

Answering Tough Questions on Abortion

During the course of the Referrals Curriculum trainings, you are likely to encounter participants who ask you “difficult” questions. These questions can come from a place of genuine curiosity or they can be intended to derail the training. The key to answering these questions is to (1) Validate the question, (2) Reframe the question, and (3) Redirect back to the training:

- **Validate** that the question is legitimate and that the question being asked can be a tough one for people to understand. This will open up your listener to the facts.
- **Reframe** the question from a negative to a positive to help open up the listener to hearing your answer to the question, especially if the answer you intend to give may not be what the questioner is looking for.
- **Redirect** back to the training once you have given an answer.

Below, we have tried to give you a template for how to answer the *factual part only* of some of these questions. This is not intended to be a script, but rather a knowledge base for you to draw upon when thinking through how to answer using the Validate, Reframe, and Redirect method.

Remember, you do not have to be an expert to answer these questions and it is ok to say, “That is a hard question, I don’t know the answer and will get back to you with the answer” and then redirect back to the training.

1. Is abortion legal in every U.S. state?

Yes. After Roe v. Wade, abortion became legal in all 50 states. Each state has different laws regulating abortion, but no state has banned abortion; to do so would be unconstitutional.

2. How far into pregnancy can women get abortions?

It depends. A woman’s individual medical circumstances, the laws in her state, and her ability to find an abortion provider all impact the accessibility of abortion services. In addition, sixteen states ban abortion after a certain number of weeks, generally 24 weeks or during the third trimester.

3. Why are late-term abortions necessary?

According to the Guttmacher Institute, 88% of abortions occur in the first trimester of pregnancy. Women seeking late term abortions include women with a wanted pregnancy who discover that the fetus has a severe abnormality; women who have had to delay abortion care because of onerous state laws that make accessing care extremely difficult; and young survivors of rape and incest who do not immediately understand they are pregnant.

4. I have heard about late-term abortion providers like Dr. Gosnell in Pennsylvania who were performing illegal abortions. Is this the norm?

No. Dr. Gosnell has been condemned by pro- and anti-choice groups alike. We want all women seeking to end a pregnancy to receive safe, clean, and ethical abortion care. Dr. Gosnell was a predator who took advantage of women in desperate situations. People like him should not be allowed to practice medicine.

5. Do fetuses feel pain?

According to a 2010 report from Britain's Royal College of Obstetricians and Gynecologists the "fetus cannot feel pain before 24 weeks because the connections in the fetal brain are not fully formed." According to the American College of Obstetricians and Gynecologists, "the medical profession produced a rigorous scientific review of the available evidence on fetal pain in *Journal of the American Medical Association (JAMA)* in 2005. The review concluded that fetal perception of pain is unlikely before the third trimester."

6. What is the difference between the morning after pill and medication abortion?

Emergency contraception, or the morning after pill, is a birth control pill that can prevent pregnancy after sex. Emergency contraception works by delaying ovulation and preventing pregnancy. When taken within 72 hours of sex, emergency contraception is 89% effective.

Emergency contraception is not the same thing as medication abortion. Medication abortion is an option for women who are pregnant and have decided to end the pregnancy. Under the supervision of a medical professional, women can take a drug called mifepristone up to 10 weeks after the first day of the last menstrual period to end the pregnancy. It is used in conjunction with misoprostol, which is taken later to complete the abortion. Medication abortion is highly effective at ending very early pregnancies, working for 96% of women.

7. Does my teen need my permission to have an abortion?

It depends. Many states have laws requiring teens obtain parental consent or notify a parent before obtaining an abortion. However, the U.S. Supreme Court has ruled that teens must have access to what is called a judicial bypass procedure. A judicial bypass allows a minor to receive approval from a judge for an abortion instead of notifying or obtaining the consent of her parents. Most teens tell their parents when they are pregnant. The judicial bypass procedure is very important for teens from abusive families, teens pregnant as a result of incest, and teens who are not living with a parent or legal guardian.

8. Do I need the consent of my husband or partner to get an abortion?

No. The U.S. Supreme Court held that laws requiring spousal consent are unconstitutional.

9. Does abortion cause mental health problems or increase the risk of suicide?

No. A 2008 review by the American Psychological Association stated: “[a]mong adult women who have an unplanned pregnancy, the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy.”

10. Does abortion cause breast cancer?

No. The New England Journal of Medicine, The National Breast Cancer Coalition, The American Cancer Society, and the World Health Organization have all concluded that no link has been established between abortion and breast cancer.

11. Are women getting sex-selective or race-selective abortions in the U.S.?

No. There is no data to corroborate the claim that women are obtaining race-selective abortions.

We aren’t sure if women are getting sex-selective abortions. There is a limited amount of data that women in some immigrant communities in the U.S. may be obtaining sex-selective abortions. Scholars have found flaws in the methodology of the surveys and, as such, we do not have a clear picture of whether or not sex-selective abortions are happening in the U.S.

12. When do you believe life begins?

There are many different moral and religious views on that question. Every woman should have the right to examine her own religious, spiritual and ethical beliefs in deciding what is best for her and her family concerning abortion.

