

# BODILY AUTONOMY

## RECOMMENDATIONS FOR MORE EQUITABLE SEXUAL VIOLENCE PREVENTION

When you work to ensure everyone has the right to control their own bodies, you are simultaneously working toward more equitable sexual violence prevention. **Bodily autonomy** involves the freedom to make your own decisions about your life, such as your sexuality, romantic and intimate relationships, reproduction, and medical care. In communities where people can safely express themselves, make informed choices, and consent to what happens to their body without external influence or coercion, it is less likely that people will choose to be violent toward others. Every community has diverse identities and contexts, which means that the conditions necessary to make sure that everyone has the right to have complete control over their body can vary widely.

People hold many intersectional social identities, such as race/ethnicity, disability, gender, and sexuality, which together affect the forms of oppression and inequality they face. Approaching sexual violence prevention (SVP) with an anti-oppression, intersectional lens helps organizations, communities, and individuals to identify root causes and to more effectively support communities that are most impacted and least resourced. In Michigan, there is a critical need for such equity-focused attention on SVP in Black, Native/Indigenous/American Indian, LGBTQ+, and Disability communities\*. The Michigan Community Sexual Violence Prevention Assessment (CSVPA), led by Michigan Public Health Institute (MPHI), was a first step to listen and learn from these core communities about what sexual violence looks like in their communities, how risk and protective factors for violence unequally affect them, and what their prevention resources and needs are.

### **This brief focuses on recommendations for strengthening bodily autonomy in these communities as a key protective factor against SV.**

For those unfamiliar with this idea, *risk and protective factors* make it more likely (*risk factors*) or less likely (*protective factors*) that individuals, communities, and societies will experience violence. Personal or relationship factors could include someone's past experiences with violence, or a teen's connection to school or a caring adult. Community or societal factors could include the lack of good-paying jobs in a neighborhood or widely held beliefs about violence. Each factor affects Black, Native, LGBTQ+, and Disability communities in Michigan in similar and unique ways depending on their diverse identities, histories, and contexts.

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*\***IDENTITY AND LANGUAGE** are very complicated. The authors of this report intentionally use terms endorsed by the project's Advisory Council to describe the core communities and their members. We recognize that identity language is always evolving and that not all identity terms are captured here. As a reflection of the varied preferences within the disability community, we will use both person-first language (e.g., "people with disabilities") and identity-first language (e.g., "disabled people").*

# COMMUNITY-INFORMED RECOMMENDATIONS

The community-informed recommendations below include examples of the kinds of actions you can take to support this work. You can be part of a movement to end sexual violence by creating partnerships, educating policymakers, and strengthening programs to meet these community needs.

**NOTED AT THE END OF EACH EXAMPLE** are the specific communities where that action was supported by data from the assessment. Just because a core community is not listed does not necessarily mean that the example is not relevant or important for that core community; it simply means it was not mentioned by interviewees or found in the literature review that informed this assessment.

## RECOMMENDATION 1

### **Promote and provide intersectional, comprehensive, accessible, and all-inclusive sex and healthy maturation education for youth, families, and adults.**

- + **Develop comprehensive materials on sex, sexuality, maturation, consent, and healthy relationships that are inclusive of all ages, intersectional identities, and sexual expressions.**
  - + Develop resources that model healthy relationships, sex with a disability, and identify exploitative or controlling relationships. **Disability, LGBTQ+**
  - + Tailor educational materials to be appropriate for all age groups including youth and the aging population. **Disability, LGBTQ+**
  - + Develop activities and programs that focus on men and boys. **LGBTQ+**
  - + Provide LGBTQ+ informed education to youth about their bodies. **LGBTQ+**
  - + Provide Black women with easy access to education and resources about sex, safety, and sexual violence victimization support. **Black**

## + Ensure educational resources on sex and healthy maturation are free, available everywhere, and disseminated in diverse ways.

- + Share information via formal curricula, websites, books, informational literature, educational videos on social media, at school and in the home, through healthcare and human service providers, and via community-based organizations. [Disability](#), [LGBTQ+](#)
- + Highlight the importance of educational resources being available both publicly and privately, and at different literacy and age levels. [LGBTQ+](#), [Disability](#)
- + Equip families and caregivers with resources and information to support individuals to have as much independence as they can. [Disability](#)
- + Include resources on healthy maturation in a variety of venues. [Disability](#)

## + Teach personal empowerment and self-advocacy skills in sexual and sexual health situations.

- + Share content about respecting boundaries, empowering better communication, and developing empathy skills. [All](#)
- + Include skill-building on how to advocate for one's health at a doctor visit. [LGBTQ+](#), [Disability](#)
- + Build stronger capacities for self-confidence, responsibility, and safety in sexual experiences. [LGBTQ+](#)
- + Support disabled individuals and their families and caregivers to develop practices that clearly communicate, monitor, and enforce bodily autonomy boundaries between them and their personal assistants. [Disability](#)



**+ Develop and promote policies that solidify everyone’s right to education on sex and maturation that is comprehensive, up-to-date, and intersectional.**

- + Advocate and promote comprehensive sex education as a protection for youth. [Disability, LGBTQ+](#)
- + Advocate for consent education as a requirement in sexual education curriculum. [LGBTQ+, Disability](#)
- + Review sex education policies and take steps to ensure it is equity focused and inclusive. [Disability, LGBTQ+](#)

**RECOMMENDATION 2**

**Create and support safe, welcoming community spaces that promote bodily autonomy through informal education, access to healthy role models, and support for positive identity formation.**

- + **Provide long-term support for intersectional community-based learning about bodily autonomy.**
  - + Create safe settings for normalizing conversations about bodily autonomy, self-expression, and building personal strengths. [LGBTQ+](#)
  - + Create opportunities for virtual connections, especially for those in isolated areas. [LGBTQ+, Native, Disability](#)
  - + Create safe spaces to talk about how historical violence and intergenerational trauma impact sexual violence and fear of reporting it in the community. [Native](#)
  - + Create safe community supports where people can ask questions and find resources about their bodily autonomy rights. [Disability](#)



- + **Facilitate intentional community conversations about topics such as healthy sexual behaviors, personal decision making, social norms, and stereotypes.**
  - + Normalize conversations about appropriate versus inappropriate behaviors, voicing your boundaries, and addressing oppressive stereotypes that harm Black women. **Black**
  - + Address fear of disclosing violence caused by a member of the community by normalizing community support for victims of SV. **Black, Native**
  - + Teach people with disabilities from a young age that they are in charge of their own body and support them to establish bodily boundaries. **Disability**
- + **Connect community members with positive role models who can demonstrate skills for building healthy relationships with oneself and others.**
  - + Foster peer support to build a “healthy relationship” mindset, model healthy living, and provide guidance and resources. **LGBTQ+, Disability, Native**
  - + Advocate that faith leaders and faith-communities proactively discuss bodily autonomy, consent, and respecting your partner. **LGBTQ+, Black**
  - + Foster mentorship between younger generations and elders to share knowledge, stories, ceremony, and healing. **Native, LGBTQ+**
- + **Build positive self-identity through opportunities to strengthen self-awareness, confidence, and self-regard.**
  - + Offer tools to build individual self-awareness and being comfortable with who you are. **Native, Disability, LGBTQ+**
  - + Facilitate open conversations about historical trauma, its impact on positive self-identity, and the tools necessary to assert agency. **Black, Native**
- + **Advocate for continuous, expanded, and less-restrictive funding for organizations working to protect bodily autonomy.**



### RECOMMENDATION 3

## Implement campaigns that transform harmful societal norms around bodily autonomy, including consent, relationships dynamics, gender roles, and violence using community informed messaging.

- + Design programs focused on dispelling harmful social norms and gender stereotypes (i.e., the stereotype that Black people are more “sexual” or the myth that men cannot be abused). [Black](#), [Native](#), [Disability](#)
- + Develop social norms campaigns that acknowledge the connection of historical trauma to violence and assault. [Black](#), [Native](#)
- + Create programs for faith leaders to build their capacity to openly discuss sexual and domestic violence and accountability. [Black](#), [LGBTQ+](#)
- + Develop approaches and tools to build broader LGBTQ+ ally action in society. [LGBTQ+](#)



# What's Next

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**Community-driven strategies and strong partnerships will help Michigan meet the needs of communities most impacted by sexual violence. We hope this information helps you to:**

- + See how your work contributes to sexual violence prevention by building and strengthening community connectedness.
- + Expand current perspectives and explore new community-driven prevention solutions.
- + Center community-informed recommendations, like those outlined above, to guide SVP work.
- + Prioritize partnership with leaders, programs, organizations, and systems that serve under-resourced communities, specifically Black, LGBTQ+, Native, and Disability communities.

For more information on the CSVPA assessment, detailed briefs on the other protective factors, and updates on how the Michigan Rape Prevention & Education program is enacting some of these recommendations, visit our [website](https://mph.org/svp/) (<https://mph.org/svp/>)

## **WE INVITE YOU TO REACH OUT!**

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Appendix A: Methods

Appendix B: Citation List

