

SO YOU WANT TO TALK ABOUT ABORTION?

HOW TO CHANGE HEARTS AND MINDS AND REDUCE STIGMA!

We know that the best way to change hearts and minds is to have open and honest conversations with people who trust us. This is also true when talking about abortion. So why is it so hard for some people to talk about abortion? Abortion stigma.

Abortion stigma is the shame and silence that surrounds abortion. It comes from years of well-practiced and often shared rhetoric that demonizes abortion and creates a challenging environment for us to talk openly and unapologetically about it. We, however, want to make sure that the way we speak about abortion promotes acceptance and normalization of this necessary health care that all people should be able to access.

By talking with our loved ones about abortion, we can change the narrative around abortion and reassure people that abortion is essential health care.

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Step 1 - Prepare Your “Why”

To fight back against institutions that are chipping away at abortion rights, we need to center those who are affected: all people who can get pregnant, those with low incomes, and people for whom structural racism has created longstanding barriers to abortion access, such as Black, Indigenous, and Latinx people.

Most likely, the reason you want to have these conversations about abortion is because of your own story. Maybe you’ve had an abortion or supported someone else through one. Maybe you’ve been a clinic escort or have experienced a pregnancy scare. Maybe there was something in your life that empowered you to be an advocate for abortion. If you’re planning to tell your story or share your reasons for supporting abortion access, here are some ways to prepare.

1. Ask Yourself Relevant Questions

Here are some examples of questions you can explore to illustrate why you support access to abortion:

1. You are an advocate for someone so that they can make their own decision about what to do with their pregnancy, including abortion. Why are you passionate about this issue?
2. Has anyone close to you had an abortion? How have you supported them in their decision?
3. Why is abortion access an important issue to you?
4. How has your identity and/or culture shaped your view of abortion?
5. How has access to sexual and reproductive health care impacted your life?
6. How would harmful laws, like Texas’s S.B. 8 – or the Supreme Court possibly overturning *Roe v. Wade* – affect patients who need abortions?
7. Have you ever had a late period and started to consider your options if you were actually pregnant? What was it like? Did you decide what you might do? How did you come to a decision?
8. Have you ever had a family planning conversation with a partner and abortion was an option? What went into the conversation about the decisions you were making with your partner?

9. What would you like elected officials to know about your experience as someone who supported a loved one getting an abortion or as a person who acted as a patient escort?
10. Anything else you would like to add?

If you have had an abortion or abortions, you can take yourself through these questions:

1. What were the circumstances around your situation?
2. What else do you feel comfortable sharing?
 - a. Was your family supportive?
 - b. Did you have the financial means to pay for your abortion?
 - c. Did you have to travel to get an abortion?
 - d. Were there laws where you lived that made it hard to get an abortion?
 - e. When did you have the abortion? How old were you at the time?
 - f. How far along were you?
 - g. What kind of procedure did you have?
3. How did you make the decision to have an abortion?
4. Did you have any trouble making the appointment?
5. Where did you have your abortion? Was it at a Planned Parenthood health center or another health center?
6. Were there any protesters outside the center?
 - a. If yes, what was your reaction?
7. How did you feel about the care you received?
8. Did you tell friends/family about your abortion?
 - a. Why/why not?
9. Did you know that nearly one in four women will have an abortion in her lifetime?
10. What would you have done if you could not access an abortion?
11. Why is this issue important to you?
12. How has getting an abortion helped shape your life?

13. What would you like your elected officials to know about your situation?
14. How has your identity or culture shaped your view of abortion?
15. Texas passed S.B. 8, which bans abortion at around six weeks of pregnancy and instituted a bounty on providers and anyone who helps a person get an abortion after six-weeks of pregnancy. How would this have affected you?
16. Anything else you like to add?

2. **Once you've considered or drafted your responses, think about how to most effectively organize your story. The structure we like to use is: challenge, choice, outcome.**

1. **Challenge: You can start by stating the challenge that you've faced.** Whether it was a situation that highlighted a right being taken away, not being treated like an individual who can make your own decisions, or the experience of birth control failing, the challenge is the thing that pushes us toward a proverbial "fork in the road." At that fork, we made a decision.
2. **Choice: This is the decision we made.** This is a decision where we chose to do something or not do something. Did this choice cause us to act/not act, to examine our values, to speak up, or show up for someone? For instance, if you were faced with a potential pregnancy, how did you react? Did you visit a Planned Parenthood health center? Have you considered what you would do if faced with an unintended pregnancy? This highlights our thought process and decision making in the moment when faced with a challenge.

3. **Outcome: The outcome is the result of the decision you made.**

What if you weren't actually pregnant? Did this event fire up your passion for sexual and reproductive health care access? Did you decide to join the local clinic escort volunteer program? We want to tell stories of resilience rather than pain. Did a situation you witnessed where someone was stripped of the right to make their own decisions help you identify what you would do?

What motivated you to find your passion, and how have you acted on that passion?

3. **Edit Your Story!**

An effective story is around 500 words. This makes it bite-sized enough to read quickly, but also provides enough context and detail to be expressive.

For a spoken story, this will be around three minutes long. Of course, you can lengthen or shorten your story depending on how you are sharing it, but that 500-word mark will be the best for conversations you have with your peers.

Make sure to stick to the structure and keep all the relevant details that make your experience unique to you.

Step 2 - Know the Facts

We want to ensure that we are providing anyone we talk to with accurate information about abortion.

The following are facts and statistics you can share with your peers:

- Nearly one in four women* will get an abortion by age 45.
- Sixty-two percent reported a religious affiliation – 24% Catholic; 30% Protestant; 8% identified with another religion.
- Fifty-nine percent of abortions were obtained by women* who have children.
- Forty-five percent of people who received an abortion were married or living with their partner.
- Sixty percent of patients were in their twenties; 25% were in their thirties; adolescents – or those younger than 20 – accounted for 12% of abortion patients and fewer than 4% were younger than 18.
- Thirty-nine percent were white, 28% Black, 25% Hispanic, 6% Asian or Pacific Islander, and 3% of other backgrounds.
 - * While we do not want to use gendered language about abortion, because not only women have abortions, this comes from research conducted by the [American Public Health Institution](#). Statistics and facts about abortion can be found on this [Guttmacher page](#).
- According [to the CDC](#), nearly half of women who have abortions have had multiple abortions (48%).
- Abortions have few complications, according to a [landmark study](#) by the National Academies of Sciences, Engineering and Medicine released in 2018. In fact, studies show that over the short term, childbirth is associated with more risks to a woman's health than abortion.
- Major complications in abortion occur less than .025% of the time, according to an analysis by the University of California San Francisco [published in 2014](#).
- Organizations including the American Cancer Society, Susan G. Komen, and the National Cancer Institute state that unbiased scientific research has found no link between abortion and breast cancer. Experts also agree that earlier studies of the relationship between prior induced abortion and breast cancer risk were methodologically flawed.

- In addition, there is no link between safe abortion and the ability to get pregnant in the future.
- Research has shown that having an abortion is not associated with an increased risk of mental health problems. Having an abortion does not increase a woman's risk for depression, according to a study of nearly 400,000 women that was [published in 2018](#) by the University of Maryland School of Public Health. A study [published in January 2020](#) found that the most common emotion that women felt – at all times over five years after an abortion – was relief.
- [Rhia Ventures has found](#) that 86% of women say that controlling when and if to have children is critical to their career development. On average, in the U.S., 56% of women would refrain from applying to a job in a state that has recently banned abortion.
- In the [‘The Costs of Reproductive Health Restrictions an Economic Case for Ending Harmful State Policies,’](#) IWPR lays out the economic research that estimates state-level abortion restrictions could cost the U.S. \$105 billion dollars per year through reduced earning levels, increased turnover time and work absence, and reduced formal labor force participation of women between 15 to 44 years old.

Step 3 - Think About Who You Want To Speak With, When And How To Address Them

We can change hearts and minds by speaking with our peers and trusting individuals.

Here are a few different groups to think about speaking with about abortion:

- Family
- Friends
- Coworkers
- Members of a club/volunteer team/church
- Social media followers/mutuals
- Fitness groups
- Classmates

Be strategic in your timing as you plan these conversations. Rather than just reaching out randomly, create a plan for yourself. If you have a recurring event with the person you want to speak with, plan the conversation around that. If they are really close with you, approach them and let them know you really want to get something off your chest and tell them your story.

There are many different avenues to have these conversations with our loved ones. There is no guarantee that one conversation will change anyone's mind, but it's a good idea to make abortion a normalized topic for this person. Here are some ways to have conversations with your loved ones:

- Text message
 - Text message conversations can be good when the person you are talking to engages in stigma during your exchange. This way, you can begin the conversation on their terms and nip any stigma in the bud.
- Phone call
 - Phone calls are a great way to connect with someone as close-to in person as possible without actual physical proximity. You are able to discuss all of the facts and share your story with someone in real-time, being as vulnerable as you'd like.

- In-person conversation
 - This is the most vulnerable kind of conversation you can have with someone. All of your body language and emotions are visible to the person you're talking to. You can absolutely have those holiday conversations! If you approach your conversation centering yourself and using facts with a loved one, you may be able to shift their perspective even if just a little bit.
- Direct messages on social media websites
 - Direct messages on social media websites might be a good way to combat disinformation and share trusted sources of information about abortion with those you know only online.

If you want to talk to many people at once about why you support abortion access and want to educate them on the topic, consider hosting either an in-person or virtual teach in. You can create some time to educate your peers about abortion, the laws in your state, and create open dialogue with them.

Step 4 - Get into the Conversation

For help with conversation openers, use one of these lines.

- “Hi ___, have you heard about the extremely restrictive abortion bans passing all over the country as early as six weeks? That’s before most people know they’re pregnant. Some also allows strangers to sue people who help others get an abortion in the state.”
- “___, I really care about access to safe, legal, abortion, and I’m afraid because this access is being taken away from us. Can we talk about it?”
- “___, did you know that a Supreme Court case challenging Roe v. Wade and a decision is expected this summer? [YOUR STATE] has trigger laws that will automatically restrict abortion if Roe is overturned. Let’s talk about it.”
 - (States with trigger laws that will go into effect include Arkansas, Idaho, Kentucky, Louisiana, Mississippi, Missouri, North Dakota, South Dakota, Tennessee, Utah, and Texas. You can find more information [here](#).)
- “Hey, ___, I had an abortion. In my experience [insert story], but now I’m afraid that we won’t be able to access this essential health care for much longer.”
- “___, I’m really worried about the future of abortion access. I have loved ones who have had abortions, and there are so many other people who depend on this essential care. People like [abortion story] and me, will be affected by this. Can we talk about it?”
 - Want to reference a story? Take a look at our [page](#).

Remember, centering people’s lived experiences is the best way to change hearts and minds. Finding common values and centering stories in your conversations will help show why abortion is so necessary for so many people.

These conversations may be difficult to have. Due to varying views of abortion and abortion stigma, there may be some push back to the conversation you are having. It is important that you approach these conversations with the understanding that you may not change the other person’s mind right away.

Here are some tips by ReachOut for having a difficult conversation:

- **Listen up**
 - Really listen to what they're saying.
 - Try to understand their point of view. Ask them questions like: 'Tell me more about that' or 'How does that make you feel?' ○ Don't talk over them.
- **Be clear about how you feel and what you want**
 - Use "I" statements
 - Be explicit on what you want out of the conversation (ex. I want you to understand why I support abortion access for all and think about changing your perspective).
- **Look at the issue from their perspective**
 - What are five reasons the person might have acted the way they did? (Or hold the views that they do? How has abortion stigma contributed to their view?)
 - Is there anything else going on in their life that might be a factor?
- **If things aren't going to plan, take a break**
 - If you feel safe doing so, encourage them to express their emotions.
 - Getting something off their chest may be a first step in resolving the issue.
 - Walk away and try again when they've had time to simmer down.
 - You could ask someone who isn't closely involved to join you both, to help reduce the tension and encourage both sides to try and reach a workable outcome.
- **Agree to disagree**
 - Agreeing to disagree doesn't mean you agree with their perspective. You're just protecting yourself by choosing which battles to fight.
 - Remember to prioritize your safety if the other party really will not budge.
 - You can end by reminding them of the values you do share.

- **Look after yourself**

- You should also be proud of yourself for starting this conversation. It takes real courage. Each time you overcome your nervousness and do it, you'll build your skills and confidence.

We want you to be mindful of your physical and emotional safety first and foremost. If you are worried about a conversation going south, make sure to read up on [de-escalation tactics](#) to mitigate situations that may stress the other party out. Some of the tips included are:

- Maintain safe distance (5-6 ft or 21 ft rule)
- Use clear voice tone
- Use volume lower than that of the aggressive individual
- Use relaxed, well-balanced, nonthreatening posture (yet maintaining tactical awareness)
- Set limits

You should recognize that you were able to get through a very difficult conversation, whether it went well or not. Regardless of the outcome of the conversation, you should take the time to take care of yourself. Self-care as a routine best practice is essential to being able to do this hard emotional labor. [Here are some ideas](#) of activities you can incorporate in your day-to-day life.

Step 5 - Additional Things to Keep in Mind

Here are some things to keep in mind as you have these conversations:

1. Have honest, informative things to say.
 - It's hard to know what people already know about abortion. With all of the misinformation and stigmatizing language out there, there's a chance that the person you're speaking with may need more facts on abortion.
2. Share your story
 - What is your 'why' for why the abortion access crisis is personal to you? Being vulnerable boosts vulnerable conversations and builds trust with the person you are speaking to. Open up to them about why you support abortion, whether you've had one, supported someone through one, are a clinic escort, or believe access to abortion under any circumstance is important. Let them know why. Allowing yourself to open up allows genuine and honest conversation to flow. And, people will listen to their loved ones, even if their opinion is not swayed much or right away.
3. Meet people where they are.
 - Don't make assumptions or judgements on the person's beliefs. Level set and find common ground with your shared values. Refer to these values often during your conversation.
4. Don't discount their concerns.
 - Due to the history of unethical medical experiments and acts of blatant hatred in the United States, particularly experienced by people of color, trans folks, and disabled folks, people may have real and genuine concerns about the credibility of doctors and the safety of abortion. It is important to acknowledge these grievances, affirm their concerns, and reassure them that abortions are safe.
 - [Read more](#) about the history of medical racism in the United States.
5. Name what is at stake.
 - Research local laws and proposed laws about abortion access. Is your state facing a ban during a current or upcoming legislative session? Find out how access is being infringed upon locally and statewide and take the time to educate the person you are talking to about it. They may not know the extent of the ban or restrictions.

- Need information on your state laws? Check out [this page](#).
6. Remember that you may not change someone's mind right away.
- Having this conversation is the first step to giving someone accurate, relatable information about abortion. These conversations may be ongoing. Consider talking with your entire network so that abortion becomes a normal topic in your loved ones' lives. Social media is a great way to share information frequently. Change occurs when you can speak to someone's heart and, as we know, change takes time.

You may want to reference facts and points about abortions during your conversation. Here are a list of abortion talking points to help bolster your conversations:

- A person's decision about their own health care should be made between them and their health care professional.
- Deciding if and when to have a child is one of the biggest economic decisions a person can make.
- We've seen what happens when politicians interfere in these deeply personal medical decisions and tie doctors' hands. In states that have passed laws like this, some pregnant people and their families have been put in unimaginable situations – such as needing to end a pregnancy for serious medical reasons but being unable to do so.
- Abortion is one of the safest medical procedures performed in the United States. Data, including from the CDC, shows that abortion has a safety record of over 99 percent.
- The Hyde Amendment is an unfair law that makes it harder for people enrolled in Medicaid, in the military, or in other certain other circumstances to access abortion.
- Whether they are enrolled in private or government-funded health insurance like Medicaid, every person should have coverage for a full range of pregnancy related care, including abortion.
- Extreme and dangerous bans on abortion are blatantly unconstitutional and make the ultimate goal clear: to overturn Roe v. Wade and completely outlaw abortion.

- Thousands of people are already blocked from accessing abortions simply because of where they live or how much money they make, and these bans will only make it harder for them.
- Abortion bans fall hardest on people earning low incomes, especially poor women, young people, LGBTQ+ people, and people of color.
- People have personal and religious beliefs about abortion. No one is asking anyone to change their beliefs. But this is about protecting legal access to a medical procedure that allows people to determine their own futures.

[[Source](#) for above points]

There is a lot of negative rhetoric that has entered mainstream narratives about abortion. Politicians who oppose reproductive freedom and aligned, broad media narratives can shame people and affect a person’s decision to have an abortion.

Instead of repeating the negative language they use, we should use affirming, medically correct language to talk about terms and issues pertaining to abortion.

✗ Instead of this:

✓ Use this:

“Late-term abortion; born-alive, partial birth abortion”	Abortion later in pregnancy
“Chemical abortion”	Medication abortion
“Heartbeat bills”	Extreme bans on abortion, often around 6-weeks of pregnancy
“Choice”	Decision
“Keep abortion rare; reduce abortion rate”	Safe and legal
“Unwanted, unplanned”	Unintended
“A woman’s issue”	An issue for anyone who can become pregnant
“Full range of reproductive health”	Abortion
“Anti-choice/Pro-life”	Anti-reproductive health, anti-abortion
“Heartbreaking, tragic, difficult”	Complex, personal decision
“Fetal abnormality, anomaly, impairment”	Fetal diagnosis, severe fetal diagnosis

Additional Resources:

- [How to Talk About Reproductive Rights in Terms Simple Enough for a Child to Understand - parents.com](#)
- [Abortion Laws and Access, State by State - Planned Parenthood Action Fund](#)
- [How to Talk About Abortion - VICE](#)
- [We Need to Change How We Talk About Abortion - Women's Health Magazine](#)
- [Talking About Abortion - PPTNM](#)
- [Reproductive Freedom Conversation Guide](#)
- [Resources for Journalists Reporting on Abortion - Physicians for Reproductive Health](#)
- [Considering Abortion - What Facts Do I Need to Know About Abortion?](#)
- [Planned Parenthood RED ALERT report on abortion restrictions](#)