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Reproductive justice for Black, Indigenous, Women of Color: Uprooting race and colonialism

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Abstract

Historically, atrocities against Black, Indigenous, and Women of Color's (BIWoC) reproductive rights have been committed and continue to take place in contemporary society. The atrocities against BIWoC have been fueled by White supremacy ideology of the “desirable race” and colonial views toward controlling poverty and population growth, particularly that of “undesirable” races and ethnicities. Grounded in Critical Race Theory, this paper aims to provide a critical analysis of historical and contemporary violations of BIWoC reproductive rights; discuss interventions based on empowerment and advocacy principles designed to promote women's reproductive justice; and discuss implications for future research, action, and policy from the lenses of Critical Race Theory and Community Psychology. This paper contributes to the special issue by critically analyzing historical and contemporary racism and colonialism against BIWoC, discussing implications for future research and practice, and making policy recommendations.

KEYWORDS

Black, Critical Race Theory, empowerment and advocacy interventions, Indigenous, reproductive justice, Women of Color

Highlights

- Historically, reproductive rights of Black, Indigenous, and Women of Color (BIWoC) have been violated and continue today.
- Atrocities against BIWoC have been fueled by White supremacy ideology of the “desirable race.”
- Advocacy and empowerment interventions can support the reproductive rights of BIWoC.

INTRODUCTION

Colonialism and slavery were central to the founding of the United States (U.S.) as a country. Early European colonizers demonstrated disregard for the autonomy of Indigenous ways of life through violent theft of land and resources from Indigenous People, and the destruction of Indigenous culture (Marr, 2004; Pauls, 2021). In 1619, the first group of enslaved Africans arrived at the British colony of Jamestown, Virginia. Throughout the 17th century, European settlers sold and enslaved African people and built the United States with slave labor. They perpetuated the racist assumptions and mandates of colonialism: that Indigenous People and people of African descent were subhuman or inferior to European colonizers. The history of colonialism and the oppression of slaves has included the horrific violence on the bodily autonomy of Black, Indigenous, and Women of Color (BIWoC), abuses that unfortunately still prevail today (M. Daniel, 2021). Forced sterilization, among other reproductive injustices, by White dominant structures of power over BIWoC has been part of an intentional strategy to impose dominant views about the desirable

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race and to sustain systems of oppression on BIWoC (Treisman, 2020; Wilkerson, 2020).

More recently, in late 2020 a whistleblower reported on the forced sterilization of Latina immigrants detained at a U.S. Immigration Customs and Enforcement (ICE) detention center (Manian, 2020). This report served as a painful reminder of the historical and systemic violence against BIWoC. Furthermore, the recent decision by the U.S. Supreme Court to allow states to restrict or eliminate access to abortion adds additional challenges for BIWoC's and their reproductive rights. In this article, we built on an initial response (Suarez-Balcazar et al., 2021) that expressed outrage about these atrocities and called community psychologists to demand justice and accountability. This paper speaks to the intersection of race, colonialism, social context, and power to delve deeper into a discussion of reproductive justice for BIWoC.

Positionality

Well-aligned with the purpose of this special issue, the authors are women from diverse ethnic and racial backgrounds, who were and are called to action to further illuminate the contemporary manifestations of oppression, racism, and colonialism against BIWoC's reproductive rights. As a diverse group of women (Alaska Native, Asian, Black, Latina, White), we are outraged by the violence against the reproductive rights of BIWoC in the United States. We recognize that violence against BIWoC can take diverse forms (physical, emotional, sexual, etc.), yet for the purpose of this paper, we will focus on women's reproductive rights. In this paper, we discuss Critical Race Theory (CRT) as the central framework to: (a) understand historical and contemporary reproductive injustice and its inextricable link to oppressive colonial systems that uphold violence against BIWoC, (b) examine interventions grounded in empowerment and advocacy principles from community psychology research, and (c) discuss implications for community research, action, and policy to safeguard the reproductive rights of BIWoC in the United States.

Grounding reproductive justice in CRT

Derrick Bell, an African–American law professor and civil rights activist, was a pioneer in the study of race and racism in American society and is often referred to as the father of CRT (Bell, 1973). Yet the term CRT was coined by Kimberle Crenshaw in 1980 (see Crenshaw et al., 1995). CRT is grounded in Critical Theory (CT) (see Held, 2004), which emphasizes a critical view of history and power differentials that maintain groups of individuals at the margins of society (Stewart, 2001). CT challenges dominant historical, ideological, and social structures within society, identifies the actors to change it, and provides both clear norms for criticism and achievable practical goals for social transformation. Community psychology scholars have contributed to the body of knowledge of CT (Evans et al., 2017) and have applied principles of CT to promote critical thinking, reflexivity, and emancipatory action research (Reyes Cruz & Sonn, 2010). CRT, which condemns notions of White supremacy created by White dominant Western colonial values, asserts that rights have been denied to individuals of Color on the basis of race, and that we must challenge racism and engage in advocacy and pursue equality. CRT also argues that many laws and legal institutions in the United States are inherently racist, as they function to create and maintain the social, economic, and political dominance and marginalization of people of Color and Indigenous Peoples, which is embedded within social systems and policies (Bridges, 2019). According to CRT tenets articulated by Delgado and Stefancic (2001) and Cabrera (2018), racism is a common and ordinary experience of most people of Color, and that their interests will only be advanced to the extent that they also advance the interests of White people. Race is socially constructed, and therefore is a category that is used to oppress and exploit people of Color. Within this view, whiteness functions as a form of dominant property and therefore White people are entitled to rights and privileges not allowed to other races.

Crenshaw and Carbado (2019) emphasized the concept of intersectionality within CRT. Multiple marginalized identities may face different forms of oppression. The intersection of race, gender, and social circumstances place BIWoC in disproportionate vulnerability. As such, BIWoC and Indigenous Peoples who are two-spirit and transgender or identify as lesbian, gay, bisexual, transgender, and questioning (LGBTQ) are further subject to discrimination.

A critical tenet of CRT speaks to the right of people of Color and Indigenous People to have a voice and that their voices represent unique experiences and perspectives that need to be heard (Delgado & Stefancic, 2001). Aligned with this tenet, grassroots advocacy efforts, elevating the voices of women, led to the reproductive justice movement in the early 1990s. This effort focused on empowering women to defy oppression and gain the power to make decisions over their bodies (see Eaton & Stephens, 2020). A reproductive justice framework seeks to dismantle systems and years of oppression impacting BIWoC (Norwood, 2021). Understanding that true reproductive justice goes beyond simply the right to have children or not, BIWoC defined reproductive justice as including the right to raise children in a safe, healthy, and secure environment (Messing et al., 2020). The issues addressed in a reproductive justice framework include, but are not limited to, access to healthcare and contraception, the right to choose to have children or not to have children, the right to choose roles and occupations, comprehensive sex education, prevention of and care for sexually transmitted diseases, alternative birth options, and adequate prenatal and pregnancy care (Kaitz et al., 2019; Luna, 2021; Luna & Luker, 2013; Norwood, 2021). Reproductive injustices, such as fertility problems, frequent miscarriages, and complications during pregnancy, intersect with environmental injustices (pollution, toxic waste, destruction, and loss of land) and community health concerns (e.g., diseases) that impact reproductive justice (Liddell & Kington, 2021). Price

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(2020) posits that reproductive justice is related to broader social justice issues, such as economic justice, immigrant rights, environmental justice, and involvement in policy and political movements.

A reproductive justice framework, grounded in CRT, is well-aligned with community psychology values and principles including empowerment. At the heart of a reproductive justice framework is the concept of empowerment (Rappaport, 1981), which involves a meaningful shift in power or influence at multiple levels, such as among individuals, organizations, communities, and societies (Cattaneo & Goodman, 2015). More than an outcome, empowerment is a process that involves both perception and action (Zimmerman, 2000). Yet empowerment as a key principle of community psychology has not been free of criticism as some scholars argue that empowerment is rooted in Western values of freedom, individual choice, and power (Riger, 1993). A decolonizing approach to empowerment involves deconstructing the dynamics of power, ensuring that empowerment interventions are developed from the grassroots by and for BIWoC, that CRT is valued, the history of racism experienced by BIWoC is acknowledged and recognized, their experiences are heard, and that BIWoC direct and take control of the empowerment intervention. Before we explore empowerment interventions designed to enhance the agency of women, we analyze reproductive injustices waged against BIWoC through the lens of CRT.

HISTORY OF U.S. ATROCITIES AGAINST THE REPRODUCTIVE RIGHTS OF BIWoC

Throughout U.S. history, systemic mechanisms of birth control and efforts to influence women's reproductive rights and agency have been a manifestation of racism, colonialism, and oppression imposed by the dominant White class, taking over women's lives and bodies. White colonialists forced not only language, but cultural values and norms on local Indigenous Peoples. Atrocities and violence against the reproductive rights of women have been a pervasive global problem across human history (e.g., Jewish women were subjected to eugenics, forced sterilization and abortion, and medical experiments under the control of Nazi Germany), targeting women with disabilities, women living in poverty, and incarcerated Women of Color (Patel, 2017). Moreover, sexual violence of women has been perpetuated throughout wars, displacement, and migration (Patel, 2017; Treisman, 2020). Through the analysis of the historical context in the United States and U.S. colonies, we clearly see tenets of CRT including the idea that violence and racism against BIWoC is a frequent occurrence and seen as acceptable by the White dominant class.

Dominant White Western values have been imposed on BIWoC throughout history via practices, norms, and policies that regulate BIWoC reproductive rights. In the early 1830s, fueled by racism and oppressive practices marked by the slavery period, enslaved Black women were subjected to atrocious experimentation on their bodies. For instance, the father of gynecology, James Marion Sims, conducted experimental surgeries on enslaved women without anesthesia, which was just being developed, arguing that vaginal surgeries were not painful enough to justify anesthesia (Wilkerson, 2020). The Black body was seen as "property" to conduct experiments in medicine to benefit their White patients (Prather et al., 2018). Consistent with CRT tenets that people are marginalized based on race via pervasive everyday actions, Black people were relegated to an inferior status (i.e., "property") and therefore lived in a state of constant discrimination and fear which was seen as acceptable and "normal" by the White dominant class and slave owners.

Racist and violent practices have institutionalized discrimination against BIWoC women. In fact, scholars have found that low-income women and women from diverse racial backgrounds are more likely to receive information on birth control, contraception, and sterilization compared with White women (Borrero et al., 2009; Vamos et al., 2011), while having less access to infertility treatments (see Ceballo et al., 2015). Moreover, LGBTQ + women also need access to reproductive health; their reproductive rights are specially restricted and they are often not included in the reproductive justice discourse (Riggs & Bartholomaeus, 2020).

In 1914, Margaret Sanger coined the term "birth control" in an effort to provide women with contraceptives and information on family planning (Barnes & Fledderjohann, 2019). According to the authors, the implementation of birth control programs has been widely controversial, in part, because of its disproportionate implementation to control working-class and poor communities. The common belief was and continues to be that social problems are caused by reproduction of the socially disadvantaged and that their childbearing should therefore be deterred (Roberts, 1997). The wide implementation of birth control programs among working-class communities indicates the acceptance of this practice as normal. Unfortunately, the voices of these women are rarely heard, and the atrocities are ignored.

One threat to the White dominant class is the increase in birth rate of BIWoC, including immigrants from the global south, mostly non-White immigrants, and the declining birth rates of White women. This may have led to increased support for banning abortion in predominately White states and for promoting birth control among BIWoC (Luna & Luker, 2013; Wilkerson, 2020). In the 1920s through the 1980s, sterilization without consent after giving birth became a common practice to control the fertility for BIWoC. This secret procedure was referred to as the "Mississippi Appendectomy." Most women were Black, poor, and labeled as "unfit to reproduce." Furthermore, medical students in teaching hospitals performed unnecessary hysterectomies on poor Black women as part of their residency (Luna & Luker, 2013; Roberts, 1997). Between 1970 and 1980, over 700,000 cases of sterilization without consent were reported in the United States south (Roberts, 1997). Aligned with CRT, Black women were treated as property, while White students had the "right" to learn by practicing on them. In all, through efforts to eliminate

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the Black race, women were denied the right to make decisions about childbearing (see Tafesse, 2019).

Atrocities against Indigenous women have also been documented. By the late 1970s, 25% of Indigenous Women were sterilized by the U.S. government through the Indian Health Services (Arnold, 2014; Pember, 2018; Torpy, 2000). Other atrocities from the colonists that impacted Indigenous women reproductive rights included repeated environmental exploitation of Indigenous land (e.g., oil pipelines, mineral extraction, toxic military waste leaching into waterways), resulting in oppression of family choice and raising their children and families in land filled with toxic waste (Gurr, 2011).

Reproductive rights abuses have also been routinely committed against Latina immigrants, particularly those at the intersection of multiple marginalized identities (e.g., low-income, immigrant, undocumented, and with limited English proficiency). Many women were coerced to sign papers they did not understand or were purposely not provided with interpreters while in highly vulnerable situations (e.g., after giving birth to a child) (Luna & Luker, 2013). Mass sterilization of Latina women was common in California between 1920 and 1945, particularly among Mexican immigrants and their descendants, which intersected with the state's efforts to curb immigration (Novak et al., 2018; Sánchez, 1995). This practice continued into the 1960s and 1970s, whereby Latina women of Mexican heritage in Los Angeles were sterilized without their consent, pressured by healthcare providers who insisted that the procedure could be reversed, or forced to consent under duress while in labor. These abuses were fueled by White preferences for smaller nuclear families and racist efforts to reduce the proliferation of BIPoC, along with stereotypes of Mexican women as hyper-fertile and dependent on welfare (Tajima-Peña, 2016). Aligned with CRT, this practice reflects the racism that Latina women were exposed to and that they did not have the right to make their own decision.

From 1937 until the law's repeal in 1960, Puerto Rico, an unincorporated territory of the United States, enacted Law 116 supporting a population control program and promoting sterilization as a method of birth control (see Mass, 1977). Although by definition "commonwealth" implies that the territory has the power to make their own decision, the colonial dominance of the United States was perpetuated across social, economic, environmental, cultural, and political contexts in Puerto Rico. Between the 1930s and 1970s, mass sterilization was performed on Puerto Rican women without their consent, most commonly after the birth of a child. Women who had "la operación" (the operation) were later surprised to discover that they could no longer have more children (Lopez, 2008). The Puerto Rican and U.S. governments, who enacted this practice, argued that the island was overpopulated, poor, and in need of interventions to achieve economic success and reduce poverty (Suarez-Balcazar et al., 2021).

With grant money from the U.S. Agency for International Development and supported by U.S. consultants, factories in Puerto Rico hosted "family planning clinics." Under the banner of family planning, birth control, and "prosperity and development," low-income women were sterilized to control the birth of children. Women often complied for fear of losing their children or federal benefits. Furthermore, women were used as experimental subjects without their consent for U.S. pharmaceutical companies who were developing the modern-day birth control pill (Andrews, 2017). Several CRT tenets apply in this context. Puerto Rican government officials, supported by the U.S. government and private pharmaceutical companies, felt entitled to conduct experiments on low-income Puerto Rican women. From a CRT perspective, low-income Puerto Rican women were considered undesirable. Besides, the U.S. government and the Puerto Rican government imposed the belief that more children born to these women perpetuated poverty. Moreover, colonial values on family size were being enforced. This is in lieu of investing in their communities with education, jobs, employment training, and/or capacity building.

The 1927 U.S. Supreme Court *Buck v. Bell* ruling, sanctioned the sterilization of women in institutional settings. Furthermore, forced sterilization was a legalized practice at the time of the U.S. internment of Japanese Americans and not repealed in the state of Virginia until 1974 (see Antonios & Raup, 2012). Flagrant abuses of power and human rights violations are evident in recent allegations that emerged regarding reports of violations of women's rights at U.S. Immigration and Customs Enforcement (ICE) detention centers. Female detainees have experienced medical neglect, been denied medical treatment, have not been offered preventive measures to stop the spread of COVID-19 (New York Lawyers for the Public Interest, 2020), and have been forcibly sterilized without consent (Bochenek, 2018; Kassie, 2018; Project South et al., 2020). Women's right to healthcare and decisions about their bodies are denied in the hands of powerful structures dominated by White people. These abuses compound the trauma and sexual abuse that many immigrant women have experienced before or during their journey to the United States (see Fortuna et al., 2019).

The recent ruling of the U.S. Supreme Court to overturn *Roe v. Wade*, which upends 50 years of access to abortion (U.S. Supreme Court, 2022), has tremendous negative impact on women, in particular BIWoC. Women who are multiply marginalized are less likely to be able to travel to states that allow the practice of abortion and/or are less likely to receive adequate healthcare. This decision is an issue of gender equality, bodily autonomy, and women's agency, essential elements of reproductive justice.

PROMOTING REPRODUCTIVE JUSTICE THROUGH ADVOCACY AND EMPOWERMENT

Each of these abuses and injustices seeks to disempower BIWoC by collectively robbing women of power over their lives and their families; therefore, we look to the community psychology concept of empowerment to identify ways to promote reproductive justice. Empowerment requires an

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external, power-oriented shift to this oppression, as opposed to an internal change, such as adaptation or accommodation to existing power structures and the oppression that BIWoC face (Cattaneo et al., 2014). BIWoC activists and leaders have been at the forefront of reproductive justice movements in the United States and abroad (El Kotni & Singer, 2019; Luna, 2021; Ross et al., 2001). As aforementioned, aligned with CRT, these movements have reshaped the singular focus on childbearing choices to a reproductive justice framework that is interconnected with economic, racial, environmental, health equity, and immigration justice (Price, 2011, 2020). This broad framework is a fundamental shift from discourse that centers individual choice in colonial, Western ideas that lack context to one that acknowledges the voices, cultures, values, spirituality, and context of BIWoC. Without this shift, advocacy for reproductive resources can ultimately constrain reproductive choices rather than promote reproductive freedom (C. Daniel, 2022). Interventions that facilitate empowerment can include opportunities for women to gain power and critical awareness, gain access to resources, education, and knowledge. Moreover, interventions can promote similar goals within settings and microsystems, or focus on building advocacy-focused processes. In addition to foci at the individual and microecological levels, such interventions necessarily involve work toward dismantling oppression and racism at the macro level.

Broadly, *empowerment interventions* seek to increase an individual's power, supporting people to develop critical awareness and exercise control over their lives through advocating for themselves or others, identifying resources, and making changes to the systems in which they are embedded (Freire, 1970). To address systems of oppression, empowerment requires knowledge and critical awareness, competence and skills, and self-efficacy (Balcazar & Suarez-Balcazar, 2017). Empowerment interventions support the development of these core components.

The settings in which empowerment interventions occur create spaces in which BIWoC's unique perspectives, based on their differentially racialized experiences, are understood and embraced (Buckingham et al., 2021). *Empowering settings* are ones that support a culture of growth and community-building to develop a sense of collectivity by: (a) providing opportunities for members to take on meaningful, multifaceted roles to develop self-efficacy and contribute to the group; (b) allowing for members to provide support to one another to facilitate their skill development and enhance group cohesion; and (c) supporting shared leadership that facilitates individual and group development (Maton, 2008; Maton & Brodsky, 2011; Zimmerman, 2000).

Advocacy interventions are similarly built around the concept of empowerment by supporting participants to identify issues, engaging in individual and/or collective actions to achieve goals they determine as relevant, facilitating access to needed resources, supporting the development of critical awareness, and providing opportunities for skills development (Rivas et al., 2019). Many sexual health and reproduction interventions have historically taken a colonialist top–down approach, with the interventionists seeking to impart knowledge and information to the participants.

Empowerment and advocacy interventions are grounded in CRT and co-created by, with, and for BIWoC, thus rooting the work in BIWoC's lived experiences. As a result, these interventions, respect, and incorporate the knowledge of BIWoC, value their contributions, norms, and cultural practices. These interventions also include spirituality, address intersectional power relations and seek to move away from colonial influence. Evidence suggest that advocacy and empowerment interventions grounded in CRT, support women's efforts to realize their goals and engage in actions to gain control over their lives (Smith et al., 2020).

Empowerment and advocacy work is inherently political, as it must address system-level policies that have continuously and programmatically denied BIWoC rights to have power and agency over their bodies and lives (Knitzer, 1976). Unfortunately, much work remains, as BIWoC women's movement efforts have less influence over government policies compared to White women (Fotheringham et al., 2021).

Case illustrations of empowering interventions for reproductive justice

Although there is limited empirical literature on reproductive justice in psychology (Eaton & Stephens, 2020; Grzanka & Frantell, 2017), interventions that promote reproductive justice demonstrate the tenets of empowerment in practice and an important tenet of CRT that is to elevate the voices of BIWoC. A foundational example is SisterSong Collective, a collaboration of 16 agencies serving the reproductive health needs of BIWoC in the United States, that is aimed at developing culturally appropriate, empowering, reproductive health programming (Ross et al., 2001). One empowerment strategy they posit is to raise awareness of health opportunities in culturally congruent ways, such as incorporating the use of tribal customs and values in health education curriculum for Indigenous women, and knowledge sharing in the form of one-on-one sessions and an all-women's education group. Aligned with the principles of empowering settings, their programming is attuned to the cultural needs of Indigenous women and ensuring culturally salient service provision.

Critical awareness is another key component of reproductive justice-oriented programs. For example, the National Indigenous Women's Resource Center and Sovereign Bodies Institute provide contextually centered women's circles aimed at unlearning internalized oppression, fostering growth and courage for healing (Abinanti et al., 2020).

Collective self-efficacy is an empowerment principle reflected in many reproductive justice initiatives, whereby efforts are often led by medicine keepers, grandmothers, mothers, and aunties, which strengthen connection with self and spirit, land, and language (Abinanti et al., 2020; National Indigenous Women's Resource Center, 2021). Such reproductive justice interventions enacted by and for BIWoC can support a strategy of collective self-efficacy that creates a strong foundation to advocate for

reproductive justice (Ross et al., 2001). Evidence indicates that culturally and linguistically appropriate and competent care strategies, and decolonizing strategies such as respect for cultural values, and for spiritual beliefs are essential elements of reproductive justice interventions (National Asian Pacific Women's Forum, 2018; National Indigenous Women's Resource Center, 2021; Ross et al., 2001). A prime example of BIWoC's empowerment through collective self-efficacy is “El Instituto,” a 2-day event organized by California Latinas for Reproductive Justice and held at a public library in a low-income, multiracial community in California (Zavella, 2016). Within “El Instituto,” organizers led workshops on women's reproductive anatomy, supported women to explore their values and priorities to inform the reproductive justice actions they wanted to take, and provided history on reproductive injustices waged against BIWoC and the history of the organization's political advocacy. By adopting an intersectional lens that placed women's individual experiences in a structural context, the group was able to encourage women to disclose their life stories in a circle and practice compassionate listening with one another (Zavella, 2016). At the event's conclusion, civic participation opportunities were presented, with many participants engaging (Zavella, 2016).

Empowerment principles are reflected in interventions that involve supporting women to recognize their own reproductive goals, identify action steps they wish to take, and take action while providing resources and support to meet their needs and seeking to protect their rights through advocacy. A reproductive justice initiative offered through the University of Florida's Mobile Outreach Clinic (MOC) is an example of advocacy, taking a person-centered approach that acknowledges the intersectional contexts that shape a woman's reproductive intentions (Nall et al., 2021). MOC comes to women in their communities, screens all women for their reproductive goals along with their contraceptive beliefs to tailor services accordingly. For those who wish to have children, MOC offers preconception and prenatal case management to help women reach their goals, provides educational information along with free prenatal vitamins, and offers postpartum care. For those who do not wish to have children, MOC provides patient-centered shared-decision-making contraceptive counseling and offers diverse types of contraception options. Beyond direct services, MOC staff provide training, contraceptive counseling, and engage in advocacy with their local government (Nall et al., 2021). When training addresses systems of oppression it can facilitate the use of empowerment strategies that acknowledge the complex ways that systems disempower and marginalize BIWoC (Francis East & Roll, 2015).

Doulas and midwives are other examples of powerful advocacy interventions. Doulas are paraprofessionals whereas midwives are healthcare professionals; both provide skilled care to women through their child-breaking years, including pregnancy, labor, birth, and transition to motherhood (Strauss et al., 2015). They promote reproductive justice by bridging knowledge gaps that often exist between mothers and other healthcare providers, ensuring there is truly informed consent for reproductive healthcare procedures, supporting women's healthcare navigation, advocating for women's choices through culturally congruent practices, and providing emotional support (Mishkin & Fernandes, 2018; Strauss et al., 2015). Mothers and their babies who have doula care have better health outcomes compared to those without such care (Mishkin & Fernandes, 2018). Nevertheless, doula care and midwifery continue to be inequitably available, often treated as something only available for women of high socioeconomic status rather than an important advocacy intervention for all (Johnston & MacDougall, 2021; Mishkin & Fernandes, 2018). Thus, these programs can be disempowering when they are not firmly grounded in a CRT framework and perpetuate harm through lack of resources and/or disempowering, top–down colonial approaches.

Empowerment and advocacy initiatives that arise from Indigenous communities frequently highlight the intersection of environmental and reproductive justice in their work. Tewa Women United has designed and implemented culturally responsive programs that address these intersecting issues through intergenerational, intercultural women's working groups that engage in advocacy, media, and art projects (Corrine Sanchez, 2016). Their empowering approach in which participants are not only provided information and tools, but are also recognized for the unique perspectives and skills they bring to the group has shifted participants' knowledge, understanding, and comfort level speaking on the issues and advocating for change (Corrine Sanchez, 2016). Alaska Community Action on Toxics addresses policies that link environmental contaminants and major reproductive justice concerns of Indigenous communities (Jolly, 2016). Moving beyond a singular focus on childbearing decisions in a vacuum, these programs seek to dismantle oppressive colonial structures by engaging at the micro and macro levels on intersectional issues within the fuller framework of reproductive justice.

We can also look beyond the United States for examples of reproductive justice interventions from empowerment and advocacy frameworks and CRT lens. For example, community-led interventions with Maya Guatemalan women have taken social network approaches to their programs that align with the principles of empowering settings. These interventions (e.g., Chomat et al., 2019; Prescott et al., 2016) simultaneously facilitate skill development and economic empowerment via the making of handicrafts in a group setting, while providing space for personal and group reflection on reproductive health, exchanging life experiences, and promoting reciprocal learning. Such approaches have enhanced self-esteem, self-worth, self-awareness, and self-confidence (Chomat et al., 2019). Similarly, Grabe et al. (2020) demonstrated how participation in a community-based organization focused on women's human rights led by women in rural Nicaragua promoted women's reproductive decision-making. The authors posit the importance of the empowering setting itself, rather than a focus on a specific curriculum. In Jamaica, Eve for Life uses a guided mentorship and education approach to educate young mothers in intersectional topics related to

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reproductive justice and supports their skill development to effectively educate and communicate with their peers (Jolly, 2016).

As aforementioned, empowerment often requires going beyond individual and group intervention to movement building and political advocacy to change oppressive policies. Joint Action in South Korea provides a powerful example of the importance of political advocacy to further reproductive justice. This coalition of diverse organizations focused on feminism, health care, health equity, disability rights groups activism, and religion worked collectively to shift the discourse on abortion to frame is as a social justice issue. Through their coalition work, Joint Action influenced the Constitutional Court's decision to decriminalize abortion in 2019 (Kim et al., 2019). Similarly, in the United States, a coalition of organizations banded together to defeat a proposed municipal ban on abortions after 20 weeks of pregnancy in Albuquerque, New Mexico. Zavella (2016) argues that their success came from taking a strengths-based approach that drew on resiliency and spirituality; strategically eliciting stories and creating space for public dialogues to inform and mobilize voters and reaching out to political actors who were not typically involved in reproductive justice, but connected with the groups in the diverse coalition on other issues. Other studies have focused on immigrant women's involvement in policy advocacy and women's economic empowerment, a critical precursor to health advocacy (e.g., Garcia-Ramirez et al., 2020; Gates, 2017). To promote reproductive justice, Garcia-Ramirez et al. (2020), work with Roma girls engaging them in advocacy at the community and civic level.

In sum, the reproductive justice interventions described here are grounded in empowerment principles and CRT tenets of centering the voices of BIWoC and valuing the intersectional identities they share. These interventions have been developed by and with women, recognizing their values, cultural practices, spirituality, and agency. Yet, there has been little research on the efficacy of these empowerment and advocacy interventions and further research is needed. Moreover, while certainly important, interventions focused on individual agency are not sufficient for addressing reproductive injustices that occur at the macrolevels. In light of the recent Supreme Court decision to allow for the ban of abortion, BIWoC around the country have lost control of their right to terminate an unwanted, unsafe, or mistimed pregnancy and will face many challenges in accessing adequate health care. Future interventions need to consider this new reality.

IMPLICATIONS FOR RESEARCH, PRACTICE, AND POLICY: DECOLONIZING REPRODUCTIVE JUSTICE

Implications for future research and practice

Consistent with CRT's emphasis on uplifting the stories from the lived experiences of BIWoC (Treviño et al., 2008), and using narrative ethnography and community-based participatory action research, future research needs to document BIWoC's needs, values, and experiences of reproductive injustices to inform efforts to redress these events and transform reproductive healthcare for BIWoC. Additionally, such research can illuminate systemic and policy solutions that are meaningful to this population who has endured such abuses and racism. We need to decolonize reproductive justice research by placing at the center of the research process the voices and epistemologies of BIWoC and including them in meaningful and significant ways (Suarez-Balcazar, 2020). Future research needs to embrace a decolonizing anti-racist approach by deconstructing dynamics of power, whereby BIWoC control the research agenda and process, and identify and design interventions that fit their values, culture, spirituality and meet their needs for reproductive justice.

There are few examples in the literature of efforts that specifically seek to promote reproductive justice, yet more research is needed focusing on BIWoC. To apply a color-blind approach to reproductive rights advocacy and intervention erases the historical trauma experienced by generations of BIWoC, resulting in a continuation of reproductive rights violations for BIWoC into the present day. Future research may consider aligning a reproductive justice framework with the Social Determinants of Health and a social-ecological approach. This will provide a systemic perspective and further extend the historical lens to move advocacy and public health efforts toward achieving social justice at the individual, community, systems, and policy levels. This is even more urgent now, given the 2022 ruling by the Supreme Court, which places undue burden on BIWoC.

At the individual and community levels, programs need to provide access to education, economic power, and healthcare. At the community level, we need to partner with safety net clinics, rural, urban-based clinics, and Indigenous People to gain access to BIWoC populations. Research and action efforts should also focus on broadening partnerships, tapping into trans-disciplinary organizations to address the several issues that impact reproductive rights, such as housing, education, employment, and environmental justice (Gurr, 2011; Prather et al., 2018).

Clearly, we need to promote reproductive justice practices and values, and support efforts to abolish sterilization of women without consent or under coercion. Some practice implications for systems that serve and interact with BIWoC include: Medical education and other allied health care training programs (e.g., clinical psychology, nursing, dentistry) should include mandated ethical training on the history of atrocities committed against BIWoC, including reproductive injustices.

At the systemic level, we need to create systems of accountability within healthcare settings that hold healthcare providers accountable for safeguarding the reproductive rights of all served. This includes increasing BIWoC's access to healthcare, enhancing supports in accordance with their self-identified reproductive healthcare needs and preferences, including access to abortion. Safeguards should also be implemented in nonhealthcare

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settings that place BIWoC in positions of vulnerability to prevent further forced sterilizations or other forms of abuses (e.g., detention centers, correctional facilities).

The historical atrocities reviewed in this paper underscore how racism and colonialism are deeply embedded in the social and structural determinants of health in the United States. Unless these structures are uprooted, reproductive injustices and health inequity will continue to disproportionately impact BIWoC. A human rights approach has been offered to identify root causes of inequity within historical, intersecting, and evolving systems of oppression (see Lomax et al., 2022). As we presented in this paper, reproductive justice is a key example of broader health equity work that involves intersecting systems, such as environmental justice, economic development, housing, education, and healthcare.

Scarce literature is available on the reproductive rights of women at the intersectionality of LGBTQ. They face ongoing discrimination in their efforts to exert their own agency and bodily autonomy as well as additional challenges seeking adequate healthcare. Concepts of gender identity and expression and sexual orientation were imposed by White settler colonialism, and Indigenous understandings and definitions of gender and sexuality continue to be excluded or misrepresented within queer resistance (e.g., Greensmith & Giwa, 2013). Future research in this area is imperative.

Finally, future research should also focus on promoting reproductive justice among young girls. Research has demonstrated that prevention interventions are most effective when they target younger populations. Programming for BIWoC and girls should focus on raising critical awareness, building capacity to make decisions about their bodies, and developing a positive sense of identity and self-efficacy (see Garcia-Ramirez et al., 2020).

Policy implications

The violation of BIWoC reproductive rights calls us to political action to address the ways that systems and societal norms have continuously and programmatically disregarded the existence of BIWoC, and denied their right to decide and have power and agency over their bodies. As we write this paper, the June 2022 SCOTUS ripped away the 50-year legacy of *Roe v. Wade* that protected abortion rights, and we are collectively witnessing the enactment of “trigger laws” or eventual bans in approximately 27 states (abortion rights in 10 more states remains uncertain) (Kitchener et al., 2022). Elected officials at the local, state, and national level play a critical role in policy-level advocacy to safeguard the reproductive rights of BIWoC. They can work to dismantle systems that perpetuate oppression, acknowledge, empathize with and begin to heal historical trauma, and implement reforms to address racist policies and practices in healthcare. Federal policy should guarantee access to healthcare for BIWoC, particularly in situations of vulnerability (e.g., immigrants and refugees, women in detention centers, low-income women, urban and rural areas). Funding should be allocated at the federal and state levels to support the reproductive health needs of BIWoC via empowerment and advocacy interventions for women and girls of Color in settings they regularly frequent, such as schools and community settings. Political leaders and lawmakers can publicly acknowledge ongoing reproductive injustice and commit to fund and develop programs that protect the reproductive rights of BIWoC, and establish alliances/partnerships with existing organizations that focus on the reproductive rights of women and girls, particularly those most vulnerable locally and globally. Finally, as we have highlighted in this paper, all injustices BIWoC face—social, economic, environmental, and migratory, to name a few—are intertwined and hinder reproductive justice. True reproductive freedom does not exist until all people are able to choose to have children, to not have children, and to raise children in a healthy and safe environment free from harm.

CONCLUSION

Grounded in the tenets of CRT, this article has examined historical and contemporary examples of how BIWoC have been denied basic reproductive rights. Systemic racism and colonialism have enabled government-sanctioned violence against BIWoC for centuries. A reproductive justice framework that empowers and partners with BIWoC is essential to the dismantling of systems of oppression and the designing of advocacy and public health interventions that raise critical awareness and elevate the voices of BIWoC. However, this work is in its nascent stages. The examination of empowerment and advocacy interventions aligned with CRT tenets and the reproductive justice framework position the field of community psychology to respond, and move the agenda forward toward social action. This is possible by engaging BIWoC in meaningful ways in research, advocacy, and public health interventions designed to increase reproductive rights and autonomy for BIWoC globally. Policymakers, health professionals, and institutions of higher learning need to be educated on the tenets of CRT and the principles of community psychology and how these efforts can impact reproductive justice in a meaningful way. While the road is certainly long, dismantling oppressive policy across systems and specific focus areas is an important step toward promoting reproductive justice. We acknowledge that our research, practice, and policy recommendations to promote reproductive justice come at a difficult time given the Supreme Court's ruling to allow abortion bans across states. This is in part, why it is so critical for us to take a stand and vote and participate in the democratic process of selecting our officials and representatives that promote reproductive justice for BIWoC and are ready to dismantle racism.

CONFLICT OF INTEREST STATEMENT
The authors declare no conflict of interest.

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REFERENCES

Abinanti, A., Cavaliere, A., Nulph, A., George, B. K., Lucchesi, A., Madrid, M., Fisher, A., Ruecker, T., Preciado, V., Smith, J. S., & Baladran, G. (2020). *To' kee skuy' soo ney-wochek':"I will see you again in a good way:" A year 1 progress report on missing and murdered Indigenous women, girls, and two spirit people of northern California*. Sovereign Bodies Institute. https://2a840442f49a45b0b1a17531a7cd3d30.filesusr.com/ugd/6b33f7_c7031acf738f4f05a0bd46bf96486e58.pdf

Andrews, K. (2017, October 3). *The dark history of forced sterilization of Latina women*. Panoramas, Scholarly Platform, University of Pittsburgh. https://www.panoramas.pitt.edu/health-and-society/dark-history-forced-sterilization-latina-women

Antonios, N., & Raup, C. (2012, January 1). "Buck v. Bell (1927)." Embryo Project Encyclopedia. Arizona State University, School of Life Sciences, Center for Biology and Society. Retrieved October 21, 2021, from https://embryo.asu.edu/pages/buck-v-bell-1927

Arnold, S. B. (2014). Reproductive rights denied: The Hyde Amendment and access to abortion for Native American women using Indian health service facilities. *American Journal of Public Health*, *104*(10), 1892–1893. https://doi.org/10.2105/AJPH.2014.302084

Balcazar, F., & Suarez-Balcazar, Y. (2017). Promoting empowerment among individuals with disabilities. In M. A. Bond, C. B. Keys, I. Serrano-García & M. Shinn (Eds.), *APA handbook of community psychology* (Vol. 2, pp. 571–585). American Psychological Association.

Barnes, L., & Fledderjohann, J. (2019). Reproductive justice for the invisible infertile: A critical examination of reproductive surveillance and stratification. *Sociology Compass*, *14*(2), e12745. https://doi.org/10.1111/soc4.12745

Bell, D. (1973). *Race, racism, and American law*. Little and Brown.

Bochenek, M. (2018). *In the freezer: Abusive conditions for women and children in U.S. immigration holding cells*. Human Rights Watch. https://www.hrw.org/report/2018/02/28/freezer/abusive-conditions-women-and-children-us-immigration-holding-cells#3642

Bohman, J. (2005). Critical theory. In *Stanford Encyclopedia of Philosophy Archive*. https://plato.stanford.edu/archives/spr2021/entries/critical-theory/

Borrero, S., Schwarz, E. B., Creinin, M., & Ibrahim, S. (2009). The impact of race and ethnicity on receipt of family planning services in the United States. *Journal of Women's Health*, *18*(1), 91–96. https://doi.org/10.1089/jwh.2008.0976

Bridges, K. M. (2019). *Critical race theory: A primer* (1st ed.). Foundation Press.

Buckingham, S., Langhout, R. L., Rusch, D., Mehta, T., Chavez, R. N., Ferreira van Lee, K., Oberoi, A., Indart, M., Paloma, V., King, E. & Olson, B. (2021). The roles of settings in supporting immigrants' resistance to injustice and oppression: A policy position statement by the Society for Community Research and Action. *American Journal of Community Psychology*, *68*(3-4), 269–291. https://doi.org/10.1002/ajcp.12515

Cabrera, N. L. (2018). Where is the racial theory in Critical Race Theory?: A constructive criticism of the crits. *The Review of Higher Education*, *42*(1), 209–233.

Cattaneo, L. B., Calton, J. M., & Brodsky, A. E. (2014). Status quo versus status quake: Putting the power back in empowerment. *Journal of Community Psychology*, *42*(4), 433–446.

Cattaneo, L. B., & Goodman, L. A. (2015). What is empowerment anyway? A model for domestic violence practice, research, and evaluation. *Psychology of Violence*, *5*(1), 84–94. https://doi.org/10.1037/a0035137

Ceballo, R., Graham, E. T., & Hart, J. (2015). Silent and infertile: An intersectional analysis of the experiences of socioeconomically diverse African American women with infertility. *Psychology of Women Quarterly*, *39*(4), 497–511. https://doi.org/10.1177/0361684315581169

Chomat, A. M., Menchú, A. I., Andersson, N., Ramirez-Zea, M., Pedersen, D., Bleile, A., Letona, P., & Araya, R. (2019). Women's circles as a culturally safe psychosocial intervention in Guatemalan Indigenous communities: A community-led pilot randomised trial. *BMC Women's Health*, *19*(1), 53. https://doi.org/10.1186/s12905-019-0744-z

Corrine Sanchez, S. (2016). Herstories and the braiding of environment and reproductive justice to protect those most vulnerable. *Journal of American Indian Education*, *55*(3), 48–71. https://doi.org/10.5749/jamerindieduc.55.3.0048

Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K. (Eds.). (1995). *Critical race theory: Key writings that formed the movement*. New Press.

Crenshaw, K., & Carbado, D. (2019). An intersectional critique of tiers of scrutiny: Beyond "either/or" approaches to equal protection. *The Yale Law Journal Forum*, *129*, 108. https://scholarship.law.columbia.edu/cgi/viewcontent.cgi?article=3821%26context=faculty_scholarship

Daniel, C. (2022). Compromising justice: Reproductive rights advocacy in the time of Trump. *Frontiers: A Journal of Women Studies*, *43*(1), 68–92. https://doi.org/10.1353/fro.2022.0002

Daniel, M. (2021). The social movement for reproductive justice: Emergence, intersectional strategies, and theory building. *Sociology Compass*, *15*, e12907. https://doi.org/10.1111/soc4.12907

Delgado, R., & Stefancic, J. (2001). *Critical race theory: An introduction*. New York University Press.

Eaton, A. A., & Stephens, D. P. (2020). Reproductive justice special issue introduction "Reproductive" justice: Moving the margins to the center in social issues research. *Journal of Social Issues*, *76*(2), 208–218. https://doi.org/10.1111/josi.12384

El Kotni, M., & Singer, E. O. (2019). Human rights and reproductive governance in transnational perspective. *Medical Anthropology*, *38*(2), 118–122. https://doi.org/10.1080/01459740.2018.1557164

Evans, S. D., Duckett, P., Lawthom, R., & Kivell, N. (2017). Positioning the critical in community psychology. In M. A. Bond, I. Serrano-Garcia, C. Keys & M. Shinn (Eds.), *APA handbook of community psychology* (2, pp. 107–128). American Psychological Association.

Fortuna, L. R., Noroña, C. R., Porche, M. V., Tillman, C., Patil, P. A., Wang, Y., Markle, S. L., & Alegría, M. (2019). Trauma, immigration, and sexual health among Latina women: Implications for maternal–child well-being and reproductive justice. *Infant Mental Health Journal*, *40*, 640–658. https://doi.org/10.1002/imhj.21805

Fotheringham, S., Wells, L., & Goulet, S. (2021). Strengthening the circle: An international review of government domestic violence prevention plans and inclusion of Indigenous peoples. *Violence Against Women*, *27*(3–4), 425–446. https://doi.org/10.1177/1077801219978446

Francis East, J., & Roll, S. J. (2015). Women, poverty, and trauma: An empowerment practice approach. *Social Work*, *60*(4), 279–286. https://doi.org/10.1093/sw/swv030

Freire, P. (1970). *Pedagogy of the oppressed*. Herder and Herder.

Garcia-Ramirez, M., Soto-Ponce, B., Albar-Marín, M. J., Parra-Casado, D. L., Popova, D., & Tomsa, R. (2020). RoMoMatteR: Empowering Roma girls' mattering through reproductive justice. *International Journal of Environmental Research and Public Health*, *17*(22), 8498. https://doi.org/10.3390/ijerph17228498

Gates, A. B. (2017). "No one will speak for us": Empowering undocumented immigrant women through policy advocacy. *Journal of Community Practice*, *25*(1), 5–28. https://doi.org/10.1080/10705422.2016.1270244

Grabe, S., Rodríguez Ramírez, D., & Dutt, A. (2020). Reproductive justice: The role of community-based organizational participation in reproductive decision-making and educational aspirations among women in Nicaragua. *Journal of Social Issues*, *76*(2), 391–415. https://doi.org/10.1111/josi.12377

Greensmith, C., & Giwa, S. (2013). Challenging settler colonialism in contemporary queer politics: Settler homonationalism, Pride Toronto, and two-spirit subjectivities. *American Indian Culture and Research Journal*, *37*(2), 129–148. https://doi.org/10.17953/aicr.37.2.p4q2r84l12735117

Grzanka, P. R., & Frantell, K. A. (2017). Counseling psychology and reproductive justice: A call to action. *The Counseling Psychologist*, *45*(3), 326–352. https://doi.org/10.1177/0011000017699871

Gurr, B. (2011). Complex intersections: Reproductive justice and Native American women. *Sociology Compass*, *5*(8), 721–735. https://doi.org/10.1111/j.1751-9020.2011.00400.x

Held, D. (2004). *Introduction to critical theory*. Wiley Publisher.

15732770, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/ajcp.12650 by Test, Wiley Online Library on [15/01/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Johnston, K., & MacDougall, C. (2021). Enacting feminist methodologies in research toward reproductive justice. *International Journal of Qualitative Methods*, *20*, 160940692110161. https://doi.org/10.1177/16094069211016157

Jolly, J. (2016). On forbidden wombs and transnational reproductive justice. *Meridians*, *15*(1), 166–188.

Kaitz, M., Mankuta, D., & Mankuta, L. (2019). Long-acting reversible contraception: A route to reproductive justice or injustice. *Infant Mental Health Journal*, *40*(5), 673–689. https://doi.org/10.1002/imhj.21801

Kassie, E. (2018, July 17). Sexual assault inside ICE detention: 2 survivors tell their stories. *The New York Times*. https://www.nytimes.com/2018/07/17/us/sexual-assault-ice-detention-survivor-stories.html

Kim, S., Young, N., & Lee, Y. (2019). The role of reproductive justice movements in challenging South Korea's abortion ban. *Health and Human Rights*, *21*(2), 97–107. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6927381/#:%7E:text=Since%202016%2C%20the%20reproductive%20justice,regardless%20of%20class%2C%20gender%20identity%2C

Kitchener, C., Schaul, K., Kirkpatrick, N., Santamariña, D., & Tierney, L. (2022). Abortion is now banned in these states. See where laws have changed. *The Washington Post*. https://www.washingtonpost.com/politics/2022/06/24/abortion-state-laws-criminalization-roe/

Knitzer, J. E. (1976). Child advocacy: A perspective. *American Journal of Orthopsychiatry*, *46*(2), 200–216. https://doi.org/10.1111/j.1939-0025.1976.tb00921.x

Liddell, J., & Kington, S. G. (2021). "Something was attacking them and their reproductive organs:" Environmental reproductive justice in an Indigenous tribe in the United States Gulf Coast. *International Journal of Environmental Health and Public Health*, *18*(2), 666. https://doi.org/10.3390/ijerph18020666

Lomax, S., Cafaro, C. L., Hassen, N., Whitlow, C., Magid, K., & Jaffe, G. (2022). Centering mental health in society: A human rights approach to well-being for all. *American Journal of Orthopsychiatry*, *92*(3), 364–370. https://doi.org/10.1037/ort0000618

Lopez, I. (2008). *Matters of choice: Puerto Rican Women's struggle for reproductive freedom*. Rutgers University Press.

Luna, Z. (2021). Review of reproductive rights as human rights: Women of color and the fight for reproductive justice. *Social Forces*, *100*(1), e13. https://doi.org/10.1093/sf/soab033

Luna, Z., & Luker, K. (2013). Reproductive justice. *Annual Review of Law and Social Science*, *9*, 327–352. https://doi.org/10.1146/annurev-lawsocsci-102612-134037

Manian, M. (2020, September 29). *Immigration detention and coerced sterilization: History tragically repeats itself*. ACLU. https://www.aclu.org/news/immigrants-rights/immigration-detention-and-coerced-sterilization-history-tragically-repeats-itself/

Marr, C. (2004). Native American survival in a colonial United States. *Nebraska Anthropologist*, *66*. https://digitalcommons.unl.edu/nebanthro/66/

Mass, B. (1977). Puerto Rico: A case study of population control. *Latin American Perspectives*, *4*(4), 66–82. https://www.jstor.org/stable/2633177

Maton, K. I. (2008). Empowering community settings: Agents of individual development, community betterment, and positive social change. *American Journal of Community Psychology*, *41*(1), 4–21. https://doi.org/10.1007/s10464-007-9148-6

Maton, K. I., & Brodsky, A. E. (2011). Empowering community settings: Theory, research, and action. In *Empowering settings and voices for social change* (Eds.), M. S. Aber, K. I. Maton & E. Seidman, (pp. 38–64). Oxford University Press.

Messing, A. J., Fabi, R. E., & Rosen, J. D. (2020). Reproductive injustice at the US border. *American Journal of Public Health*, *110*(3), 339–344. https://doi.org/10.2105/AJPH.2019.305466

Mishkin, K., & Fernandes, L. (2018). Doulas as agents of reproductive justice who promote of women's international human rights: An evidence-based review and comparative case study between Brazil and the United States, In *Reproductive ethics II* (pp. 161–178). Springer. https://link.springer.com/chapter/10.1007/978-3-319-89429-4_13

Nall, M., Walker, I. C., & Likos, K. D. S. (2021). Building reproductive justice into the safety net. *Public Health Nursing*, *38*(2), 239–247. https://doi.org/10.1111/phn.12851

National Asian Pacific Women's Forum. (2018). Reproductive justice for Asian Americans and Pacific Islanders. *Asian American Policy Review*, *28*, 58–72.

National Indigenous Women's Resource Center. (2021). NIWRC advocacy curriculum. https://www.niwrc.org/resources/niwrc-resource-page/niwrc-advocacy-curriculum

New York Lawyers for the Public Interest. (2020). Still detained and denied: The health crisis in immigration detention continues. https://nylpi.org/wp-content/uploads/2020/04/NYLPI-report-Detained-Denied.pdf

Norwood, C. (2021). Misrepresenting reproductive justice: A Black feminist critique of protecting Black life. *Signs: Journal of Women in Culture and Society*, *46*(3), 715–741. https://doi.org/10.1086/712080

Novak, N. L., Lira, N., O'Connor, K. E., Harlow, S. D., Kardia, S. L. R., & Stern, A. M. (2018). Disproportionate sterilization of Latinos under California's eugenic sterilization program, 1920–1945. *American Journal of Public Health*, *108*(5), 611–613. https://doi.org/10.2105/AJPH.2018.304369

Patel, P. (2017). Forced sterilization of women as discrimination. *Public Health Reviews*, *38*(1), 15. https://doi.org/10.1186/s40985-017-0060-9

Pauls, E. P. (Ed.). (2021). *Native American*. Encyclopedia Britannica. https://www.britannica.com/topic/Native-American

Pember, M. A. (2018, March 15). 'Amá' and the legacy of sterilization in Indian Country. *Rewire News Group*. https://rewirenewsgroup.com/article/2018/03/15/ama-legacy-sterilization-indian-country/

Prather, C., Fuller, T. R., Jeffries, W. L., IV, Marshall, K. J., Howell, A. V., Belyue-Umole, A., & King, W. (2018). Racism, African American women, and their sexual and reproductive health: A review of historical and contemporary evidence and implications for health equity. *Health Equity*, *2*(1), 249–259. https://doi.org/10.1089/heq.2017.0045

Prescott, A. S., Luippold-Roge, G. P., & Gurman, T. A. (2016). Leveraging social networks to support reproductive health and economic wellbeing among Guatemalan Maya women. *Health Education Journal*, *75*(6), 664–675. https://doi.org/10.1177/0017896915610143

Price, K. (2011). It's not just about abortion: Incorporating intersectionality in research about women of color and reproduction. *Women's Health Issues*, *21*(3), S55–S57. https://doi.org/10.1016/j.whi.2011.02.003

Price, K. (2020). What is Reproductive Justice? *Meridians*, *19*(S1), 340–362. https://doi.org/10.1215/15366936-8566034

Project South, Georgia Detention Watch, Georgia Latino Alliance for Human Rights, & South Georgia Immigrant Support Network. (2020). *Re: Lack of medical care, unsafe work practices, and absence of adequate protection against COVID-19 for detained immigrants and employees alike at the Irwin County Detention Center*. https://projectsouth.org/wp-content/uploads/2020/09/OIG-ICDC-Complaint-1.pdf

Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, *9*, 1–25. https://doi.org/10.1007/bf00896357

Reyes Cruz, M., & Sonn, C. C. (2010). (De)colonizing culture in community psychology: Reflections from critical social science. *American Journal of Community Psychology*, *47*(1–2), 203–214. https://doi.org/10.1007/s10464-010-9378-x

Riger, S. (1993). What's wrong with empowerment. *American Journal of Community Psychology*, *21*(3), 279–292. https://doi.org/10.1007/BF00941504

Riggs, D. W., & Bartholomaeus, C. (2020). Toward trans reproductive justice: A qualitative analysis of views on fertility preservation for Australian transgender and non-binary people. *Journal of Social Issues*, *76*, 314–337. https://doi.org/10.1111/josi.12364

Rivas, C., Vigurs, C., Cameron, J., & Yeo, L. (2019). A realist review of which advocacy interventions work for which abused women under what circumstances. *The Cochrane Database of Systematic Reviews*, *6*, 013135. https://doi.org/10.1002/14651858.CD013135.pub2

Roberts, D. E. (1997). *Killing the black body: Race, reproduction, and the meaning of liberty*. Vintage Books.

15732770, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/ajcp.12650 by Test, Wiley Online Library on [15/01/2024]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Ross, L. J., Brownlee, S. L., Diallo, D. D., Rodriquez, L., & Latina, R. (2001). The "SisterSong Collective": Women of color, reproductive health and human rights. *American Journal of Health Studies*, *17*(2), 79–88.
Sánchez, G. J. (1995). Becoming Mexican American: Ethnicity, culture, and identity in *Chicano Los Angeles,* 1900–1945. Oxford University Press.
Smith, E., Sundstrom, B., & Delay, C. (2020). Listening to women: Understanding and challenging systems of power to achieve reproductive justice in South Carolina. *Journal of Social Issues*, *76*(2), 363–390. https://doi.org/10.1111/josi.12378
Stewart, A. (2001). *Theories of power and domination: The politics of empowerment in late modernity*. Sage Publications.
Strauss, N., Giessler, K., & McAllister, E. (2015). How doula care can advance the goals of the affordable care act: A snapshot from New York City. *The Journal of Perinatal Education*, *24*(1), 8–15. https://doi.org/10.1891/1058-1243.24.1.8
Suarez-Balcazar, Y. (2020). Meaningful engagement in research: Community residents as cocreators of knowledge. *American Journal of Community Psychology*, *65*(3–4), 261–271. https://doi.org/10.1002/ajcp.12414
Suarez-Balcazar, Y., Rusch, D., Mehta, T., Charvonia, A., Ford-Paz, R., Meza-Perez, C., & Buckingham, S. (2021). Atrocities against women on U.S. soil: A call to action. *The Community Psychologist*, 1–3. https://www.scra27.org/publications/tcp/tcp-past-issues/tcpwinter2021/
Tafesse, K. (2019). *What the "Mississippi Appendectomy" says about the regard of the state towards the agency of black women's bodies*. The Movement for Black Women's Lives. https://blackwomenintheblackfreedomstruggle.voices.wooster.edu/2019/05/01/what-the-mississippi-appendectomy-says-about-the-regard-of-the-state-towards-the-agency-of-black-womens-bodies/
Tajima-Peña, R.(Director). (2016). *No más bebés* [Film].
Torpy, S. J. (2000). Native American women and coerced sterilization: On the Trail of Tears in the 1970s. *American Indian Culture and Research Journal*, *24*(2), 1–22. https://doi.org/10.17953/aicr.24.2.7646013460646042
Treisman, R. (2020, September 16). *Whistleblower alleges "medical neglect," questionable hysterectomies of ICE detainees*. NPR. https://www.npr.org/2020/09/16/913398383/whistleblower-alleges-medical-neglectquestionable-hysterectomies-of-ice-detaine
Treviño, A. J., Harris, M. A., & Wallace, D. (2008). What's so critical about critical race theory? *Contemporary Justice Review*, *11*(1), 7–10. https://doi.org/10.1080/10282580701850330
U.S. Supreme Court. (2022). Supreme Court overturns Roe v. Wade, ending 50 years of federal abortion rights. https://www.cnbc.com/2022/06/24/roe-v-wade-overturned-by-supreme-court-ending-federal-abortion-rights.html
Vamos, C. A., Daley, E. M., Perrin, K. M., Mahan, C. S., & Buhi, E. R. (2011). Approaching 4 decades of legislation in the National family planning program: An analysis of title X's history from 1970 to 2008. *American Journal of Public Health*, *101*(11), 2027–2037. https://doi.org/10.2105/AJPH.2011.300202
Wilkerson, I. (2020). *Caste: The origins of our discontents*. Random House.
Zavella, P. (2016). Contesting structural vulnerability through reproductive justice activism with Latina immigrants in California. *North American Dialogue*, *19*(1), 36–45. https://doi.org/10.1111/nad.12035
Zimmerman, M. A. (2000). Empowerment theory: Psychological, organizational, and community levels of analysis. In J. Rappaport & E. Seidman (Eds.), *Handbook of Community Psychology* (pp. 43–63). Kluwer Academic Publishers https://doi.org/10.1007/978-1-4615-4193-6_2

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