



National Alliance to
End Sexual Violence

Building Alliances: Guidance for Sexual Violence Organizations Engaging in Reproductive Health, Rights, and Justice Advocacy

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The movement for reproductive health, rights, and justice* and the movement to end sexual violence share values, histories and goals. But far too often, our movements have been siloed, and opportunities to work collaboratively toward common goals have been overlooked. Sometimes this has been a result of calculated strategic choices, sometimes because of a misalignment in strategies and tactics, and sometimes a consequence of politics and polarization. Sometimes, however, it has simply been because our movements have not done the work of building a shared vocabulary that will enable us to better join together in meaningful partnership. This resource aims to begin filling in that gap by providing strategic messaging guidance for sexual violence organizations engaging in reproductive health, rights, and justice advocacy.

* Reproductive health, rights, and justice are three distinct but interwoven threads in the movement. A reproductive health framework prioritizes health care access and service delivery, whereas a reproductive rights framework focuses on protecting and advancing individual legal rights. Reproductive Justice is a term that was coined in the early 1990s by a group of Black women who sought to create a movement that was inclusive of and explicitly centered people with marginalized identities, including women of color, LGBTQ people, and people with disabilities. It is a human rights framework that includes the right to maintain personal bodily autonomy, have children, not have children, and parent children in safe and sustainable communities. Learn more at <https://forwardtogether.org/tools/a-new-vision/>

Shared Values and Histories

The sexual violence and reproductive health, rights, and justice movements have some of the very same values and principles. Both movements are shaped by a belief in the importance of bodily autonomy, empowerment and choice, and person-centered care.

Bodily autonomy means that we each have the right to govern what happens to our bodies, without coercion or force, shame or stigma, or other external influence or interference. In the context of reproductive health, rights, and justice, this means the ability to make our own decision about whether, when, and how to become a parent — including having access to abortion care and contraception. In the context of sexual violence, this means the right of each of us to be free from non-consensual touching, assault, and other harms. For both movements, the health and safety of our own bodies — and our right to control what happens to them — is foundational. We share a belief that people should have access to all of the conditions — from high-quality health care to safety from police violence to stable housing to economic security — that enable us to be healthy, safe, and whole in our bodies and in our lives.

Related to the idea of autonomy is that of empowerment and choice — the idea that we should not only be able to choose what does and does not happen in our lives and to our bodies, but also have the resources and avenues to make the outcomes we want possible. It means the ability to access abortion care without political interference in the form of mandated procedures or false information — and no matter where you live, how much money you have, or how you get health insurance. It means access for all sexual assault survivors to free and confidential supportive services that are not predicated on involvement with the criminal legal system. And it means the ability of all people, especially those who bear the harms of structural racism and oppression, to have the economic, political, and social power necessary to make their own choices about how they want to build a life for themselves, their families, and their communities.

Lastly, both movements are oriented toward the provision of person-centered care. Applicable in health care and social services more broadly, person-centered care (and the closely related concept of trauma-informed care) prioritizes the need to understand the whole of a person's life experiences, circumstances, and needs in order to deliver truly effective care and services.¹ This framework calls on reproductive health care providers to be responsive to the fact that many of their patients may be survivors of sexual violence, and for sexual assault service providers to facilitate access to the reproductive care that survivors may need. More broadly, this value shows up in how both movements center — at the individual, systems, and policy levels — each person's

right to determine what kinds of services they want or need and to access care that is responsive to those choices.

In addition to shared values, our movements also have similar histories. The sexual violence and reproductive health and rights movements — as we understand them today — developed alongside each other in the 1960s and 70s, with a commitment to the aforementioned values and a political strategy of entrenching laws and policies that supported women who needed access to care and services. In the early 1990s, a group of Black women formally established the term “reproductive justice” as a response to the fact that the focus on reproductive *health* and *rights* was too narrow, and that the movement, led by and representing middle class and wealthy white women, would not defend the needs of women of color and other marginalized women and trans* people.[†] Reproductive justice is an intersectional framework, encompassing the “human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities” — and it intentionally centers the needs of the most marginalized women, families, and communities.² The sexual violence movement has had a similar reckoning with its own historical privileging of the needs of white women survivors, particularly through the reliance on policing and carceral responses. There is no single survivor experience for which one can construct a single response or prevention strategy. The movement is shifting intentionally to recognize that the unique risks and impacts of sexual violence on Black, Indigenous, and communities of color, on LGBTQI communities, immigrants and refugees, and other communities facing oppression and marginalization. As just one example, the National Organization of Sisters of Color Ending Sexual Assault has foregrounded the need to understand and support the specific needs of Black survivors of sexual violence.³

In addition to these similar trajectories, anecdotally, many people who work in the sexual violence movement have previously worked on reproductive health, rights, and justice — and vice versa. Embedded within these movements, then, are people who understand the connections and overlaps in our work, and who can be tapped to serve as bridges in organizing and advocacy spaces.

[†] Organizations like the Black Women’s Blueprint, National Birth Equity Collaborative, In Our Own Voice: National Black Women’s Reproductive Justice Agenda, SisterSong, National Asian Pacific American Women’s Forum, and National Latina Institute for Reproductive Justice, me too, and Love with Accountability, among others, are leading the movement for reproductive justice and addressing the intersections between issues such as abortion and contraception access, health, maternal health, and sexual violence.

Suggested Talking Points on Reproductive Health, Rights, and Justice Policies

There are direct areas of overlap between reproductive health, rights, and justice and sexual violence issues — most obviously, reproductive coercion and control as one form of sexual violence, such as when a partner prohibits or forces contraceptive use or abortion care. At a policy level, restrictions on access to contraception and abortion care are similarly designed, in part, to keep people physically and economically vulnerable and dependent.⁴ In this way, reproductive oppression cannot be separated from the other oppressions individuals and communities experience (including sexual violence), just as a person’s reproductive health experiences cannot be separated from mental, social, economic, familial, communal, or environmental well-being.⁵

There are, however, areas of policy where the connections between reproductive health, rights, and justice are less direct but no less important. These talking points can help sexual violence prevention advocates better make those connections.

Abortion Bans

States are increasingly passing bans that prohibit abortion after a specific point in pregnancy, many as early as six weeks. Some, but not all, of these laws include an exception for instances of rape.⁶ Such carve-outs for rape and incest are designed to make extreme abortion laws seem more palatable to the public, but they do nothing to provide actual access to care for survivors. These laws are not only unconstitutional — and it is important to know that none of the six-week bans are currently in effect — but are also deeply harmful in a number of ways.

- These bans undermine people’s health and well-being and deny them personal autonomy.
- Six weeks is well before many people even know they are pregnant. These bans make it both medically and logistically impossible for most people to determine that they are pregnant and then arrange for safe, legal abortion care in time to beat the six-week deadline.
 - The initial weeks and months following an assault may be acutely traumatic, making it especially difficult for them to arrange for abortion care in as short of a time frame as permitted under these laws.
- Many of these laws would criminalize people who seek or obtain an abortion outside of the restricted time period, putting people at risk of prosecution and jail time simply for getting basic health care.
- Rape exceptions do not offer any meaningful access to abortion care for survivors, especially when they require survivors to report their assault in order to access

medical care. This can be re-traumatizing and harmful for many survivors, particularly survivors of color who have legitimate reasons not to trust or want to engage with police or law enforcement.

- Rather than restore personal agency and autonomy that has been stripped from a victim during their assault, these bills further subject victims to making their access and control over health care contingent on the decision of someone else and whether they can prove they've been assaulted and are deserving of the exception.
- Survivors who do contact the police in order to avail themselves of the rape exception may be entangling both the assailant and themselves with the criminal legal system in ways that they do not want. No one should have to risk criminal charges in order to access important, safe medical care. This is particularly problematic for people of color, who are already vulnerable to being over-policed and over-incarcerated.

TRAP Laws and Other Laws that Interfere with Access to Abortion Care

States also continue to advance laws that put up medically unnecessary and burdensome barriers to abortion and reproductive health care. These laws include things like mandatory delays, forced ultrasounds, and requirements that doctors provide false or misleading information about abortion care. There is also a category of laws called Targeted Regulation of Abortion Providers (TRAP), which impose requirements on facilities and providers that provide abortion care (such as being equipped as an ambulatory surgical center or having hospital admitting privileges).⁷

- These laws are often passed under the guise of “protecting women’s safety” but have little to no benefit to people seeking care. Abortion is an incredibly safe procedure,⁸ and these laws only serve to make access difficult or nearly impossible.
- TRAP laws and other laws that interfere with access purposefully stigmatize reproductive health care. When layered onto the similarly stigmatized issue of sexual violence, TRAP laws further limit the ability of survivors to openly discuss their assault and to seek abortion care related to their assault.
- Survivors should be heard and believed when they say they have been assaulted — and all people should be heard and trusted when they say they need abortion care. Laws like these are based on flawed assumptions that women cannot be trusted to know what they want or that women aren't to be believed about what has happened to them.

Access to Contraception

Rape victims often rely upon contraception, especially emergency contraception (EC), to prevent pregnancy after their sexual assault.⁹ The American College of Obstetricians and Gynecologists, the American Public Health Association, the American Medical Association, and the National Sexual Violence Resource Center have all advocated for access to emergency contraception for sexual assault survivors.¹⁰ However, only 14 states and the District of Columbia require hospital emergency rooms to dispense EC on request to survivors.¹¹ Survivors need and deserve access not only to EC, but also to any method of contraception that aligns with their physical, mental, and sexual health needs or desires.

- The ability to access and choose a form of contraception (i.e., hormonal birth control, IUDs) provides victims necessary autonomy over their bodies and may restore some personal agency, an important process for individuals recovering from trauma of a sexual assault.
- Access to birth control is linked to greater educational and professional opportunities and increased lifetime earnings for women, and greater economic security for women and their families overall.¹²
 - Sexual violence can negatively impact a survivor's education or employment and impose a range of other short and long-term economic costs.¹³ Access to contraception may be able to help mitigate some of these costs and support survivors' economic security.
- The ability to access and choose contraception is largely out of reach for 19 million women that currently live in contraception deserts in the United States. Contraception deserts refer to counties in the United States that do not have access to a health center that provides a full range of contraceptive methods. For individuals living in these areas, there is yet another contingency on their ability to make their own choices about their own bodies. These individuals must either choose from the limited contraception methods available to them in their area or make the effort of traveling long distances (in addition to taking off work and/or finding childcare, in the absence of policies that support such needs) to have a full range of contraception choices.¹⁴
- These structural barriers to contraceptive access disproportionately burden Black and Latina women, as well as other people of color or who face other systemic oppression.¹⁵

Sexual Health Education and Funding for Prevention Programs

While 38 states and the District of Columbia require the prevention of sexual violence to be covered in sexual health education programs, only nine states explicitly require the importance of consent to sexual activity to be covered.¹⁶ Furthermore, only 18 states require the material in the sexual health education programs to be medically accurate.¹⁷

- Sexual education curricula and prevention programming must be comprehensive, medically accurate, consent-driven, and free from shame and stigma about sex or reproductive health. When those factors are absent, programming is vulnerable to being guided by outdated and harmful gender stereotypes. Exposure to such stereotypes, which are internalized by children by age 10,¹⁸ increase the risk that a woman will be subjected to sexual violence or experience an unintended pregnancy.¹⁹
- Comprehensive sexual education that is medically accurate and includes consent curriculum can improve the personal autonomy of young people, better enabling them to make healthy decisions about sex and take ownership of their reproductive lives.
- A strong focus on prevention — sexual assault prevention and STI and unintended pregnancy prevention — and community involvement is more than worth the investment. Comprehensive prevention and education efforts, without shame or stigma, can help improve health and well-being over the life course. For instance, community-based, comprehensive sexual education programs have been found to decrease sexual risk behaviors, as well as STI and adolescent pregnancy rates.²⁰

Finding Your Place in the Reproductive Health, Rights, and Justice Movement

Joining together across our movements has the potential to strengthen our shared advocacy and make meaningful progress for the individuals and communities that we work with. For reproductive health, rights, and justice advocates, adding the voices of the sexual assault movement is a powerful tool in our work to slow the onslaught of attacks to access to abortion care and help advance a bolder vision of reproductive justice for all people.

We understand that sexual violence organizations and advocates are in different places with respect to their desire or ability to engage in work on reproductive health and rights. Sexual assault coalitions are operating in states with vastly different environments on this issue, may have membership with varying positions, or may even have funding language that prohibits them from engaging in advocating for abortion access. In your state legislature, there may be many members who provide essential votes in support of

sexual violence programs and funding, but who are also anti-abortion, and you have legitimate concerns about losing their support. Even with all of those constraints, we believe there are spaces in which you can be successful, and we offer the following to encourage you to explore what is possible.

- Have hard conversations with the reproductive health and rights organizations in your state that foreground the need to work collaboratively and for mutual gain. Share what the impact is when those organizations highlight sexual assault stories in their advocacy but without your engagement. Discuss how differences in strategy and tactics can make it difficult to work as allies. Work towards relationships that are reciprocal and authentic.
- Identify and build relationships with the reproductive *justice* organizations at the state and local level. Reproductive justice as a framework is intersectional and multi-issue in nature, and also centers the experiences and needs of people of color. Explore areas of alignment not only on sexual violence and reproductive health issues but also others that your organization may work on such as economic security, safe housing, maternal health, or ending police violence and mass incarceration.
- Engage faith-based communities through emphasizing that securing reproductive rights is central to continued security of religious rights and freedoms. Because different religions have different stances on when human life begins, abortion bans necessarily promote one religious view over another. However, the First Amendment to the U.S. Constitution guarantees that no one religion should be enshrined in U.S. law or be able to dictate U.S. policy, including abortion.²¹ It is also helpful to emphasize that many religious individuals are in support of reproductive rights and abortion care. For instance, nearly 70 million Catholic Americans support access to comprehensive reproductive care including abortion, and Catholic women have abortions at the same rate as other women.²²
- Seek out opportunities to educate others — from advocates in your state to state legislators — on the importance of reproductive health, rights, and justice for sexual violence survivors. Use the talking points above to highlight areas of overlap and shared concern. Draw on the language of our shared values to lean into your priorities and to help move the conversation forward.
- Identify the opportunities outside of the state legislative process where you may be able to have a meaningful impact. This could include working with state administrative agencies like the departments of health or education, or local entities like a city council, school board, or local board of health.

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National Alliance to End Sexual Violence

The National Alliance to End Sexual Violence is the voice in Washington for the 56 state and territorial sexual assault coalitions and 1500 rape crisis centers working to end sexual violence and support survivors. More information is available at EndSexualViolence.org.



The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at NationalPartnership.org.

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