


Overturing *Roe v Wade* and *Planned Parenthood v Casey*: An Assault to Reproductive and Racial Justice and the Mental Health of Youth

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Our society will not be free until the most vulnerable people are able to access the resources and full human rights to live self-determined lives without fear, discrimination, or retaliation.

—SisterSong¹

 In June 24, 2022, the Supreme Court of the United States overturned *Roe v Wade* and *Planned Parenthood v Casey*, ending a woman's constitutional right to access abortion. Child and adolescent psychiatrists should be gravely concerned about these decisions. Youth with mental health disorders are an at-risk population. Lack of access to reproductive care, including abortion, will adversely impact the physical and mental health of teens,² exerting a disproportionate impact on Black and Brown youth, many of whom experience systemic racism and are in systems that leave them structurally vulnerable (ie, in foster care or legal system). These decisions will have a lasting, negative impact on medical, social, and economic outcomes of youth for generations to come. Thus, we make the case that access to reproductive care is a matter of reproductive and racial justice.

Ta-Nehisi Coates writes in his book, *Between the World and Me*, “In America, it is traditional to destroy the Black body.”³ Anchoring the discussion of abortion and reproductive rights within a historical context is critical to understanding the deep US history of controlling childbearing in marginalized groups. During slavery, Black fertility was promoted by slaveholders to increase their own wealth. Enslaved women lacked access to health care, including reproductive care, with abortion being one of the only ways for women to ensure that their children would not grow up in chattel slavery.⁴ During the Jim Crow era, economic interests in Black bodies shifted, with eugenics and White supremacist ideology coming to the forefront. These ideologies rationalized control of childbearing in minoritized populations, including people of color and other groups who were deemed inferior. Forced sterilization of

Black women (eg, “Mississippi appendectomy”) became commonplace, with an estimated 700,000 people sterilized without consent.^{4,5} Between the 1930s and 1970s, nearly one-third of Puerto Rican women in the United States underwent forced sterilization in a procedure known as “Ioperacion” with similar assaults perpetrated in Native American populations.⁴ These injustices are not a relic of the past—as recently as 2020, Immigration and Customs Enforcement (ICE) forcibly sterilized female migrants in detention centers at the US southern border.⁴ It is important to emphasize that in all these instances, women were stripped of their autonomy to make choices in regard to childbearing and their reproductive health.

Reproductive justice is a useful framework to understand how systemic racism relates to access to birth control and abortions and how removing access and choices to reproductive health is a human rights issue. SisterSong, an advocacy organization, defines reproductive justice as “the human right to maintain personal bodily autonomy, have children, not to have children, and parent children in safe and sustainable communities.”^{1,4} We will address each clause of this statement in turn.

MAINTAIN PERSONAL BODILY AUTONOMY, HAVE CHILDREN, NOT TO HAVE CHILDREN

The idea of personal bodily autonomy speaks to the well-being of the person who would seek out reproductive care. Minoritized populations experience significant barriers in access to health and reproductive care, which limit their ability to maintain personal bodily autonomy. Systemic factors, such as fewer neighborhood health services, less insurance coverage, and decreased access to educational opportunities, are associated with a higher likelihood of teen pregnancy and result in significant disparities in teen birth rates.^{6,7} For instance, in 2019, the birth rate in White adolescents was 11.4 (all figures per 1,000) vs 25.3, 25.8, and 29.2 in Hispanic, non-Hispanic Black, and non-Hispanic Native American/Alaska Native adolescents, respectively.⁸

Aside from access to reproductive health care, adolescent mothers are vulnerable in their personal bodily autonomy in that they are 2 to 3 times more likely to experience physical abuse and to develop consequent posttraumatic stress disorder.⁹ Psychiatric diagnoses or symptoms (including conduct disorder, behavioral aggression, and bipolar disorder), which increase vulnerability, are also risk factors for earlier sexual debut and adolescent pregnancy.¹⁰ Further, adolescent parenthood is associated with myriad adverse mental health outcomes, including higher rates of depression, elevated risk of suicidal ideation, and increased risk of substance use.^{9,11}

PARENT CHILDREN IN SAFE AND SUSTAINABLE COMMUNITIES

When one considers the opportunity to parent safely, even before overturning *Roe v Wade*, Black and Brown youth have decreased access to high-quality health care, are more likely to live in unsafe communities, and endure countless micro- and macroaggressions, which negatively impact their well-being. These youth are also disproportionately represented in the child welfare and juvenile legal system, which also leaves them structurally vulnerable.¹² Youth in these systems are at increased risk for engaging in high-risk sexual behavior and early pregnancy. Involvement in these systems along with lack of access to contraception, health education, and other preventive services increases the risk of unintended pregnancies and negative outcomes for these youth.

Further, sons born to adolescent mothers are 2.7 times more likely to become incarcerated compared with sons born to adult mothers.¹³ Delaying childbearing until 20.5 years of age would reduce the national incarceration rate by 3.5% and save \$1 billion in correctional costs and \$3 billion in law enforcement costs.¹³ Children of adolescent mothers are more likely to become victims of neglect and/or abuse, putting them at risk of being placed in foster care and becoming teen mothers. Adolescent mothers along with their children are also less likely to complete high school and more likely to have lower socioeconomic status and to live in long-term poverty.¹⁴ These systemic and structural factors are overlapping

and reinforcing, which compounds their adverse effects in Black and Brown youth.

Reproductive Justice as a Movement in Child and Adolescent Psychiatry

Considering the framework of reproductive justice, the costs of overturning *Roe v Wade* are enormous. Child and adolescent psychiatrists should be outraged at this assault to human rights, and all medical providers must do their part by talking to youth about safe sex practices, which include birth control and safe access to abortions; supporting advocates for safe, accessible reproductive care; and lobbying and speaking out to local, state, and federal government about the adverse impact that limiting reproductive care and abortions will have on the health of adolescents and transitional age youth. Fundamentally, abortion access is health care, and access to reproductive care is a human right. As child and adolescent psychiatrists, we must be at the forefront of this battle and advocate for the health and safety of all children including those who are most vulnerable.

This article is part of a special series devoted to addressing bias, bigotry, racism, and mental health disparities through research, practice, and policy. The 2022 Antiracism Team includes Diversity, Equity, and Inclusion Emerging Leaders Fellows Amalia Londoño Tobón, MD, Assistant Editor Eraka Bath, MD, Deputy Editor Wanjikū F.M. Njoroge, Associate Editor Robert R. Althoff, MD, PhD, and Editor-in-Chief Douglas K. Novins, MD.

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REFERENCES

1. SisterSong. Reproductive justice. Accessed July 5, 2023. <https://www.sistersong.net/reproductive-justice>
2. AACAP Statement on SCOTUS Decision Overturning *Roe v. Wade*. Accessed July 5, 2023. https://www.aacap.org/aacap/News/AACAP_Statement_SCOTUS_Decision_on_Overturning_Roe_v_Wade.aspx#:~:text=Washington%2C%20DC%2C%20June%2024%2C,individual's%20right%20to%20an%20abortion
3. Coates T-N. *Between the World and Me*. Large print edition ed. Waterville, ME: Thorndike Press; 2016.
4. Kozhimannil KB, Hassan A, Hardeman RR. Abortion access as a racial justice issue. *N Engl J Med*. 2022;387(17):1537-1539. <https://doi.org/10.1056/NEJMp2209737>
5. Prather C, Fuller TR, Jeffries WL 4th, et al. Racism, African American women, and their sexual and reproductive health: a review of historical and contemporary evidence and implications for health equity. *Health Equity*. 2018;2(1):249-259. <https://doi.org/10.1089/heq.2017.0045>
6. Sutton MY, Anachebe NF, Lee R, Skanes H. Racial and ethnic disparities in reproductive health services and outcomes, 2020. *Obstet Gynecol*. 2021;137(2):225-233. <https://doi.org/10.1097/aog.0000000000004224>
7. Brindis CD, Decker MJ, Gutmann-Gonzalez A, Berglas NF. Perspectives on adolescent pregnancy prevention strategies in the United States: looking back, looking forward. *Adolesc Health Med Ther*. 2020;11:135-145. <https://doi.org/10.2147/ahmt.S219949>

8. Centers for Disease Control and Prevention. About Teen Pregnancy. Accessed July 5, 2023. <https://www.cdc.gov/teenpregnancy/about/index.htm>
9. Trad PV. Mental health of adolescent mothers. *J Am Acad Child Adolesc Psychiatry*. 1995;34(2):130-142. <https://doi.org/10.1097/00004583-199502000-00008>
10. Bardone AM, Moffitt TE, Caspi A, Dickson N, Stanton WR, Silva PA. Adult physical health outcomes of adolescent girls with conduct disorder, depression, and anxiety. *J Am Acad Child Adolesc Psychiatry*. 1998;37(6):594-601. <https://doi.org/10.1097/00004583-199806000-00009>
11. Hodgkinson S, Beers L, Southammakosane C, Lewin A. Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics*. 2014;133(1):114-122. <https://doi.org/10.1542/peds.2013-0927>
12. Bourgois P, Holmes SM, Sue K, Quesada J. Structural vulnerability: operationalizing the concept to address health disparities in clinical care. *Acad Med*. 2017;92(3):299-307. <https://doi.org/10.1097/acm.0000000000001294>
13. Maynard RA, Garry EM. Adolescent motherhood: implications for the juvenile justice system. 1997. Accessed May 30, 2022. <https://ojjdp.ojp.gov/library/publications/adolescent-motherhood-implications-juvenile-justice-system>
14. Oshima KM, Narendorf SC, McMillen JC. Pregnancy risk among older youth transitioning out of foster care. *Child Youth Serv Rev*. 2013;35(10):1760-1765. <https://doi.org/10.1016/j.chilyouth.2013.08.001>

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