youth with cognitive disabilities and their families on opportunities for young people to make decisions about their health care and wellbeing through supported decision making.\(^{166}\)

> Ensure the support of youths’ well-being and safety while communicating with trusted adults by training mandatory reporters, across fields, to quickly inform youth of reporting requirements, and ensure they communicate directly to young people when they feel they are required to report. Mandatory reporters should also have resources available to enable youth to make informed decisions regarding what they share and with whom, and to learn how to engage in advocacy related to reporting.

> Invest in and train crisis intervention teams to respond to mental health and substance-use crises in communities.\(^{166}\)
> Provide gender-responsive, culturally-responsive and developmentally-appropriate treatment programs that support the needs of girls and gender-expansive youth with substance dependencies.

> Create opportunities for youth of color, ethnic minorities, and American Indian/Alaskan Native youth (including AI/AN youth in urban and suburban areas) to learn and reengage in cultural practices and traditions, including practices for healing and wellness.

> Engage girls and gender-expansive young people in school. School connectedness has been shown to increase academic attainment, one of the social determinants of health. School connectedness can mitigate a variety of challenges at school, including depression and PTSD exhibited by adolescent girls.

> Increase access to comprehensive and affordable health care coverage for young women, girls, gender-expansive young people, and their children.

> Expand integrated behavioral health services, in which physical health care providers work collaboratively with mental health care practitioners and other community partners, to ensure young women and children receive comprehensive physical, mental, emotional, and other needed social support to thrive.

> Invest in community-based reproductive justice programs that address intersecting forms of oppression and center those most marginalized, including transgender girls, young women, and gender-expansive youth.

> Eliminate the tax on menstrual products and implement community programs to ensure menstruating young people have access to free menstrual products.

> Ensure restorative justice programs are available to address youth behaviors, including youth experiencing system-involvement, in schools and in communities to repair harm, build community, address adversity, and offer safe spaces to connect. Ensure adequate funding for these practices to be sustainable.

> Offer somatic interventions to girls to address symptoms of trauma by improving the mind-body connection. These interventions can be implemented in communities and in schools, both as alternatives to discipline and to provide healing spaces for youth who have experienced adversity.

> Provide education to parents and caregivers on the emotional wellbeing of girls and gender-expansive youth, including preventing and responding to girls' trauma, identifying when girls are in crisis, and resources available to support them.

> Invest in community-based mental health and behavioral health supports for parents and caregivers, including services that address generational trauma and strengthen family connections.

> Support programs to improve economic stability and community networks and environment – two key social determinants of health – of girls, gender-expansive youth and their families by implementing social safety net programs like SNAP and WIC programs, safe public housing, and early childhood programs. These programs are fundamental to health, wellness, safety, and stability.
Over the past few years, policies impacting immigrant children and youth have changed in profound and alarming ways; those changes are particularly harmful to young women and girls. Girls and young women who have fled their home countries to the United States have usually experienced serious levels of violence and other forms of trauma. Both during the journey to and after arrival in the United States, these girls and young women are subject to tremendous adversity yet again, including sexual abuse, violence, constant fear of family separation, detention, and uncertainty about their futures.

The narrative on immigration and the United States often focuses on the experiences of Latinx immigrants from Mexico and Central and South America. A lack of data on immigrant youth by race, ethnicity, age, gender, and country of origin renders virtually invisible the experiences of Black and Asian immigrants, migrants, refugees, and asylum seekers who experience unique harms in their journey and after their arrival. It is critical to capture these differing experiences to ensure systems, advocates, and other stakeholders truly elevate the needs of girls and gender-expansive young people from different parts of the world.

Key Facts

- As of 2017, there were over 18 million immigrant children in the United States, making up 25% of the youth population. More than 90% are U.S. citizens.

- Latinx youth make up the majority of immigrant children but this is changing due to changing migrant populations: In 2017, 54% of immigrant children in the United States were Hispanic, 17% non-Hispanic Asian, 9% non-Hispanic Black, and 16% non-Hispanic white. Of immigrant children who were also born outside of the United States (first-generation immigrant youth) 27% were non-Hispanic Asian, 19% non-Hispanic white, and 12% were non-Hispanic Black, compared to 39% of Hispanic youth.

- African migrants traveling through Mexico, and Central and South America, experience many of the same struggles as migrants traveling from Central and South America but experience additional harm, including harms related to anti-Black racism, police violence, and racism in detention facilities.

- In 2016-2017, people from Mexico, Central America, and South America made up 77% of the population of undocumented immigrants but made up over 90% of people removed from the United States by Immigrations and Customs Enforcement.

- According to a report by the United Nations, girls and women who fled Central American countries faced extreme levels of violence in their home countries on a near-daily basis. They described being raped, assaulted, extorted, and threatened by members of criminal armed groups, including gangs and cartels from which the police did not protect them. For these women, the harm became so intolerable that they had no choice but to flee.

- For those who leave Central American countries to escape, the journey through Mexico to the United States presents serious risk. According to some reports, one in three women are sexually
“As a Muslim, Pakistani-American woman, the inclusion of culture and religion in this policy platform made my own experiences feel more visible and I hope that in the future, we consider culture and religion when making important policy decisions. In a post-9/11 era, policies such as hijab bans in France and the Muslim Ban in the U.S. shape the way gender-expansive youth navigate the world and therefore we now see a pressing need for politicians to be more culturally and religiously inclusive in their immigration policy platforms.”

- Eman K., Advocate, California
assaulted on their journey to the United States, and these assaults often continue after women and girls arrive in the United States and are in Customs and Border Protection (CBP) and Office of Refugee Resettlement (ORR) facilities.  

> ORR facilities can be very unsafe for girls. According to a Department of Justice (DOJ) report, from October 2014 to July 2018, the ORR received a total of 4,556 allegations of sexual abuse or sexual harassment. Of the 1,303 cases deemed to be the most serious and referred to the DOJ, 178 were accusations that adult staff members had sexually assaulted immigrant children, while the rest were allegations of minors assaulting other minors.

> From July 2017 to December 2019, over 5,500 children were separated from their families at the U.S.-Mexico border. Families may experience long delays and hurdles in their path toward reunification, with some families unable to reunify at all. Conditions of facilities varied — some lacked blankets, soap, clean clothing, and nutritious food. Some young people experienced restraints and solitary confinement.

> Family separation — whether through the immigration system, legal system, child welfare system or due to circumstances where people must flee (i.e. refugees fleeing persecution or persecution or war) — has negative effects on children’s well-being, mental health, and social-emotional development, impacts made more severe by longer periods of separation, or additional victimization or deprivation.

> Legal representation of youth facing deportation proceedings in immigration court significantly impacts their ability to stay in the United States. From 2005-2014, 52% of unaccompanied youth appearing in immigration court for deportation proceedings were represented by attorneys. During this period, courts allowed almost half of these youth to stay in the United States. In contrast, of the 48% of youth appearing in court without an attorney, 90% received a deportation order.

> The impact of punitive immigration policies on children — including children in mixed-status families (families whose members have different citizenship or immigration statuses), children whose parents have lawful immigration status, and even children of U.S. citizens — is severe. Studies find that threat of parental deportation alone is enough to produce a toxic stress response, which occurs when a child experiences strong, frequent, and/or prolonged adversity without adequate adult support. Research also shows that children as young as three are deeply aware of anti-immigrant attitudes. These children fear the possibility of losing a parent, and reports from parents and teachers note disturbing new behaviors from children including increased aggression, hyperactivity, decreased engagement, and withdrawal from their environments.

> Mixed-status families are increasingly afraid of encountering Immigration and Customs Enforcement (ICE) agents in their communities, and many have become severely isolated in their homes. They are also increasingly dropping out of federal and local benefit programs, for fear that location information will be shared with immigration authorities and that participation in these programs will affect eligibility for lawful status. To date, the biggest impact has been seen in the Special Supplemental Food Program for Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP), which provide essential nutritional services to children and families.
According to a Migration Policy Institute (MPI) analysis of U.S. Census data, in 2016, 22% of Latinx youth lived in a mixed status family, and nine percent were undocumented themselves. In a 2018-2019 study, MPI surveyed Latinx students in five high schools in two states, 53% of whom were born outside of the United States and 80% of whom had parents born in Mexico, El Salvador, Guatemala, or Honduras. Fifty-nine percent of youth in the study, feared detention or deportation of a friend or family member, and 56% knew someone who had been deported — 13% of these youth had experienced a parent being deported. Almost half of students born outside of the United States worried about the possibility of their own deportation; 12% of students born in the United States also worried about being deported even though these students, as U.S. citizens, cannot be deported — indicating fear impacting the well-being of youth in mixed-status families.

In the same MPI study of Latinx youth, 80% of girls who responding to questions about anxiety reported anxiety in the clinical range, 61% of girls responding displayed PTSD symptoms, and 64% of girls who responded reported depression in the clinical range. Despite these mental health needs, 90% of youth felt determined to meet their goals, 71% felt they could handle difficult situations at school, 70% saw themselves as self-reliant, and 56% saw themselves as positive thinkers.
RECOMMENDATIONS

- Protect and affirm protections in the Flores settlement agreement, which establishes a baseline level of protection for vulnerable young children who cross the border.

- Mandate data collection and reporting on youth who contact the immigration system, and make these data publicly available, including gender identity, race, ethnicity, country of origin, age, length of stay, placement, and other information that provides insight into youth involvement.

- Immediately stop the housing of youth, including unaccompanied children in large facilities, and create rapid response networks to support connecting youth with loved ones in the country as quickly as possible, with access to safe shelter in the meantime.

- Ensure that girls and gender-expansive young people who are pregnant when entering this country are provided with prenatal and mental health care and medical information, informed of their legal rights for them and their child(ren), stable and safe housing, fast tracked to unification with family in the USA, and provided with comprehensive supports and services until they are united with family.

- Provide immigrant and refugee girls and gender-expansive young people information on their rights related to their own health care. Ensure they have access to timely and quality health care.

- Expand asylum protections for girls, young women, and gender-expansive youth fleeing gender-based violence in their home countries.

- Provide protections for ethnic and religious minorities, including for those fleeing persecution, against religious discrimination in immigration-related policies and decisions. Protections and related policy must consider harm caused to girls and gender-expansive young people, and their families, related to additional security protocols targeting religious minorities, including those implemented through screening, interrogation and profiling of these communities.

- Immediately provide a path to citizenship for young undocumented people and their families, including young people currently protected under the Deferred Action for Childhood Arrivals (DACA), and those with Temporary Protected Status (TPS) and Deferred Enforced Departure (DED). Ensure this path to citizenship is available to youth who are labeled as gang-affiliated — recognizing bias in labeling, and the reality that youth with the status of gang-affiliated may have fled violence in their home countries — and to youth who have experienced contact with the juvenile court system where, as described in the Legal System portion of this platform, systematized and institutional bias leads to the overrepresentation of Black and Brown youth.

- Implement individualized, comprehensive, gender-responsive, culturally-responsive and trauma-informed screening procedures to identify the specific protection needs of girls, young women, gender-expansive young people, and their families who cross the border.
> Keep children with their parents or primary caregivers and in safe housing, unless there are concerns for safety of the child or the parent, and adopt policies to facilitate the prompt reunification of families that have been separated upon arrival to the United States.

> Inform immigrant and migrant young women and girls and gender-expansive young people of their legal rights, in their first language. Furthermore, provide legal support to young people who must face immigration proceedings.

> Ensure the availability of safe shelter for girls, young women, and gender-expansive youth who are especially vulnerable to sexual abuse in detention facilities, and their children, who are vulnerable to dangerous levels of toxic stress.

> Provide gender-affirming facilities and services to girls and gender-expansive young people in both U.S. Customs and Border Protection and Office of Refugee Resettlement facilities.

> Provide trauma-informed, gender responsive environments and particularly supportive environments for young children, who may not understand what has happened to them.

> Invest in community-based programs that provide culturally and gender-responsive supports to immigrant and refugee youth.

> Provide federal guidance to schools on how to support the mental health needs of immigrant girls and gender-expansive young people, who may have experienced serious trauma prior to arriving in the United States, and may continue to experience fear and anxiety due to their own or others documentation status.

> Grant immigrant girls and gender-expansive young people ages 25 and under access to state-funded health care programs, regardless of immigration status, to support overall community health.
THE LEGAL SYSTEM

Girls and gender-expansive youth involved in the legal system are among the most vulnerable youth in our communities. They frequently have extensive histories of experiencing violence and adversity that, when unrecognized, place them at risk for abuse and exploitation, substance abuse, and engagement in behavior that leads to legal system involvement. Yet instead of being treated as survivors, girls’ coping behaviors are often criminalized. This carceral response to trauma disproportionately impacts girls who have been pushed to the margins, particularly girls of color, LGBTQ2S+ youth, and gender-expansive youth. Sometimes their incarceration is explained away as being “for their own safety”, however, the poor outcomes and collateral consequences associated with system involvement is well established. Providing girls with appropriate services and alternative interventions is critical to preventing further marginalization and harm.

Key Facts

- Nearly 30% of children arrested are girls. The vast majority of girls who come into contact with and are confined within the legal system pose little or no threat to public safety.
- Girls in the legal system experience high rates of physical and sexual abuse prior to touching the system, and they report sexual violence at four times the rate of boys.
- Girls enter the legal system with a number of physical and mental health needs. One study found that 57% of girls met the diagnostic criteria for two or more disorders and 47% have a substance use disorder.
- In 2017, 31% of detained girls were held for status offenses (e.g. missing school or running away) and technical violations, and 23% were detained for simple assault and public order offenses (excluding weapons). Running away, truancy, conflict in the home, and charges pertaining to experiences of sexual exploitation (e.g. “prostitution” charges) — all responses to trauma or experiences of victimization — as well as involvement in the child welfare system, are often the cause of girls’ contact with police.
- Girls’ share of arrests for simple assault, often as a result of family conflict in the home, continues to grow. However, these arrests are rarely associated with injury or harm. Instead, they are a direct and unintended consequence of mandatory arrest policies intended to address intimate

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- Girls’ share of arrests for simple assault, often as a result of family conflict in the home, continues to grow. However, these arrests are rarely associated with injury or harm. Instead, they are a direct and unintended consequence of mandatory arrest policies intended to address intimate
partner violence — not intra-family disputes — stemming from the Violence Against Women Act (VAWA).  

There is also correlation between girls’ experiences of abuse and sentencing outcomes. According to a 2012 survey of people sentenced to life in prison as youth, 77% of girls had histories of sexual abuse and 80% had histories of physical abuse.  

Girls of color are at greater risk of legal system involvement at all levels. In 2017, Black girls were over 2.5 times as likely as white girls to be referred to the legal system. Black, American Indian and Alaska Native (AI/AN), and Latinx girls were 10%-20% less likely than white girls to receive diversion (27%, 22%, and 9%, respectively), and more likely to be detained (24%, 34%, and 51%, respectively) and ordered to out-of-home placement or secure confinement (23%, 35%, and 46% respectively). Black girls were also 20% more likely than white girls to be waived into adult court.  

Due to complex jurisdictional issues, AI/AN youth are more likely to be in the federal court system — a system which is not designed to meet the needs of youth and which carries harsher punishments — rather than state or tribal systems. Only one percent of the federal criminal caseload is comprised of youth, however, AI/AN youth account for half of federal cases involving youth.  

The legal system’s disproportionate impacts on Latinx, AI/AN, and Native Hawaiian or other Pacific Islander girls is likely undercounted due to issues with current data collection practices that often render these youth invisible. In their analysis of state-level youth justice agencies who report racial or ethnic information, the Alianza for Youth Justice found that only 56% reported an American Indian or Alaska Native category, 32% reported Native Hawaiian or other Pacific Islander data, and 76% of these state-level agency reports also reported Latinx ethnic data.  

Studies have exposed systemic disparities confronted by LGB girls. Nearly 40% of girls in detention facilities identify as LGB, though LGB youth comprise only 7% to 9% of all youth. One study found that LGB girls were twice as likely to be arrested and convicted as heterosexual girls engaging in similar behavior.  

Research shows that young people with disabilities, including intellectual and developmental disabilities, are incarcerated at higher rates than young people without disabilities. Youth with disabilities are represented in the legal system three times higher than in the general population. Facilities are often ill suited to meet the needs of youth with emotional and behavioral disabilities.  

Youth with disabilities can be pushed into the system due to biased attitudes that perceive their behavior as strange even when it is noncriminal and harmless.  

In addition, some disabilities can make it difficult for youth to advocate for themselves such as being able to explain what happened in a situation.  

Girls’ reproductive health is often neglected, especially in legal systems. One study, for example, revealed that full population testing for pregnancy and sexually transmitted diseases only occurred in less than 18% of facilities studied; and although 25%of facilities reported housing at least one pregnant teen, 25% also offered no obstetric services. Eighty-five percent of facilities reported that only “some” girls received care from a gynecologist, largely “as necessary” and based on self-reports of sexual activity or possible pregnancy.
One study found that many girls in placement have unaddressed health needs related to illness, vision, dental and hearing.\textsuperscript{221}

Girls in the system remain vulnerable to violence. Girls are 10\% of the population in state-run facilities but 38\% of youth victimized by staff.\textsuperscript{222}

According to an analysis of the National Survey of Youth in Custody, 4.6\% of LGB girls report being sexually assaulted by staff at detention facilities compared to 2.2\% of heterosexual girls and 6.7\% of LGB girls report youth-on-youth victimization in detention facilities compared to 4.1\% of their heterosexual peers.\textsuperscript{223}

Girls in the legal system — who are more likely than boys to be detained for status offenses and other violations that do not present a risk to public safety — have high rates of depression and other mental-health challenges; yet at the same time, they may be less likely to be referred to appropriate mental health services than youth who commit violent offenses.\textsuperscript{224} Mental health interventions that do exist in the legal system are typically designed for boys and do not equally benefit girls.\textsuperscript{225}

Being incarcerated as a youth — for any length of time — is independently associated with worse mental and physical health outcomes in adulthood.\textsuperscript{226} Due to prior histories of abuse, incarceration is particularly harmful to girls and gender-expansive youth as conditions of confinement, e.g. shackling and strip searches, can exacerbate trauma.\textsuperscript{227}

One study found that girls with a history of detainment are five times more likely than their peers to die before age 29. Latinx girls are nine times more likely. Causes of death include homicide, drug overdose, suicide, and other accidents.\textsuperscript{228}

“...cultural and systemic failures make it more likely for youth to experience compound trauma and more often than not leads to crossover into greater surveillance and criminalization. The solutions must also be interlinked; communities, families and individual young people are in need of resources and support that will allow them to imagine and create the conditions for a freer, healthier world”

- Melissa C., Advocate, New York
RECOMMENDATIONS

➢ Immediately release from detention girls and gender-expansive young people who pose minimum or no risk to public safety and ensure that they and their families are connected to community-based resources.

➢ Engage girls and gender-expansive young people impacted by the legal system, and their families, in the creation and development of policies and initiatives to address the criminalization of youth.

➢ Invest in and develop viable alternatives to detention and incarceration (including community-based supports) that are developmentally appropriate, accessible, gender-responsive, trauma-informed, and culturally responsive.

➢ These efforts should include prevention, treatment, and re-entry, and must address the housing, education, physical and mental health, family, relationship, and safety needs of girls and gender-expansive youth at risk of or who come in contact with the legal system, such as creative arts programs, substance use treatment programs, etc.

➢ Programs must be competent to serve the needs of girls and gender-expansive youth who are: the children of incarcerated parents; young mothers; youth of color; survivors of domestic child sex trafficking and commercial sexual exploitation; youth living with disabilities; youth coping with a substance dependency; and those experiencing significant levels of school suspension, expulsion, or academic failure.

➢ Invest in tribal programs and services to enable tribes to meet the needs of American Indian/Alaska Native girls and gender-expansive youth within their communities who are at risk of or who come in contact with the legal system.

➢ Invest in programs and services to meet the needs of girls and gender-expansive youth in rural communities who are at risk of or who come in contact with the legal system.

➢ Reinstitute and fund the National Girls Initiative to focus attention on girls and gender-expansive young people in or at risk of involvement in the legal system.

➢ Expand research to develop evidence-based practices and models that reduce gender-expansive youth and girls’ contact with the legal system, including research into the specific needs of girls and gender-expansive youth who come in contact with both the child welfare and legal systems and opportunities to prevent dual-system involvement.

➢ Provide trainings to community members and system stakeholders (educators, social workers, etc.) who frequently interact with youth on trauma, implicit bias, and adolescent development including de-escalation techniques, trauma-informed responses to youth in crisis, and alternatives to law enforcement response to adolescent behavior.
> Fund and implement the Juvenile Justice and Delinquency Prevention Act, including its provisions geared toward reducing the criminalization of girls, LGBTQ2S+ youth and survivors of violence.

> Pass legislation that ends or, at a minimum, reduces the criminalization of survivors of violence, such as Sara’s Law.

> End the arrest and detention of youth for status offenses (e.g. running away), technical violations of probation, simple assault, family-based offenses, and prostitution-related charges.

> Eliminate the valid court order (VCO) exception to the Juvenile Justice and Delinquency Prevention Act’s prohibition on confinement for status offenses.

> Work collaboratively with key stakeholders to amend mandatory arrest policies for domestic violence and increase discretion to ensure that those policies do not target children who are a part of intra-familial conflict.

> Enhance the legal representation of girls and gender-expansive young people dependent upon a free or low-cost legal defense by increasing funding and resources to local defense bars.

> Eliminate the imposition of fines and fees for system-related activities on youth and their families.

> Prohibit youth under 18 from being charged as adults and the transfer of their cases to adult criminal court.

> Ban life-without-parole sentences for youth.

> Provide validated, comprehensive trauma-screening and assessment for girls and gender-expansive youth in custody.

> Divert girls from the juvenile justice system to community-based supports and services, when trauma is the root cause for girls’ contact with the system and in cases in which they do not otherwise pose a risk to public safety.

> Provide comprehensive trauma screening, health screening and services for girls and gender-expansive youth in the legal system, including pregnant and post-partum girls and youth living with disabilities, and continue assessment and treatment while in custody to ensure appropriate and timely services to meet their needs.

> Provide girls and gender-expansive youth in the legal system information (e.g. informative brochures, access to websites) about their health-related legal rights so they can make informed decisions regarding their mental, physical and reproductive health.

> Fully implement the Prison Rape Elimination Act (PREA) and its regulations, including the youthful inmate standard.

> Prohibit the use of practices that can cause or exacerbate trauma including the use of strip searches, solitary confinement and automatic shackling.
> Require programs for system-impacted youth to establish nondiscrimination protections that are SOGIE-inclusive and which respect the rights of religious minorities.  

> Affirm the youth’s identity in placement choices, if the youth is denied the opportunity for community-based services.  

> Implement practices that enable girls and gender-expansive youth in detention to have frequent contact with their support systems, such as free video and phone calls, internet access to send emails, and local placements.  

> Create gender-responsive reentry programs that offer access to safe and viable housing as well as educational and vocational opportunities to support system-involved girls and gender-expansive youth.  

> Eliminate barriers that hinder the ability of returning girls and gender-expansive young people to fully reintegrate into their communities and access meaningful supports such as restrictions on the ability to vote and on access to housing, employment, financial aid, government assistance, etc. for youth with records.
PREGNANT AND PARENTING YOUTH

Across all systems, pregnant and parenting girls and gender-expansive young people lack critical resources and support. This is due in part to a lack of comprehensive, intersectional data on pregnant and parenting youth that is disaggregated by gender identity, race, ethnicity, sexual orientation, ability, age, etc. As a result, systems and program stakeholders generally lack a full appreciation of the complex needs of young parents and instead operate based on stereotypically gendered expectations that negatively impact how young parents and their children are treated. There is little reliable state or national data on the number of pregnant and/or parenting girls and young women in schools, child welfare systems (including in foster care), juvenile justice systems, and those who are homeless — and virtually none on pregnant and parenting gender-expansive young people.

Even though Title IX prohibits discrimination against pregnant and parenting students, girls and gender-expansive young people who are, might be, and have been pregnant are consistently denied equal access to educational and extracurricular activities and opportunities. Pregnant girls and gender-expansive youth in detention and residential facilities are often denied access to critical health care for both themselves and their babies, and in the worst cases they are subjected to harmful restraints that threaten their safety and the safety of the baby.

When young mothers and gender-expansive young parents are not provided with the critical support, resources, compassion, and information often provided to older parents, the generational implications are serious for both parent and child. Because of this lack of support, young families all too often find themselves facing a host of barriers and challenges such as living in low income situations, experiencing domestic violence, poor health and education outcomes, and system involvement. Despite all of the challenges they face, we know that with support they do succeed in building healthy families.

Key Facts

- An Urban Institute analysis of 2014 Survey of Income and Program Participation (SIPP) data estimates that in 2013, there were approximately 3.6 million young parents in the United States ages 18 to 24 who lived with their children. Of these young parents, more than 75% were young women.

- Between 50% and 60% of adolescents who become pregnant have a history of childhood sexual or physical abuse. For example, women who experienced frequent verbal or physical abuse during childhood were almost three times more likely to have had sex before the age of 15.
Several studies have also found that teens are at increased risk of physical abuse during pregnancy compared to older women. Roughly one in four girls in the United States will become pregnant at least once before age 20. Young women with lower incomes are more likely to experience higher birth rates as teens.

While birth rates for young women aged 15-19 declined from 2017 to 2018, birth rates were still significantly higher for girls of color than for white girls: In 2018, birth rates for Hispanic girls, non-Hispanic Black girls, and non-Hispanic Native Hawaiian or Other Pacific Islander girls was 2.2 times the rate of non-Hispanic white girls. The rate was highest for American Indian and Alaska Native (AI/AN) girls, at 2.5 times the rate of non-Hispanic white girls.

Large urban counties experienced the largest decline in birth rates for young women aged 15-19 from 2007 through 2015, while rural counties saw the smallest decline. In 2015, birth rates in rural counties were significantly higher than rates in the United States overall (30.9 per 1,000 compared to 22.3 per 1,000, respectively).

In a 2018 study, young women who identified as lesbian were twice as likely to become pregnant before age 20 compared to young women identifying as completely heterosexual. Bisexual girls were five times as likely to become pregnant as completely heterosexual young women. As was true for heterosexual young women, risk factors for sexual minority young women included childhood maltreatment – including physical, emotional and/or sexual abuse – and experiencing or exhibiting bullying behavior.

Girls in foster care give birth at a rate more than 50% higher than girls in the general population. A California study found that one in four girls who were in foster care at age 17 had given birth before their twentieth birthday.
Pregnant and parenting young mothers also face difficulties with housing stability; studies show 10% of homeless girls living on the street or in shelters are pregnant. 247

According to a 2010 study, only 50% of young mothers get a high school diploma by the age of 22, compared with 89% of women who did not have a child during their teen years. 248 One-third of teenage mothers never get a G.E.D. or a diploma, 249 and less than two percent of young teenage mothers attain a college degree by the age of 30. 250

Young mothers report pregnancy and parenthood as the primary factor leading to school “pushout,” including nearly 4 in 10 Hispanic and Black teen girls. 251 In 2006, pregnancy was the leading non-academic cause of high school dropout for female students and the sixth leading cause overall. The same study showed that a quarter of girls who “dropped out” of high school said becoming a mother motivated their decision to leave school. 252

A 2015 study of young mothers revealed that once they decided to parent, they were more motivated to finish school – indicating potential for success if given the support they need. 253

States are not required to report the numbers of expectant and parenting youth involved in the child welfare or juvenile justice systems. Generally speaking, the systems impacting young parents often have poor data collection methods and few, if any, data driven solutions that focus on understanding and addressing the needs of young parents.
RECOMMENDATIONS

> Create a Federal Interagency Task Force that includes participation from parents ages 16-26 to review all family/parent support programs for the purposes of adaptation of policies and practices for young-parent led families. All too many programs, benefits and support are not accessible by younger parents simply based on their age. When policies are not directly shaped by the young parents they are designed to serve, unintended consequences and ineffective supports create additional barriers to the success of young parents.

> All federal agencies should collect data on the number of pregnant and parenting youth disaggregated by race, ethnicity, gender identity, sexual orientation, income, location (i.e. city, rural, reservation), etc. This data should be publicly reported by all federal agencies which support young parents. First priority implementation should be the Office of Juvenile Justice and Delinquency Prevention, the Office on Violence Against Women, and the U.S. Department of Health and Human Services, including the Administration for Children and Families and the Substance Abuse and Mental Health Services Administration.

> Enforce Title IX robustly to ensure that schools provide pregnant and parenting students with equal access to quality education, school, extracurricular activities, and support in seeking out higher education opportunities and treat pregnancy and related conditions like any other temporary medical condition, and clarify, through Office of Civil Rights guidance, that schools must provide breastfeeding students with an appropriate space and breaks to breastfeed or express breast milk.

> Enforce the provision of the Juvenile Justice Reform Act of 2018 that eliminates the use of shackles and other harmful restraints on pregnant and post-partum girls in juvenile detention facilities.

> Federal agencies should direct the use of federal funds by states to implement two-generation policies and program approaches that support young parents in ensuring they and their children have resources to live full and complete lives. For example, funding school-based early learning opportunities for infants and toddlers in high schools would allow young parents to attend school and maintain connections to children during the day.

> Receipt of federal funding should require states and private providers receiving federal funds to institute policies that counter stigmatization and provide comprehensive support to pregnant and parenting young people in continuing their education, which is shown to improve health and economic outcomes for both the students and their children.\(^{204}\)

> Ensure young parents, including LGBTQ2S+ youth, have access to gender identity responsive, culturally-responsive, developmentally-appropriate, trauma-informed, strength based and secular, reproductive education and health care that is rooted in reproductive justice values that honor a young parent’s agency to have or not have children, to parent their children, and fundamentally to maintain personal bodily autonomy throughout all decisions related to their reproductive health.\(^{205}\)
Mandate and monitor that all publicly funded residential programs for pregnant and post-partum girls and gender-expansive young parents provide comprehensive access to prenatal care, transition planning and a full range of support services for parents and children.

The Administration on Children and Families should provide technical assistance to states on the provision of an integrated full continuum of community-based supports to expectant and parenting young people and their children in the areas of: mental and physical health and healing; education; economic security; parenting support; and interventions that strengthen young parents’ connections to peers and professionals that can support them in their parenting roles, such as home visiting services. For young parents in foster care, this continuum and related technical assistance should include support in accessing resources that assist them in successfully transitioning into adulthood, including meaningful and lasting connections with peer support networks, career and life-planning, housing support, education, and workforce development.

The Office of Juvenile Justice and Delinquency Prevention should provide technical assistance on the providing support services to system-involved young parents at all points of system involvement including re-entry planning and support.

The U.S. Department of Education should release guidance to states on the provision of quality education and related supports for expectant and parenting students and their children, including but not limited to: providing technology supports for students who are homebound and/or studying remotely; informing students that under Title IX, pregnancy-related absences from school are excused absences; implementing leave policies that allow parenting students to care for children who are ill; and providing transportation of young parents and their children to and from school.

“This policy was very important to me because of my experiences being a daughter, mother, and youth in foster care. I can remember growing up and seeing the hardships my mom went through. Now that I’m older, I now recognized and identify that women will always be that unsung hero but we don’t have to settle.”  

- Lanitta B., Advocate, North Carolina
RUNAWAY AND HOMELESS YOUTH

At least 4.2 million young people experience homelessness each year, which amounts to approximately one in ten people aged 18-25. According to the National Conference of State Legislators, 700,000 of the 4.2 million are unaccompanied minors (i.e. they are not part of a family or accompanied by a parent or guardian). The exact causes of youth homelessness varies. Family conflict and family dynamics, prior family homelessness or housing instability, contact with the foster care system, a young person’s sexual orientation, sexual activity, problems with school, pregnancy and substance use issues have been identified as primary risk factors for youth homelessness. It has also been determined that Latino/Hispanic and Black youth, parenting and unmarried youth, and LGBTQ and gender-expansive youth are at greater risk for homelessness than their peers.

Research shows that running away can be survival behavior for girls, who may do so to escape from abusive or unsafe circumstances. Running away is legally considered a status offense – a noncriminal act that is a law violation only because of a young person’s status as a minor. Girls constitute more than half of all petitioned runaway cases, despite making up a minority of petitioned cases overall. Although the Juvenile Justice and Delinquency Prevention Act (JJDPA) mandates the deinstitutionalization of status offenses, girls continue to be arrested, detained, and committed on status offenses and technical violations. This direct link between running away/homelessness and the juvenile justice system means girls who have run away or are experiencing homelessness are likely to be criminalized rather than receive necessary supports and services.

Key Facts

- Young women who are pregnant or parenting and experiencing homelessness face unique challenges accessing supports and services. A high number of girls experiencing homelessness are pregnant or parenting; one survey of youth experiencing homelessness found that 44% of girls were pregnant or parenting. Many homeless service providers do not serve young parents or do not provide necessary services for pregnant or parenting youth.

- LGBTQ youth are disproportionately represented among homeless youth. A national survey by Voices of Youth Count found LGBTQ youth experience homelessness at more than double the rate of their cisgender, heterosexual peers. Homeless LGBTQ youth report higher rates of trauma and adversity. Black LGBTQ youth report significantly higher rates of homelessness than white LGBTQ youth.

- Transgender youth experiencing homelessness face unique and more severe types of discrimination and trauma such as family rejection, inadequate social services, and discrimination in housing, employment and education, and often are not welcome at shelters.

- Homeless youth report high rates of trauma and mental health needs. In a 2014 study, almost two-thirds (61.8%) of youth experiencing homelessness reported struggling with depression and were
at risk for experiencing clinical levels of depression.\textsuperscript{269}

\begin{itemize}
  \item Homeless youth report high rates of substance misuse (29\%) and histories of foster care system involvement (33\%).\textsuperscript{270}
  \item Homeless youth are more likely to be exposed to high rates of sexual exploitation, physical victimization, and suicide and are less likely to have their basic physical and mental health needs addressed.\textsuperscript{271}
  \item Homeless youth in rural areas may struggle to access services due to spatial distances; have access to fewer or limited education and employment opportunities; changes in local industries or job markets and the emergence of substance abuse epidemics also have a deep impact.\textsuperscript{272}
  \item Limited data and knowledge are available regarding youth experiencing homelessness and, in particular, data exploring gender-specific pathways, experiences, and needs.
\end{itemize}
RECOMMENDATIONS

> A clear and consistent definition of youth homelessness is needed to better understand the breadth of the problem and to better address the needs of young people experiencing homelessness.

> Expand the use of mobile mental and physical health units to address the general health care needs of homeless youth. This is especially important given the substance use and mental health challenges among this population that is often transient and lacks access to necessary services – especially youth in rural communities.

> Disinvest in programs and policies that punish girls for running away, and instead invest in prevention-focused interventions focused on what is leading girls to run away.

> Ensure pregnant and parenting youth who become homeless can access appropriate services:
  
  * Expand the number of homeless and runaway shelters who accept pregnant and parenting girls.
  
  * Develop evidence-based pregnancy prevention programs tailored to youth experiencing homelessness and.
  
  * Fully fund the Youth Homelessness Demonstration Program (YHDP), a successful federal grant program that has supported local communities in developing effective solutions to address youth homelessness.

> Increase funding for the Street Outreach Program (SOP), a critical program for ensuring the availability of short-term crisis housing as well as longer-term transitional housing for young people.

> Promote interventions that are inclusive of and meet the needs of LGBTQ2S+ and gender-expansive youth who become homeless.

> Expand funding, services, and research for youth experiencing homelessness through departments such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Agriculture (USDA) Rural Youth Development Grant program and Rural Community Development Initiative.

“Our movement demands using a girl-centered, racial equity lens to change policies using an intersectional lens, and with an eye toward seeing how distinct policy areas must be simultaneously considered.”

- Ann M., Advocate, Washington
As highlighted in this report, girls and gender-expansive young people are subjected to myriad forms of oppression that interfere with their well-being, joy, and opportunity to reach their full potential. Though this report cannot address the full scope of the marginalization these young people experience, it is clear that their experiences of marginalization are entrenched and profound. It is equally clear that robust, intersectional, holistic initiatives that center the needs of girls and gender-expansive young people must be a priority. For such efforts to truly be meaningful, they must be informed and led by young people.

Additionally — and as mentioned earlier in the Data Considerations section — data on girls and gender-expansive young people, particularly girls and gender-expansive youth of color, is not readily available or distributed within and across many systems. There is critical need for the collection and disaggregation of data reported by race, ethnicity, and gender, (including two-spirit) — at minimum — and additional identities when available to fully and adequately understand the experience of young people who are system-involved (i.e. involved in child welfare, education, the legal system). Data collection efforts need to be expanded to include this information where it is not currently a reporting requirement, encourage self-reporting of ethnic and racial identities to accurately capture how young people self-identify, as well as to include sexual orientation, disability, age, household income, information on those who live in rural and reservation communities, and other important demographic information needed to ensure the needs of marginalized young people are centered in just policy advocacy and reforms. Data collection and reporting must improve to fully understand the complexities of their system involvement.

Finally, we encourage policymakers, system stakeholders, governmental leaders, funders, advocacy organizations, and all other decision-makers to utilize the information in this document to expand conversations — and related practice and policy — to truly address the needs of youth experiencing systemic marginalization, as well as families and communities.

“\textit{I believe in being an advocate for unrepresented groups.}” \textit{— August R., Advocate, Alabama}
Girls @ the Margin National Alliance was founded in 2010 as an affiliation of local, state, and national organizations and advocates working across sectors and systems to address root causes of the complex issues confronting marginalized girls and gender-expansive young people. G@TM was founded by National Crittenton and Rights4Girls, and has been led by a steering committee that includes the National Women's Law Center, Girls Inc., and the Georgetown Center on Poverty and Inequality's Initiative on Gender Justice & Opportunity.

See more about the G@TM National Alliance at: https://www.girlsatthemargin.com/
Endnotes
To get back to body copy click next to endnote number

1. G@TM uses the term “marginalized” not to describe girls and gender-expansive young people, but to call attention to their treatment by decision makers, communities, families, and the systems charged with their care.


3. We focus this document on school-aged youth, though developments in understanding the adolescent brain requires us to push systems to provide necessary supports and services to young people through age 25.


6. Indigenous youth who identify as two-spirit may use this to describe their gender, sexuality, and/or spiritual identity. As such, we are inclusive of two-spirit identities in discussions about both gender and sexuality. Minnesota Indian Women’s Sexual Assault Coalition. (2018). Walking in two worlds: Understanding the two spirit and LGBTQ Community. https://tribalinformationexchange.org/files/resources/twospiritbrochure.pdf

7. We recognize that usage of Latinx/a/o (related to origins throughout Central and South America) and Hispanic (tying back to Spanish origins) varies across the US, so any term we use will not fully capture the identities of people included. We also recognize that “Latinx/a/o” can contribute to the erasure of Indigenous peoples through the association of language origins of this region to Latin without consideration for indigenous languages, many of which have been erased due to colonialism. Without a better word to capture the experiences of Latinx and Hispanic people, we respectfully use Latinx in this report to describe this population.


11. The 2014 data file included 189,113 girls in foster care in the 2012 fiscal year. Ibid.


19. Ibid.


27. Ibid.


39. The Family First Prevention Services Act was passed in 2018 and provides additional funding for youth in or at risk of entering the child welfare system, and focuses on three main areas: helping families whose children are at risk of removal stay together safely; ensuring that children in foster care can live with a family; and, improving access to high quality residential treatment. See, Children’s Defense Fund, American Academy


42. Ibid.

43. Ibid.


47. Ibid.


65. Ibid.

66. Ibid.


75. Ibid.


81. Ibid.

82. Ibid.


85. Ibid.


87. Ibid.


90. Ibid.

91. Limitations in data collection made it impossible to report

92. Ibid.


94. Ibid.

95. Truancy is defined as chronic absence from school.


99. Ibid.


106. Ibid.


109. Ibid.


114. Ibid.

116. Ibid.


118. Ibid.


120. Ibid.


124. Ibid.

125. Ibid.

126. Ibid.


128. For more information on the connections between girls’ experiences of violence and their criminalization, see the Legal System section of the policy platform.


148. Ibid.

149. Ibid.


151. Ibid

152. Ibid.


160. Ibid


173. "Immigrant" is defined as having one foreign born parent.


176. Ibid.

177. Pew Research Institute notes that in 2018, the country with the highest number of new immigrants to the U.S. was China, with 149,000 people, followed by India (129,000), Mexico (120,000) and the Philippines (46,000). Budiman, A. (2020). Key findings about U.S. immigrants. Pew Research Center. https://www.pewresearch.org/fact-tank/2020/08/20/key-findings-about-u-s-immigrants/


179. Ibid.


183. Ibid.


188. Ibid


193. Ibid.


196. Ibid

197. Ibid.


209. Ibid

210. Ibid


217. Ibid.


219. Ibid.


224. Rogers, K. M., Zima, B., Powell, E. & Pumariega, A. J. (2001). Who is referred to mental health services in the juvenile justice system?, Journal of Child and Family Studies, 10, 485-494. https://doi.org/10.1023/A:1016765525503 (Finding that non-Latino youth, repeat offenders, and violent offenders were more likely to be referred to mental health services.)


232. Ibid.

233. Ibid.


235. Ibid.


240. Ibid.

241. Ibid.


243. Rates for: Hispanic girls are 28.9 per 1,000, non-Hispanic Black girls are 27.5 per 1,000, non-Hispanic Native Hawaiian or Other Pacific Islander girls are 25.5 per 1,000, non-Hispanic white girls are 13.2 per 1,000, American Indian or Alaska Native girls are 32.9 per 1,000. Rates for Asian girls are low: 3.3 per 1,000. Martin, J. A., Hamilton, B. E., Osterman, M. J., & Driscoll, A. K. (2019) Births: Final data for 2018. National Vital Statistic Reports, 68(13). https://www.cdc.gov/nchs/data/nvsr/nvsr68/ nvsr68_13-508.pdf


249. Ibid.


252. Doll, J. J., Eslami, Z., & Walters, L. (2013). Understanding why students drop out of high school, according to their own re-


258. Ibid.

259. Ibid.


263. Ibid.

264. Ibid.


266. Ibid.

267. Ibid.


271. Ibid.


273. Ibid.