BARRIERS TO ABORTION ACCESS FOR YOUNG PEOPLE: HARMFUL TO YOUTH AND FAMILIES

WHAT IS THE CHILD INTERSTATE ABORTION NOTIFICATION ACT (CIANA)?

The Child Interstate Abortion Notification Act (CIANA), first introduced in the 109th Congress (2005–2006) and introduced in every Congress since,1 would make it more difficult for a young person to obtain needed abortion care. If enacted, CIANA would exacerbate the barriers to access already faced by young people in many states and criminalize those that provide care and support to youth. Specifically, it would punish an individual (like a grandparent, friend, or faith leader) who assists a minor in traveling to another state to obtain an abortion and would require any abortion provider to comply with the legal requirements of the state of residency of the minor seeking abortion care. Failure to comply with these requirements could result in fines or imprisonment.

Across the country, many young people already face formidable barriers to accessing abortion. Almost three-quarters of states (38 out of 50) in the country already have laws in place that require a provider to send written notification to the parents or legal guardians of a minor or that require a young person to obtain the written consent of one or both parents prior to seeking abortion care.2 Most of these states require the consent or notification of only one parent, usually 24 or 48 hours before the procedure, but a handful of states require some involvement of both parents. These forced parental notification and consent laws seek to legislate family communication and may endanger young people who need to access services confidentially to stay safe.

As a new wave of laws that make it harder to access safe and legal abortion have gone into effect across the country, the number of abortion providers has declined steeply. As a result, many people travel hundreds of miles to seek abortion services, and may have to cross state lines in order to do so, regardless of age. If enacted, CIANA would worsen the abortion access crisis by criminalizing friends and family who support a young person seeking abortion care. CIANA ignores the realities faced by young people, who may experience violence at home, including those who become pregnant as a result of incest. Many young people live in homes in which experience violence at home.

HOW WOULD CIANA HARM LATIN@S?

CIANA would disproportionately impact Latin@ youth. Studies show that the Latin@ population is younger than the non-Latin@ population, with 34.9 percent of Hispanics under the age of 18, compared to 20.9 percent of non-Hispanic whites.3 Because CIANA is a law that targets young people, Latin@s would see greater harm from this kind of restriction on abortion access. Furthermore, young Latin@s are more likely to experience pregnancy than other ethnic and racial groups, despite decreases in recent years, when compared with their white and black counterparts.4 Geography, too, plays a role in how CIANA would affect Latin@s. According to the 2010 U.S. Census, approximately 60 percent of Latin@s live in the states that have and actively enforce parental involvement laws, meaning that youth seeking confidential care are more likely to need to cross state lines to do so.5

CIANA ignores the realities faced by young people who may experience violence at home. While most young people do talk to a parent when facing a pregnancy, not every young person can. CIANA ignores the realities faced by young people who do or may experience violence at home, including those who became pregnant as a result of incest. Many young people live in homes in which violence is present before an unintended pregnancy is revealed: an estimated 772,000 children were found to be victims of abuse or neglect in 2008,6 and it is estimated that one in three girls will be sexually abused at some point in their childhood.7 Disclosing a pregnancy to family members may be risky even if violence had not previously been an issue because research shows that family violence is often at its worst during a family member’s pregnancy.8 For some, violence in the home may be present both before and after revealing

“Put simply, the federal government cannot mandate family communication or healthy family relationships. If CIANA were to pass, Latin@s,* who are younger than the general population and already face numerous barriers to reproductive health care, would face increased risks of physical harm and decreased access to the reproductive health services they need.”

— Jessica González-Rojas
Executive Director, National Latina Institute for Reproductive Health

* NLRH embraces gender justice and LGBTQ liberation as core values and recognizes that inappropriately gendered language marginalizes many in our community. As such, we use the gender-inclusive term “Latin@” to recognize multiple gender identities and gender nonconforming people.
a pregnancy: nearly half of pregnant youth who have a history of abuse report being assaulted during their pregnancy, most often by a family member.9 CIANA assumes that all dependent children and teenagers reside in healthy parent-child households with open channels of communication. Because not everyone’s home life and family relationships are the same, this could place a young person who lives in an abusive household in a dangerous situation.

For a host of reasons, some young people choose to seek the support of an older sibling, grandparent, friend, or faith leader, rather than a parent, when seeking abortion services. CIANA fails to recognize these critical members of a young person’s support network, and would in fact criminalize them.

NLIRH POLICY RECOMMENDATIONS

NLIRH believes that all people, including young people, should be able to access the tools they need to make the best decisions about their reproductive health and lives. Proposals like CIANA and forced parental involvement laws fail our young people by isolating them from critical support networks and denying them confidential medical care. Instead, policies should provide solutions that support young people and promote strong families and communities.

- Congress should enact comprehensive sex education legislation that would ensure federal dollars going to comprehensive sex education programs are medically accurate and age-appropriate, evidence-based, and inclusive of LGBTQ relationships.
- Congress should remove all language in annual appropriations legislation that restricts coverage for, or the provision of, abortion care in public health insurance programs. This includes repeal of the Hyde Amendment, and all policies that restrict funding for abortion care and coverage.
- Congress should support and fully fund Title X family planning counseling and services, including the full range of FDA-approved contraceptive methods.
- State and federal policymakers should support proactive legislation, such as the Women’s Health Protection Act, which aims to ensure reproductive health by working to remove barriers to abortion access.
- Congress should enact legislation to support pregnant and parenting young people.
- Congress should support proactive legislation to uphold a young person’s right to end a pregnancy and dismantle forced parental involvement laws.

The National Latina Institute for Reproductive Health (NLIRH) is the only national reproductive justice organization dedicated to building Latina power to advance health, dignity, and justice for the 26 million Latinas, their families, and communities in the United States through leadership development, community mobilization, policy advocacy, and strategic communications.

REFERENCES

5. In calculating this number, the Latin@ populations of the seven states that do not have these laws on the books were excluded. The substantial Latin@ populations of California and New Mexico were also excluded because, even though they do have these laws on the books, they are not in effect due to a permanent injunction.