"AND THE MIDDLE OF THAT IS REPRODUCTIVE JUSTICE": A QUALITATIVE

EXPLORATION INTO THE PRACTICALITY OF INTERSECTIONALITY FOR

SEXUAL HEALTH PROFESSIONALS

by

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DISSERTATION APPROVAL PAGE

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Title: "And the Middle of that is Reproductive Justice": A Qualitative Exploration into the Practicality of Intersectionality for Sexual Health Professionals

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Degree awarded September 2016

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DISSERTATION ABSTRACT

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Doctor of Philosophy

School of Journalism & Communication

September 2016

Title: "And the Middle of that is Reproductive Justice": A Qualitative Exploration into the Practicality of Intersectionality for Sexual Health Professionals

This study explores how the complicated and nuanced identity theory, intersectionality, can be implemented as a communication strategy for sexual health professionals. From interviews with sexual health professionals in Oregon, this research indicates that through the adaptation of a reproductive justice lens professionals can practice intersectionality in their day-to-day work.

Strategic communication has longed focused on the "cash value" of theory and suggested that theory is best when it can be applied in real world instances. This research identifies three strategies for application: the use of explicit language, the building of transformative coalitions, and the centering of marginalized voices, stories, and lived experience. This, in combination with an exploration into how sexual health professionals see their own professional and personal identities, indicates that there are very real world applications of intersectional theory that benefit practice.

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Del Rosso, T. (2016). There's a cream for that: A textual analysis of beauty and body-related advertisements aimed at middle-aged women. *Journal of women and aging, 1-13*

ACKNOWLEDGMENTS

This dissertation is dedicated to all my participants—your dedication to justice is overwhelming and inspiring. Thank you for doing this work.

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CHAPTER 1

INTRODUCTION

Who has abortions? The answer may seem obvious--women and girls have abortions. Female-bodied women have the reproductive organs to get pregnant; therefore, women are the ones to end pregnancy. In 2013, however, three young trans* (the asterisk was used in the original to symbolize all the combinations that could come after trans, such as –gender, -man, -woman, etc.) rights activists complicated the notion of who receives and advocates for reproductive health services, specifically abortions.

Beck Martens, Alice Wilder, and Calliope Wong petitioned to see more trans-inclusive language in Planned Parenthood and NARAL campaigns, which often centered their messaging around the identity of "women," such as "Trust Women" and #StandWithTexasWomen. The three activists pointed out the exclusionary and cisnormative, meaning non-trans*, assumptions embodied in these campaigns. Martens, Wilder, and Wong said that when Planned Parenthood and NARAL highlighted women as the primary target public, they were campaigning to cis-women only (i.e., non-transgender women). The activists argued that a spectrum of gender identities can, and do, have abortions. In their letter to Planned Parenthood and NARAL, they encouraged the two organizations to consider trans* identities in pro-choice messaging:

> By becoming trans* inclusive – and by demonstrating this through campaigns, educational literature, and in services provided – NARAL and Planned Parenthood will prove their commitment to trans* folks' health and wellness. By using inclusive language, they will make the trans* community more visible and therefore creating a safer environment for

trans* and GNC [gender non-conforming] people. NARAL and Planned

Parenthood have raised awareness and taken part in activism on behalf of

trans* and GNC folks in the past, but it's time for them to fully commit to

being allies to the trans* community. (Martens, Wilder, & Wong, 2014,

para. 4)

The petition and resulting hashtag #ProTransProChoice served as a call to action

to pro-trans* feminist activists and prompted a quick response from Planned Parenthood

and NARAL on Twitter. Planned Parenthood tweeted that the organization prides itself

on providing healthcare to all individuals, regardless of gender identity, and linked

Twitter users to Planned Parenthood literature on gender identity. NARAL followed suit

and claimed that NARAL stands by everyone (Carmen, 2014).

This example illustrates the complexities surrounding identities. Public relations

professionals often assign identity markers to publics/audiences. In order to create and

disseminate campaigns, public relations professionals create identities that they believe

will bring organizations and target publics together in a shared understanding of an issue.

As Curtin and Gaither suggest, "public relations practitioners create and put into

circulation identities designed to create a favorable environment for consumption of

campaign messages" (2005, p. 102). In other words, public relations professionals have

the power to define and privilege certain identities through message construction.

Because of this, studying to what degree strategic communicators, and specifically those

in the sexual health field, understand and define their audiences' identities is worth

exploration.

One way to conceptualize identities is through intersectionality, which allows for individuals to occupy multiple identity spaces, such as being *both* Black *and* a woman or, for example, *both* transgender *and* straight (Collins, 1990; Crenshaw, 1991). Intersectionality suggests that identity points engage with multiple dimensions of inequality, and these mutually constituting relationships cannot be separated and can often lead to oppressive environments (Ferree, 2011). For example, Crenshaw suggests that when individuals talk about "women's issues," those issues are often framed in the context of *white* women (although perhaps not explicitly stated so). The idea that all women are white and all men are Black ignores the particular *intersection* of identity that embodies a Black woman's lived experience (Crenshaw, 1991). Black women are therefore *both* Black *and* women, which places them at a very distinct point**.** And although individuals can identify as a number of identities, their "social location is concretely constructed along multiple, if mutually constructed, intersecting categories of social power" (Yuval-Davis, 2011, p. 161). Understanding identities through a multidimensional *both/and* model, rather than an *either/or* conceptualization, constructs moments of privilege and oppression, which can often happen simultaneously (Ferree, 2011). #ProTransProChoice is an example of how individuals can identify as transgender, masculine, and still find themselves in need of an abortion.

Acknowledging multifaceted identities can be challenging for both sexual health organizations and the strategic communicators who are tasked with defining audiences and creating campaigns. Whether it be a hashtag on Twitter, rally signs at a protest, input on legislation, or educational materials, public relations professionals are being called on to reconsider how they identify and segment target audiences (Vardeman-Winter, Tindall,

& Jiang, 2013). In the #ProTransProChoice example, a question for sexual health strategic communicators is: if the word "women" is exclusionary, what word is more inclusive? For example, Alice Wilder, one of the original #ProTransProChoice petitioners, wasn't sure what term NARAL and Planned Parenthood should use instead of women, she knew that using just women was exclusionary. Both parties were unclear with how to proceed after the petition (A. Wilder, personal communication, July 16, 2015).

The purpose of this dissertation is to understand how sexual health strategic communicators define and create identities for their target audiences. Using intersectionality as a lens, I examine the degree to which sexual health organizations conceptualize and define the identities of audiences on a scale of monolithic and homogenous (e.g., women) to intersectional and dynamic (i.e., acknowledging multiple positions and identities). Through in-depth interviews with strategic communicators, I explore how their concepts of audience identity shape sexual health campaigns. The findings of this dissertation helps fill a void in the public relations literature regarding sexual health and provide practitioners and professionals guidance on how to incorporate more intersectional frameworks into their agendas.

Study Justification

This study contributes to the bridging of intersectional feminist research and public relations research. Vardeman-Winter, Tindall, and Jiang call on public relations professionals to reject the additive approach to target audiences—an approach that segments "publics into subgroups based on similarities" (2013, p. 280). They argue that a

better approach is to consider how publics have a social identity, which comprises different characteristics, privileges, and oppressions (Vardeman-Winter et al., 2013).

This dissertation builds upon the call from these intersectional public relations scholars by addressing intersectionality as a theoretical and practical starting point, rather than a tool for hindsight analysis. As these scholars see it, public relations research and practice "is limited because of the dominance of the traditional paradigm of publics' identity as comprised of discrete demographics" (Vardeman-Winter et al., 2013, p. 284). In other words, as public relations scholars we are limiting our understanding and our effectiveness when we neglect to consider dynamic, multifaceted, and fluid identities of our publics.

This study contributes to this line of work through interviews with sexual health strategic communicators and explores how these professionals identify and define their target audiences and other key publics and how they self-identify, examining how these various identities inform campaign strategies and materials. The following chapters outline the relevant literature and the method that informs data collection and analysis.

Sexual Health Movement

Before addressing contemporary sexual health campaigns, it helps to understand their historical context. Although I start this examination in the 19th century, I'm not suggesting that individuals didn't engage with different types of birth control or explore sexuality until that time. Instead, I use the 19th century as the point when sexual health and the mass media first connected.

The following section outlines five critical periods for the sexual health movement: abortion as the first U.S. sexual health campaign, the introduction of birth

control and Planned Parenthood in the early 20th century, the sexual revolution in the 1960s, sex education, and sexual health in the new millennium (2000 and on).

Abortion: The United States' first sexual health campaign. In the 1840s the United States was experiencing a population shift from rural farms to industrial and urban. This move to the city changed how women approached their sexual health care. In farming communities, sex and sexual health were usually family matters. As women left their tight-knit communities in rural America, however, the reproductive services once rendered by a mother or midwife were now designated to strangers in the cities.

During the migration to the city, literacy among women rose—which provided women with the tools and agency to educate themselves on their reproductive health. Because the move to the city rendered them more isolated and they could no longer turn to family and friends for reproductive care, 19th century women began to read about their bodies and sexual health. A popular sex guide and pregnancy manual, *Aristotle's Masterpiece,* published in 1680, was a common guide to reproduction and bodies in the 18th and 19th centuries. Although not written by famed Greek philosopher Aristotle (the true author is unknown), the book provided medical information, diagrams, and details about anatomy. Brides often received the book from their mothers, and the text frequently served as a young boy's introduction to sex (http://www.exclassics.com/arist/arist.pdf). It was through this text that many women learned about abortion (Horowitz, 2002). Increased literacy, in conjunction with the migration to the city and a need to build new sexual health networks, made the 1840s something of a golden age for abortion (Mohr, 1978).

As Mohr (1978) suggests, "Abortion came out into the public view" and women who procured abortions were no longer marginalized within the population (p. 46). With increased abortion access came a shift in typical abortion patient demographics. Women seeking abortion in the 1840s tended to be middle-to-upper class, Protestant, married, native-born, and white. For the first time, wives and mothers realized they could control family size through abortifacts. For young, perhaps unmarried, women, abortion provided a means to delay childbearing until later years (Mohr, 1978).

The increased visibility of abortion and the rise of female independence led to the commercialization and public marketing of the practice (Horowitz, 2002). Abortionists found themselves looking for space to advertise services to women directly, which facilitated women's agency to control their own reproductive health. At this time the need for abortion was so constant that it became one of the first medical specialties (Mohr, 1978).

Although abortion was becoming more prevalent, it was by no means becoming safer. Because antiseptics were nonexistent, men and women were often exposed to disease and infection during any medical procedure. Consequently, abortion providers were often at the forefront of medical malpractice and wrongful death suits and investigations. For example, in 1841, a Mrs. Purdy confessed to her husband on her deathbed about her previous abortion. The doctor who provided Mrs. Purdy's abortion, Madame Restell, was then indicted for murder (Horowitz, 2002).

The commercialization and marketing of abortion is an early example of the role strategic communications had in sexual health campaigns. Abortionists saw a need for their services and quickly capitalized by identifying and targeting publics through

advertising (Horowitz, 2002). This trend of targeting audiences continued into the early 1900s when a group of radical feminists had a similar goal—to empower women through reproductive health and choice.

"Let's call it birth control." In the early 1900s, American women found themselves lacking the fundamental rights afforded to most men, which could establish themselves as autonomous individuals. Women were fighting for the right to vote, sign legally binding contracts, file for divorce from abusive husbands, and engage in pregnancy management. The fight for reproductive management, however, was difficult because of a series of laws enacted in the 1870s, the Comstock laws, which outlawed contraception and declared family planning information "obscene" (Planned Parenthood, 2014b).

In protest of the Comstock laws, a group of radical feminists led by Margaret Sanger addressed issues of gender oppression and inequality through a series of monthly publications called "The Woman Rebel" (Engleman, 2011). Prevention of contraception became a foundational and driving issue for the publication and the activists. To create an identity for the movement, Margaret Sanger and her colleagues researched branding options in marriage manuals and medical journals. The group, on Sanger's suggestion, decided to call the foundation of the movement exactly what it was: a movement revolving around "birth control." As Engleman writes:

> The coining of the term *birth control* and its emergence in print set into
> motion a series of free speech battles that launched the American birth
> control movement. The phrase remains commonplace today, even though
> the organization that Sanger founded and has become synonymous with

reproductive rights dropped birth control for the more family-friendly

planned parenthood in 1942. (2011, p. xviii)

Sanger and her organization set very serious goals aimed at shifting the public discourse and blurring the strict causal relationship between sex and procreation. It was Margaret Sanger who laid the foundation for sex-positive feminists of the 1960s to further complicate the relationship between sex and procreation during the sexual revolution.

The sexual revolution. According to historian David Allyn (2001), Helen Gurley Brown's sexual admissions in her book, *Sex and the Single Girl,* singlehandedly launched the sexual revolution in 1962. In this nonfiction work, Brown not only confessed to sex outside of marriage but also hinted at her enjoyment of the act and suggested that premarital sex was a positive virtue (Allyn, 2001). *Sex and the Single Girl* gave women the opportunity to see the long held sexual double standard that women must remain virtuous by way of virginity—a sexual status not forced upon men. Brown's main thesis was that by acknowledging that men and women were held to different sexual standards, a generation of women could empower themselves to abolish the double standard (Allyn, 2001).

Fueled by a need to reduce the sexual double standard and advocate for women, American feminists in the 1960s searched for a word that embodied the complex intersection of sexual health, reproduction, power, and advocacy. This term, reproductive politics, addressed the way power and politics play into sex. Reproductive politics as a term also highlighted notions that contraception, abortion, sexuality, and healthy relationships were interconnected (Solinger, 2013).

At the heart of this movement was a mission to define women as individuals, rather than as potential or current mothers. The sexual revolution could be defined in even broader terms as a gender revolution. Overall, however, it was space and time for youth to challenge gender-policing authorities and make public the assumptions of what the "older generation had taken for granted about men and women, gender and sex" (Luker, 2006, p. 69).

The 1960s "were so revolutionary, because for the first time since the days of social hygiene, ideas about gender and sexuality were called into question, and thus power relations between men and women were questioned too" (Luker, 2006, p. 71). Over eleven years, 1964-1975, sex became available to women in similar ways as that available to men, because women could choose motherhood through legal contraception (Luker, 2006).

Although women now had access to birth control and a degree of sexual freedom, this did not affect all women in the same ways—the sexual revolution principally benefited rich women (Luker, 2006). Although the United States was seeing a shift in youthful attitudes toward abortion, same-sex relationships or gay sex (as it's phrased in Luker's book), and sexual freedom, that freedom had its bounds. For example, in the 1990s, out-of-marriage births became a conscious choice for well-educated and financially stable women, thereby resulting in a reduction of that demographic's unintended pregnancies. Poor women or women who dropped out of school (high school or college), however, saw their unintended births triple during the same decade (Luker, 2006).

Not only did the sexual revolution divide the country in a practical sense, the sexual revolution divided the country ideologically as well into "those who embrace the revolution and those who look back longingly to the old order it replaced" (Luker, 2006, p. 91). One way that those who looked back longingly could mitigate the new norms established by the sexual revolution was to instill sexual norms through sex education. It was sex education that became the way in which policymakers and communities could manage sexual revolutions and establish norms for a particular community. For example, a traditionally held sexual norm encouraged women to wait until marriage to have sex. The sexual revolution of the 1960s gave women permission to have sex for their own reasons, which allowed them to disconnect sex from marriage. Now that the norms were rewritten, those invested in maintaining some degree of sexual control then looked for another means in which to connect, and thereby control, sex.

Sex as a monogamous, heterosexual relationship became a primary message in sex education (Luker, 2006). Pundits also framed sex education through the lens of risk reduction, which again divided opinion among conservatives and liberals. In other words, sex education teachers could agree that sex involved risks (e.g., pregnancy, STDs/STIs, broken hearts), but teachers differed on how to address sexual risks. Liberals focused on risk reduction through comprehensive sex education (i.e., give kids the tools and resources they need to reduce risk, such as condoms), whereas conservatives focused on abstinence-only education (i.e., the only true way to reduce risk is to not expose yourself to it).

Abstinence-only and comprehensive sex education. The reaction and ripple effect related to the sexual revolution of the 1960s was the first time the country saw sex

education as a political weapon (Luker, 2006). Prior to the sex revolution, sex education wasn't fraught with emotions and divisive politics. The first attempts to nationally implement sex education focused on health and "hygiene" rather than sexual relations specifically (Luker, 2006). In the early 1900s, the American Social Hygiene Association (ASHA) began organizing and campaigning for formalized sex education. The appeal for mandated "social hygiene" education was an attempt to reduce or prevent what the ASHA saw as major social issues: sexually transmitted infections or diseases (STIs and STDs) and prostitution. For the next 60 years, before the sexual revolution, pastors, doctors, and community members agreed on sex education as a "health first" approach, and the issue of teaching sex stayed a relatively bipartisan issue (Luker, 2006).

All that changed in the 1960s when sex education became the face of a moral and social shift. With the sexual revolution and introduction of birth control in the 1960s and 1970s, individuals had the opportunity to separate sex from procreation if they chose to. The sexual revolution, which complicated hegemonic gender roles, identities, and sexual intent, created a political divide and anxiety around sex. Conservatives rallied over this anxiety and put sex education at the forefront of their social change agenda.

In 1981, under the Reagan administration's Adolescent Family Life Act, the United States government began funding abstinence-until-marriage sex education programs, despite considerable research demonstrating the ineffectiveness of such curricula. Over the next 30 years, reaching its peak under the George W. Bush administration, funding for abstinence-only education grew (SIECUS, 2010). Although the Obama administration significantly cut back on this funding stream, in 2012 more than 55 million federally funded dollars were devoted to programs promoting an

abstinence-only agenda (Law Students for Reproductive Justice, 2012). Even though one might infer a lack of support around comprehensive sex education based on the government's distribution of money, however most parents support comprehensive sex education (National Public Radio, Kaiser Family Foundation, & Kennedy School of Government, 2004; SIECUS, 2010).

Comprehensive sex education, in theory, addresses sex as more than just sexual behavior. This holistic and open interpretation of sex education includes topics such as relationships, body image, consent, and violence—along with more traditional subject matters, such as STIs, pregnancy, and abstinence (Planned Parenthood, 2014a). However, in practice, even comprehensive sex education tends to only address biology and the basics, which can neglect intersectional nuances regarding sexuality and gender (Singh, 2015).

Sexual health in the new millennium. As the previous subsections have outlined, individuals have understood sexual health in many ways. The World Health Organization (WHO) defines sexual health as

> a state of physical, emotional, mental, and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintain, the sexual rights of all persons must be respected, protected, and fulfilled. (WHO, 2006, p. 5)

Many key initiatives and debates surrounding sexual health can be found within WHO's definition of sexual health. In regard to sex education, for example, WHO's definition

acknowledges that healthy sexuality can be measured not only in biology (i.e., "the absence of disease"), but also within relationships. Addressing these nuances and dimensions has been a challenge for sex education. When sexual health education and initiatives focus on biology, rather than the comprehension that encompasses relationships, anti-violence, and respect, certain issues and groups are pushed to the margins (Singh, 2015).

For example, while research suggests birthrates are falling among straight teens (Guttmacher Institute, 2002), young people who identify on the lesbian (L), gay (G), bisexual (B), trans (T), and queer/questioning (Q) spectrum have seen an increase in unplanned pregnancies. Lindley and Walsemann (2015) conclude that comprehensive sex education must become *more* comprehensive by including information for all sexual orientations: initiatives need to consider LGBTQ youth in their anti-teen pregnancy campaigns.

Intersectionality, however, reminds us that each of those issues has varying magnitude and effects. Laverne Cox addressed the intersections of her traditionally oppressed identities (transwoman of color) with her privileged identities (cis-normatively attractive, famous, wealthy) in an essay she wrote after Caitlyn Jenner came out (Cox, 2015). She acknowledges that although the overwhelming support for figures like Cox and Jenner is a step in the right direction, this reaction is not the lived experience for most trans* individuals. It's a positive that trans* and queer individuals have advocates such as Jenner and Cox, but it is crucial to note that celebrity status can't negate that transwomen of color are still more likely to be murdered and victims of violence than their cis-gender and/or white LGB peers are (King, 2015).

Intersectional strategic communicators can provide value to the sexual health field. For example, debates around abortion, sex education, and gender roles, are as strong today as those debates were 100 years ago, which provides an opportunity to examine strategic communication from an intersectional lens. The next chapter presents the literature on critical public relations and intersectionality. Chapter 3 provides detail about the proposed method. The results and discussion constitute Chapters 4 and 5.

CHAPTER 2

LITERATURE REVIEW

This literature review focuses on intersectionality and critical approaches to public relations practice, which provide a theoretical lens through which to examine how strategic communicators understand the depths and complexities of their publics and themselves as public relations professionals. Each section ends with its corresponding research question, and all questions are summarized at the end of this section.

Feminism and Intersectionality

Gender was long considered to be the most important feminist issue (Harding, 1987). Many feminist scholars posited early on that gender was a social construction and was performed based on cultural assumptions and ideals—as Simone de Beauvoir (1973) articulated: women are not born women but become women. Some sociologists have viewed gender as an analytical category that reflects socially constructed meanings as it relates to reproductive differences (Glenn, 1999). Others, however, consider gender to be a product of socially significant processes, which tends to give individuals more agency (Thorne, 1993; West & Zimmerman, 1987). For example, men and women have a vested interest in "doing gender" appropriately because much depends upon doing this successfully (West & Zimmerman, 1987). Gender, then, is not fixed and is constituted and reconstituted all the time (see Butler, 1990; Glenn, 1999, Thorne, 1993; West & Zimmerman, 1987).

Although sociologists and many feminists agree that gender is a social construction, acknowledging this fact does not negate the very real gendered effects experienced by people in their everyday lives (Glenn, 1999). Although humans tend to

use categorization as a means to make sense of and group individuals, this process often naturalizes and biologizes certain groups as "normal" and certain groups as "others" (Yuval-Davis, 2006). The concept of intersectionality looks to complicate the naturalization of categories and interrogate the assumption of intragroup homogeneity (Crenshaw, 1991).

In the late 1970s a group of Black feminist lesbians, the Combahee River Collective from the Roxbury neighborhood in Boston, published its "Black Feminist Statement." Although short, this 4-page document served as a spark for political and social activists to consider Black women as essential to the uprooting of a white supremacy and patriarchal system. The call to nonviolent arms centered around the "personal is political," a rallying cry for many Black feminists who long felt rejected from race matters (dominated by Black men) and feminist matters (dominated by White women). Many scholars have taken this concept of centralizing Black women's experiences and developed it into the notion of intersectionality.

Crenshaw first coined the term intersectionality in Western literature, which addresses the relationship and interactions among race, gender, and other categorizing identities as experienced by individuals (Crenshaw, 1991; Davis, 2008). For a long time, feminist research (and as Crenshaw pointed out, policies and laws) assumed a very particular woman (White, middle-class). Crenshaw (1991) suggested, however, that it is problematic, even violent, to assume universal intragroup similarities. For example, because not all women are the same and have the same experience, there is no universal "woman" experience. Black women experience racial and gender violence in drastically different ways from their Native, White, Korean, or Indian peers. Therefore,

intersectionality addresses a gap in the conceptualization of gender and marks race as a pronounced part of the social construction of gender (Crenshaw, 1991; Zinn & Dill, 1996).

As this shift toward an intersectional framework began to take place in legal theory, where Crenshaw was predominately writing and publishing, these shifts were adopted and assimilated into the sociology of gender. Feminists began to reject ideas of equality (i.e., whose equality?) for ideas of difference. Areas of focus turned to self-definition (Collins, 1990; Combahee River Collective, 1979), and many scholars began to think of power and identities in new ways.

For a long time, identities were approached from an either/or perspective. Collin's (1990) articulation of the Matrix of Domination—a call to consider identities as Both/And—complicates and nuances this dichotomous way of thinking. Collins brought to intersectionality the concept of the outsider-within, which provides individuals agency. Collins (1990), like the Combahee River Collective, suggests true empowerment comes from the ability to self-define. The ability to self-define recognizes the power in the lived experience—and that all lived experiences are different. The power in centering the lived experience comes from the promotion of multiple ways of knowing, in other words, the promotion of situated knowledge (Haraway, 1988).

By situating our knowledge, or centralizing the lived experience, we can approach a degree of feminist objectivity. True objectivity is not achieved by the removal of self and the goal of remaining unmarked and unnamed (attempting to achieve a God-trick or having full involvement while leaving no trace), but by the collection of experiences,

stories, and the acknowledgement that all knowledge is situated in a time and place (Haraway, 1988).

For many scholars, the key to revolution and new epistemological ways of thinking come from the centering of Black women and Black women's experiences (Collins, 1990; Combahee, 1979; Crenshaw, 1991). However, this perspective reifies binary thinking by suggesting the issue is literally black or white (Zinn & Dill, 1996). But, just as we consider gender to be socially constructed, so too is race (Glenn, 1999). The over-centering of Black women at times suggests a monolithic voice (Nash, 2008) in a way that further embodies, and therefore naturalizes, Black women as the intersectional savior. Not addressing the relational intersectional components (e.g., class, ability, sexuality, age, nation, etc.) limits what an intersectional framework can do and who can speak with authority from an intersectional position.

Questions of empowerment have also contributed to the growth of critical public relations. The following section outlines how to conceptualize practitioners and publics through this lens.

Critical Public Relations

Traditionally, public relations scholars have approached public relations from an organization-centric perspective (Grunig, 2001; Vardeman, 2008). Researchers wanted to know how the relationship arm of an organization created and maintained relationships between audiences, investors, media, and other publics. Using relationships as a focal point, theories developed to explain and predict the best ways to practice public relations (see, Grunig, 2001). These theories tended to be hegemonic (Cheney & Christensen,

2001) and focused on capitalism by studying the most effective ways in which to further the commercial objectives of the organization (Curtin & Gaither, 2005).

Normative theories, which represent an idealized view of how public relations should be practiced, often neglect to recognize how power is enacted through relationships. Critical public relations researchers understand that power is in a constant state of construction, reconstruction, and deconstruction and that power is a political, cultural, and social privilege. Rather than attempting to build normative theory, critical-cultural scholars look to understand the complex, multi-faceted meanings and identities constructed and reconstructed through strategic communication. Models like the Excellence Model, which advises public relations professionals to engage in two-way symmetrical communication, often gloss over the role of power in the public-organization relationship. For critical public relations scholars neglecting power is problematic and can result in the majority of public relations public theories adhering to a hegemonic worldview (Cheney & Christensen, 2001; Edwards, 2006, 2009).

As scholars began to take on more feminist and activist perspectives in public relations research, research agendas shifted to a more critical, postmodern, and publics-centered approached, which focused on power differentials (Vardeman, 2008). Scholars recognized that public relations, and therefore public relations research, is a socially embedded profession; and scholars needed to consider the role discourse plays in legitimizing public relations (Edwards, 2009).

The tension between the organization and bottom line agenda, in juxtaposition to a more critical public relations research agenda, allowed researchers to engage with the broad social, economic, and political implications of public relations (Karlberg, 1996).

Scholars began considering ways in which to redefine public relations by studying public relations and race (e.g., Grimes, 2002; Munshi & Edwards, 2011; Pompper, 2005; Pompper, 2007), gender and feminism (e.g., Aldoory, 2003; Aldoory, 2009; Aldoory & Toth, 2001; Creedon, 1993; Hon, 1995; Stephen, 2000) and even more broadly speaking, an overall critical public relations agenda (e.g., Curtin & Gaither, 2005; Edwards, 2006; L'Etang, 2005; Weaver, 2001).

Understanding the relationship among the economy, politics, and the role public relations plays is a central concept critical public relations scholars explore. Because public relations is a product of commerce and state, power is embedded within the practice and with the professionals. Often time publics, especially those groups who identify with institutionally and historically marginalized communities, are pushed to the periphery (Karlberg, 1996).

The issues of identity and power are embedded in public relations, both in practice and in the theorization of it. Power is one of the most important resources in political systems (Holtzhausen & Voto, 2002; Spicer, 1997). Even symbolic power can play a role in constructing reality. With enough power, dominant groups can set norms, thereby establishing a profession's logic (Edwards, 2009). Since practice is rooted in logic, and logic is socially determined through the dominant groups' established norms, it is impossible to divorce power from public relations practice (Edwards, 2009). By focusing on how power is inherently bound to the public relations practice, public relations activists can resist authoritative organizational power structures. Approaching public relations practice through a postmodern lens places the public relations professional in an activist state (Holtzhausen & Voto, 2002).

Postmodernism and public relations. Although postmodernism developed as a response to the determinism of critical/cultural perspectives, its inclusion here adds to an overall critique of power and focus on discourse (Curtin & Gaither, 2005), which is crucial to the goals of this dissertation.

Postmodern researchers reject metanarratives for narratives of multiplicity and diversity, which aligns with the goals of intersectional feminist research. Postmodernism calls on practitioners to participate in community activism by taking on the identity of a "change agent" who can "give voice to those without power" (Holtzhausen, 2000; Holtzhausen & Voto, 2002, p. 60). By taking "on an activist stance in the organizations for which they work," the postmodern practitioner can be a bridge between the organization and its publics, which can be done through coalition building (Holtzhausen & Voto, 2002, p. 60). The goal of the postmodern practitioner is to begin a power negotiation, which will result in potentially more power and influence within the organization for the public relations professional and the voices they advocate on behalf of (Holtzhausen & Voto, 2002).

Unfortunately, there is a disconnect between practice and ideology when it comes to power and the postmodern practitioner. Many public relations professionals are denied access to their organization's dominant coalition; therefore, they must rely on personal power in order to make change (Holtzhausen & Voto, 2002). Public relations professionals often find themselves in an ethical dilemma of wanting to resist unfair or amorally perceived organizational power but often need to compromise their own values for the greater good of the campaign, team, or organization (Holtzhausen & Voto, 2002).

Theory, then, is starting to more critically examine the role of practitioners' identities, and the identities of publics as well.

A Critical and Intersectional Look at Practitioners

Concurrently, critical public relations scholarship has taken a more introspective look at practitioners themselves and how they are identified and self-identify within the profession.

Feminism and public relations. In the 1980s, public relations researchers began researching a trend in the demographic breakdown of public relations professionals—the field was becoming more popular and populated with women (Aldoory, 2005; Grunig, Toth, & Hon, 2000; Pompper, 2005). The feminization of the field first became a concern when researchers observed a decline in professional status, wage, and respect. Scholars became invested in studying how this new reality (i.e., the feminization of public relations) would affect the culture of the professional worksite and the community of practitioners. As Waymer (2012) notes, the public relations worksite embodies and constitutes culture. Due to the predominately feminine nature of public relations professionals, the field provides researchers with an opportunity to study the intersection of gender with other identity markers. This has led to somewhat of a feminist intervention in public relations research, which is marked as a catalyst for a shift away from the positivist paradigm (Pompper, 2005).

This ongoing trend to build a feminist public relations paradigm, which focuses on the status of women in the field, developing theory, and encouraging critical engagement with ideology, research, and theory, is also rooted in the hopes of compelling systemic changes within the field. Aldoory (2005) suggests that complicating the

normative and administrative paradigms traditionally upheld in public relations research, such as the management paradigm, was a foundational objective for feminist public relations. When the focus shifted from ignoring power to bringing it into focus, researchers could critically engage with issues that were originally deemed to be peripheral, such as gender, race, and ethnicity.

Coinciding with this shift in demographics came an interest in roles research, or in other words, what public relations scholars do (Grunig, Toth, & Hon, 2001). After surveying more than 450 PRSA members, Broom (1982) identified four major types of public relations roles: expert prescriber, communication facilitator, problem-solving process facilitator, and communication technician. Of these four roles, more than 50% of women identified with the communication technician position in the 1980s, which is a role not associated with the management team, and "practitioners in this role are primarily concerned with preparing and producing communication material for public relations efforts" (Broom, 1982, p. 18). Additionally, women who work in fundraising earn approximately 24% less than their male counterparts (Waters, Kelly, & Walker, 2012; Wylie & Bongiorno, 2005).

Little wonder then, that women are more likely than their male counterparts to interpret the field as unequal or unjust (Grunig, Toth, & Hon, 2000). Few senior female public relations executives consider themselves to be feminists (Kucera, 1994), and many believe in the stereotype of the "queen bee" manager, one who is unwilling to help junior female employees (Ford, 1986).

According to L. Grunig (1992), however, public relations should be practiced through a feminized worldview; one that embodies balanced, two-way communication

and seeks out mutually beneficial relationships. Other feminist values useful to the

practice of public relations include, but are not limited to, respect, caring,

interconnection, honesty, equality, and ethics (Aldoory & Toth, 2001; Foss et al., 1999;

Grunig, Toth, & Hon, 2000).

However, as intersectionality suggests, gender is not experienced in a vacuum,

and it's important to consider other identity points.

Race and public relations practitioners. Race affects the ways people are

received and positioned within their social environment, which includes how

practitioners and publics are received and positioned. Public relations is part of a system

that racially disadvantages individuals by creating and circulating whitewashed

viewpoints (Munshi & Edwards, 2011).

For practitioners, legitimacy and power often comes from what public relations

managers value. When the vast number of managers identify as white males, those are the

values that provide power (Munshi & Edwards, 2011). Unfortunately, few people of

color transition into executive roles, which leads to a closed, top-down homogenous

system of power and legitimacy (Pompper, 2007). This results in Whiteness becoming an

"invisible norm," with the White perspective serving as an unquestioned standard for

public relations operations (Grimes, 2002, p. 283).

Much may be gained from studying the day-to-day activities of public relations

professionals through qualitative research (Edwards, 2009). The intersection of race and

gender, along with other identity markers, addresses my first set of research questions,

which focus on the practitioner: How do sexual health strategic communicators define

themselves in their roles as professional communicators? More specifically, what

identities are bound up in their professional personas, and how does intersectionality inform their identities, if at all?

A Critical Look at Publics

There are several key, but complex, questions public relations research must ask themselves when studying publics: how can researchers differentiate among publics? What roles do publics play, and how can researchers understand those roles in larger, social context? And lastly, how are publics born, and how and why do they respond in the ways they do? (Botan & Soto, 1998). Engaging with these three questions in a critical way provides researchers an opportunity to remove the field's organizational bias and understand publics as a group of individuals who exist wholly outside of the organization's construction (Botan & Soto, 1998).

By focusing on the organization, researchers often fall into the trap of "reducing publics to almost a mere reaction" (Botan & Soto, 1998, p. 26). Language such as "target, crucial, or primary public" is rooted and confined in an organization-first agenda (Botan & Soto, 1998, p. 25). Because of this, there is a need to research publics from critical perspectives and understand the role publics play in strategic communication (Botan & Soto, 1998; Henderson, 2005; Moffitt, 1992). One way to understand this role is to attempt to understand a public's identities.

Publics and identity. A key to a successful public relations campaign is a well-researched attempt to understand target publics' ever-shifting identities. Public relations professionals engage constantly within identity frameworks and are tasked to consider individual or organizational identities (Curtin & Gaither, 2005; Vardeman-Winter et al., 2013; Vujnovic & Kruckeberg, 2010). Whether they are personal or organizational,

identities are bound by culture (Woodward, 1997). For many years, however, public relations scholars and professionals worked to segment target audiences, which is difficult when those identities are in constant flux (see Grunig, 1997; Kim & Ni, 2010; Vardeman-Winter et al., 2013).

Within public relations scholarship, the term *publics* has been understood in many ways: as the opposite of private (Grunig & Hunt, 1984), as a homogenous group with similar problems and similar solutions to those problems (Blumer, 1948), a group of individuals who identify organizational problems and then works together to do something about it (Dewey, 1927). Early works of understanding and researching publics often take an organization-first perspective. In other words, publics were understood through the lens of the organization first (e.g., how does *this* public relate to *this* organization).

Critical public relations theorists, however, look to complicate the understanding of publics using a variety of critical perspectives, such as intersectionality (Vardeman-Winter & Tindall, 2010; Vardeman-Winter et al., 2010), Critical Race Theory (Munshi & Edwards, 2011; Pompper, 2005), and feminism (Aldoory, 2003; Aldoory & Toth, 2001; Creedon, 1993; Hon, 1995). Feminism's role in public relations research is significant not only to encouraging a shift from positivism to a more interpretative paradigm (Pompper, 2005) but also has encouraged researchers to be more publics-centered (Vardeman, 2008).

Publics and race. Examining race is often neglected in public relations scholarship (Waymer, 2012). In her work on the situational theory of publics and racioethnic diversity, Sha (2006) calls on organizations consider the roles cultural

identities play in audience segmentation. Sha (2006) notes that public relations research often fails to address the complexities and diversities found within and between racioethnic groups. When practitioners ascribe, or assign, a cultural identity, they shift the power away from the individuals to self-identify. Ascribed cultural identity is a byproduct of the situational theory of publics' goal to predict (Sha, 2006). Theories like intersectionality and critical race theory, however, hand power back to publics to self-identify, thereby valuing an avowed cultural identity over an ascribed.

Publics-centered approach to public relations. A publics-centered research project regarding sexuality may focus on the decision-making strategies teen girls face when deciding whether to vaccinate themselves against HPV (Vardeman-Winter, 2008). Research has also investigated audiences and the role of race and ethnic identity in HIV/AIDs message perception and spokesperson effectiveness (Wang & Arpan, 2008), health messages relating to primary health concerns (Aldoory, 2001), and perceptions of health issues within the media (Press & Cole, 1999). Public relations professionals are now encouraged to see publics as a part of society in which large social systems and organizations "can co-exist and seek harmony" (Kruckeberg & Vujnovic, 2010, p. 120).

Segmenting publics. Public relations scholars and professionals are not the only ones thinking through nuanced approaches to understanding publics. Other strategic communicators, such as marketers and advertisers, struggle with similar issues. Literature from these fields suggest that strategic communicators often segment their audiences based on a particular identity point, such as ethnicity or sexual orientation. The outcome of market segmentation by minority identity means that marketers have the power to not

only represent an audience's identity, but also play a role in constructing identity (Sender, 2005).

Sender (2005) explores a simple question: "How has the construction of the gay market reified gay and lesbian identities?" (p. 13). She found in the early 1990s there was a demand for niche marketing, especially one that addressed sexual orientation. This sexual orientation-focused initiative developed into the gay market (Sender, 2005). As same-sex relationships and desires moved from the margins toward the inward charmed circle of sexuality (i.e., the practices and orientations accepted by mainstream society), marketers began to replace the "uncharmed" ideas of gay men with more "charmed" ideas (Rubin, 1984). As this niche market developed, new identities were produced through a mutually constituting relationship among producers, texts, and audiences (Sender, 2005). Producers constructed the new gay market as one of respectability through information subsidies, such as advertisements and gay-centric campaigns.

Trends in segmentation and specialization do not stop at sexual orientation. Audiences are segmented based on age, gender, race, and/or ethnicity (Turow, 1997). Targeting the Hispanic market, like the gay market, has been a fruitful endeavor for agencies and created opportunities for Hispanic marketing and advertising agencies to position themselves as experts (Davila, 2001). A massive demographic, the Hispanic population reached 55.4 million people, or approximately 18% of the U.S. population, in 2014 (Krogstad, 2015). However, although this population accounts for almost one-fifth of the U.S. population, marketing efforts may be less than culturally genuine.

According to Davila (2001), "Ongoing segmentation of the mainstream means encroachment on ethnic-based categories" (p. 54). This suggests niche and ethnic markets

are born out of the segmentation of the mainstream population and a desire for ethnic flavor, such as street or urban-wear, which is traditionally seen as common among racial and ethnic minority groups (Davila, 2001). Just like the gay market, marketers are looking for the next cool thing to pitch. The consequence of an identity being the next "cool thing" is that ethnicity and sexual orientation, when experienced one-dimensionally, are often reduced to stereotypes (Davila, 2001).

Practitioners are attempting to strike a balance, but challenges arise when one considers the number of identities a campaign needs to address in order to be intersectional. Using age as an example, practitioners acknowledge that baby boomers are not a homogenous group and market research can help professionals properly "segment and understand" aging populations (Iverson, 2006). On the other end of the age spectrum, Millennials are seen, overall, as the ideal and most coveted group to engage (Costello, 2015); all without much consideration to ethnicity, sexual orientation, nationality, (dis)ability, or gender identity. Strategic communicators should note that Millennials, or those born between 1982-2000, are far more diverse than the generations before them (U.S. Census, 2015c), which means an even greater need to conduct market research to understand publics. However, an Adweek keyword search for "Millennial" lists more than 1,100 fairly homogenous results, ranging from article titles such as, "Three Ways to Tap into What Really Matters to Millennials, And All People" (Franchini, 2015) to "How to Make Branded Content that Resonates with Millennials" (Castillo, 2015).

The second set of research questions for this study explores how sexual health professionals construct publics' identities and how those constructions inform communication strategies. How do sexual health professionals construct the identities of

their major publics? Does intersectionality inform these identities and, if so, in what ways? And lastly, how do these ascribed identities inform sexual health strategic communicators' communication strategies?

Intersectionality's Role in Strategic Communication

In her seminal work on intersectionality, Crenshaw acknowledged the role intersectionality research plays in "mapping the margins" through her article title (1991). Because of this, intersectional researchers' commitment to focusing and presenting marginalized voices is crucial to the work's value. A commitment to the margins can sometimes be claimed by advocacy organizations as well. Often times marginalized voices, those with little political or financial power, rely on advocacy organizations to represent their needs and interests (Marchetti, 2014). National advocacy organizations, however, face challenges in representing the needs of historically and institutionally disenfranchised groups; resulting in frequent neglect (Marchetti, 2014; Strolovitch, 2007).

According to Marchetti, "No organization focusing on a single axis of oppression can guarantee the full representation of people whose lived experiences are shaped by the intersections of multiple identities unless activists prioritize these types of issues in policy agenda" (2014, p. 106, citing Strolovitch, 2007; Young, 2000). She continues, "Often advocates must choose between equitable issue agendas that account for intersectional experience vs. more limited, but politically expedient, agendas that may not encompass intersectional disadvantage" (Marchetti, 2014, p. 106).

For example, Marchetti studied the degree to which identity-based advocacy organizations engaged in intersectional work. Her main question was: to what degree, or

how often are, specific identity-focused advocacy organizations (e.g., race) addressing and advocating intersectional issues (e.g., disability access or LGBTQ rights)? After surveying employees of five types of advocacy groups (women's, socio-economic, racial/minority, disability, and LGBTQ rights) she found that outside of class, most groups neglected other intersectional identity points (Marchetti, 2014). Marchetti posits that the 2008 economic recession forced most advocacy organizations to consider class in its agendas.

Although Marchetti approached this work with a political science lens, her study highlights some important points and asks important questions of public relations professionals. She concludes, "When making decisions about issue priorities, organizational leaders simultaneously negotiate the preferences of constituents, donors, group members, the activity of competing or oppositional groups, and the legislative atmosphere in which they work"; she then calls for research to examine the "forces behind organizational behavior and issue attention" (2014, p. 117). Critical public relations researchers, and more specifically feminist, intersectional public relations researchers, are tasked to address questions posed by scholars such as Marchetti and provide tools for professionals to empower them to address the needs of the most marginalized.

Public relations research historically has an organization-first agenda, which is socially embedded in a way that reinforces hegemonic and power-imbalanced notions regarding the publics-organization relationship (Edwards, 2009; Grunig & Hunt, 1984; Holtzhausen & Voto, 2002). Critical public relations scholars, however, sought to shift that agenda to a publics-centered approach (Vardeman, 2008) and began to focus on

analyzing how identities and power influenced public relations professionals and the publics those professionals target. This study builds on previous literature about publics, public relations professionals, and critical public relations scholarship and adds the feminist theory of intersectionality to its analysis.

Critical public relations research, however, lives in a gray area. As Toth (2002) suggests, "There is a need for practicality in good theory" (p. 243). This practicality usually comes in the form of "cash value" (Mumby, 1997; Toth, 2002). Although at its core attributing value to a theory in a "cash value" sense is highly modernist—in other words, assuming there is no theoretical value unless it can contribute to the search for the one, true Reality or the most effective method—there are some very real implications to this question which critical scholars must grapple with. Public relations professionals, although keen to exercise creative brainstorming and "stretch their thinking," are ultimately in search of "what is practical and what is not" (Toth, 2002, p. 247). Public relations scholars must acknowledge that although public relations professionals may have a desire to be critical and seek out good theories, often times researchers do little to actually help professionals (Toth, 2002).

As Holtzhausen and other critical and postmodern scholars argue, there is considerable value in adding critical and postmodern theories to public relations research. By rejecting dominate ideologies and metanarratives, public relations scholars can begin to understand how different lived experiences are influenced by ethnic, social, socioeconomic, and gender differences and similarities. This can lead to an emphasis on just, ethical public relations; and an opportunity to study the role of power and the

influence discourse plays in public relations professionals' role as a culture creator (Holtzhausen, 2000; Mumby, 1997; Toth, 2002).

This dissertation looks to further complicate, but enrich, the experience of finding intersectionality's "cash value" in public relations. Postmodern theorists welcome intersectionality as a tool to deconstruct modernist binaries, and intersectionality draws in critical theorists due to its ability to provide an alternative to fixed understandings of identity (Davis, 2008). Intersectionality blends the goals of addressing racialized, gendered, and classist consequences, while deconstructing those categories (Davis, 2008). Conceptualizing intersectionality, and collecting data with intersectional intention, can take on the methodological, epistemological, and an ontological perspective of critical and/or postmodern theories because the goal is to critique and engage with "relationships among multiple dimensions and modalities of social relations and subject formations" (McCall, 2005, p. 1771). Therefore, identifying and addressing the needs, challenges, and opportunities of conducting public relations from an intersectional standpoint serves as the foundation for whether intersectionality can provide traction in day-to-day practice. Or is applying intersectionality too complex a proposition to be of practical value?

Research Questions

RQ1: How do sexual health professionals define themselves in their roles as professional communicators?

RQ1a: What identities are bound up in their professional personas?

RQ1b: How does intersectionality inform their identities, if at all?

RQ2: How do sexual health professionals construct the identities of their major publics?

RQ2a: How does intersectionality inform these imposed identities, if at all?

RQ2b: How do these imposed identities inform SHSCs' communication strategies?

RQ3. How, if at all, do sexual health professionals practice intersectionality?

The following chapter outlines the interview method used to answer these questions.

CHAPTER 3

METHODS

To answer the research questions, I conducted 21 qualitative interviews with sexual health professionals living in Oregon. The interviews focused on how they identify and define their target audiences and key publics, how they self-reflexively identify and define themselves, and how these identities inform and work toward personal and organizational goals.

Qualitative Research

Qualitative research is often marked by its flexible, interdisciplinary, multi-perspective nature (Creswell, 2007; Lindlof & Taylor, 2011; Mason, 2002). These characteristics allow researchers to critically examine phenomena without the pressure to generalize, which provides researchers the opportunity to research for understanding rather than sweeping generalizations. Because of this, qualitative researchers tend to embrace the idea of multiple realities and ways of knowing.

Intersectional feminist research. Just as intersectionality requires an acknowledgment of multiple identities, researchers engaged in feminist research may use multiple methods and embody different methodologies and epistemologies (Brooks & Hesse-Biber, 2007; Harding, 1987). As Brooks and Hesse-Biber stress, "It is imperative, however, to recognize that most feminist views and perspectives are not simply ideas, or ideologies, but *rooted in the very real lives, struggles, and experiences of women*" (their emphasis, 2007, p. 3).

This study does not place the focus solely on women and women's experiences but takes a more intersectional approach to feminist research methods. According to

McCall (2005), there are three ways to approach intersectionality research methodologically: anticategorical, intracategorical, and intercategorical. Intercategorical, which McCall quickly dismisses, is a focus on categories—a more additive approach. A focus on categories usually results in researchers assigning and restricting individuals' identities into static boxes (i.e., assigning a participant the category of female without considering how race or class may influence a female gender identity). Anticategorical approaches tend to take on a postmodern interpretation of categories by rejecting the use of categories. This approach suggests that categories are simply a language creation, therefore unnecessary to engage with. This can be problematic, however, when socially constructed identity categories still have real world effects and consequences (McCall, 2005).

Intracategorical methods are somewhat of a middle ground between embracing categories and full rejection. This approach is concerned with the processes and effects of categorization (McCall, 2005). For example, in Crenshaw's (1991) case study of domestic violence policies and its effects on women of color, she was less concerned with categories in and of themselves than how the process of writing laws and policies further reified and reproduced violence against certain domestic violence victims. In other words, it's in the *process* of creating categories in which certain categories become privileged or oppressed. This approach complicates categories without reducing them to a simple language construction.

This study takes the intracategorical approach to data analysis and allows for participants to discuss the process by which they create categories of target audiences and how they self-define.

Positionality

Before outlining my procedure, sample, and analytical frameworks, it is important to address my own positionality as it relates to this project. Like many qualitative researchers, before I decided on a qualitative method or methods, I considered my own lived experience and worldview. In 2010, I graduated with my master's degree from Syracuse University and began working at Girls Inc., a nationally affiliated girl-empowerment non-profit. At Girls Inc. I worked to build coalitions among fellow teen and feminist organizations in the area. During this time, I began working with Planned Parenthood of the Rochester and Syracuse Region, which is now Planned Parenthood of Central and Western New York (PPCWNY). Later, PPCWNY hired me as an interim education and outreach specialist before I decided to pursue my doctorate.

Working for Planned Parenthood provided me with the opportunity to use my media studies training to develop sexual health and education programs. It was this experience that pushed me to this particular dissertation topic.

It is also crucial to note my own intersectional challenges while working for Girls Inc. and PPCWNY. As a white, upper-middle-class, cis-woman, I found my privileged identity often complicating my relationships with my target audience, who were mostly poor, young Black girls. I have first-hand knowledge of the challenges and opportunities facing strategic communicators who are working with diverse and intersectional audiences, but I do not assume all experiences will be like mine.

Procedure

Traditionally, interviews are seen as an attempt "to understand the world from the subjects' point of view" (Kvale & Brinkmann, 2008, p. 1). The interview is a way for

researchers to explore phenomena as they are experienced and interpreted by the interview participant (Englander, 2012). In these cases, the interview is seen as a way to gather a truth—that is, the truth about particular phenomena according to the interviewee. During this process, an interview script or guide assists the researcher in his or her data collection. The interviewer asks questions of the interviewee and depending on the type of interview (e.g., structured, semi-structured, or unstructured), there are varying degrees of flexibility. The goal of this approach to interviewing is to systematically gather the data in order to make a knowledge claim (Fontana, 2003).

I, however, used a more postmodern active interview approach, which conducts the interview from a collaborative space and is more concerned with the interview process and the lived experience of the participant. Interviewers are not only concerned with *what* is being said, but also *how* it is being said. In other words, the process in which an individual makes meaning is just as valuable as the meaning itself (Holstein & Gubrium, 2003).

The active interview acknowledges that both parties contribute to the interview process. Respondents are viewed as "constructors of knowledge in collaboration" with the interviewer and the interview process (Holstein & Gubrium, 2003, p. 68). Therefore, meaning and knowledge is not created through the "right" question or answer, but through a collaborative process in which interviewer and interviewee "communicatively assemble" meaning (Holstein & Gubrium, 2003, p. 68). Active interviewing addresses many feminist and intersectional critiques of method, which suggest that process is just as crucial as product and aims to complicate the scientific ideal of an unbiased perspective, or the God Trick (Haraway, 1988).

The goal of the active interview is to "activate narrative production," or to actively and provoke (Holstein & Gubrium, 2003). This process begins in the early stages of research, starting with how I drafted the research questions and ended with my data analysis and the presentation of findings (Holstein & Gubrium, 2003). Due to the focus on meaning production, the search for the "truth" becomes irrelevant (Rosenblatt, 2003). The interviews are interpreted as constructed aspects of reality, rather than "reality reports" (Holstein & Gubrium, 2003, p. 79).

Active interviewing provides the researcher with the opportunity to deconstruct the hows and whys of the "narrative drama of the lived experience" (Holstein & Gubrium, 2003, p. 79). This is more than just a summary of so-called facts, but a full embrace of the messiness that is day-to-day life. Therefore, active interviewers see their participants as a "productive source of knowledge" and the meaning they create as a reflection of "local conditions" (Holstein & Gubrium, 2003, p. 74).

In the case of professionals who work in the sexual health field, I'm most concerned with how my participants understand and interpret their audiences and their role as professionals in the process. Active interviewing provided me with the opportunity to probe and encourage my participants to avoid giving me "the best" answer and address multiple ways to interpret things and address multiple meanings related to my research questions (Holstein & Gubrium, 2003).

Pre-test. Through informal conversations with Portland-based sexual health communicators, and through my own experience working at Planned Parenthood and Girls Inc., I drafted an interview guide (see Appendix A), which was pretested before conducting formal interviews. The interview guide served as an outline, so each interview

was adapted based on the course of the interview. At times I followed the guide question-for-question, but other participants took control of the interview almost immediately and the event was more conversational and participant-driven. Because of that, I found that the key to this guide was a degree of vagueness. This vagueness gave me the chance to tailor the experience to my participant and the narrative they were looking to explore and avoid presenting questions in an additive way (e.g., Do your organizational goals affect African Americans, women, or lesbians?). An additive line of questioning will often times elicit an additive answer, which can be a challenge for intersectional quantitative research (Bowleg, 2008). Overzealous scripts can reify positivist and "one reality" notions that the *perfect* intersectional answer can be achieved if I just ask the *perfect* intersectional question, rather than focusing on more "meaningful constructs" of the phenomenon (Bowleg, 2008, p. 316-317).

Recruitment. After I obtained IRB approval, I searched online for organizations focused on sexual health (e.g., Planned Parenthood, NARAL Pro-Choice, HIV/AIDS prevention, and sexual assault and domestic violence organizations, which acknowledges the role romantic relationships play in sexual health advocacy). After I identified the organization I did one of two things, sent a general email to the "info" email address, such as, info@plannedparenthood (this is not a real email address) or found the person I would like to interview on a staff bio page. I looked for keywords and positions that indicated a degree of communication responsibilities, such as volunteer coordinator, grant manager, social media analyst, and/or event planner. At times I would find individuals with very explicit communication roles, such as communication manager, marketing executive, or public relations professional. After compiling a list of names, contact

information, and positions, I would send out an initial feeler via email. After one week if initial emails resulted in no response, I would follow up. If I felt there was more than one qualified individual at an organization, I would send emails to all the people I wanted to have participate.

Early on, I found that those new to their positions would be more likely to participate. My first few affirmatives came from individuals in their positions for less than a year. That said, early on most of my responses were rejections—potential participants either didn't have the time or felt I was incorrectly targeting them (i.e., they didn't think that they were doing communications).

After adapting my recruitment process to be more open to professionals who do any kind of outreach, I received more interest during cold-calls.

Because I used purposive and snowball sampling, once I received a base of willing participants, I was able to use my network to reach out to other participants. Snowball sampling turned out to be the most effective sampling technique for this project because the sexual health field in Oregon is a very collaborative and small profession. I followed the same protocol with my snowball sample as I did for my cold call sample.

The interview. Starting at the end of February 2016, and ending in May 2016, I conducted 21 interviews, three over the phone and 18 face-to-face, which resulted in more than 26 hours of interview audio (Appendix B). Originally I had wanted to conduct all the interviews face-to-face because it allowed for me and the participants to have a more in-depth conversation. That said, there were three interviewees with experiences I felt were crucial, diverse perspectives to the project and the only way I could talk to them was over the phone because of schedule and travel conflicts. Therefore, I conducted these

interviews by phone. For these participants I connected with them over email and sent an electronic copy of the consent form. After talking them through their rights as an interviewee, I audio recorded the interview using phone call recording software. After the interview was over, I sent two copies of the consent form: one for their records and one for mine and included a self-addressed stamped envelope for them to return a signed copy of the form.

Regarding the face-to-face interviews, I met with the interviewees at locations of their choosing. Many participants lived in the Portland area, so I drove up to Portland multiple times during the three-month data collection stage. Participants usually chose their office or a conference room for the interview, but a few chose more public spaces, such as bars or coffee shops. While setting up the meeting, I reminded participants that it would be more difficult to ensure confidentiality in public places, which was part of the consent form, and that this would be an audio recorded interview that would explore topics relating to their jobs and their identities, which may be uncomfortable to talk about at a coffee shop. All participants who wanted to meet in public, however, still wanted to meet in public, and I took that as an indication that the participant felt comfortable enough to conduct the interview there.

Once I met with the participants and we got settled, I placed my phone (which served as the audio recorder) between us and hit "record." I then outlined the consent form, presented it to the participant to sign, and explained how I arrived at the project and my intentions for the research. Because I spent a lot of time communicating and establishing rapport with the participant during the recruitment stage (explaining the project, setting up a time to meet), I spent very little time on pleasantries and ice

breakers. Only three interviews were conducting after work hours, so most participants were taking time out of their workday to meet with me. Because of this, I felt it was important to start immediately with my line of questioning. Although I didn't rely too heavily on my interview guidelines, I preferred to let the participant lead the interview, I kept the interview questions on the table alongside my notebook.

On average each interview lasted approximately 85 minutes, with the longest interview lasting more than 2 hours. After each interview ended, including the phone interviews, I sent out an electronic thank you over email, followed up with a hand-written thank you note sent in the mail.

Interview sample. Interviews were conducted with Oregon sexual health professionals. These professionals worked in a variety of departments and sometimes in un-departments (i.e., their organizations didn't have formal departments). Although not all of the participants identified with an advertising, public relations, marketing, social media, and/or volunteer or investor relations department, all the participants handled responsibilities that would traditionally be found in similar departments, such as program recruitment, managing email lists, posting on social media, or working on policy campaigns.

Sexual health professionals. Sexual health strategic communicators work toward a variety of missions and goals. For example, some participants worked with policy and lawmakers and sought to overturn The Hyde Amendment, which prohibits federal funding for abortions. Others worked in healthcare, advocacy, or for cause-specific organizations (e.g., sexual assault prevention and/or response, HIV/AIDs prevention and

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support, and state-run sex education programs). All, however, performed work that fit a portion of the World Health Organization's definition of sexual health:

> a state of physical, emotional, mental, and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintain, the sexual rights of all persons must be respected, protected, and fulfilled. (2006, p. 5)

Using this definition as a compass, I was able to reach out to sexual health professionals who worked not only for traditional sexual health organizations but also for more explicit identity- and culture-specific organizations, such as organizations that focus on Asian and Pacific Island communities and youth-focused organizations.

Sexual health organizations. According to some, Oregon is one of the best states in the country to do sexual health work (Frazier, 2016). Legal barriers are non-existent when it comes to abortion access, and the state mandates high standards when it comes to sex education, such as requiring that the curricula be medically accurate, comprehensive, and holistic (i.e., more than just heterosexual biology). In other words, sexual health professionals in Oregon *may* have an easier time doing the work they want to do in the manner in which they want to do it as compared to their Florida or Kansas peers (Frazier, 2016).

The diverse sample of participants drew from an equally diverse sample of organizations. Although each participant was working for an organization within their

community, some organizations were part of a larger affiliate either on the state or national level. In order to maintain confidentiality, more detail about each organization cannot be provided because it could allow some to identify the organization, which would breach the confidentiality that participants were promised under Human Subjects guidelines. There were three types of organizations represented in the sample (national, state, and local), and each type had certain structural characteristics that appeared to affect their approach and are outlined below

National organizations. Approximately 20% of the people I interviewed worked for an organization that identified as an affiliate of a national body. National organizations tended to be well resourced, with national headquarters providing literature, messaging, and training opportunities to their affiliates. Individuals working for national and larger organizations followed a more formalized job application route and usually had more formal education. Participants working for these types of organizations were also more likely to have mainstream professional titles, such as advertising director, communication manager, media relations supervisor, or public relations executive (however, none of the participants I interviewed had those specific titles). Being on a national stage, however, served as a magnifying glass, and participants working for a national organization were forthcoming about how they perceived their campaigns, projects, and messaging might be received by the public-at-large, rather than just their target publics, and the stressed involved with that.

State-wide organizations. Approximately 60% of those interviewed worked with publics from multiple counties or ran Oregon-wide programs. State-wide employees worked either for the state itself, in public health departments or other sexual

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health programs ran by the government, or for large organizations focused on serving multiple counties over a wide geographic range. Because these organizations are operating on a larger scale than community and local organizations, professionals could apply for more grant opportunities because they serve a larger population and often pooled their resources with other organizations from across the state. That said, not all organizations that operate at the state-level are resource rich.

Participants who worked for non-governmental state-wide organizations needed to pool resources with other organizations more frequently than their state-sanctioned peers. Although these organizations were serving large populations of Oregonians, they often operated on a more community, hyper-localized level.

Community and hyper-localized organizations. Participants working for community-based organizations accounted for the remaining 20% of participants interviewed. These organizations focused on the needs of publics in cities or towns. Reaching smaller publics often meant smaller leadership teams, so these participants often had a variety of responsibilities, including media relations, program recruitment, and workshop facilitation. Participant who worked for more localized, smaller organizations implement a bottom-up approach to goal setting, mission development, and strategic priorities.

Self-disclosure and identification. Participants came from a variety of personal and professional backgrounds, which I let participants self-disclose. Self-discourse, identification, and definition is a cornerstone to intersectional work (Collins, 1990). It was important for me to let participants tell me what they felt was important to the narrative, not for me to go digging for their identity markers. Not only did this free me of

having to ask uncomfortable questions, such as, "Your features appear to be Asian, which Asian ethnicity do you identify with?" but it also allowed participants to narrate their lived experiences in a way that was valuable to them.

There were times, however, when I asked an identity clarifying question. For example, while interviewing a participant who works with native youth, we spoke at length about their commitment from a very young age to native health issues. The clarifying question, "Do you identify as native?" was sheer curiosity on my part and was asked after talking for more than an hour. Those instances were rare that I would prompt a participant to disclose.

Interview analysis. A challenge for analyzing data through an intersectional lens was determining what counts as data (Bowleg, 2008). In her work with Black lesbians, Bowleg wrote about her responsibility to understand the intersections of heterosexism and racism, which bridged "individual accounts within the historical and contemporary social context in which they occur" (Cuadraz & Uttal, 1999, in Bowleg, 2008). She continued, "intersectionality research demands that research who employ an intersectionality perspective broaden their analytical scope beyond collected data to become intimately acquainted, if they are not already, with the sociohistorical realities of historically oppressed groups" (Bowleg, 2008, p. 318).

The additive model, which conceptualizes identities as additions (e.g., woman + Black + middleclass), rather than using a both/and approach (e.g., both a woman and Black), can be useful in early iterations of analysis and data collection. Although many intersectional scholars reject the additive model, there are real, concrete struggles associated with intersectionality and empirical research (Ferree, 2011). Therefore, by way

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of an introduction into the data, separating and defining the meaning of each identity point as it means to the participant and through theoretical interpretation, the researcher can begin the process of understanding intersectionality (Bowleg, 2008; Cuadraz & Uttal, 1999).

After transcribing each interview and assigning each participant a pseudonym, I analyzed the data using a 3-part analytical process. First, data was analyzed through an open coding approach, which identified general themes and coded, which is the more additive approach previously mentioned by Bowleg (2008). I read the transcripts in a close line-by-line manner, which helped me answer a variety of questions about the data, the most important being: what is going on here? (Hesse-Biber, 2007; Lindlof & Taylor, 2011). By starting with an open coding system, I was able to sort those literal codes into abstract ones, which was an "important [step] to generate theoretical ideas" (Hesse-Biber, 2007, p. 334).

Once literal and categorical themes were identified, I analyzed the data using an axial and selective coding process. Axial coding is the stage in which a new set of codes are developed in order to "make connections between categories" (Lindlof & Taylor, 2011, p. 252). Here, I looked to determine if there are any relationships and analyze the context of the data, as opposed to a literal line-by-line reading (Lindlof & Taylor, 2011). It is in the axial and selective coding processes that an intersectional, self-reflexive lens was applied (e.g., the intersection between race and class) and dimensions related to an individual's social, historical, and structural locations are developed (e.g., how experiences of sexual health access intersect to reflect racism and classism; Bowleg, 2008). Ultimately, it was my responsibility to familiarize myself with the sociohistorical

context, thus setting the onus on myself to interpret the data in order "to learn about that context and relate it to the individual's views" (Cuadraz & Uttal, 1999, p. 10).

As the researcher I was not seeking an overarching truth or finding. It was crucial that I remain open-minded to experiences that may reject or complicate my own reality, as some of the findings did (Rosenblatt, 2003) and acknowledge my role as an active participant in the interview process (Fontana, 2003). I achieved this by keeping communication open with my participants and not only analyzed *what* was said but take into account the interview process as a part of the meaning-making experience through the use of memoing.

Throughout the process I referred back to my memos for additional information and context. Memoing, or note-taking, happened throughout the data collection and analytical processes and often served as the link between analysis (i.e., what did I find?) and interpretation (i.e., what does it mean; Hesse-Biber, 2007).

The coding process and memoing process allowed me to immerse myself within the data—starting with the literal readings of singular interviews, then further engaged with a more holistic view across all interviews, and concluded with presenting my findings to my participants for member validation (Lindlof & Taylor, 2011; McCracken, 1998).

CHAPTER 4

RESULTS

This chapter outlines four axial codes: the role of stories, the use of language, approaches to coalition building, and the understanding of identities. These codes emerged from analyzing more than 26 hours of interview audio and 386 pages of single-spaced interview transcripts. And although some interviews were more data rich than others, the following analysis includes information from all participants.

Combining these four axial codes into one overarching code can be summarized as finding a dichotomy between checking-the-box (binary approach to identities) and a reproductive justice framework (intersectional approach to identities). Examples of this end of the spectrum ranged from unwavering institutional constraints, such as grant guidelines or funding agendas, which often bound professionals to approach identity through existing frameworks often understood as discrete and additive, to professionals describing situations where an intersectional framework wasn't clearly apparent. This doesn't mean that these individuals were ignorant of the concept or actively choosing to disengage; rather, the terminology did not present within the 50-120 minutes of conversation (I made a decision early on to not introduce the terminology and to use the language of each participant).

For other participants, however, the challenge arose from the acknowledgement that practicing an intersectional mission or agenda is time consuming, deliberate, and at times, overwhelming. Although participants who identified more with this end of the

spectrum were incredibly committed to intersectionality, individuals were not shy to tell stories about the obstacles they faced.

Moving forward, I refer to these two perspectives as a reproductive justice framework and a check-the-box framework. Participants who identified themselves as reproductive justice advocates tended to practice intersectionality more than those who didn't use that language. Those who talked at length about demographics in an additive way fell under the check-the-box framework, which focuses more on targeting static identity categories.

Reproductive justice

The underlying tenant of a reproductive justice framework acknowledges that there is an undue burden placed on women of color, who are forced to navigate systems that seek to control and oppress bodily autonomy. Participants articulated how a commitment to reproductive justice allows them to practice an intersectional framework. I asked Naomi what reproductive justice means to her. She responded:

> I think about intersectionality. I think about—OK we're talking about minimum wage, we need to talk about single parents… we need to think about certain communities and identities... whose sexuality and gender are very much marginalized or dehumanized or penalized. It means when we go to Planned Parenthood and Pro-Choice NARAL, these historically very white, upper middle-class sexual health access movement, it means we have to talk about undocumented people. It means identifying and unpacking assumptions. RJ also means sexual education and healthy relationships. It has to do with our diets… it has to do with everything.

For Ellie, reproductive justice involved all the factors that prevent or encourage individuals from having the family they want to have. She explained:

> [Reproductive justice] is choosing not to have a family, or choosing—but really choosing the family you want to have and being supported in the choices. So, that means supporting abortion rights, but that also means supporting young families. And so if a 16-year-old gets pregnant, and she wants to continue that pregnancy, being psyched for her and creating a supportive environment where that works. If you were working on reproductive justice, it should look very intersectional. In order to really achieve reproductive justice, you need to work on racial justice, you need to work on economic justice, you need to work on labor justice, on immigration justice, on criminal justice system, on homophobia, on ableism, on all these things that prevent people from having the families that they want to have, when they want to have them, in the way they want to have them. Um, and so, it kind of takes this idea of choice and really flattens it and expands it and pulls it in these different directions.

According to my participants, reproductive justice is a framework that requires and demands a centering of diverse stories, experiences, and identities, an acknowledgment of the oppressive role that privileged institutions impart on individuals identifying with marginalized identities, and a commitment to "show up" for seemingly "unrelated" issues, such as "Raise the Wage" campaigns to increase minimum wage or criminal justice reform.

Check-the-box framework

Participants who approached identities in more additive ways and considered identities to be more stand-alone and fixed were more likely to be concerned with "checking the box." The check-the-box participants were more likely to work for national, state, or large organizations and often received their communication "orders" from a manager or supervisor, resulting in less autonomy on the job. This top-down approach to goal setting, identification of publics, and campaign development usually focused more on demographics. Although participants were concerned for the wellbeing and identities of their publics, there were often environmental and situational boundaries, such as grant requirements or funding opportunities, keeping them from understanding and conceptualizing their publics through an intersectional lens.

Check-the-box and/or intersectional: the practice of making sense of identities. After coding the interviews, data emerged suggesting these participants understood identities on the spectrum described above: at one end is an intersectionally informed "both-and" approach to identities and at the other end is an additively informed "either/or" approach, with many talking about identities from somewhere in the middle. Participants who understood audiences, messaging, and campaigns in a more linear, additive way were often looking to often literally and figuratively "check a box." For example, check-the-box participants talked about targeting women, African-Americans, or queer youth but often missed the opportunity to recognize that all those identities may be embodied in one person. Often times that approach stemmed from campaigns and initiatives, which arose out of grants and funding streams and were developed as a result of influential stakeholders (e.g., board of directors or executives) or were assigned to local affiliates by the national governing body (this happened in both the nonprofit and

governmental sector). These influencers named the goal (e.g., develop a needle exchange program or reduce teen pregnancy) and/or a target audience (e.g., Latinas or queer youth in Portland). This top-down directive influenced how check-the-box framework individuals approached and understood their target audiences.

In some ways, each participant brought up targeting particular demographics in additive ways and each participant had goals associated with specific communities. Although the check-the-box code presented in all the interviews in some degree, a number of interviewees also embodied a more intersectional framework when it came to their work and activism. Naomi, for example, found it hard to believe that people were still forced to literally check a box. When she was developing an application for her youth leadership team, she stressed the importance of self-disclosure, self-identification, and blank spaces. She winced, "Are we still doing the box check? And the other?"

Sexual health professionals who actively rejected the box and the inevitable othering to which Naomi was referring practiced and embodied the intersectional framework of reproductive justice. As Naomi suggested, boxes cannot fully compass all identities and lived experiences—sooner or later you must choose other (for example, a person who identifies as multiracial picking "other" when asked their racial identity because white, Black, and Asian doesn't capture who they are), which can be interpreted as acknowledging that your identity does not matter enough to be explicitly stated. Participants practicing a reproductive justice framework embraced the messy, nonlinear approach to campaigns, their publics, and their goals.

This chapter explores the tension between the check-the-box and reproductive justice frameworks that emerged from the data. I do not mean to imply that these two

frameworks exist in opposition of one another—one can certainly collect demographic information while also engaging in an intersectional, reproductive justice approach to understanding the lived experiences of an audience. I also do not fault or pass judgment on professionals who, as described above, approach their work using existing, institutionally defined and determined practices. Each participant interviewed cared deeply and passionately about the people they served and the causes they championed.

Emerging from the data was an important axial code, which highlights the nature of reproductive justice and check-the-box frameworks: the act of storytelling. For participants, stories had the power to amplify voices, build community, and bring people together in hopes of building power.

Voices and stories

For check-the-box and reproductive justice framework participants it was paramount to center and amplify voices and stories, especially those coming from people with little to no institutional or political power. Centering and amplifying voices and stories served a multitude of purposes for participants. Storytelling had emotional and strategic, or practical, goals. Participants explained that through stories, they could understand the lived experiences of publics. Understanding lived experiences, then, translated into providing better services, writing better policy, and advancing causes in just and equitable ways. The sharing of stories was sometimes described as a healing process for their clients and staff, especially for those who did response and direct services work. Liddy, a director of an assault response organization, held support groups and encouraged storytelling as a way for survivors of sexual assault to find community and know that they aren't alone.

Sharing stories and amplifying voices was crucial to those doing policy and legislative work as well. Liddy talked about how understanding survivors' stories and developing language to authentically articulate trauma helps her influence policy:

> Understanding trauma, what trauma does to people, I think it's vital…I think that if you didn't have that experience and felt what it feels like to work with someone or work with many folks, then you can kind of get a callous-kind of approach…then working with survivors and hearing their stories had really helped me articulate exactly where the gaps are and solutions…. so, policy for me is really empowering.

Understanding and articulating stories is a crucial tactic for Liddy, advancing the policy and legislation she feels best supports survivors, "having their perspective and being with them, being with survivors, really helps me communicate the needs of survivors."

Participants focusing on the emotional outcomes of storytelling intersected with participants looking for more practical, or tactical, outcomes in that all could agree—stories are powerful. For the remainder of this section, I use stories and voices interchangeably. After talking with 21 participants, I've concluded that voices speak stories, and one can't happen without the other.

Centering voices. For Ellie, the success of activism relies on the centering of stories, especially when it comes to privilege and power. As a white woman employed to do equity and inclusion work, Ellie's working to shift her organization's framework to a reproductive justice framework. As Ellie described, her organization, which funds reproductive health procedures, was historically centered on white women's experiences and centered its mission on pro-choice access rhetoric (i.e., access to abortion services).

When I talked to Ellie, she had recently gained more leadership responsibilities as the recently appointed president of her organization, a decision the board made because of her commitment to a reproductive justice lens. She explained the shift and the role of stories:

> [It's about] honoring the stories and experiences of every single person calling us and really working to not just fund their [services] today, but build a better world with them. And with their stories at the center and then really pushing for that activism, and not just being a bunch of white women like myself, assuming I know what's best for people. That is kind of where we're looking to turn.

Ellie explained to me that this leads her organization and encourages a paradigm shift toward a reproductive justice framework. Ellie highlighted the important role of storytelling plays in mission and message development.

Erin, who works in sexual assault prevention with college-aged students, approaches stories and voices using interactive role-play and performance. Her students use student-centered stories to address their peers about bystander intervention, rape culture, and stigma. Erin stressed the power of stories and builds storytelling into her trainings and workshops to prepare the students for triggering episodes.

Whose story? Whose voice? Participants addressed the importance of storytelling; however, some struggle with whose story gets told. Some participants, such as Julian and John, talked about balancing statistics and facts without reifying dangerous stereotypes on top of creating space for silenced voices and identities.

After 25-years working in the sexual assault prevention field, John had developed many campaigns that sought to bring new voices into the conversation. During his tenure

on the east coast, John was one of the founders of a nationally recognized sexual assault prevention organization, which focused on engaging men. While at this organization, John worked on several projects and had to balance message, voice, and authentic representation, all while contending with commonly held stereotypes.

John's campaign, which he developed in the early 2000s, originally targeted a large east coast city school district. The print PSA component took off, a little bit to John's surprise: "Within three months after we released the campaign it literally was global," he said. "We were sending stuff to Japan, we were sending stuff to South Africa, not to mention across the country." To describe how viral the campaign was during its height, John told me about his friend who was working with the Violence Against Women office and worked with Native groups, often in rural areas. This friend was working in Alaska and after flying to Anchorage, then driving, taking a ferry, flying again, and traveling by boat once again—all to get to the community she was working with—this friend walked into the remote community's city hall and the first thing she sees is John's campaign. He told me she sent him an email afterward and said, "Now that's market penetration!"

Although John's message and campaign went global and had a lot of success domestically and worldwide, John still struggled with voice and story. One of the more fluent interviewees when it came to understanding target market, messaging, and communication strategies, John was able to articulate the campaign's shortcomings, its challenges, and the balance he tried to find when it came to addressing his target audience without promoting existing stereotypes:

One of the most fascinating conversations I had was with the principals at one of

the high schools in [city redacted]. He was looking at this [the poster campaign]

and he was like, "You know what? My population is 100% Black. And so, you

know, these two posters with the white and the Latino couple, they're good

posters but I don't see any reason to put them up in my school." And I said, "Ok,

that's great. If that's what speaks to you and what you want, but let me explain to

you why we did what we did."

John detailed how he explained to the principal about the powerful myth around Black

men as sexual predators: "if we developed a campaign that only had Black men as

spokespeople, we'd be playing into that [myth]. And we were very clear about that—this

affects all communities." The conversation encouraged the principal to showcase all the

posters as a collection, which he felt was the best story to tell his students.

Although John wasn't amplifying or centering voices and stories in a way that

many participants were—in that confessional, speak out sense of storytelling—his

campaign still presented stories, voices, and a narrative through a visual PSA poster

campaign. John and I talked about the all the voices he could, and maybe should, have

added to the campaign, such as trans and gender fluid voices, queer voices, and disabled

voices. At the end, however, John and his team needed to engage their target audience in

ways that engaged men while carefully avoiding racial stereotypes.

Julian, too, struggled to balance stories and voices and was conflicted about which

ones to center. At the time of the interview, Julian and his organization were three parts

into a five-part local news series about living with HIV. The goal of the series was to

"[look] at the lives of people living with HIV, through their personal stories. We're trying

to show that HIV doesn't necessarily define a person." By focusing on mothers, couples, older individuals, and LGBTQ people, Julian was able to center a variety of stories, which he felt was crucial in reducing the stigma around HIV (another goal for the project). After screening individuals, Julian found the project to be challenging: "everyone [has] these incredible stories, and it's kinda hard to choose." A lot of willing participants backed out days later, often leaving Julian and his team scrambling to find another story to film.

For Julian, his team, and the reporter, the broadcast provided individuals an opportunity to share stories in a way that could advance his organization's four main messages: HIV can infect anyone, there's no cure for HIV, the stigma of HIV is a major issue, and living with HIV is extremely difficult and impoverishing. Each story provided a space for the series to tackle those issues; however, it was challenging for Julian to balance what rearticulated stigma, what dissolved stigma, and what was an inauthentic representation:

> We wanted to show a diversity, we didn't want to only have gay men because there was this stigma that it was only among gay men. But, at the same time, gay men are the most—have the highest rates of infection. So, we wanted to have more gay men, then let's say, heterosexual women. So that was kind of… a balance.

Reframing stigma wasn't the only challenge for Julian. The act of publicly sharing traumatizing stories is challenging, triggering, and at times, can do harm to the storyteller. Julian recognized the tension in wanting "to push the most compelling story and get all this stuff. But, at the same time, clients are number one."

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Julian and John struggled with finding a balance when combining voice and story while weighing the ramifications of telling particular stories. When mediating and producing messages, stories can take on unintended narratives, which can cause stress for those personally invested, reinforce stereotypes, or fix stories and voices into static boxes. Some participants combated those issues by practicing and encouraging self-disclosure, self-identification, and avoiding putting identities into a literal and figurative box.

The power of self-disclosure/identification. Many of the participants worked in the nonprofit sector and relied heavily on grants and a variety of funding streams. Many funders, according to Liddy and others, want demographic snapshots of the people using the services. For her organization, however, Liddy "feels strongly" about empowering survivors to self-identify.

> It's all about what survivors want to tell us. So, we don't do intakes with folks… it's all about self-identification. In a lot of our grant reports there's "unknown." When it comes to race and ethnicity, there's no way I would ever want anybody doing assumption. Unless someone says it, don't indicate it. That's different than a lot of other agencies, and it's also something that I feel really strongly about and it's something I explain to our funders all the time.

For Liddy, self-identification empowers survivors and centers their story and their needs. She stressed, "When I meet survivors I tell them two things: you can tell me as much or as little as you, and [organization redacted] can be as big or as little resource as you want."

For Ellie, another way to think about how self-disclosure and identification acted as a source of empowerment was to think about which identities are provided the opportunity for privacy. Ellie and her organization, for example, want to "craft an image of where the need is" so will ask callers seeking abortion funds for their county or zip code. After that, she doesn't necessarily ask because her funders don't need to know and would rather maintain the integrity and privacy of her clients: "I have a lot of interest around privacy and the lack of privacy that happens when you're poor, and so we try to not continue a cycle of asking questions for the sake of asking them."

Avoiding aggressive and intruding intake forms gets at a core issue for Liddy and Ellie—that the service they provide should not need justification. Survivors should have access to services regardless of their racial, gender, and socioeconomic status identities, and people should have free access to contraception and pregnancy services (including the termination of a pregnancy). Ellie groaned:

> I don't think in 2016 anyone should have to prove that this should be paid. This should just be paid for… I mean, if it were up to me we [her organization] wouldn't exist. This should just be a covered medical service [and] people shouldn't be excluded from health insurance. There are enough barriers.

Encouraging self-identification and self-disclosure helped participants dismantle what they found to be oppressive practices, such as intake forms and providing funders with superficial insight into who their clients are. Presenting "unknown," as Liddy pointed out in the above quote, to funders felt empowering to Liddy and Ellie—by not requiring demographic information and allowing identities to go "unknown" was a way for Liddy and Ellie to honor their clients' identities and lived experiences. Self-disclosure and self-

identification, and in a way a lack of self-disclosure and identification, became a way for

Liddy and Ellie to practice their intersectional mission. For others, practicing

intersectionality meant providing the space for people to own their identities and

understand themselves as more than just a box to be checked.

Fill in the blank and avoid the box. If there was one thing Naomi felt certain

about during our interview, it was that there are no boxes and that "everything is a

blank." According to Naomi, this is a key practice for reproductive justice advocates. It's

about, "being able to self-identify and realize who you are" and with her organization's

application form, "you get to create the identities you want."

When I interviewed Naomi, she was days away from starting a new program for

young people interested in reproductive justice. Recruiting members was still fresh in her

mind, and as she began to build and cultivate her new cohort of participants, giving them

the space to self-identify was crucial to Naomi.

There's no boxes you're checking and you're just writing out how you identify.

And you can write as many as you want. And, like I said, we add "Are there other

things about you, other identities about you?" And someone wrote, "I'm a huge

fan of Adventuretime." So, even in the application route we try to honor that.

According to participants, the practice of honoring self-identification not only gives space

for participants to be who they really are but gives program coordinators the tools to use

specific language and get closer to understanding intersectional, lived experiences.

Naomi explained to me that valuable experiences often don't make it on intake forms,

such as identifying as a young parent, as undocumented or having undocumented family

members, or outside the gender binary. When doing reproductive justice work and

embodying intersectional goals, Naomi told me that her organization understands the importance of those experiences and want to build programs to reflect that.

"Forcing" clients to check a box can present in more ways than just intake and application forms. Oliver described to me how his organization is shifting its rhetoric around abortion access to capture and address more nuanced ideologies regarding abortion services. Oliver prefers to speak to people about their values, rather than just 'putting people in boxes," and remind them that this polarized issue is a recent phenomenon. Oliver suggested, "When you call somebody… anti-choice, it just sorta shuts down the conversation and polarizes things at a time when we don't need it to be polarized. In fact, this issue historically was not partisan, polarized the way it has become." He provided context to his argument, outlining that Richard Nixon signed the Title X Family Planning program in 1970 and that George H.W. Bush was supportive of women's health clinics. He sighed, "This used to not be such a toxic, partisan issue."

Interactive and dynamic: Strategies to move beyond just telling stories. One of the challenges associated with storytelling is stagnation. Participants such as Naomi, Loretta, Erin, and Liddy discussed the ways in which storytelling can take on more dynamic and interactive components. Naomi walked me through a game called "Where the Wind Blows," which reminds her of musical chairs. She explained:

> Everyone has a seat, but there's one chair that's removed and someone's in the middle. If you're in the circle, you say, "This goes out to all my friends who" and you say something true about yourself that you think other people can relate to. So, you're like, "who love cheese" or "who learned English as a second language." It allows you to go as deep or as shallow as you want. We've done it

with the World's Affair Council, like dignitaries from all over the world who are 40 and 50 [years old] and they love it. And at some point we'll be like, "go deep" and then someone will be like, "This goes out to all my friends who survived sexual assault." And to me, I know it's just a game, but it's been our trademark. I've seen us use it on youth and government officials. How do we bring more of that into the movement? That's political education, when you're like, "Oh yeah, there's someone in this room that's a sexual assault survivor. There's someone in this room who's undocumented." We talk a lot about how stories matter! Stories! But how do you do more interactive storytelling?

According to the reproductive justice participants I spoke with, the act of storytelling, especially interactive and dynamic storytelling, is an act of political education, civic engagement, and power building and mapping (i.e., understanding who has power and how to generate power). Another side of interactive storytelling is recognizing when it's important to step back and facilitate the generation of another group's power.

Ellie was very clear regarding her role in amplifying stories: She uses her privilege to access spaces that marginalized and disenfranchised communities can't.

How can we use our privilege, as essentially white women who are working in reproductive health and pro-choice, to help amplify those voices? Because what we can do, is people listen to us, people think we're experts… in my hope it's never leading a coalition, but showing up in solidarity.

Showing up in solidarity, for Ellie, means using personal and organizational relationships. This form of networking is more about connecting people and organizations and, if you identify with a more privileged identity, saying:

Hey, I want to hear more about the awesome work that you're doing and tell you

a little bit about the work that we're doing. I want to see what your objectives and

goal are and how we might fit into that and how we might support those.

This is a change in traditional coalition building, storytelling, and voice amplification

because this strategy actively puts those with privilege in a more passive and supportive

role. When a person with privilege decenters their own agenda—even if it's noble and

just—there's a shift in the relationship's power dynamics, resulting in a re-centering of

voices, stories, and experiences.

Centering voices, lifting up stories, amplifying voices, and interactive storytelling

are synonyms for the ways in which participants expressed values and their

organizational goals. Julian and John used storytelling to build and draft campaigns that

reduced stigma, started conversation, and provided a call-to-action. Participants struggled

with whose story to tell and how to keep their story out of it. Others addressed the

importance of self-identification and self-disclosure and stressed how important self-

identification and disclosure is for intersectional missions and agendas.

Stories and voices are concrete ways for participants to use language to enact

change, engage with communities, and build power. The next section outlines the key

role language plays in the day-to-day lives of sexual health professionals as it emerged

from the data.

Language

Participants, especially those tasked with grant writing or media relations, spoke

of the power of language. Oliver, a marketing and communication director focused on

political advocacy, stressed the crucial role language plays in achieving his and his

organization's goals. "The words we choose matter" Oliver said, highlighting a recent event in which a shooter opened fired in a U.S. women's health clinic: "Language can inspire people to do horrible things and language can inspire people to do wonderful things."

Oliver's goals are entrenched in policy and advocacy, which often encourages an "us vs. them" mentality; and he spoke at length about language's ability to polarize and his role in trying to soften that polarization. For example, according to Oliver, the political landscape suggests that individuals identify as either pro-choice or pro-life. This binary, either being 100% for or 100% against a woman's right to choose, doesn't reflect how Americans feel about the issue and ignores what he sees as the actual issue. Oliver explained:

> [We're] getting away from pro-choice and anti-choice labeling… not only do those words not necessarily speak to young people, people of color, and other groups, but they also kind of get us away from the actual thing that matters to most people, which is—do you want a politician coming between you and your doctor? Do you want somebody who doesn't know your situation making a one-size fits all rule, just so that they can score ideological, political points?

Part of Oliver's strategy for deconstructing the pro-choice/pro-life binary involves direct, but open, language in his messaging. Oliver explained that calling a politician pro-life or anti-choice doesn't convey the power that naming a politician's action does. For example, outlining an incumbent's voting history regarding women's health and suggesting this politician is there for a political disruption is less likely to "shut down the conversation" in the same way that labeling someone a possible archaic identity like pro-choice is. In

other words, messaging and language that addresses actions, rather than labels, is a stronger tactic than putting people in a pro-choice/pro-life box.

Oliver believed that direct language has the power to educate and persuade. This directness, or explicitness as some participants called it, was more consistently adopted and described by reproductive justice advocates.

The power of the explicit. When I interviewed Naomi, she had recently finalized the incoming cohort for her reproductive justice youth leadership program. Naomi worked for an organization that came up in other interviews as an example of "an organization that's doing it right." Part of doing it right, as Naomi impassionedly explained, was being explicit about her goals and whom she wants to work with:

> The way we market and message our program is that it's a year 'round leadership development program—that's paid—for a diverse group of young people to explore topics around gender, sexuality, sexual health, racial and social justice. And when we go into detail with the messaging, we list immigration, class, ethnicity… so it's very clear that it's about leadership development, that it's about advocacy, that it's about social justice.

The explicitness that Naomi cites relates to authenticity of message and mission. When job hunting, Naomi searched out organizations that explicitly named diverse and marginalized groups of people and listed specific social justice issues. This strategy of messaging, specifically and explicitly naming, is a way to practice intersectionality and acknowledge systemic and institutional oppressions. For Naomi, the explicitness is a way to build trust. She said:

> To me, when you're not explicit, that means you're not honest, you're not
>
> committed, and you're probably not very self-aware… our messaging is explicit.
>
> When we say underrepresented people, we talk about and we highlight what we
>
> mean by underrepresented.

Being explicit wasn't just a tactic for direct language; it also indicated a realizable

mission. For Naomi, organizations that sought to be inclusive and, as a result, vaguely

addressed diverse populations or issues (i.e., the "we're for everybody" approach), were

missing opportunities. Naomi told me, "When you say 'we want to serve everybody' then

I'm gonna ask, 'Then why aren't you there yet, and who's missing?'"

Loretta echoed this point as well. As an employee for a governmental agency, she

witnesses efforts to encourage "broad equality, broad inclusion, broad diversity." She felt

this broad, unnamed approach to social justice is "in some ways watering down" the

issues. As a social justice trainer, Loretta encounters people who are hesitant to be

explicit. Loretta explained:

> I'll have people say to me, "I don't want to feel like I'm targeting people of color."
>
> And I'll be like, "Who comes to your meetings now?" And they'll be like, "White
>
> people" and I'm like, "You're already targeting, you just got really good at it.
>
> You've just been taught how to do it, you got really good at it, there's no such
>
> thing as not targeting when you're doing outreach."

Loretta and Naomi articulate a tension in what scholars acknowledge as

something of a privilege default. This idea suggests that individuals see privileged

identities (e.g., whiteness or maleness) as the default when describing individuals. For

example, doctors are doctors unless they are female doctors, and professors are

professors, unless they are a professor of color. Loretta points out to her workshop participants that this default isn't just adopted by privileged identities but unprivileged identities as well. Loretta suggested, for example, that people of color, queer people, or undocumented people will read: "We're for everyone" and actually interpret, "This is not for you."

For Naomi, she was determined to let marginalized youth know they had a place and home in her program. I recently saw her promote a new initiative on social media (I follow her organization's Facebook page) and saw her commitment to explicitness firsthand. Her organization's poster listed the following two questions in side-by-side bubbles: "Are you passionate about social justice, social change, leadership, and community" and "Are you underrepresented?" The last and third bubble outlined who the organization feels would benefit from this two-week camp: "youth of color, undocumented, immigrant, indigenous, LGBTQIA, differently abled, ESL, low-income, or ally."

What's striking about this recruitment poster is how encompassing, open, and explicit the call-to-action is. As Loretta, another participant committed to this strategy, told me in our conversation: it's not targeting in a negative way when you name what you're looking for. Loretta has worked on many successful campaigns during her time as a professional and often gives advice and mentorship to others looking to embody a more social justice framework in their organization. When people tell her they are nervous to explicitly call out individuals based on their identities, in ways similar to the poster I described above, she tells them by not targeting they are already targeting the privileged. She told me: "There's no such thing as not targeting when you're doing outreach" and

when individuals don't explicitly state their intentions, recruitment defaults to those who are historically, institutionally, and consistently recruited—privileged identities. By explicitly naming, sexual health professionals can "fight" oppressive and further marginalizing policies and strategies.

The power of the explicit extends further than feeling welcomed in a physical space; it has policy and legal ramifications as well. In 2014, Loretta worked as part of a coalition of sexual health and reproductive rights advocates. The coalition initially only consisted of three sexual health-specific organizations in Oregon. Loretta explained how the coalition grew to include culturally specific and reproductive justice organizations. As a first step in increasing the coalition's membership to include these organizations, Loretta needed to convince economic, racial, and gender justice organizations that they had a voice and experience worth sharing. She explained:

> We bring out eight organizations together and we do a training with them about how reproductive justice is actually one of the cornerstones of the way economic justice, racial justice, and gender justice work. Our framework was kind of those three things coming together in a Venn diagram, the middle of that is reproductive justice.

Loretta and her organization routinely facilitated these types of conversations. Other interview participants, such as Naomi and Grace, often thought back to Loretta's organization as the catalyst for how and why their organization embodied a reproductive justice framework. Part of Loretta's job was to, as she said, "articulate what reproductive justice means for [those] communities." This included taking racially specific organizations and walking them through the reproductive health barriers in order to

connect their mission (e.g., racial justice) to a reproductive justice mission. For example, Loretta would ask program participants: "What stories do you know from your community about people having a hard time accessing healthcare?" and then explicitly connect that community's healthcare concerns with reproductive access: "Because if you can't access health care, you can't access preventative care, or contraception." Many organizations could relate to healthcare access, or lack thereof, so it was Loretta's goal to continue down that path by using explicit, direct language and connection. Loretta and her organization conducted listening circles and facilitated brainstorming sessions to find out which groups were missing from the conversations and then, by default, missing from legal protection.

After engaging with those culturally specific organizations, Loretta's organization took its findings to the coalition and said: "We don't think you're intentionally leaving folks out, [but] we think you traditionally haven't had all the voices at the table. So that [means] when you pass bills, they're only for some. And we don't think that's getting us to justice."

Loretta and her organization embodied and implemented an explicit intersectional framework to communication strategies. Her description of reproductive justice as a Venn diagram addresses the layers and connections among identities. Although Loretta pointed out that the original coalition had good intentions, what it was doing in practice wasn't moving the bar toward justice. Loretta, essentially, pointed out that the original coalition was just "checking the box." As long as "women" were checked, the legal ramifications would protect "all" women. However, after conducting listening circles and researching past bills, Loretta realized that a lot of groups were left out, which she

thought had to do with fact that the abortion fight was challenging as is and that adding a layer of undocumented women and trans people, for example, added miles to an already long, uphill battle.

Loretta referenced the final bill, the Comprehensive Women's Health bill (SB 894), introduced in the Oregon Senate in 2016. The American Civil Liberties called the bill trailblazing and groundbreaking: "We believe every Oregon woman should have access to the full range of reproductive health care" (ACLU, 2015, para. 10).

Loretta, however, didn't share the ACLU's perspective, saying the comprehensive women's health bill felt "like a loss—like a huge loss." Up until this point, Loretta and other reproductive justice advocates were fighting for explicit language and naming, and to include diverse, marginalized populations in the write-up of the state senate bill. Loretta outlined her reasoning for why even calling the bill the "comprehensive women's health bill" felt like a loss, especially when it came to gender identities and citizenship status:

> And even from the beginning it was only called Comprehensive Women's Health, so it was never as broad as we wanted it to be in the messaging. And then, undocumented women were originally in it and were taken out early in the process. And they were promised, we were promised [my emphasis], that there would be a side process to fund undocumented women's health that would include a note for abortion that never happened.

Loretta continued:

> We never lost women. Like, it was a non-starter for people to not frame it around women's experiences, even though they could hear and understand that trans

people would also need access to an abortion… we need to know it's our women's bill.

To Loretta, and many reproductive justice advocates, partial representation wasn't an option. Loretta told me it's not true justice until those most vulnerable are included.

Another finding to emerge from the data stressed not only the importance of language, but acknowledged the tension between open, vague language and explicit, direct language. As Oliver pointed out: "Language can inspire people to do horrible things and language can inspire people to do wonderful things." Most participants alluded to this, suggesting that the language they chose was very crucial to their mission; however, the tactical approach for language construction to do good or do harm varied based on whether or not the participant used an intersectional approach to their work.

Vague, open language brings us together. Oliver, who was housed in a policy-driven department, was looking to bring people together through language. Oliver works for a very politically polarizing organization (at least in perception) and Oliver looks to sway people to "his side" by searching for common ground, essentially looking to soften the polarization. One of his primary tactics is a "show me, don't tell me" approach.

"Show me, don't tell me" strips labels and seeks to appeal to ideologies, values, or other psychographics. In the pro-choice/pro-life debate, which can be fraught with "us vs. them" language, Oliver uses conservative frameworks to appeal to those who may think they identify as pro-life and bridge the two "opposing" sides. For example, Oliver knows that many conservatives are concerned about government influence in the private lives of Americans. Rather than telling people "don't vote for so-and-so politician, he is pro-life" Oliver will instead show his audience the politician's voting history and make

connections outside of labels. The politician moves from pro-life into another realm of a person who wants to regulate and politicize health.

Naomi and Loretta's point regarding explicit language, juxtaposed with Oliver's attempt to soften polarizing binaries such as pro-choice and pro-life, highlights the challenge in finding inclusive language. Whereas Naomi suggested that the explicit was what made organizations inclusive, Oliver approached inclusivity with the hunt for middle ground—language everyone can identify with. All are examples of professionals doing what they think best in order to achieve their organization's goals. Language, storytelling, and voice amplification are tools sexual health professionals use to communicate their messages to intended audiences. Often times, those target audiences include other organizations. The next section explores how participants understood and conceptualize coalition building with other organizations, or what I coded as "the table."

The table: Partnerships and coalition building

The metaphor of the table was a common way for participants to explain how their organizations engaged in coalition and partnership building. Participants talked about the table as a literal and figurative space where community members and leaders, organizations, politicians, and other publics could join to discuss, debate, and brainstorm strategies to achieve goals relating to their organization's mission or the goals of a partner. The table was also a place for ballot measures and policy initiatives to be critiqued for inclusive, explicit language. For participants, the table was a space for education, often times through storytelling. Who was invited to the table, and what stories were told, often depended on who was hosting the table and the degree to which their mission was intersectional.

Participants thought about the table two ways: the "invitation only" table and the "community table" table. These codes manifested in how professionals, advocates, and organizations approach ownership and leadership of the table (i.e., leadership and direction of the coalition and the coalition's mission). The invitation only table, which I'll discuss next, consisted of professionals invited specific people and organizations to *their* table.

Help me, help you: Coalition building through invitation. Days after we talked, Maya, a marketing director, was launching a new hormone provision program for local transgender communities. Maya walked me through the process:

> [The project has] been a labor of love. And it has been a complete learning process for me, one not being entirely familiar with the transgender community… [it was] kind of stripping down to the bare basics and learning for this community and taking feedback and directly applying it to the project going forward.

Interest in the hormone provision initiative started before Maya joined the marketing team. In order to proceed with the project, Maya and her team held a series of focus groups with transgender people, which she said was "completely eye opening." These focus groups helped inform the project in such a way that it dictated specific plans, such as having medication on site, which was something not previously considered by Maya and her team, despite the fact that Maya's organizations is stocked with hormonal birth control and other contraceptive medications.

I asked Maya how she knew who to market and promote the new hormone provisions initiative to. That was something that Maya hasn't "completely nailed yet." In

order to understand, Maya and her organization pulled together an advisory board. Maya explained:

> We have an advisory board of transgender folks within the community who sit on our board and help, kind of just answer questions… kind of tell us, "Yes, you're on the mark with this" or "No, absolutely not, that is completely wrong, don't do that," to literally that effect… we formed this advisory board of various community partners, different organizations throughout [the city] to help us… because, unfortunately, we don't have a transgender person on our steering committee internally. And so, that was even brought up that we lose some credibility by not having that. So, the advisory board is our answer to that.

Bringing people to the table based on specific identity traits, such as inviting someone from Asian Pacific Island (API) communities or constructing a transgender advisory committee, was interpreted in three different ways by participants. First, some individuals and organizations didn't even consider this to be a viable option. The other two approaches to specific identity recruitment was interpreted as either a check-the-box type of tokenism or as true, intersectional collaboration, based on whether participation was additive or transformative. Depending on how respondents understood the invitation often led participants to question: whose table is this and what's my role when seated at it?

We don't need diversity! Some sexual health professionals view and engage with coalition building in ways that tokenize and pursue assimilation. Others, however, reject a need to engage with diverse populations altogether. Kira, a newly hired director of equity and inclusion, noticed during the hiring process that before she could even

address how her organization handled community partners, she needed to address diversity from within first. She admitted her surprise when she came to interview for the job that the organization didn't attempt to "parade the black people in front of" her. She explained:

> The interview panels that I was in were predominately white… not totally white, but predominately white… There were a scant few people of color in those interviews, but they didn't even bother trying to get a black person…and [this wasn't coming from] a perspective like, "That's not within our values, that's problematic, it's tokenizing, we're not going to do that." It just didn't even occur to them.

Kira noted that her future employer (current employer at the time of our interview) was oblivious to what she, as an African-American woman, may need from her employer, such as people who might understand her lived experience and how to ensure that commitment to her as a future employee.

Kira, however, took the job—primarily because it was within her job description to help her organization get to that point of consciousness. Kira told me about her organization's historical and contemporary institutional connection to white feminism. In addition to those institutional roots, as the equity and inclusion director, Kira dealt with a unique challenge regarding the real and perceived demographic make-up of Oregon. We joked about what stereotypes come to mind when thinking about her city, and she asked me, "As you list off, does really white land on that list?" We talked about the challenge she faced working in a very white organization, in a very white city, which has been plagued by gentrification:

[My city is one] of the whitest metropolitan areas in the country. This neighborhood [where her office building was located] was sorta the exception to that. This is a historically black neighborhood in the community and gentrification started in the 70s and 80s here, and it was really, really intense, and this building was sort of the version of gentrification that happened in the mid-2000s.

For Kira, the damage and trauma her organization caused in the community was deeply rooted in its mission, goals, and practice—as exemplified by gentrification and the lack of even a tokenizing attempt at diversity during the interview process. As she saw it, before she could implement a community outreach initiative, she needed to do internal work.

As the equity and inclusion director, it was Kira's job to identify issues revolving around missed opportunities, ignorance, and blatant rejections of diversity efforts—she looked to practice intersectional work in an organization historically committed to check-the-box strategies of building diversity. Julian, on the other hand, almost embraced his organization's complacency when it came to reaching out to diverse audiences.

As his organization's grant writer, Julian's organization's demographics and "numbers," as he put it, suggests that "we don't have much diversity." The lack of diversity, however, isn't his or his organization's fault, but "just the context we're working with." Julian explained the public relations challenge in this. He gave this example, "Say we were going to make a pamphlet or something like that, it would be really weird if we had like one person of every racial makeup, because that's not really representative of the population we serve." Julian gave a more specific example about how he tries to navigate diversity goals as it relates to how he interprets his audience:

National African-American HIV Awareness Day was just last week. So, we did all this stuff on our website, posted about it on Facebook, did all this stuff for social media. And then the NAACP of [county redacted] wanted us to send them our page and they were gonna link to it. We like to remind people that one of our messages is that HIV prevention is a yearlong thing. There's all these days of awareness—world's AIDS days, but we also emphasize that this is a day to particularly focus and to take time to reflect.

Julian highlighted the tension of avoiding singling out and tokenizing through these days of awareness, while also seeing a disconnect between his organization and more marginalized populations. He noted that a message suggested from a national governing organization, "I am my brother and sister's keeper," didn't resonate with his population as much, therefore he decided to leave that out during his National African American HIV Awareness Day promotion. To address African-American communities with this vernacular felt inauthentic and some "weird thing you gotta tip-toe around."

Julian, however, could justify these actions because at his organization's core, he and his co-workers were concerned about one audience: those living with HIV and AIDS.

Luckily for us, what helps us for those types of situations is we have a lot of people on our board living with HIV. A lot of people on our staff are living with HIV. We have people on our board who are former injection users, people on our staff who are former injection users. So, we're able to show we're representing our population.

"Do we have everyone here?": Additive approaches to coalition building.

Participants such as Julian and Kira addressed some of the challenges organizations face

when building diverse partnerships and the importance of looking within. Kira noted that before her organization could even think about trying to ethically and intersectionally approach other organizations, a lot of work needed to be done to change the internal culture. Julian highlighted the challenges he experienced when trying to be authentic and do outreach to organizations and clients he felt identified with demographics outside of those his organization serves.

Kira and Julian work in organizations that tend to take an "invitation only" approach to coalition building and community outreach, which was further coded as a "diversity doesn't reflect our reality" approach. Julian felt bound to work, market, and outreach to his clientele, which he identifies as primarily gay, white men living in specific areas of Oregon. Although partnerships and diversity-driven outreach strategies were something he'd like to pursue, Julian expressed that such a strategy would almost be a disservice to the make-up of who uses his organization's services.

In the middle of this spectrum, however, were professionals who recognized their organization's limitations when it came to reaching diverse and intersectional audiences. They looked to add voices and stories to coalitions, projects, and initiatives—or bring diversity to the table. The analogy of "bringing people to the table" was one of the most consistent themes across the interviews, with interviewees using the table metaphor, in both additive and intersectional ways, a total of 38 times. The additive approach to coalition building, which takes on a checking-the-box framework, uncovers identity gaps in organizational strategies and seeks to add representatives to fill that gap.

The transformative, community table: Intersectional approaches to coalition building. The reproductive justice table was a metaphor used to describe how advocates

understand the role of coalitions, with the organizations and community members meeting a figurative table. Reproductive justice advocates espoused the table metaphor more frequently than other participants did, often as a critique of non-intersectional coalitions. Their argument often coalesced around the intent and manner in which people were invited to the table, which affects the power dynamic at the table. For Naomi, how she and her organization conceptualize intersectionality has a lot to do with how they understand the coalition building and community relationships. Naomi explained:

> We want to see ourselves as connected and in this together, and we want to be able to advocate for ourselves and for each other. Not in a way that's like, "I speak for you" but, for us, what that means is that we have to make sure whatever programming we do and anything we do in the organization, there needs to be a multiplicity of identities and communities. And how do you approach that in a way that's not tokenizing and you're not a diversity bank?

Naomi continued, citing her organization's commitment to be youth-led:

> What does it mean to be youth-led—what that looks like is, our program coordinator was hired when she was 19, our program director was hired when she was 19. One of our co-ED [executive director] was hired when he was 26…our board is—we have 25 board members and at this point I think it's either 75-80% people of color, and 70% are 25 and younger, with our youngest board chair being 14.

As Naomi, and Kira earlier in this section address, in order to make change within the community, organizations must have an explicit commitment to do the work within first. In other words, if an organization's mission focuses on diversity, intersectional

audiences, and social justice, those ideas and identities must be reflected within internal leadership. Kira and Naomi explained to me that it's important to do the internal work first, to truly embody that mission, before seeking to build diverse, intersectional, and social justice coalitions.

That's not to say that those who practice intersectional and transformative approaches to coalition building, however, don't find themselves a part of additive, check-the-box framework coalitions. Naomi explained what it feels like when she and her program participants are asked to show up, participate, or rally for other organizations that she feels embody the check-the-box framework. She discussed a friend of hers asking her to show up for a photo shoot at a local clinic:

> I have some connections at [local clinic] and they were like, "We're trying to do a photo shoot of POCs [people of color] and put them in our health clinics to show, like, these are the communities we serve." And I was like, "For sure!" and in my head I was like, "Oh, they are coordinating it, it's all them, there's going to be a lot of people there." And I didn't realize that I was bringing the only people they were shooting. I basically did all their outreach for them. Thankfully, I brought six people, because if I didn't, who would [they] have been shooting? It was dumbfounding that they really didn't know how to engage.

Naomi, who talked to her friend who works there, believes it comes down to giving historically and institutionally marginalized individuals power: "[My friend] is the only black person who's on their outreach team and she's just like, 'They don't give me no power, they don't let me do anything, everything's so controlled.'"

The previously described axial codes--stories/voice, language, and coalition building--emerged from dedicated individuals working to better the lives of their clients, audiences, and constituents. The final axial code to emerge acts as a foundation and driving influence to the decision-making, strategies, and tactics implemented by the participants: the role of identities. The following section explores more in-depth how participants made sense of identities, both of their own and of their audiences, and the role identity plays in intersectional sexual health practices and communication.

Conceptualizing identities and intersectionality

When talking about identities, participants varied in how they conceptualized the term. Nicole conceptualized identities, specifically gender, as a cloud. Talia preferred to talk through gender and identities using metaphors, such as braids and ropes (i.e., our identities are strands of a rope or hair and when braided together make us who we are). Naomi considered die-hard interests to be a part of her program participants' identities and she found it valuable to know if they were "huge AdventureTime fans." Others talked more generally about identities as being dynamic and intersectional.

For this study, it was important to honor these diverse understandings of identities and intersectionality. When I talked to participants about identities, each participant initially focused on the demographic side of identities. LaLa talked about navigating her field as a woman and how that changed when she became a mom, Loretta's racial identity was very important to her professional advocacy, and Kati talked about how living in a rural community influenced how she understood her organization's goals and messaging. Although at its face this is a demographically driven and somewhat static approach to

understanding identities, reproductive justice advocates took the issue one step further and conceptualized the role intersectionality plays in identity conceptualization.

Conceptualizing intersectional identities. Reproductive justice advocates took time to address how intersectionality influenced their conceptualization of identities. Many brought up how oppressions are institutionally driven and therefore linked across identities. For example, Naomi referenced "The Audre Lorde quote of 'there's no such thing as a single issue struggle because we don't live single issue lives' or the Fannie Lou Hamer quote 'Nobody is free until everybody's free.'" For Naomi, those two quotes summarized the importance of intersectionality: the interconnectedness of identities and the movement's commitment to multi-faceted and multi-issued justice. Naomi, and many others, stressed that the way to see intersectional identities is about pulling out from a narrow, micro understanding of an individual and finding the connection to others.

This commitment to interconnected, multi-issue justice is most evident in how and why reproductive justice advocates build intersectional coalitions. The intersectional coalition, partnership, or, more abstractly, the intersectional table is a tangible manifestation of intersectional connections. This commitment also manifests in how participants understand their own identities and the role they have in the sexual health and/or reproductive justice movement.

My identities

Participants in the sexual health field are trained to consider identities—not just how to make the space safe for diverse identities, but how to present their own identities. When I talked to Steph, we began the interview with her description of how she arrived at her job and this immediately launched her into a discussion about her identities,

specifically her gender identity: "I identify… I female identify [and use] she and they pronouns. I recently incorporated using they pronouns." She told me that although she identified from an early age with more gender neutral approaches to gender identities, she also found it important to model her pronoun use and fluidity with her gender identity for her high school program participants. Her lived experience as a child embracing gender neutrality, but not fully understanding the nuances and degrees of gender identity, in combination with her trainings as a sexual health educator, influenced her professional persona. Stephanie's lived experience, therefore, had a profound effect on her life and her lived experience as a sexual health professional.

My lived experience. When it came to the participants' understanding of their own identities, most sexual health professionals defined themselves through their lived experiences. Stories emerged from the findings about how college and higher education, such as particular programs, degrees, and study abroad experiences, influenced how participants understood their professional identities in relation to experience and career path. Others told stories about how personal triumphs and obstacles influenced their professional personas. As Loretta put it, "All of my work has been personally driven in some way or another," which appeared to be her iteration of the Combahee River Collective's 1970s battle cry of "the personal is the political."

As with other codes that emerged from the data in this section, participants embodied components from each of the following open codes: "my identities help" and "my identities hurt." Some individuals, such as Talia and Ellie, found that in a perfect world they wouldn't be the ones doing the work that they're doing (i.e., my identities impede my work). Others, like Iris, Nicole, and Quinn, found their personal identities to

be crucial to their professional identity (i.e., my identities are helpful to the work I do). The first subsection regarding identities explores the data that emerged around "hurtful" identity characteristics.

This shouldn't be me. By the end of our interview, I was unsure what to do with Talia. She was obviously emotional and I was debating whether to reach out and offer her a hug. After almost two-hours of talking over tea, Talia became more and more distressed about her current work situation, "I don't know what we have to do, but we have to do something. We can't just do this the way it was proposed to me to do… at least, I don't think I can."

Talia described to me how she was recruited from her former job as a sexual assault response team (SARTs) member for the state to work as a sexual health educator for a sexual assault prevention organization in urban Oregon. Talia, a trained facilitator who often encouraged her teen participants to consider their identities, immediately established her positionality when I asked, "Who's Talia?"

> I'm a woman, my gender identity is a woman… and that's what I think about the most. It's so hard to think about it outside of that context. I say that I'm a Jewish woman, I'm a white Jewish woman. I talk about how I'm able-bodied, I am a U.S. citizen, I'm an English-first speaker—I'm thinking of my identity wheel, I'm going down the list.

It was important for Talia to be very upfront with her identities, not only with me but with her program participants as well. She implemented sexual assault prevention and sexual health programming in high schools, often working with teens who may have never encountered this type of curricula. This head-on approach to an honest and open

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disclosure of her identities, especially her privileged identities, forced Talia to contend with those privileges, which was something she struggled with early in her career.

After Talia graduated from her master's program, she explored iterations of her degree in the professional world. She decided she wanted to add a language to her toolkit and eventually moved to Ecuador to work with a domestic violence legal aid clinic. Immersed in a new language and culture, Talia found it challenging. She told me, "In terms of my identity, my work in Ecuador is really complicated." She continued:

I was working with this organization and volunteering. So, there's indigenous women and the mixed women [in Ecuador]. All the women who I worked with were women who came from a high class and they were mixed—they weren't indigenous. The prejudice and discrimination whenever an indigenous woman came in was super screwed up. [For example] there was a woman and she had a little baby on her lap and she was pregnant. And the lawyer, she was the head lawyer of where we were working, she said, "This is a visitor [Talia] in our country and I want our visitor to see how you act." She was like, "You're in a violent relationship and you have a child that's how young? And you're pregnant again. [Turning to Talia] This is what's wrong and she expects it to change." As a white woman who's in a different country I was like, I don't know what to do. I don't know what to do. I didn't know how to… can I confront this? Do I confront it? I just knew I couldn't make a difference there.

Talia struggled with finding a place that she felt her identities not only provided her an opportunity to make a difference but also didn't contribute to an oppressive cycle of valuing specific identities and positions (e.g., whiteness). As Talia and I talked about

this tension, it became apparent this wasn't a struggle she left in Ecuador. Talia's nonverbals (e.g., distraught vocal tones, furrowed eyebrows, overall discomfort) suggested that this tension was more stressful here in the United States.

Talia was tasked with reaching populations she believed weren't reflected in the mission and leadership of her organization. She explained, "We're just not reaching them. I mean, I think those [Talia's target audience] are the people who don't look like me. Who we reach are white, middle-to-upper class women. Or even lower… but white and cis-gender." According to Talia, her organization reflected a larger issue in the movement as a whole, "that it's very white-centered, very straight-centered."

Although Talia identified her organization as white, cis-gender, and straight-centered, her project at the time of the interview was "to reach a certain population, a certain oppressed population, a certain at-risk population," and 100% of her FTE was dedicated to this project (as per the funding guidelines). Although Talia made demands to bring in community insiders to help her develop the curriculum in a way that would be culturally sensitive and specific, she wasn't feeling confident that her requests would be met. She said, "I can't build a curriculum—I won't. I have to draw a line. I'm not just going to build a curriculum for this community. That's why I need someone from that community to help me build it, a partner."

Talia struggled with what many of my participants struggled with: an inherent understanding that a series of personal privileges, such as lived experiences, opportunities, and identities, or systemic privileges engrained in law, policy, and institutions, provided them the chance to do what they do. For some, their professional role was firmly rooted in the notion of "ideally this shouldn't be me."

Someone else should be doing this and I'm OK with that. Participants addressed the idea that individuals didn't deserve to be working in the areas they were, or that their identity in combination with their position was an injustice, was both held in positive esteem and negative esteem. Participants like Talia hurt knowing that they were doing social justice work from a privileged standpoint. Ellie, on the other hand, felt that when/if her position as equity and inclusion director transitioned to someone else, that that was the indication of a job well done. Ellie's positionality as a "white, middle class woman" provided her with the opportunity to speak on behalf of historically silenced voices because "people will always think that [she] know[s] best." And because of that, Ellie has "been able to change policy and programs in a way that might not have been successful by someone who didn't have the privileges that I had. And so really, in 10 years they [her employer] should not hire someone like me."

Ellie and I talked about the challenges in knowing that at the core of your work, a very real goal is to shift privileged, often overrepresented identities (in other words, Ellie and people like her) to the margins and center and recruit people identifying with institutionally oppressed identities. When I said to Ellie, "So that's how you know you did your job well—you're fired!" She replied:

> Right, right! And I think also part of the tension is that when I look at career development; I'm interested in equity and really who should be paid for that work—not me. It's also thinking about getting creative around: maybe I do this work not for my day job…It's such a privilege to be able to get paid to do this work. I'm so lucky that I get to work on social justice for the government. But then there's also a labor justice issue, which is: should a white woman be paid for

this? So, how do I, as a white person, as a person with a ton of education support

social change? Even if that means me stepping off to the side. And that is

something that I still wrestle with.

Although Ellie wrestled with the labor justice issue of her privilege and her identities as

the "sought out" identities to do the work that she does, Ellie's demeanor and nonverbals

suggested that she knew that privilege would continue to take care of her. She told me

about what it meant to be able to do her dream job:

I'm more committed to justice than I am a career path, so I'll be OK. If it means

that I can't have my full dream job, that's OK. Folks in communities of color, or

folks who are first generation to ever go to college—no one ever had a dream job

before. So they should have dream jobs! They're more qualified to have the

dream job around social change. And so I'm not guaranteed that. And when I start

to feel like, "Oh God, what will that look like for me?" It's like, what a cool thing

that I've been able to have amazing jobs. Maybe this looks like I do advocacy

work at night and work at the weird job during the day. Whatever. It's just being

flexible to the fact that this really should negatively impact me if I'm doing it

right.

There was a palpable difference between the anxiety Talia felt around her

identities and work and the anxiety Ellie felt. Each identified strongly with a list of

historically and institutionally privileged identities (e.g., whiteness, highly educated,

middleclass) and each recognized that their privilege allowed them access to spaces less

privileged identities often don't have access to. For Ellie, however, she expressed a

degree of contentment knowing that she may be looking at other careers in the future. For professionals such as Talia, however, this can result in an extreme anxiety.

Privilege awareness anxiety. During our interview, Kira brought up a point that really stuck with me, the concept of privilege anxiety. The more she described how she understood this, the more I felt this could be applied to some of the interviewees I talked to and the stories previously described.

Kira first began to think about privilege anxiety when she and her co-workers from across the country attended trainings by the Perception Institute, an organization of researchers, activists, and communication specialists working to reduce racial, gender, and identity difference discrimination (Perception Institute, n.d.). The Perception Institute was implementing trainings in one of three areas: implicit bias, stereotype threat, and racial anxiety. It was racial anxiety, a "somewhat new concept" for Kira, that gave "a name to something that I long experienced or thought about." Kira explained:

> [This] is the idea that people have racial anxiety when they are faced with conversations around racial difference. So, white people tend to not want to engage, they get really awkward and they have lots of questions and they withdraw. [For] people of color, their risk is: will I be seen as militant? How do I participate in these conversations, what are the risks? Behaviors from both sides are just kind of awkward.

For Kira, however, this isn't just a phenomenon she's witnessing regarding racial relations:

> For me, I'm kinda starting to take either of those in a different direction, because I think something that I'm witnessing here and seeing often in other places is sort

of to use both of those [this includes racial anxiety and white fragility, a concept she raised previously], is privilege anxiety. It's not just around race, but men who freak out about talking about gender. And straight people who don't know how to deal with queer conversations. So, this idea that when you're on the privileged side of an issue, that creates a lot of anxiety. But then also, if you're not on that side of it, what… how is it impacting you?

Kira described the anxiety around wanting to avoid the conversation, due to a variety of reasons as she outlined above. My participants, however, are trained to engage, but many still felt anxiety around their privileges—it was a privilege awareness anxiety, which could be debilitating to their work and professional self-perception.

Not all those interviewed felt anxiety or strain about who they are or how their identities influence their work. The last code emerged from participants who felt their identities directly affect the work they do and how they understand their target audiences.

Social justice abroad, social justice at home. As I interviewed participants, I noticed that a lot of people in reproductive justice and sexual health were Peace Corps and international service-based travel veterans. For example, Julian, Iris, and Nicole all had between six-month to two-year long stays in African countries (South Africa, Rwanda, and Ghana). Nicole took some time to join the Peace Corps to do community and public health for "her" community in Rwanda (although she used the phrase "her community," Nicole was not from Rwanda). There, Nicole led sexual wellness and youth empowerment camps. For Nicole, her experience working with youth in Rwanda "led me to the work when I got back."

Iris found her experience with the Peace Corps and traveling in general to "inform" her work as well. Before enrolling in a London-based master's program in public health with a focus on developing countries, Iris worked as an HIV/AIDs specialist in Ghana, essentially completing her fieldwork before her coursework.

Julian described his internship abroad in South Africa in a little more detail than the Peace Corps participants, possibly because he used the experience to write his undergraduate thesis. South Africa, as Julian explained to me, has the highest rate of rape in the world, which translates to a high rate of HIV transmission via rape. Part of his job in Cape Town was to bust myths, such as a person could cure HIV by having sex with a virgin. Julian told me that the exposure to stigma and myths, along with the opportunity to embed in a culture and use his observations to write an undergraduate thesis, helped him get his job as the grants and communications coordinator at his sexual health organization.

Julian, Iris, and Nicole all cited very distinct personal experiences that influenced their career trajectories. Working abroad in Africa flipped the switch for these participants regarding majority and minority affiliation. As Julian said, "we would go to the townships and I would be the only white person and only male in the room." For other participants, such as Naomi, Loretta, Grace, and Liddy, their identities drew them to and informed them about their work and mission. As Loretta said, "all of my work has been personally driven in some way or another." In other words, for these participants, the personal is the political.

My justice is reproductive justice. Irma made no issue about it—a big part of the reason why she felt drawn to the state's pregnancy prevention program had to do with

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her own pregnancy at the age of 18. Programs like the one Irma worked on would have helped her as a high schooler. She told me, "It wasn't until much later that I realized, I was really too young to be doing that." Where my previous subsection outlined the role experience plays in one's professional development, this subsection describes how intersectional identities influence one's career. For Irma, it was her identity as a teen and young mom, compounded with her experience growing up without adequate sex education in the late 1980s, that brought her to the state to work in various stages of sexual education programming and curricula development. Irma experienced first-hand how hard it was to be a young mother and felt her identity could bring a lot of value to her team's understanding of pregnancy prevention initiatives.

Others expressed a similar sentiment that their identities could influence the work they did and that they felt drawn to the work based on who they are. Part of that included political and ideological affiliations. For example, many participants identified as feminists, pro-choice, anti-racist, and/or liberal. For some participants, however, their identity connection to work was much deeper than a choice like political party affiliation. These participants recognized and understood their membership in institutionally oppressed groups.

Liddy's advocacy on behalf of sexual assault survivors and the strategies she used to implement that advocacy were powerful. "I was raised by two women in a rural community in Oregon," she told me. "I attended a private Catholic school, and a nun there had a huge impact on me. Sister [name redacted] really instilled in me that we could do anything and that it was OK to be loud and opinionated." Growing up as a bicultural Chicana in a rural town with strong women really imprinted on Liddy. Although she had

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these strong, empowered role models, she experienced oppression early on, "I was privy, unfortunately, to a lot of racism and a lot of sexism." It was that racism and sexism from her youth that brought her to the anti-sexual assault movement. She explained, "and also, my mom's a survivor. So, and I just felt like, this is what I should be doing."

Grace was adopted from South Korea and grew up in a bicultural family on the east coast. After coming to Oregon to begin a master's program, Grace yearned to connect with people who looked like her. Once she completed her degree in conflict resolution, Grace began pursuing a membership in her local culturally specific organization and she later gained full-time employment. As a self-identified queer woman of color, doing reproductive justice work for a culturally and racially specific organization felt like a natural decision.

Loretta didn't waste any time describing how her personal is her political. As I asked her introductory, get-to-know you questions, Loretta dived right in: "I think I'll start personally, because that's usually… all of my work has been personally driven in some way or another." Loretta described growing up in California until the age of 8, when she moved to Oregon:

> It was a huge culture shock for me to go from being in classrooms mostly filled with people who looked like me to being in a classroom with… I think one grade down from me there was a set of twins who were Latina. And between them and my sister, we were really it for the school. I think that gave me an opportunity to understand what it was like to really be one of few. [To grow up] in a mostly white community.

That early awareness of what it was like to be "one of few" primed Loretta to pick up on other issues of inequality at a young age: "From a young age the fact that there were different outcomes for us [her and her sisters] because of being Latina and because of being women and a bunch of different things, felt really clear to me." It was this clarity, and her family's prioritization of education, that drew Loretta to issues involving "access to education" and began "caring about equitable access of resources for communities of color and women" from this clarity.

Kira, who for years worked in a variety of equity and inclusion offices across northern Oregon, felt her identities influenced future directions she hoped to take with her organization. Kira believed that fat acceptance and fat liberation was the next social justice issue her organization, and the movement as a whole, needed to grapple with. She explained:

> I think it's important and will become more important in time. I have a personal interest in that, obviously. I think [organization redacted] will be one of the ground zero places where the confrontation around obesity and health and healthcare kind of collide. If we as an organization are committed to nonjudgmental care, if many of our patients are women, if we are having conversations around reproductive justice, which often includes conversations around sex and sexuality… and the demographics around size are continuing to go in the direction that it's going in this country, or even stay exactly the same, we will be in a position where we have to deal with fatness… that is culturally competent, that is not pathologizing.

Kira was the only participant to address size and fatness. Her perspective wasn't limited only to her call-to-action but to her own advocacy and self-care routine:

Self-care is something really important and is something I'm not very good at. Self-care is one of those things that there's no right or wrong way. I think people think I do self-care, and it's not self-care for me. So, for me, you may have noticed I wear makeup and do my hair and nails. I maintain my appearance. And other people are like, "Oh Kira, she goes and gets manicures and pedicures, that's her self-care." That's not self-care for me, that's participating in the beauty industrial complex. And the reason why I do that work around my appearance has a lot to do with my status as a fat, black woman in a professional world.

The data indicate that sexual health professionals are very aware of the role, power (or lack thereof), and privilege (or lack thereof) of identities. As Kira, Loretta, Liddy, and others pointed out, the identities of the individuals doing the work influences a plethora of things from agenda prioritization, how they got into the work, the language they use, the stories they tell, and the voices they want to amplify.

Summary of findings

A few interviews in, I was feeling nervous. I was unsure what my results were and how my data were answering my research questions. I went in wanting the concept of intersectionality to be a driving, and exciting, force in all of my participants' work. Unfortunately, or at least I thought unfortunately at the time, that didn't happen. The concept of intersectionality wasn't top-of-mind for all of my participants.

My analytic memos from this time ranged included a lot of self-doubt, with comments like: "I'm not sure how it'll play out" and "I'm still really struggling talking

about identities." Although I knew deep down that I was finding things, a part of me was

terrified when it came to my last research question about the practicality of

intersectionality, the answer was going to be: impractical.

When Ellie named the concept of reproductive justice during my seventh

interview, the stories and my findings started to come together to describe how sexual

health professionals could practice intersectionality. Reproductive justice advocates, as

described by Loretta, understood that sexual and reproductive health existed in the center

of a Venn diagram—the exact moment at which racial, economic, gender, environmental,

and disability justice overlap (just to name a few). Loretta and Ellie introduced me to

more reproductive justice advocates, and although the stories and experiences differed,

the reproductive justice themes, which turned into the findings described in my results

section, were the same—don't make people check boxes, understand that all of our

oppression is linked, be explicit, be brave, and imagine a table that centers even the most

marginalized voices.

It was when I began thinking about my own findings through a reproductive

justice framework that I began to interpret passages and quotes with more intentionality. I

could see the commitment to intersectional work in participants I had originally thought

weren't thinking in those specific terms. Certainly, outside influences created many

challenges for participants, funding being the most obvious; but each individual identified

a group or population they wish they could reach (e.g., queer youth, Native communities,

and/or undocumented women). Although not as explicit, just wanting to reach out to

immigrant communities to provide young people with contraception, or reaching out to

trans communities to connect them with health care, is the beginning toward a shift to thinking and working intersectionally.

The remaining discussion and conclusion chapters describe, analyze, and interpret the codes that emerged from the interviews, connect the codes back to the literature, answer my three research questions, and outline concluding thoughts.

CHAPTER 5

DISCUSSION

When I first designed this study, I went in with the assumption that even the smallest organization would have an employee focused on communication. Having worked in the sexual health and feminist nonprofit sector between my master's and Ph.D. programs, I thought I understood the organizational roles and responsibilities held by professionals who work in the sexual health advocacy sector. My experience as a sexual health professional was situated in national organizations with localized affiliates, which employed always someone concerned with communication strategies. It was from this experience that I moved forward with my recruitment expectations.

Once I received IRB approval I began sending out recruitment emails to potential participants. I encountered recruitment challenges when most professionals responded to my request to interview them with confused disagreement and polite rejection. Time and time again I tried to convince volunteer coordinators, grant managers, and outreach specialists that I *did* want to talk with them. I found them online or through connections and reached out because they designed campaigns and thought about audiences, clients, and participants and, yes, they were indeed the people I wanted to talk to.

After numerous rejections I realized my specific language and vocabulary (e.g., strategic, communication, target audiences) wasn't communicating what I was actually looking for, which was to hear from people who are doing this work—period. My recruitment language ended up creating an entrance barrier for participants, and I was missing out on powerful stories and perspectives.

With that realization I changed my strategy from a clinical, additive approach (e.g., "I'm looking for you to fit A, B, C, and D characteristics") to a more fluid and open framework (e.g., "I'd like to talk to you about the work you do and how you do it"). The strategic shift in how I framed and talked about the issue in both recruitment and interview questions reaped stories, voices, and experiences that explored my set of research questions, specifically my last question, which addressed the practicality of intersectionality. Opening myself and loosening my rigid notion of who does strategic communication gave me two anecdotal takeaways for this study: the first is that sometimes the smartest strategy comes from letting go of public relations-school conventions of what strategy is and isn't; and the second speaks to the power of self-definition and how "forcing" labels on people can close doors.

The following discussion section explores how, why, and what it means when sexual health professionals implement intersectional communication strategies. While all participants approached their work with passion, knowledge, and a drive to enact change for their clients, two frameworks emerged as dominant methods for achieving their organizational and personal goals: a reproductive justice framework (intersectionally influenced) and a check-the-box framework (additively influenced). First, I briefly answer each research question; then I address the implications for both researchers and professionals.

Research questions

Because this study used a fluid and open interview approach, what I originally set out to answer is not necessarily what emerged as the important findings from this study.

Revisiting identity and intersectionality conceptualization. After conducting and analyzing 21 interviews, immersing myself in intersectional scholarship, and considering my own experiences, my conceptualization of identities and intersectionality has evolved from a place of sole scholarly importance (i.e., intersectionality is an insightful theory) to one of critical, practical importance (i.e., intersectionality is a crucial, *practical* framework that strategic communicators need to consider). I found as I read through interview transcripts and my reflective memos that to consider identities outside of an intersectional lens ignores the complexities of people and furthers marginalizes individuals, regardless of intentionality. For my own work in sexual health communication, my conceptualization of identities and intersectionality focused on the connectedness of reproductive justice, which I applied to my analysis.

Just as intersectionality developed as a response and critique to privileged-centered iterations of feminism and racial justice (see Collins, 1990; Collins, 2016; Combahee River Collective, 1977, Crenshaw, 1991; Davis; 2008; Nash, 2008), the reproductive justice framework developed as a response to the white women-centered rhetoric around reproductive rights and choice (Ross, Gutiérrez, Gerber, & Silliman, 2016). For example, choice is often a universal term for one's stance on abortion—a person is either pro-choice (pro-abortion rights) or pro-life (anti-abortion rights). This characterization of choice assumes that legal access guarantees that everyone will have a *choice*. Choice, however, takes on new meaning when examined through an intersectional, reproductive justice lens.

When deconstructing the term choice as it relates to reproductive and sexual health, it "implies a marketplace of options in which women's right to determine what

happens to their bodies is legally protected, ignoring the fact that for women of color, economic and institutional constraints often restrict their choices" (Ross et al., 2015, p. 12). For example, women of color's lack of access to health insurance means that Native women rarely interpret an abortion as a choice; it is instead often an economic necessity to terminate a pregnancy.

Because of this, the definition of choice varies based on one's intersectional lived experience. This example is a defining one for reproductive justice advocates because it acknowledges diverse lived experiences and complicates the idea that access and choice is the same for everyone. This example also highlights how individuals live complex, multi-issued lives. It further suggests that for reproductive justice and the sexual health movement as a whole to be successful, advocates must consider how oppressions are linked. In this example, it is explicitly linking reproductive health with economic inequalities or environmental issues.

As a teacher-scholar-advocate, this example provides a foundation for how I understand and conceptualize identities and intersectionality. Originally, choice to me meant the legal choice—once there was legal access to abortion, everyone could make that choice. Intersectionality and reproductive justice has taught me, however, that parity across all aspects of one's life is true choice. For example, when groups focused on Black Lives Matter bring their communities to the table through coalition building and work with Raise the [minimum] Wage initiatives, this partnership embodies the intersectional connection among race, class, labor, and opportunity and is in fact a reproductive justice issue. If parents cannot afford to raise their children in the manner in which they want to

raise them, and fear for their children's lives based on the color of their skin, their choice to raise their family as they wish becomes complicated and lacks true agency.

I approached understanding their identities in two ways: demographic identities and complex identities. For demographic identities, or census-like identities, I wanted to know how professionals understood the markers that made them them. For example, participants and I talked about their professional positions (i.e., their job title), race, gender identity, marital and parental status, socioeconomic status, and so on. Although I provided the space for participants to self-disclose and identify, I was still interested in how they positioned themselves regarding demographic identity markers. For more complex identities, these emerged through the stories and lived experiences expressed by participants. For example, some participants stressed how crucial their international experience was to their professional identity, others expressed very heartfelt and honest as to why they did what they did. Through their stories I was able to get a sense of their intersectional, complex identities.

Conceptualizing identities in this manner could be considered the top conceptual rung of the identity ladder. When I talked to participants about identities, each participant initially focused on the demographic side of identities. Considering demographics is a top-of-mind, easy to understand identity-centered strategy and is a practical first step to understanding and conceptualizing intersectionality (Bowleg, 2008).

The next step for participants committed to intersectionality takes the single-identity, additive approach to identities and layers on connection, privilege, oppression, and justice, which results in developing an intersectional worldview. For reproductive justice professionals, it's impossible to not see the connections among religion, abortion,

and environment, for example. Conceptualizing identities as fluid, connected, and intersectional becomes a paradigm in which participants can target publics, design campaigns, and measure effectiveness. And it is with this understanding that I approached and analyzed the following research questions.

Professional identities. The first set of research questions asked: How do sexual health strategic communicators define themselves in their roles as professional communicators; what identities are bound up in their professional personas; and how does intersectionality inform their identities, if at all? Regarding their identities as professional communicators, most participants did not identify as professional communicators, which became apparent to me before I conducted the interviews.

Some participants (approximately four) were "formally" trained as communicators through advertising, journalism, marketing, or public relations academic programs. Most, however, developed their professional identities from a space of situated knowledge. As Haraway (1988) suggested, when individuals centralize their lived experiences they can approach feminist objectivity, which allows for the self's collection of experiences to be situated in a time and place. In other words, although some participants went to the classes and received the degrees, their professional identities as sexual health communicators and professionals are not more qualified than those who arrived at the position because of their experience as an immigrant or a queer woman— each experience brings value and knowledge to the field.

Reproductive justice embodies the sentiments associated with Haraway's conceptualization of situated knowledge and characteristics of intersectionality, such as the centering of marginalized experiences. Because of this, the professional identities of

participants who practice reproductive justice were more likely (but not always) linked exclusively with their personal identities. Reproductive justice advocates commonly referenced "the personal is political," "all our oppressions are linked," and "I'm not free until we're all free." These mantras of intersectionality not only indicate the open nature of who can be a "professional" reproductive justice advocate but also the *need* to have diverse perspectives, which includes those without formal communication training.

That said, participants developed professional identities in other ways outside of personal and political motives. Many professionals networked their way into their current jobs, and I heard many stories of participants starting at organization A, which was followed by organization B, and then finally ended up at organization C. This coalition-style practice happened more commonly with smaller, grassroots organizations, but not exclusively. Participants who worked for larger organizations talked about more formalized job application processes (i.e., I saw the job ad, applied for it, and was interviewed). Those who followed the more formal path were more likely to have professional education and job training.

Although participants didn't spend a lot of time deconstructing their identity facets outside of a quick list, for some, just doing the work is somewhat revolutionary. Although few participants were in roles or major positions of power (e.g., managerial or supervisory roles), reproductive justice advocates were building their own power by running programs and developing their own curricula. For those engaging with youth and community members, their professional personas work to create legitimacy, power, and expertise surrounding sexual health topics (Munshi & Edwards, 2011). This can help dismantle closed, top-down homogenous power structures and challenge the assumptions

that those with privileged identities (e.g., whiteness) are the only ones with the voice to speak on the matter.

Publics identities. Exploring how sexual health professionals understand or try to understand the identities of target audiences is a crucial phenomenon for critical public relations scholars to investigate (Botan & Soto, 1998; Henderson, 2005; Moffitt, 1992). Because of this, the second set of research questions asked: How do sexual health strategic communicators construct the identities of the major publics; how does intersectionality inform these imposed identities, if at all; and how do these identities inform sexual health strategic communicators' communication strategies? This set of research questions can be summarized as either taking an additive, check-the-box approach or an intersectional, reproductive justice approach.

Intersectional publics. For reproductive justice advocates, when it came to understanding their clients it came down to honoring self-identification/disclosure and valuing the lived experience. By literally deleting demographic boxes from intake forms and providing blank spaces for their clients to fill in as necessary, reproductive justice professionals are empowering their clients to build power in their identities and lived experiences through storytelling and the centering of institutionally marginalized voices.

Storytelling helped participants empathetically experience the struggles, victories, and day-to-day experiences of their clients, which influenced how they developed projects, initiatives, and programs to fit and address those needs. Those who worked in policy used storytelling to put a face or experience to culturally controversial and divisive issues, such as LGBTQ rights or abortion. And it was through storytelling that

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participants could center the voices of those who are historically pushed to the margins and diversify conversations often dominated by privilege frameworks and ideologies.

Intersectional scholars acknowledge the role personal identities play in politics, which was echoed by participants through stories and examples of self-identification and lived experiences. Intersectional scholars center the concept of lived experience as a bedrock of intersectional theory, which emerged as an important concept for participants as well (Crenshaw, 1991; Haraway, 1988).

The centralization of the lived experience was fundamental to reproductive justice professionals. By focusing on marginalized stories and amplifying voices that are often silenced, reproductive justice professionals are practicing intersectionality by revolutionizing and deconstructing epistemological assumptions regarding who can be a part of this movement and how to best reach those individuals. In other words, this information comes from the bottom (clients, program participants, and direct services professionals) and works its way up, rather than a top-down approach.

Additive publics. Many feminist researchers agree that gender is a socially constructed identity and, for the most part, most participants held this perspective as well (Glenn, 1999). However, a few participants considered identities to be static, either through choice or the suggestion from supervisors or grant managers. Participants who derived their funding stream from a constant influx of grants connected their positions more frequently to particular either/or identities. For example, when receiving the money is contingent on reaching Latinas or transgender communities, it takes agency away from professionals to consider more intersectional identities. For others, their framework was more constrained in a personal understanding of identities as either/or. For example,

some sexual health professionals working for the state connected reproductive health with women's health. Participants made it very clear that although men do have reproductive health needs, the primary role for reproductive health initiatives was to serve Oregonian women.

Those goals and means of categorization proved to be crucial to those who discussed identities in more binary "check-the-box" ways. As Yuval-Davis (2006) suggested, humans tend to want to categorize and label things as a means of understanding. Individuals who felt reproductive health meant women felt strongly about their identification as a woman serving the needs of other women. That categorization becomes important to understanding who they are and who their clients are.

Reproductive justice. The third and last research question asked: How, if at all, do sexual health professionals practice intersectionality? Through the interviews I conducted in Oregon with those working in sexual health the answer to that is: yes, through a reproductive justice framework. An example helps demonstrate how this works in practice.

The challenging nature of intersectional work

One organization, which I'll call RJ+, was identified by many participants as a leader in reproductive justice work and agenda building in the Pacific Northwest. One of the reasons RJ+ was named time and time again was due to its reproductive justice workshop and training program, which I'll call Strong, which was developed as a tool for other like-minded organizations interested in adopting a reproductive justice framework. Many participants talked about RJ+ as being the reason they were doing the work they are doing. Some talked about how their organization got "hooked up" with other partners

through the program; others suggested that when their organization connected with RJ+ it served as a catalyst to how their coalition "expanded that table to make sure those underserved voices are a part of the conversation."

According to participants, RJ+ acted as the glue in which these organizations could come together and find common ground, and that common ground was a reproductive justice framework. By developing literature, trainings, and listening to different community needs, RJ+ was able to embody the center of the Venn diagram that Loretta talked about (the other circles being economic, racial, and gender justice) and show how one organization's racial justice mission intersected with another organization's economic justice mission.

Part of RJ+'s Strong toolkit was a selected history booklet of reproductive justice-related events. It started with the reproductive injustices experienced during colonial slave trade in the 1600s and working its way through U.S. history, including native children forced into WASP-assimilation boarding schools (early 1900s), the campaign to sterilize one-third of Puerto Rican women of childbearing age (1960s and 1970s), and the HIV and AIDs epidemic of the 1970s, 1980s, and 1990s (Brave, n.d.). These examples aren't listed in order to be analyzed as data but to suggest and exemplify the intersectional nature of reproductive and sexual health work and issues in the United States.

Not all of the timeline focuses on sexual health injustices, but the timeline indicates the both/and nature by which identities are affected by oppressive policy and legislation and highlights the deeply intersectional nature of sexual health and the reason intersectionality is so crucial to the field. That said, the intersectional nature of sexual

health issues doesn't necessarily translate into an easy or accessible way to practice intersectionality. The data collected from the 21 interviews demonstrate, however, that a reproductive justice framework can give advocates, professionals, and scholars the tools necessary to enact intersectional policies, strategies, and tactics.

According to Luna (2009), organizations focused on reproductive justice "offers an ideal case to extend scholarly understandings about social movement" (p. 350).

The data collected during my interviews explored topics related to how individuals saw and understood their identities, the degree to which their identities empowered them (or didn't), and the constraints they felt were placed on them from outside forces, such as grant guidelines, their organization's focus and mission, or community values.

Explicit ways of knowing: Intersectionality, lived experience, & language

In Mapping the Margins, Crenshaw (1991) outlined the problematic, violent nature in assuming universal intragroup similarities. As Crenshaw (1991) explained, for years, feminist research studied gender from a white woman's perspective. This understanding then formed laws and policies that ignored the dynamic and intersecting identities of non-white women. In the early 1990s scholars began to invest in other ways of knowing and their scholarships began to see a rejection of equality and an acceptance to ideas of difference (Collins, 1990; Crenshaw, 1991). By rejecting equality, which usually meant and means white women achieving equality with white men, and focusing on difference, an answer my third research question emerged, which asks whether or not intersectionality can provide traction in day-to-day practice for sexual health professionals. This answer, which highlights the shift from equality to difference, can be

defined as reproductive justice. Intersectionality is at the root of reproductive justice, and reproductive justice exemplifies the shift in sexual health that mimics the ontological shift in feminism.

For sexual health, the traction of intersectionality comes in two forms: explicit language and amplifying other ways of knowing (through stories, voices, and transformative coalitions). For example, Collins (1990) and the Combahee River Collective (1979) championed the power of self-definition. When identities are considered as an either/or position (e.g., sexual health professionals can *either* focus on gender *or* focus on class), sexual health professional lose the experiences and identities of individuals who identify at that intersection (i.e., poor women). Collins (1990) called on scholars to consider identities from a both/and perspective (e.g., sexual health professionals should focus on *both* gender *and* class).

Reproductive justice: Implications for feminist and gender scholarship

Scholars have long held gender to be the top identity priority for feminism (Harding, 1987), and from the interviews I conducted, sexual health is in line with feminism in this manner. All participants discussed at length the importance of gender and sexuality in the work they did, with some intersectional perspectives related to race. And just as sociologists and other gender scholars have struggled with how to view gender (biological or socially constructed), so did the sexual health professionals I interviewed. This slight distinction of whether or not gender is an analytical category or a product born from socially significant processes can result in either gender remaining a stagnant identity category (analytical) or can provide individuals with degrees of agency (process-driven; Glenn, 1999, Thorne, 1993; West & Zimmerman, 1987). When

approaching gender as a product of socially constructed processes, gender becomes a more fluid role to be constituted and reconstituted. In other words, gender (and the profession of sexual health) can be "done."

Doing gender and sexual health "correctly": The fight for clients and grants. One finding that emerged from the data regarding the performance of gender and profession relates to research questions one (how do sexual health professionals define themselves in their roles as professional communicators) and two (how do sexual health professionals construct the identities of their major publics).

The concept of doing gender didn't just apply to how professionals understood the identities of their clients but also how they understood their own identities. Most professionals were highly in tune to the ramifications of sexism and unequal power dynamics and talked about how the performance of their own gender and the performance of being a sexual health professional could either contribute to an existing power structure or dismantle it. For example, some white women talked at length about their role as a privileged white woman doing work in and with minority communities. The performance, or the "doing" their job, at times feeling unauthentic and problematic. Other participants echoed this sentiment—that by them doing sexual health social justice work a more privileged individual would be categorized as the "natural" source of expertise, knowledge, and empowerment regarding sexual health and reproductive justice.

Just like men and women often have a vested interested in doing gender appropriately or in other words having their gender performance fit into the normative societal standard; some participants reacted to the white woman-centered nature of the

sexual health field and felt uncomfortable being the "appropriate" person to do the work. To further complicate it, reproductive justice was born as a response to this hegemonic interpretation of reproductive rights and seeks to redistribute power to more marginalized populations (e.g., women of color, queer women, poor women, and the intersections of all of those). This puts white-identified participants in compromising positions. They recognize that doing sexual health in the "acceptable" way means delivering additive, top-down messages and remaining the experts. The alternative of joining the reproductive justice movement, however, was just as challenging because for these participants doing reproductive justice meant taking space, often times literally through appointments and job placements, from communities of color and recentralizing a white, privileged perspective.

Although practicing intersectionality can be fraught with challenges and failures, it's not without opportunity for success. Just as gender and professions can "be done" so, too, can intersectionality through valuing lived experience and creating knowledge based on those experiences.

The personal is political: Identities and the opportunity for transformation

"The personal is political" (Combahee River Collective, 1979). This call had a profound effect on participants in the ways that they conducted themselves as advocates, professionals, people, and the sometimes messy combination of all of the above. This drive to bring the personal into the political was at times empowering or debilitating and confusing. This all derived from the level and degree of privilege that the individual's "personal" possessed.

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The call "the personal is political" extends beyond just advocacy work. As Collins (2016) suggested, the work we do can be a site of political intervention. Universities tend to be silo-ed in additive ways, with specific departments focusing on ethnic studies, feminist and gender studies, journalism, and so on. University professors, especially those working in applied emphasis areas such as advertising, public relations, and broadcasting, should consider their disciplines to be sites of intervention. Applied topic area professors have the opportunity to encourage and challenge students to change discourse through their careers as public relations professionals, reporters, doctors, and economists. As a teacher-scholar-advocate, there's a lot of power in my role as a strategic communication instructor working in higher education. I make it a point to live and practice my advocacy in the classroom, which as Collins suggested, is an intersectional political act worth noting.

Intersectionality is a critical addition to critical public relations discourse, scholarship, and practice. The feminization of public relations in the 1980s didn't necessarily turn into a feminist-zation of the field. Women account for 70% of the positions but only 30% of the top jobs in public relations, with those women experiencing a gender wage gap (Waddington, 2016). However, when articles such as Waddington's don't take into account the intersectional identities of public relations professional, solutions become whitewashed. Waddington (2016) suggested the issue of the gender wage gap "won't be tackled with a single solution" and continues to list "pay transparency, equal representation, agile working, communities, the nature of the work itself and the reputation of the profession" as all possible solutions (para. 24). Waddington neglects to identify the role that race, ability, class, education level,

citizenship status, and the intersection of these identities plays into a phenomenon such as wage gaps.

When it comes to addressing the intersection of gender and race, women of color are experiencing dual oppressions. As Munshi and Edwards (2011) suggested, success, legitimacy, and power are often accessed from the top, and usually those positions held by white men. However, getting white women in power isn't necessarily going to help women of color, nor women of other races, classes, religions, abilities, sexual orientations, and other identity markers. This study suggests that the diversity within the organization has a profound effect on the campaigns an organization develops and the audiences the organization reaches due to the diversity of the professionals' lived experiences.

For example, some participants in organizations that were predominantly one demographic (e.g., mostly white or mostly cis-gender) often had trouble reaching out to other, usually more marginalized demographics. These participants viewed the cause as a lack of organizational diversity, which was reflective of the larger community. Other participants, however, would suggest that a lack of organizational diversity reflects a lack of audience diversity for the organization—that it's a cyclical event. For example, if a white person works with predominately white co-workers on campaigns aimed at predominately white audiences, they may find it challenging to develop messaging for minorities (one could substitute in any privileged identity here: white, male, straight, U.S. citizen). Theoretically, however, if a minority was in this position, they may feel more comfortable and find it of the utmost importance to target minority clients explicitly and directly.

To use an example, this becomes more urgent when one considers the intersection of race and HIV/AIDS status. According to AIDS.gov, black/African Americans are disproportionately affected by HIV and represent 44% of new HIV diagnoses (African Americans account for 12% of the population). And, while a commonly held assumption is that gay men and men who have sex with men (MSM) are the most affected groups, young black MSM are more likely to be diagnosed with HIV than white MSM (AIDS.gov, 2014). Although some participants pointed out that the overwhelming white demographic nature of Oregon's population drove their selection of target audience, African Americans in Oregon are four times more likely to be diagnosed with HIV than whites (Oregon Health Authority, 2015). Additionally, when one takes into account gender, black heterosexual women are more likely to contract the disease than are non-Black women and black heterosexual men (AIDS.gov, 2014).

When participants, even jokingly, suggest that "Oregon is so white" and use that their justification for the demographic make-up of their leadership, board of directors, clients, and volunteers, they are ignoring people of color from the state and the conversation. For example, in 2010 (the most recent Eugene, Oregon demographic statistics) the 15% of the population identified as non-white (U.S. Census, 2015a) and in Portland 25% of the population identifies as non-white (U.S. Census, 2015b). Statement and reasoning such as, "Oregon is so white" erases 15-25 people out of 100 in each of those cities. Because of this, there are takeaways regarding explicit language that strategic communicators can learn and use.

The power of the explicit: Takeaways for strategic communicators.

In public relations programs across the nation, mine included, students are taught how to understand, write, and define a campaign's goal(s), objective(s), strategy(ies), and tactic(s). As I explain to my students, goals and objectives are what the campaign wants to accomplish and strategies and tactics are the processes of achieving those goals and objectives. Objectives can be a source of frustration when students realize that they need to be SMART about their objectives: specific, measurable, attainable, relevant, and time-bound. This approach also applies to how scholars and instructors encourage students to think through target audiences. Intersectionality and its obligation to explicit language is a useful tool for professionals and strategic communicators because it requires objectives and target audiences to be considered in highly specific ways.

Crenshaw explained how intersectionality is crucial to policy and law, and the same can be said for strategic communication. Crenshaw (1991) stated: "Women of color occupy positions both physically and culturally marginalized within dominant society, and so information must be targeted directly to them in order to reach them" (p. 1250, my emphasis). Strategic communicators and sexual health professionals need to recognize that specific intersectional identities put individuals and groups at different positions of power. For example, Loretta described to me the frustration she felt when the Comprehensive Women's Health bill passed in 2015. Her organization worked hard to apply intersectional practices and draft a bill that would address those marginalized "fall through the crack" identities, such as undocumented and transgender/gender nonconforming identities. Loretta believed that if the intersecting identities (e.g., citizenship + gender) weren't *explicitly* written in, or targeted, those individuals would continue to be erased from policy and legislation. Using that framework, one can surmise

that calling the bill the Comprehensive Women's Health bill is ironically, in all actuality the opposite of that.

It's not just with policy that strategic communicators and sexual health professionals can find practical application of explicit language and intersectionality but also regarding how, which, and why clients are targeted for particular events, programs, and initiatives. In their attempt to be open to everyone, participants often reified their existing client base by not specifically and explicitly naming marginalized identities.

An approach to coalitions: At least you got invited?

Some participants believed the most effective way to bring in diverse opinions was to reduce difference and bring people to a vague, gray middle ground through strategic language. This technique, which focuses on common ground and softening the polarization often faced when talking pro-choice/pro-life and other reproductive issues, is powerful because it brings groups together that may not necessarily feel like there's a connection there. However, speaking with one voice and approaching policy from that gray, middle ground perspective can, at times, further marginalize groups who do not historically or contemporarily have the political power to advocate on behalf of themselves. This is where another strategy of specific, explicit language can be useful to practicing an intersectional framework.

One *could* suggest that any invitation to the table/coalition is better than no invitation; however, an invitation to the table to represent the needs, fears, challenges, and opportunities of minority communities often marginalizes and tokenizes their professional advocates. In other words, the invitation is tokenizing and may

unintentionally put pressure on those invited to take on extra work, usually without financial compensation.

A blogger and executive director of an advocacy nonprofit with the mission of "developing and supporting leaders of color to strengthen the capacity of communities-of-color-led nonprofits and foster collaboration between diverse communities to effect systemic change" calls this practice "trickle-down community engagement" (Le, 2015; Le, n.d., para. 1). Trickle-down community engagement is when nonprofits "bypass the people who are most affected by issues [to] engage and fund larger organizations to tackle these issues, and hope that miraculously the people most affected will help out in the effort, usually for free" (Le, 2015, para. 4). Although few participants talked about funding any more specifically than, "I wish we had more funding," funding in this sense can be reimagined as labor. To put it another way, trickle-down community engagement is born from the challenges minority leaders face when trying to encourage mainstream leaders to incorporate their advice into goals, mission, and overall design (Raderstrong & Boyea-Robinson, 2016). This then comes to head when "community members are placed on boards, but their input is not valued as highly as other members, forcing them into a "token" position" (Raderstrong & Boyea-Robinson, 2016, p. 190).

To build an intersectional coalition, organizers must dismantle current coalitions, boards, leadership committees, and think in terms of transformation. As Le (2015) suggests, original coalition board leaders "must act on the belief that people most affected by inequalities must be the leaders in the movement" (para. 10). Applying a reproductive justice framework to coalition building centers those leaders and works from a bottom-up approach, rather than a trickle-down.

The critical nature of intersectionality: Implications for public relations professionals and scholars

In the midst of writing my discussion section, I found out one hour beforehand that Dr. Patricia Hill Collins was speaking at an event on the University of Oregon campus. I quickly re-arranged some meetings and went to her discussion of "Intersectionality's Critical Edge." Collins (2016) began her lecture with personal anecdotes about her new book and how she sees scholarly work as a site for intervention. Early on, one thing that stood out to me was the way in which she defined the dual meaning of critical. Collins (2016) suggested that critical means critique, which is often the way that scholars understand the word. Critical public relations scholars seek to complicate and *critique* normative theories of public relations and examine the role of power. Collins, however, encouraged the audience to think of critical in another way: critical as essential.

A space for privileged identities

Participants who struggle to find salience and authenticity in their campaign made me wonder if there's room for privileged identities to do reproductive work and advocacy. Some participants, as I detailed in my findings, struggled with this. They felt extreme anxiety around their racial identity and indicated that they were stripping power from the communities they were trying to serve—a twist to the "personal is political" mantra.

Because of the often identity-heavy duties they encountered in their day-to-day lives, professionals were primed to list all their strands of their identity braid; however, this practice was performed most by white women.

In her abridged essay on privilege, Andrea Smith described the "self-help" confessional nature of listing one's privileged identities. She wrote:

> It was never quite clear what the point of these confessions were. It was not as if other participants did not know the confessor in question had her/his proclaimed privilege. It did not appear that these individual confessions actually led to any political project to dismantle the structures of domination that enable their privilege. Rather, the confessions became political project themselves… The instant the confession took place, those who do not have that privilege in daily life would have a temporary position of power as the hearer of the confession who could grant absolution and forgiveness (Smith, 2013, para. 1).

The concept of privilege anxiety that emerged from the data, in combination with Smith's articulation of the privilege confession, creates an opportunity for strategic communicators and sexual health professionals to be critical about the role of reflexivity and use the practice to incite change in social and political sectors (Smith, 2013). It is important for privileged activists to use their privilege to access areas and spaces inaccessible to others and use their privilege to "dismantle the systems that enable these privileges" (Smith, 2013, para. 2). In other words, this process should happen at an organization level from the bottom up. Individuals can look to organizations and evaluate who is invited to the table, their role at the table, who takes speaking roles, and so on.

The reproductive justice activists who I spoke to are doing just that. By using explicit language amplifying stories, voices, and lived experiences, and building transformative coalitions, reproductive justice advocates are working to dismantle systems. Part of the acknowledgement is that it's not white skin or people who have

white skin who are inherently privileged but it is political systems that continually enact policy and laws that provide opportunities and take away obstacles for white people that create the privilege. In other words, it's the institutionally vetted and accepted biases that create the space for people to condone racism, sexism, and all the other oppressing isms.

Collins (2016) talks about the shift from discussing *racism* to discussing *race*. This shift, although at the surface slight, brings what was once an institutional process (racism) and refocuses it to the individual (race). This idea connects to the concept of flexible solidarity, which is a framework for intersectional praxis and allows individuals to build coalitions without agreeing to all of the ideas and values held by the partner coalition, in order to advance a cause. This concept helps reinforce that it's not about the individual but about how individuals can claim their identities and their collective selves as part of the foundation of political community (Collins, 2016).

For those who don't strongly identify with the reproductive justice movement but experience privilege awareness anxiety, the reproductive justice movement can function as the absolver of the "sin" of privilege. Some white, self-identified privileged participants who didn't name reproductive justice specifically engaged in the privilege confessional. I sat at the other end of the confessional, almost like a priest, hearing these participants talk about all the identities that society has deemed "important." I was taken aback by the phenomenon. Going into the project I thought participants who identify with marginalized groups would want to center those identities by explicitly naming their racial, ethnic, sexuality, gender backgrounds. However, many participants left their identities unknown, which put me in the position to either ask specifically or leave those

identities left to an assumption (hence a large part of the reason as to why I didn't run through a descriptive demographic profile of interview participants).

Privileged publics on the margins

The majority of the conversations I had focused on two iterations of service-based publics: clients and program participants. All participants worked for organizations that provided services, such as medical, support, therapeutic, and community-building services. Some participants, however, talked about the influence policymakers and donors had on the work they did. Liddy, for example, considered herself to be a policy wonk and found her skill set to be useful for that type of work. As the communication and marketing director for the policy arm of his organization, Oliver was most concerned with reaching policymakers in order to influence bills and legislations to benefit those populations who use his organization's services. Maya talked about how in her position she was responsible for "ascertaining [her] CEO's voice" and how challenging it was to do that with donors.

Yet donors and policymakers weren't a common topic throughout the interviews. The most common thread among participants who talked about donors and policymakers was that they were often working for larger organizations (either state or national) and in positions of power (directors and managers). For Liddy, Oliver, and Maya, who were all directors of departments (or in Liddy's case, the executive director), their roles often took them out of direct services (e.g., running programs and doing outreach) and gave them more administrative responsibilities. For many of those in administrative roles, their contact with publics who use their services was often less than those in direct services.

The nature of the evolution of this project drew from all sides of the administrative divide: those who strictly did direct services, those who did administrative work, and those who tackled both, but the majority of participants in this dissertation worked in direct services, which accounts for the heavy representation of service-based publics. This was less about paradigm and framework and more to do with who is top of mind in a person's day-to-day role. Further research should explore the differences, similarities, and experiences between direct service providers and administrators to examine how structural factors impact how these sexual health communicators construct publics and their identities.

Zooming out: Micro patterns for macro implications

This study is focused on the micro—individuals talking about their individual experiences dealing with the highly individualized concept of identity and how that influences their professional practice in small, close-knit communities. That said, there are larger, more macro implications for this work.

Organizational influence. Participants working for organizations with a larger geographic reach tended to think about publics with a more additive, check-the-box approach. Participants working for a national affiliate often times received their messaging from administrators thousands of miles away. Although these organizations gave participants some agency to tailor messaging for a local community, often times the goals and strategy came from someone other than the person on the ground.

When dealing with large populations, larger organizations often turned to audience segmentation to address diverse populations. Professionals who worked on grant-driven projects often determined who to target by using the audience segmenting

structure established by the larger organization in its grant application. Just as Hispanics and the LGBTQ communities have been developed into niche markets, so have transgender populations and teenagers (Davila, 2001; Sender, 2005). Organizations often use demographic segmentation to target publics because it provides a well-defined tool that is not time or resource intensive. For national organizations trying to roll out large-scale campaigns, then, demographic segmentation represents a feasible way to approach the issue, despite the realization that it might also artificially reduce the depth and diversity of these publics.

Smaller, grassroots organizations, although often less material-resource rich, prioritize labor into direct service, "boots on the ground" positions, which can provide a greater degree of agency when it comes to understanding and targeting publics. The smaller organizational structure more easily lends itself to a flexible, bottom-up approach.

Adaptability and commitment to individualize intersectional campaigns and coalitions are key components to developing a reproductive justice framework. Participants stressed the connection among oppressions and how important it is to find common ground with other organizations to build power and enact change. This drive to find connection with other organizations was often a combination of need and want. Some participants I interviewed from smaller organizations needed to build coalitions in order to achieve their goals because they were under-funded and under-staffed. Reproductive justice advocates wanted to build coalitions because they believed they are stronger together.

It's not just building coalitions that make reproductive justice advocates successful at implementing an intersectional approach. In order for a campaign, project, or intervention to be effective, participants need to understand the communities they are working with. Reproductive justice participants held listening circles, looked for feedback, and found solidarity with other organizations.

Adapting reproductive justice on a larger scale. Many mainstream sexual health organizations and professionals that appear to be more bound by structural constraints can learn a lot from reproductive justice organizations. Using explicit language and building intersectional coalitions are two tangible ways mainstream organizations may implement intersectional sexual health campaigns. In order to adopt intersectional strategies and implement successful campaigns, organizations may need to adapt and reconsider what success means. As participants described in terms of their experiences, small, personal victories can be seen as revolutionary moments. These small, revolutionary moments, however, are hard to measure using traditional strategic communication practices.

That said, intersectionality doesn't just win small victories—adapting intersectional tactics can have a large impact on policy. Participants acknowledged that when coalitions come together and individuals speak their stories and let their voices be heard it has the potential to influence policy, which is a common goal for many organizations, but one that was prioritized mainly by participants working for large organizations.

Overall, the gains associated with adopting a reproductive justice and intersectional perspective far outweigh what organizations may lose. Organizational

leadership is becoming aware of this: three of my 21 participants were in newly minted equity and inclusion roles—positions dedicated to working toward putting these issues and concepts into practice.

I introduced my dissertation with an anecdote about how three intersectional activists called on Planned Parenthood and NARAL Pro-Choice to be more inclusive in their messaging to current and potential non-gender-binary clients. The #ProTransProChoice petition identified the current model of thinking about choice and who has abortions as limiting, additive, and minimizing the experiences of those identifying outside of the female/male gender binary. One of the petition authors has suggested that organizations such as Planned Parenthood and NARAL Pro-Choice *want* to do this type of work—but those in leadership positions are unsure of how (A. Wilder, personal communication, July 16, 2015). This dissertation outlines ways that organizational leadership can practice intersectional strategies through a reproductive justice lens.

Methodological implications

Methodologically speaking, intersectionality is a challenging concept to talk about because identities are complex and numerous. As Bowleg (2008) suggested, "It is simply not practical for an interviewer to ask an exhaustive list of questions about intersecting identities" (p. 315). Because of this, it's important for the researcher to ask the questions they want answers to (Bowleg, 2008).

I often found myself approaching identities in what felt like additive ways (e.g., "How does race influence this project?" or "Tell me about how you factor in a person's socioeconomic status?") Asking for participants to "add on" identities and bring those

into the conversation was useful in the initial stages of data collection (Bowleg, 2008; Cuadraz & Uttal, 1999; Ferree, 2011) and quickly identified those who wanted to talk about intersectionality and those who didn't.

To follow the lead of participants, however, it's important to explicitly ask to hear these stories. For me, it was easier to talk through the depth and intricacies of their clients. For example, I could say, "Tell me a little about how you may adjust the message for rural students." However, when it came to participants' own identities, some were hesitant to disclose that information at all. For this project, I tried to honor self-disclosure and let participants tell me what they thought was relevant. I did occasionally probe, such as clarifying college degrees (if they mentioned higher education). As scholars have indicated before, the work is on the researcher's shoulders to interpret the intersectional implications through their analysis; it is not the participants' job to give the "right" intersectional answer (Bowleg, 2008).

Discussion summary

Intersectionality as a concept aims to disrupt hegemonic notions of not only *what* can make a contribution but also *how* contributions are made (Collins, 2016). A dissertation is just one way to contribute to knowledge, albeit a long and formal way. For me, writing this dissertation was an enriching and eye-opening experience; however, writing about the topics I was engaged with, I wondered how I might be validating privileged notions of what is knowledge and who "creates" knowledge. Just as this project exposed me to new ways of thinking about strategy and sexual health, this project and the participants interviewed challenged me to think about other ways to tell stories, explore lived experience, and contribute to conversations outside of academia. In some

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sense, writing this dissertation is no more impressive than the roleplay theater one participant engages in, the documentary being developed by another, or the organization of rallies, speak outs, and other spaces for lived experiences to be shared.

That said, this project can contribute a great deal to both areas of literature: intersectional studies and critical public relations. Intersectional and feminist researchers should answer Collins' (2016) call to think about the critical praxis of intersectionality and strategic communication as a space to explore this. For critical public relations scholars, intersectionality provides an opportunity to address power, publics, and organizations in a way that can be useful to professionals (Vardeman, 2008).

According to participants, using explicit language, centering stories and marginalized voices, building transformative and intersectional coalitions, and valuing lived experience are all ways to practice intersectionality in the sexual health field. These tools can assist professionals to better reach their audiences and advance their organization's causes.

My confession: Personal takeaways

Self-reflexivity is a funny thing. I remember when I was sitting in my comprehensive exam oral defense—my outside area focused on intersectionality and I wrote a long piece about my positionality. My committee members, three out of four of whom are on this dissertation committee, told me more or less, "We appreciate the detailed journey into who you are, but there's no reason to apologize for that." Looking back, I realized I was engaging in the privilege confession. As a white woman who wants to build and develop a body of scholarship around intersectionality and critical public relations, there was this innate need to apologize for my privilege.

After interviewing and analyzing what seemed like an endless amount of data, what emerged for me as a teacher-advocate-scholar is that I shouldn't apologize for who I am, but I should use the privilege I have to access the spaces often closed off to others. By accessing these spaces (e.g., college classrooms) and using my privilege and assumed expertise status, I can work to undo the systems that both privilege and oppress certain identities. I see the classroom an important scholarly and advocacy site for continuing this work, especially since I am working with future strategic communication professionals. It is important to understand that my own identities are in a constant state of flux and recognize where I hold power and where I don't. It's important for me to expose my students to other ways of knowing and lived experiences—not as the end all, be all, but as another opportunity for engagement.

Conclusion

Between 2010 and 2012 I worked in the sexual health field in upstate New York as a teen coordinator and an education and outreach specialist. Although I was formally educated in media studies and public relations/organizational communication, I felt drawn to feminist organizations, such as Girls Inc. and Planned Parenthood, and wanted to facilitate sex-positive conversations with young people about topics ranging from healthy relationships to proper condom usage.

In the summer of 2011 I met a young teenager named Sammi who had an attitude I could relate to—she didn't want anyone, including her "sex ed" instructor (which was me) telling her when to have sex, how to have sex, or what to think about sex. This, to my horror at the time, included her unwavering insistence on getting pregnant.

As a 27-year-old recent graduate with a master's degree, privileged white upper-middle-class woman, I tried to convince Sammi, a 14-year-old light skinned Black teenager living with other teens at a residential juvenile justice campus community, on all the reasons why she shouldn't get pregnant. I cited statistics relating to education, income, and opportunity. I tried to reason with Sammi using stories, language, and identities that related to my lived experience. Looking back, I realized I was amplifying my voice and not paying enough attention to hers.

I'll never forget Sammi, and she was a big reason why I decided to do this study. I remember how lost I felt and how I thought I was failing this young person. Using a reproductive lens, I can reflect on the experience and I realize that Sammi had a lot of trauma in her life—systems and institutions were stifling her opportunity to thrive. It wasn't necessarily the identity of "young mom" that made continuing one's education challenging, it was the lack of affordable childcare, paychecks from low minimum wage jobs that can't support families, a patriarchal narrative that told young men they don't need to be fathers, and a society that reduces women to their bodies and ability to reproduce, while simultaneously punishing them if they do so (or don't) in a way that bucks the norm.

A college education wasn't necessarily what she needed; Sammi needed to love and be loved. Rather than using existing, additive, what I've called the check-the-box framework to engage with Sammi, a better, more intersectional approach would have centered her experience through a reproductive justice framework lens.

This dissertation and the research questions I explored is my attempt to make peace with that tension I felt in 2011. It is my hope that by sharing the stories and

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strategies of my participants, individuals working in sexual health can self-identify their own weaknesses and strengths and explore ways in which they can better and more justly achieve their goals.

If I had endless resources, what would I do? Conducting the research and writing this project was not without its challenges. Rather than address those challenges and gaps as limitations and suggestions for future research, I'd like to frame it in the way that I framed it to my participants: If I had endless resources (time, money, the knowledge to avoid mistakes), what would I do? Who and what is missing from the project?

Who's missing? As I previously described, I started the dissertation with the intention of studying the perspectives of "formal" strategic communicators (i.e., those with degrees and titles). I quickly needed to course correct and adapt, which took time and energy. The decision to use more open and interpretative language in my recruitment was how I, personally, discovered reproductive justice as a practice for intersectionality, which led to that discovery informing my dissertation's findings, analysis, and shaping me as a scholar and advocate. That said, bringing in more perspectives from the spectrum of formal to informal strategic communicators (those with training, those without, and those in-between) would bring a lot of depth and insight into how these strategies are being implemented across formalized lines. That's not to say that a compare and contrast study is in order, rather that gathering these perspectives will add to my data, further extrapolate who is doing what tactics, and analyze the intersectional nature across the training/education spectrum.

To address this question more explicitly, specific perspectives are critical to advancing intersectional, strategic scholarship. One of the most common answers I got when I asked participants "who's missing" were communities literally and figuratively outside of the black and white binary: specifically, native communities and undocumented communities (which were usually indicated as Latinos, but could encompass all undocumented immigrants). Although I did interview someone working with native youth (and doing so very successfully), my participants indicated these communities were missing from a lot of the discussions they were having. They felt this was a gap that needed to be addressed by those in the social justice sphere and therefore, for me, it's a gap in my dissertation.

Native communities, for example, exist at an intersection of race, nation, region (often times living in rural communities in Oregon), and gender. According to the Indian Health Service, American Indian and Native Alaskan people experience greater health disparities than their non-Native peers, which includes an average life expectancy of 4.4 years less than all Americans of any race (IHS, 2016). Chlamydia and gonorrhea affect native communities at a rate four times that of whites, and they have the highest rates of Hepatitis C virus (HCV) contraction and the highest HCV-related morality rate (NPAIHB, 2015).

People who identify as undocumented are at a particularly vulnerable position when one considers the threat and risk of deportation. As Crenshaw outlined, undocumented women experience higher barriers when it comes to reporting domestic violence and sexual assault (Crenshaw, 1991). Undocuqueer, for example, is an intersectional portmanteau that acknowledges the oppressive space queer, undocumented

individuals often face. For undocuqueers, their undocumented status in the United States may get them deported to countries that might kill, harm, or stigmatize them for their queerness, and queer communities in the states may reject them for their undocumented status. In addition, language barriers and isolation also make it challenging to serve the sexual health needs of undocumented communities.

Personally, looking back, I wish participants and I had talked more about (dis)ability. Few, if any, participants brought up disability, which includes mental health and physical disabilities. Disability justice and reproductive justice doesn't just stop at empowering individuals with disabilities to see their bodies as sexual and autonomous (Mingus, n.d.). As a contemporary example, the emergence of the Zika virus in Brazil at the time of the Olympics raises questions regarding reproductive health access and restrictions (abortion and contraception is illegal many countries affected by Zika), but also calls into question which babies are considered wanted and healthy, which merit further study.

Explicitly targeting professionals who work and identify with these communities would be practicing scholarly reproductive justice work by bringing these voices to the table and provide a space to amplify their stories.

What's missing? Early on during my interviews I realized that a critical method to add to future projects would be observation. Participants worked in dynamic and diverse positions and organizations and to see how they operate in their day-to-day lives would be fruitful, especially when answering research question three (what's the practicality of intersectionality?).

Adding an ethnographic element would also open up my participants to *show* me how they practice intersectionality, not just tell me. Because of my rocky start, some participants may not have talked about intersectionality because I wasn't specifically asking about it.

Reproductive justice and intersectionality: The contribution to scholarship and the field

This dissertation explored how intersectionality can be practiced in the day-to-day lives of sexual health professionals. By implementing a reproductive justice framework, participants explained and described the ways they tangibly use intersectionality in their professional and personal spaces.

After conducting and analyzing the interviews, however, I quickly realized just how high the stakes are when it comes to implementing and living intersectional strategies. An intersectional approach is critical, as Collins (2016) defines of the word as crucial and critique, because lives are depending on it. A check-the-box approach is more likely to reinforce hegemony and further privilege those benefitting from institutional oppressions (e.g., racism, sexism, ableism, classism, etc.) regardless of intent. The reproductive justice participants showed me that through an intersectional approach to identities, sexual health professionals can reach and empower those who are often erased or pushed to the margins. By creating a space for self-definition, which leads to an acknowledgement that one's lived experience matters and has value, reproductive justice advocates are calling on other sexual health professionals to stop defining people in essentialist and static ways and begin to hear the stories and voices and honor the lived experience of those publics they are trying to serve.

Appendix A: **Sample Interview Guide**

Interviewer's introduction script:

Hi, thanks again for your willingness to speak with me. As I explained in my email/phone conversation, I'm talking with strategic communicators who work in the sexual health field about the challenges and opportunities they face when defining and targeting audiences. I'm also interested in how you see and define your own identities. Although this information will be recorded and inform my dissertation, I'm hoping we can have a comfortable, relaxed conversation, but please let me know if you wish to avoid a question or topic, or would like to discontinue. You are not obligated to answer any question and can end the interview at any time. Before we get started, will you please read over this consent form and sign it.

Introductory icebreakers

1. Let's start with some biographical questions. Tell me a little bit about yourself.

2. Where you are you from?

3. How did you arrive at this position?

Foundational questions

1. Tell me a little bit about what sexual health means to you?

2. How do you define it?

3. How does your work fit within the larger field?

4. What are some key things I should understand about what you do?

5. What your organization does?

Focused questions

Strategic goals

1. Tell me, in your own words, about the organization's mission.

2. Who is best served by your mission? Please explain the demographics, psychographics and behaviors of those individuals.

3. If you could summarize your mission into some key points or messages, what would those be?

4. How do you convey those messages?

Professional Personas

1. Tell me about the experiences that influenced your decision to do this work. Education? Past job? Personal?

2. Tell me about the professional goals you are fulfilling by doing this work.

3. Tell me about some of the biggest challenges you face in your job?

4. Tell me about the aspect of your job that brings you the most joy/fulfillment.

Professional persona + campaign introduction

1. Tell me about a campaign that you've felt especially passionate about.

   a. Why did that issue/campaign/audience affect you like that?

2. Tell me about a campaign that you've felt unqualified to work on or with.

   a. Why did that issue/campaign/audience make you feel that way?

3. Let's talk about a specific issue that you and your organizations are working on.

   a. Tell me about the goals associated with that issue and/or project.

   b. Take me through the process of developing this campaign.

   c. Where do promotional materials come from?

   d. What challenges are you facing?

   e. How are you, or how do you intend to, measuring success?

4. Tell me about the role social media plays in your job.

5. If you were awarded a grant for an endless amount of money, tell me about the things you would do with the extra funding. What type of person would that campaign target?

Identities of Publics

1. Tell me about the process of identifying an issue and doing something about it.

    a. How do you know who is affected by this issue?

    b. How do you build bridges to reach these individuals?

    c. What role do community partners play?

2. Tell me about the individuals or groups you are not reaching.

3. What's keeping you from reaching those groups?

4. Tell me about other people you need to consider, such as staff, legislators, donors, and/or volunteers.

    a. What role do they play in your job?

    b. What challenges do you face when considering these groups?

    c. What opportunities do you see?

    d. How crucial is self-care in the work that you do? Tell me a little bit about how you practice self-care.

Identity questions (gender, race, disability, age)

I'm going to ask some pointed questions about different identities, which may or may not influence your work. None are meant to put you on the spot, but I'm interested in how you and your organization engage with different identity groups.

1. 2015 was dubbed the year of transgender visibility. How has an expanding gender spectrum influenced your work?

2. Tell me about how sexual orientation influences your work.

3. Racial tensions in the United States are high and contentious. The Black Lives Matters movement has called out racism and is demanding the end of respectability politics. How has race influenced your work?

4. According to NAMI, the National Alliance on Mental Illness, mental illness affects approximately 1 in 4 Americans. This may manifest in ways such as depression, anxiety, OCD, and often times 30-50% of those individuals experience substance abuse. How does this intersection influence your understanding of particular issues you'd like to address as a sexual health organization?

5. Tell me a little bit about access (that word is open to your interpretation). In what ways are you making your resources more accessible?

6. Tell me about how living and working in the Pacific Northwest, or Oregon more specifically, influences your work?
   a. Are there challenges associated with PNW?
   b. Are there particular opportunities with the PNW?

7. In what way, if any, do you identify with the target audience? How are you different?

Closing questions
1. Is there anything we haven't talked about that you feel is very important to add?

2. Try to think back to when I first emailed you and explained the project. What was it that made you want to participate, besides helping a grad student? Was there a specific thing you felt most drawn to talking about?

Appendix B: Participants

Participant Pseudonym	Organization	Position	Self-identification
Naomi	Nonprofit, youth	Program coordinator	Taiwanese, poor (or hard to make ends meet), college educated
Ellie	State, health + Nonprofit, issue	1. Equity & inclusion director 2. President	White, upper-middle class woman, feminist, lived in Central America as a child, college and graduate school educated
Oliver	Nonprofit, clinic	Communications & Marketing Director	LGBTQ journalist, college educated
Julian	Nonprofit, HIV/AIDS	Grants & Communication Coordinator	White, straight male, college educated
Loretta	City	Human Rights and Equity Analyst	Latina, woman, reproductive justice advocate, college educated
Liddy	Nonprofit, sexual assault	Executive Director	Chicana, daughter of a survivor, feminist, college and graduate school educated
Maya	Nonprofit, clinic	Director of Marketing and Communication	College educated, parent
Quinn	Nonprofit, sexual assault	Equity & Inclusion Coordinator	Queer, cisgender, white woman
Kira	Nonprofit, clinic	Equity & inclusion director	Fat, black, woman, young Mom, college educated
Grace	Nonprofit, culture specific	Director, Programs and Strategy	Adopted, South Korean, college and graduate school educated
Erin	University, sexual assault	Director, Experiential Education and Prevention Initiatives	Drama therapist, human, college educated
John	Consulting	Consultant, volunteer	White, straight, male, college educated, Southern, pro-feminist
Talia	Nonprofit, sexual assault	Prevention & Education Manager	White, Jewish woman, U.S. citizen, college and graduate school educated
Iris	State, reproductive health	Reproductive Health and Engagement Specialist	39-years-old, Midwestern woman, well-traveled, Peace Corps volunteer, college and graduate school educated
Nicole	State, sexual assault	Prevention Program Coordinator	Peace Corps volunteer, woman, white, college educated
Steph	Nonprofit, clinic	Education & Outreach specialist	She/They pronouns, woman, white, bilingual, college educated
Irma	State, sex ed	Program staff	Adopted, South Korean, teen mom
Leigh	Nonprofit, culture-specific	Communications Coordinator	Queer/LGBTQ, college educated

Vanessa	Nonprofit, culture-specific	Project Director	Non-native, college and graduate school (including Ph.D.) educated
Kati	State, general	Public Health Director	Nurse, college educated
LaLa	State, youth	Youth Sexual Health Coordinator	Parent, woman, white, college educated

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