

# Talking About Abortion, Talking To People About Abortion

One in four people who can get pregnant will terminate a pregnancy by the age of 45, and that likely includes members of your community and extended social network.

The anti-abortion movement has tried to corner the market on emotions of any kind after abortion, putting out stories of those who, for example, regret terminating pregnancies. In turn, the movement for reproductive freedom often offers a narrative of unapologetic experiences, which, to be sure, is the experience of many. But, of course, neither experiences nor emotions are monolithic in any direction.

We must empower those who have been traditionally silenced, erase stigma, and make sure that everyone who has had or might have an abortion feels seen and supported as we listen to them, and as we speak—so we know it is crucial to be thoughtful and intentional about the language that we use.

Here are some concrete guidelines for speaking publicly about abortion, as well as for holding space in individual conversations. While we encourage clergy to incorporate these guidelines into their pastoral work, they're applicable for anyone, and are important for everyone to use in their personal relationships.

## When speaking about abortion in a public setting:

### Use inclusive language.

Not all people who need abortion care are women. Some trans men and nonbinary people need abortion care (and some women, both trans and cis, do not!). If we exclusively mention "women" in conversations about abortion, we erase the experience of the trans men and nonbinary people who are significantly more likely to be denied care than cis women. Less than a quarter of US abortion clinics are explicitly trans inclusive, and though more clinics will treat trans people, it's not guaranteed—and it's certainly not guaranteed that trans people will have an affirming experience there that does not involve misgendering or belittling in the process. We can be accurate and create a caring community by talking about "people who can get pregnant," "people seeking abortion care," "clinic patients," and so forth. For more guidance on this specific topic, consult our Language Best Practices document.

## Center the people who are most impacted by bans.

The majority of people who receive abortion care live below the poverty line due to a systemic lack of access to higher-quality (more effective) contraceptives. Decades of discriminatory public policy linking systemic racism and economic injustice has ensured that a disproportionate number of abortion seekers are Black, Latine, and/or Indigenous American. Many other people of color have been barred from abortion access for over forty years, since, once again, racist policy has created systemic and economic barriers that mean that 30% of Black women and 24% of Latina women ages 15 to 44 are currently enrolled in Medicaid, compared to 14% of white women—all of whom have been subject to the Hyde Amendment's abortion ban since 1980.

## Acknowledge the personal impact of abortion.

Many people in the room - wherever you are - have been affected first- or second-hand by abortion. One in four people who can get pregnant will have had an abortion by the age of 45. Abortion impacts all of our communities. And while we cannot claim to immediately necessarily understand the scope of one person's story, we must acknowledge that each story unfolds differently, and brings up different feelings.

## When speaking with someone about their abortion story:

### Acknowledge the person in front of you and center their experience.

In a social and political atmosphere in which abortion is stigmatized, the act of sharing one's abortion story is radical and vulnerable. **If someone is sharing their abortion story with you, they are trusting you** with their unique experience. This is not the time to share your perspective or feelings about abortion, no matter how positive they may be. **This is the time to actively listen to what you are being told.**

## Ask open ended questions, but don't expect answers.

Some people don't mind talking about their abortion(s) per se, but would rather not talk about the period in their lives in which the abortion(s) took place. Others may not want to go there at all, while others still may find it helpful to share the details of their experiences—or regard it as not a big deal one way or the other. Be present in the conversation, react sensitively, and follow their cues.

## Don't make any assumptions.

For some people, abortion is a painful and difficult experience. For others, it is a cause for relief or celebration, and they would rather be met with congratulatory energy than sympathy. Others feel that they can't talk about their sad feelings because of pressure to affirm the importance of abortion access. **"How was it for you?" is a good first question.**

## When supporting someone through an abortion process (pastorally, or as a loved one):

### Ask how you can be supportive and provide what you can throughout the process.

Some people may need help arranging the appointment for their abortion, transportation to and from it, or childcare. When appropriate, refer them to organizations such as those below. Reiterate that you are there for them as their body heals—but only if you are able to actually show up.

- I Need An A helps one find abortion care, with links to abortion funds as well.
  - [Ineedana.com](http://Ineedana.com)
- Plan C Pills helps people access medication abortion pills.
  - [Plancpills.org](http://Plancpills.org)
- The Miscarriage and Abortion Hotline has trained clinicians answering the phone to help those managing their abortions and miscarriages at home.
  - [mahotline.org](http://mahotline.org)

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- If/When/How's Repro Legal Hotline offers information about legal rights regarding self-managed abortion.
  - [ifwhenhow.org/repro-legal-helpline](http://ifwhenhow.org/repro-legal-helpline)
- If you call the National Abortion Foundation hotline, a case manager can help support one through the whole process; NAF covers the travel and abortion care of those who lack the funds.
  - [prochoice.org/patients/naf-hotline/](http://prochoice.org/patients/naf-hotline/)
- All Options Talkline: unconditional, judgment-free support for people in all of their decisions, feelings, and experiences with pregnancy, parenting, abortion, and adoption.
  - [all-options.org/find-support/talkline](http://all-options.org/find-support/talkline)
- Exhale: Pro Voice offers non-judgemental after-abortion support for those who have had abortions or those who love someone who has had an abortion.
  - [Exhaleprovoice.org](http://Exhaleprovoice.org)

## **Be aware of the different ways that abortion can have an impact.**

Abortion is a medical procedure that impacts people physically—including hormonally—and often emotionally. Be prepared to respond to the specific experiences and needs of the person in front of you and to offer relevant support. Remember that for many people, it may take several weeks after the abortion for the hormonal shifts of the pregnancy to resolve, and that some people do experience postpartum depression after their abortion. This is a medical condition, and must be treated. If possible, loving, caring family or community should be mindful about checking in for several weeks immediately after the abortion. For some people, the period after an abortion is medically fine and emotionally complex; for some it's emotionally fine and medically complex, and others may not want or need any of this kind of support.

## **Don't react with surprise, shock, disappointment, or even pride.**

Because of the stigma surrounding abortion, it is often difficult for people to share what they are going through. Be sure to react to the information divulged to you with an open mind and calm demeanor. You could be the difference between shame and empowerment for some people, and you may be the last person someone tries to tell if they feel belittled or embarrassed—consciously or unconsciously—by you. Honor their autonomy, and—as always—ask them how they are feeling, and follow their lead.

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## **Remember that people have different relationships to Judaism.**

If you're Jewish clergy or working in a Jewish context, remember that some people may have complicated feelings about their Judaism or Jewishness and abortion, and/or even some past religious trauma, and may be coming to a clergy person or other Jewish professional specifically to work through some of this. Proceed with caution, care, and slowness.

As always, endeavor to drop any conscious or subconscious agenda you might hold and listen to the person in front of you and their needs. If it is helpful for you, as the person engaged in this conversation, and/or for you to share with the person with whom you are speaking, [here](#) is an annotated source sheet of Torah sources on Judaism and abortion. For some, the new rituals that NCJW has developed for those before, during and after abortion experiences may be useful or supportive.