**Wayfinder: Talking About Abortion in 2022**

This document provides the latest in proactive, values-based messages to reduce abortion stigma; shift people’s feelings and approaches to thinking about abortion; and spur them to action. The following message recommendations are based on opinion and message research and ongoing discussions with advocates in the Reproductive Health, Rights, and Justice (RHRJ) field, and allies. For more expansive talking points on abortion, in addition to more specific topic areas (e.g. abortion later in pregnancy, responding to “born alive” bills, and more), please view [the complete Wayfinder series](https://comsproject.org/category/wayfinders/).

If you have any questions about this messaging, would like to learn about the other resources we offer, or schedule a message training with our team, please visit the [COMS Project website](http://comsproject.org) or reach out to Catherine Lozada at catherine@comsproject.org.[[1]](#footnote-0)

This document was originally created in 2016 and was most recently updated in February 2022 to reflect evolution of language and research in the RHRJ field and updated statistics.

**Know Your Core Message**

| **VISION/VALUES** | **Autonomy**  **Freedom**  **Health** | **We all want to live a safe and healthy life and be free to deﬁne our own path.**   * The decision to become a parent is one of the most important life decisions we make. When people can make decisions that are best for their lives, families thrive and we build communities where each of us can participate with dignity and equality. |
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| **PROBLEM/IMPACT** | **An All-Out Assault on Abortion Access** | **Anti-abortion politicians will stop at nothing to limit or even ban abortion care, using inﬂammatory, deceptive, and cruel language just to score political points.**   * They are passing extreme bans in the hopes that the current Trump-appointed Supreme Court will reverse 49 years of precedent and  take the extraordinary step of taking away one of our constitutional rights. * When abortion care is unavailable, the harm falls hardest on those working to make ends meet or those who already face signiﬁcant barriers to health care. Though it is legal now, abortion care has already been pushed out of reach for many pregnant people with low incomes, young people, LGBTQ+ people, and Black, Indigenous, and other people of color. |
| **SOLUTION** | **Abortion Care in Your Community** | **I believe that everyone should be able to access abortion care in their community with dignity and respect.**   * Once someone decides to have an abortion, it should be affordable, available, and free from punishment or judgment. |

**Reducing Stigma & Pushback in Messaging on Abortion**

| **INSTEAD OF…** | **SAY THIS.** | **WHY?** |
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| *Pro-choice* or *Pro-life* | Support people’s decisions; anti-abortion, abortion opponents | People may identify as both pro-choice and pro-life or neither, so these binary labels are not useful in messaging. |
| *Women’s health care* or *Reproductive choice* | Abortion or abortion care | Audiences often feel euphemisms are evasive and stigmatizing. Saying “abortion” helps to reduce stigma and also provides a gender-inclusive alternative to “women’s health care.” |
| *Mother* | Woman, person, pregnant person | Let’s remind audiences of people’s autonomy and status separate from their pregnancy. Women are not the only people who get abortions; trans and gender nonconforming people can become pregnant and need abortion care, too. |
| *Choice* | Personal decision, important life decision | A “decision” is more serious than “choice,” which can be perceived as less thoughtful and impulsive. When talking about abortion, use the word “abortion.” |
| *Abortion should be safe, legal, and rare* | Legal abortion must be available and affordable | Saying “rare” increases stigma and can create support for restrictions. Abortion is already very safe and although it’s legal, many people struggle to access care. |
| *No one wants to have an abortion. This is a devastating decision.* | We don’t know every person’s circumstances. This is a deeply personal decision. | Convey seriousness without stigma or assuming anything about the feelings of the person or further stigmatizing abortion. |
| *The government shouldn’t interfere/should stay out of our personal decisions* | “Some politicians” or special interest groups want to impose their values on others | The government has a role in ensuring access to a full range of healthcare, including abortion care. |
| *Deserves* | Ability; should be able to; need | “Deserves” is a term that can result in pushback from audiences. |
| *Listing details or reasons why someone is having an abortion (e.g. rape, incest, etc)* | Mention decision-making process: “thinking through their decision;” “talking it over with loved ones.” Remind audiences that “they have made their decision.” | Listing reasons or exceptions creates a dichotomy of “good” vs. “bad” abortions. This can increase judgment and can lead to support for restrictions. |
| *Stereotypes (e.g. poor people, dependent on government funding)* | Family/person working to make ends meet | Reduce stereotyping and judgment and give people agency. |
| *Fair, unfair, fairness* | We should not treat people differently based on their income, zip code, race, employment/insurance status, etc. | “Fair, unfair, fairness” are terms that can result in pushback from audiences. |
| *We can’t go back to pre-Roe days with women dying from back alley abortions.* | We all want to live a safe and healthy life and be free to define our own paths. | So much has changed since 1973 so that people can safely self-manage their abortions. Threats of pregnant people dying are less believable and not helpful. Communicate positive values to build support for abortion that is affordable and available. |
| *We need to build an underground railroad for abortion access.* | A national network of abortion funds are already in operation, connecting people to abortion care, financial assistance, and practical support needs so that they can get the care they need. | Suggesting a “new” network that connects people to abortion access from state to state, erases the work of the reproductive justice advocates - largely women of color - who have, for decades, worked to ensure that people can access the abortion care they need. It’s also best to avoid comparisons, or reappropriations, of moments in time (e.g. slavery, the Holocaust, etc) when describing threats and solutions to abortion access. |

You can find additional messaging guidance on the following topics by viewing [the full Wayfinder series](https://comsproject.org/category/wayfinders/) on the COMS Project’s website:

* “Born Alive” Bills
* Talking about Abortion Later in Pregnancy
* Responding to Opposition Claims
* Talking Points for Disability Bans
* A New Approach to Talking About Religious Exemptions and Reproductive Health Care
* Talking Points for Fetal Tissue Disposal 2022 Values Framework Messaging Recommendations

**For additional information, please contact:**

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[**www.COMSProject.org**](http://www.comsproject.org/)

1. We recognize that organizations have a variety of approaches to gender-inclusive language. These messages use gender-neutral language in statements relating to values and use a mix of gendered and non-gendered language elsewhere. The COMS Project encourages organizations to discuss the use of gender-inclusive language for your audiences. [Here is one resource](https://comsproject.org/messages/gendered-inclusive-explicit-language-on-abortion/) to help your organization and we are happy to provide further assistance. [↑](#footnote-ref-0)