

FORWARD

Talking About Abortion

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INTRODUCTION

A strong majority of Americans favor keeping abortion legal and oppose overturning *Roe v. Wade*, the Supreme Court decision that legalized abortion. At the same time, Americans often hold conflicting feelings about abortion and struggle to resolve the conflict. When it comes to public policy, this means that while support for legality remains strong, it is often easy to get the public to favor restrictions on a woman's right to have an abortion, such as waiting periods, burdensome rules for abortion clinics, parental consent laws, insurance bans, and more.

Recent public opinion research indicates that some of those conflicting feelings are resolved when people focus on what a woman's experience should be *after* she has made the decision to have an abortion, rather than *on* her decision. Once a woman has made her decision to have an abortion, a strong majority want her experience to be positive—that is, non-judgmental, informed by medically-accurate information, supportive, affordable and without pressure or added burdens.

Talking about abortion in the often heated political environment is no easy task. But, if you believe that women who have made the decision to have an abortion deserve our trust and respect, then your job is to position the debate in a way that helps your audience resolve their conflicting views in favor of those women. This chapter, which is based on years of opinion research and strategic message development by many leading reproductive rights, health and justice organizations in the field, can help you do just that.

LEAD WITH POSITIVE VALUES

The most effective communicators do not engage in a battle of facts. Rather, they articulate positive values that resonate deeply with their audiences. Given the complexity of people's feelings and opinions about abortion—and the complicated scope of proposed restrictions on abortion by its opponents—leading with values-based messaging is not just powerful, it's essential.

Values that work when talking about abortion:

Autonomy	<ul style="list-style-type: none">● We should respect that a woman needs to make her own important life decisions● Women deserve freedom from political interference
Recognizing Unique Circumstances	<ul style="list-style-type: none">● Everyone's situation is unique—we can't know everyone's individual personal or financial circumstances● We're not in her shoes
Health & Well-Being	<ul style="list-style-type: none">● Everyone should be able to get safe care from a licensed provider

Fair Treatment	<ul style="list-style-type: none"> ● We shouldn't treat people differently just because they are low income, young, live in a conservative area, etc.
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VALUES-BASED MESSAGES

Autonomy

- Once a woman has made such an important decision as whether to have an abortion, it's not for politicians to interfere. Our job is to promote people's health and well-being, not impose our beliefs on others.
- However you or I feel about abortion, it's not our place to decide for someone else whether or when they should become a parent.
- Decisions about whether to end a pregnancy, choose adoption, or raise a child are best made by a woman and her family.
- We should not judge someone who feels she is not ready to become a parent. It's not our place.

Recognizing Unique Circumstances

- We cannot know all the personal and medical circumstances behind a woman's decision to have an abortion. Every person's situation is different, and we should respect that this decision is hers to make, with her family (and in accordance with her faith).

Health and Well-Being

When a woman has decided to end her pregnancy, it is important that she have access to safe medical care. Providing insurance coverage means she can see a licensed, quality health provider.

- Our laws should support and safeguard a woman's health.
- When a woman has decided to have an abortion, it is important that she have access to safe medical care...
...and providing insurance coverage means she can see a licensed, quality health provider. ...but shutting down clinics makes it impossible for her to see to a licensed, quality health provider.
- Instead of limiting health care options, we need solutions that improve health and improve a woman's ability to make the best reproductive health decisions for her, based on her circumstances.

Fair Treatment

- When it comes to the most important decisions in life, such as whether and when to become a parent, it is vital that a woman is able to consider all the options available to her, however little money she makes or however she is insured.
- However you and I feel about abortion, we shouldn't deny a woman's health insurance coverage for it just because she is poor/just based on where she lives/etc.

FACTS THAT HELP

You should always lead with values, but here are also some facts that can help support your messages:

- When a woman is living paycheck to paycheck, denying coverage for an abortion can push her deeper into poverty. Studies show that a woman who seeks an abortion and is turned down is more likely to fall into poverty than one who is able to get an abortion.¹
- Fifty-eight percent of abortion patients say they would have had their abortion earlier if they could have. Nearly sixty percent of women who experienced a delay in obtaining an abortion cite the time it took to make arrangements and raise the money to pay for it.²
- A woman who has to pay for an abortion out of pocket may be forced to delay the procedure to raise the necessary funds.³
- When political interference restricts access to abortion, the harm falls hardest on low-income women, women of color, and young women.⁴
- Studies show that when political interference restricts Medicaid coverage of abortion, it forces one in four poor women seeking an abortion to carry an unwanted pregnancy to term.⁵
- At least half of American women will experience an unintended pregnancy by age 45, and at 2008 abortion rates, one in 10 women will have an abortion by age 20, one in four by age 30 and three in 10 by age 45.^{6,7}

APPROACHES FOR CONNECTING WITH AUDIENCES ON ABORTION

If people hold conflicting feelings about abortion, we don't want to change their views, but we do need them to hear what the consequences of imposing their views on women can have on those women's health and well-being. To that end, your job is to help resolve their conflicts in a way that respects women's decisions and health.

- Acknowledge deeply held beliefs or conflicting views.
- When talking with conflicted audiences, try to name their conflict in a way you can agree with, then model how to resolve it.

You and I—most people—can have strong feelings about pregnancy...most of us do have strong feelings...but however we feel...

WHY: This helps audiences feel okay about their feelings and shows them a way to own their feelings without judgment and to not feel like the only option is for them to have to force their beliefs on others.

Health Association annual meeting, San Francisco, Oct. 27–31, 2012. Available at <https://apha.confex.com/apha/140am/webprogram/Paper263858.html>

2 Finer LB et al., Timing of steps and reasons for delays in obtaining abortions in the United States, *Contraception*, 2006, 74(4):334–344. Available at http://www.guttmacher.org/pubs/2006/10/17/Contraception74-4-334_Finer.pdf

3 Henshaw SK et al., Restrictions on Medicaid Funding for Abortions: A Literature Review, Guttmacher Institute, 2009. Available at <http://www.guttmacher.org/pubs/MedicaidLitReview.pdf>

4 Boonstra, HD and Nash E, “A Surge of State Abortion Restrictions Puts Providers—and the Women They Serve—in the Crosshairs.” Guttmacher Policy Review, Vol. 17, No. 1, Winter 2014. Available at <http://www.guttmacher.org/pubs/gpr/17/1/gpr170109.html>

5 Henshaw SK et al., Restrictions on Medicaid Funding for Abortions: A Literature Review, Guttmacher Institute, 2009. Available at <http://www.guttmacher.org/pubs/MedicaidLitReview.pdf>

6 Henshaw SK, Unintended pregnancy in the United States, *Family Planning Perspectives*, 1998, 30(1):24–29 & 46. Available at <http://www.guttmacher.org/pubs/journals/3002498.html>

7 Jones RK and Kavanaugh ML, Changes in abortion rates between 2000 and 2008 and lifetime incidence of abortion, *Obstetrics & Gynecology*, 2011, 117(6):1358-1366. Available at http://journals.lww.com/greenjournal/Fulltext/2011/06000/Changes_in_Abortion_Rates_Between_2000_and_2008.14.aspx

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- Model empathy for the audience and for the woman. Talk about your own feelings and beliefs authentically. If you have evolved on this issue, say so.

Say “I” and “we” and “us” rather than “they” or “them”

Use phrases like “it’s not for me to judge”

WHY: This helps our audience tap into their own inborn empathy, which is crucial to humanizing the women who have abortions, decreasing barriers and getting out of a judgmental stance.

- Dispel assumptions and stereotypes. Bring someone they know to mind to help dispel stereotypes. Remind people that we don’t know a woman’s circumstances. Use language that implicitly assumes a woman is competent, trustworthy and reliable.

“It’s not for me to judge someone’s decision. I don’t know her circumstances.”

Use “a woman” instead of “women”

WHY: Dispelling stereotypes increases audience empathy for a woman and her unique circumstances, and decreases judgments based on stereotypes.

- Provide context for whatever the restriction is that is up for consideration, rather than fighting restrictions one-by-one. This allows people to draw their own conclusions, and they will, about the fact that the high volume of restrictions proposed is central to the anti-abortion movement’s strategy to curtail or eliminate access outright.

Their real agenda is to ban abortion outright. Since they can’t, they are using this restrictive law to put abortion out of reach.

More than 300 laws have recently passed to try to prevent a woman from getting an abortion, even when that means lying to her, delaying her, doing tests she doesn’t need, making it cost more than it should, letting people harass her, and closing nearby clinics.

Did you know that since 2010, anti-choice state legislators have quietly passed more than 300 anti-abortion laws? In states across the country, new laws have closed clinics and pressured and shamed women who have decided to have an abortion. Abortion has quickly been put out of reach for many.

WHY: Painting the picture of individual restrictions as part of the bigger picture can help put them in context and lessen the emotional resonance of the opposition’s messages.

Without resorting to hyperbole, you need to talk to people about the anti-choice agenda and its far reaching implications, including the real numbers of restrictive laws introduced and/or enacted and the negative impact of those laws. Furthermore, once a woman has made her decision to have an abortion, a majority want her experience to be positive—that is, non-judgmental, informed by medically-accurate information, without pressure, supportive, affordable and without added burdens.

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QUICK TIPS

They; them	We; us
Women; all women; families	A woman; her family
Choice	Personal decision; important life decision
Right	Ability; should be able to; need
Listing details or reasons why a woman is having an abortion (e.g. rape, incest, fetal anomalies, etc.)	Mention her decision-making process: “thinking through her decision;” “talking it over with loved ones.” Remind audiences that “she has made her decision”
Pro-choice	Support women’s decisions; decision making
Pro-life	Anti-abortion; abortion opponents
Language that stereotypes (e.g. poor women; woman dependent on government funding)	Family/woman working to make ends meet; woman enrolled in Medicaid insurance
Abortion should be safe, legal and rare	Legal abortion must be available and affordable
Demonizing government’s role	Specify that it is some policymakers or special interest groups who want to impose their values on others

Using the terms “fair,” “unfair,” “fairness” or “discriminatory”	We shouldn’t treat people differently just because ...(they are poor; get their insurance from the government; live in a certain zip code; etc)
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PUTTING MESSAGES TO USE

A succinct way to turn talking points into a strong statement is by organizing them by:

VISION: Positive statement about what you wish the world looked like

PROBLEM: What is getting in the way of reaching your vision

SOLUTION: What needs to change to move us forward

Targeted Restriction of Abortion Providers (AKA TRAP Laws)

VISION

When a woman has decided to end her pregnancy, she should be able to get the health care she needs.

PROBLEM

Anti-abortion legislators have quietly passed hundreds of restrictive laws in the past five years and this is one more example. Their restrictions require women to have multiple unnecessary appointments to receive care, make it illegal for insurance to cover abortions, and require doctors to go against their own medical training by forcing them to provide women medically inaccurate information.

This law does nothing to make abortion safer or support a woman’s decision-making. But it will make abortion more costly and difficult to get.

SOLUTION

We cannot allow those who want to put abortion completely out of reach to pass another law that stands in the way of women and the care they need.

Abortion Coverage

VISION

When it comes to the most important decisions in life, such as whether to become a parent, it is vital that a woman is able to consider all the options available to her, however little money she makes or however she is insured.

PROBLEM

For far too long, politicians have interfered in women’s health decisions by banning insurance coverage for abortion care.

When politicians deny coverage, the harm falls hardest on low-income women, women of color and young women.⁸

SOLUTION

We must lift restrictions on abortion coverage so a woman struggling to make ends meet can make important, personal decisions based on what is best for her

circumstances.

8 Boonstra, HD and Nash E, "A Surge of State Abortion Restrictions Puts Providers—and the Women They Serve—in the Crosshairs." Guttmacher Policy Review, Vol. 17, No. 1, Winter 2014. Available at <http://www.guttmacher.org/pubs/gpr/17/1/gpr170109.html>

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ANSWERING TOUGH QUESTIONS

"Abortion is immoral/against my beliefs/not what God wants."

Each of us has strong feelings about abortion. Even if we disagree, it's not my place to make a decision for someone else. It is better that each person be able to make her own decision.

"Too many women use abortion as birth control."

In my own experience, I know women weigh their decision carefully, think it through with their family and loved ones, or base their decision on their spiritual beliefs. We don't know every woman's circumstances. We aren't in her shoes. I don't want to make such an important decision for anyone else—that's not my place.

"Abortion hurts women."

Most important decisions in life trigger complex and conflicting emotions, and abortion is no exception. Some kind of reaction to serious life decisions is normal. Strong feelings are certainly not a reason to take away every woman's ability to make important life decisions based on her own unique circumstances.

Claims that abortion leads to some kind of disorder are misleading and simply untrue.⁹

"[TRAP laws] protect women's health"

Did you know that since 2010, anti-abortion state legislators have quietly passed more than 300 anti-abortion laws? In states across the country, new laws have closed clinics and pressured and shamed women who have decided to have an abortion. Abortion has quickly been put out of reach for many.

Specifying the type of curtain or width of a hallway has nothing to do with women's health. These laws create higher costs, longer delays, and extra steps for women seeking abortion care. Shutting down women's reproductive health care providers makes it difficult—and sometimes impossible—for women who have decided to end a pregnancy to get the safe, legal, high-quality care they need.

"Taxpayers shouldn't have to foot the bill for abortion."

However we feel about abortion, politicians shouldn't be able to deny a woman's health coverage for it just because she is poor.

"Abortion is genocide."

Proponents of this statement are implying that African-American women are being duped by abortion providers. The reality is that many communities of color experience lower health outcomes as a result of poor access to health insurance, cost and fewer health

providers in their communities. We are fortunate to have a provider in this community to offer safe, legal care for a woman's reproductive health needs.

The real issue is the historic and ongoing disparities in access to quality health care and education in the African American community. These harm our community today and deny the next generation a better future. Improving access to health care, education, and family planning are better ways to reduce unintended pregnancy than trying to restrict abortion.

9 False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers. United States House Of Representatives Committee On Government Reform—Minority Staff Special Investigations Division. Prepared for Rep. Henry Waxman. July 2006. Available at: <http://www.chsourcebook.com/articles/waxman2.pdf>