



# **PRO-LIFE PERSUASION HANDBOOK**

## **HOW TO HAVE EFFECTIVE CONVERSATIONS ABOUT ABORTION**

Paid for by Her Health Her Future Coalition, Cape Girardeau, Missouri

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Paid for by Her Health Her Future Coalition, Cape Girardeau, Missouri

# A MESSAGE TO THE READER



Dear Pro-Life Missourian,

**The current abortion landscape in Missouri is heartbreaking.** With the radical pro-abortion Amendment 3 having taken effect in 2025, **Missouri women, girls, and unborn babies are at serious risk.** The Missouri Constitution now guarantees a right to abortion through all nine months of pregnancy, without any health and safety standards for abortion clinics, and without a requirement of parental consent for minors obtaining abortions. The amendment's vague language also opened the door for sex change operations to be performed on minors without parental consent.

In short: It's horrifying. But in 2026, we'll vote on a new Constitutional Amendment that would reinstate **common-sense regulations and restrictions on abortion and the abortion industry in Missouri.**

But pro-life Missourians need to lay the groundwork. **And that's where you come in.** The following handbook is designed to help you learn how to engage in productive conversations with your friends and family who could be persuaded to change their minds on the issue of abortion, or at least take one or two steps closer to the pro-life position.

**Thank you** for taking the time to learn how to have these difficult yet vital conversations. And thank you for having such a heart for women, girls, and the unborn!

Sincerely,

The Her Health, Her Future Coalition

# SECTION I: LAY THE GROUNDWORK

## INTRODUCTION



Having a conversation about abortion is intimidating, especially in an age where people regularly engage in ugly, unproductive arguments with strangers through a phone screen. Those aren't the types of conversations we're encouraging you to have. The following material is geared toward **in-person, one-on-one chats with people you already know**. We're talking about the backyard barbecue, coffee catch-ups, and walking in the park with a friend type of interactions.

We're also not encouraging you to seek out your more radical pro-abortion connections right out of the gate. Beliefs about abortion are on a spectrum, not a binary. **In other words, it's not accurate to say abortion simply comes down to "pro-life" versus "pro-choice."** The "pro-choice" position can range from someone believing abortion should be legal in any case for any reason to someone who thinks abortion should only be legal on rare occasions. That's a pretty wide gap between two people who claim to belong to the same category.

Here in Missouri, the vast majority of people who identify as pro-choice believe elective abortion should be legal early in pregnancy and for the traditional exceptions like rape and life of the mother. **We'll call these folks the "persuadables."**

You can find a surprising amount of common ground with people in these categories, and with a friendly conversation or two, you may be able to help soften their sentiment toward the pro-life position.

Once you've found yourself in a conversation about abortion (whether it's planned or unplanned), it's important to **lay the groundwork** to ensure you'll have a productive outcome where both parties feel as though they've been heard. Here's how to do that:



# SECTION I: LAY THE GROUNDWORK

## CONTINUED



### PROTECT THE RELATIONSHIP

If you follow our advice in the introduction, chances are you are going to have conversations with people you know and love, or at the very least, have some kind of personal relationship. It's important to enter your conversation with a tone that communicates to the person you're sitting across from that **you are friends, who just happen to have different opinions about abortion.** Here are some practical ways you can protect your relationship in the midst of these difficult conversations:

#### 1. EXTEND AN INVITATION.

Not only is abortion a hot-button issue, but it can be a sensitive topic for many. Someone who has had a personal experience with abortion, infant loss, birth trauma, etc. may not feel comfortable diving into a deep conversation about abortion. Before you start listing off your personal beliefs on the topic, take a moment to pause and make sure the person across from you actually wants to talk about this.

*“A lot of people are uncomfortable talking about abortion, and I can totally understand why – it’s a heavy topic. Are you comfortable talking about this?”*

This pause in the conversation shows you are respectful of their boundaries and that you want to be sensitive to them and their comfort level around the topic of abortion. It will make them feel invited into a conversation rather than baited.

If they want to continue the conversation, your next step is to **set realistic expectations.**

#### 2. SET REALISTIC EXPECTATIONS.

Many pro-life people shy away from sharing their beliefs about abortion because they are afraid of angering another person, making things awkward, or feeling like they must have an answer to every single argument that could possibly be thrown at them. So, they stay silent and let opportunities to defend life pass them by, assuming, “I’m never going to change their mind.” Sound familiar? We’ve all been there.

# SECTION I: LAY THE GROUNDWORK

## CONTINUED



But if you go into a conversation with the intention of changing someone's mind, you're probably not going to be very successful, regardless of the topic. Instead, try entering a conversation with realistic expectations, knowing **you likely aren't going to change their mind in one chat**. And most importantly, communicate this to the person you're talking to, so they understand from the beginning that you aren't trying to pressure them into adopting your views on abortion.

*"I don't think we're necessarily going to change each other's minds today, but I'd really like to hear your views on abortion, and I'd love the chance to share mine."*

This statement lets your friend know that you simply want to understand their position, which will help disarm any defensiveness they (or you) may already be feeling. As you move forward in the conversation, you want to **recognize their positive motivations**.

### 3. RECOGNIZE POSITIVE MOTIVATIONS.

Especially if you're talking to someone who has a more developed viewpoint about abortion, you will probably detect their passion early on. Instead of allowing that passion to intimidate you, **lean into it**. Many people support abortion out of positive motivations like keeping women and their rights safe, limiting government intervention, and protecting people from suffering. Being careful not to compromise your own beliefs, try to affirm these positive motivations that you recognize in your friend, especially if you feel the conversation is taking an emotional turn.

*"You are obviously passionate about making sure women are cared for, and I really respect that. I'm passionate about women's healthcare, too."*

If you can show your friend that you understand the complex nature of abortion, you can break through so many barriers that often stop these conversations in their tracks. Once you've set the conversation up to protect your relationship first, you're ready to start **finding common ground**.



# SECTION I: LAY THE GROUNDWORK

## CONTINUED



### FIND COMMON GROUND

No one is interested in opening up to a robotic know-it-all who doesn't read the room. If this person is truly a friend, **take the time to connect with them on the things on which you agree.** And at first, it doesn't even have to be about abortion. It could be as simple as your tastes in music or as complicated as your thoughts on a local ballot measure you both support. Either way, it's important to ground yourself in why you're friends with this person in the first place, as the conversation becomes more focused on abortion. Here are a few tips to keep in mind:

#### 1. ASK QUESTIONS.

Most people don't spend significant portions of their lives pondering their beliefs about abortion, much less sharing what they believe with another person in a one-on-one conversation. Asking questions, instead of subjecting your friend to a lecture, can help them feel more comfortable opening up to you. Here are some different types of questions you could ask:



##### Open-Ended Questions

Sometimes, it's hard to know where to start. But in order to find common ground, you have to get your friend talking. Asking open-ended questions is a great way to get the ball rolling.

*"Some people think abortion should be legal anytime for any reason. What's your take on that?"*



##### Clarifying Questions

Later on, we'll talk about listening to understand your friend's views, and asking a clarifying question can help you do that. Clarifying questions can also allow your friend to think through their views in ways they may never have before.

*"I hear you saying you don't think fetuses are persons until they attain consciousness. Can you explain what you mean by 'consciousness?'"*



##### Proactive Questions

If you're not sure how to nicely point out a flaw in your friend's perspective, phrasing your point as a question can help soften the blow.

*"We agree that human beings should have the right to do lots of things with their bodies, but I'm sure you'd agree we shouldn't have the right to do unjust things. I am wondering if abortion is an unjust thing?"*

# SECTION I: LAY THE GROUNDWORK CONTINUED



## 2. USE NEUTRAL TERMS.

You don't want to bog down the conversation with language that is commonly associated with one particular side of the abortion debate. Your friend knows you lean pro-life, and you know they lean pro-choice, but you don't have to use exaggerated language or identity politics to make your points.

Agreeing to use neutral terms throughout your conversation helps you build common ground with your friend, and it's common ground you can regularly return to if you ever feel like you're stuck or things start feeling contentious.

Here are a few examples: **Instead of “baby” or “clump of cells,” agree to use “embryo” or “fetus.” Instead of “abortion mill” or “abortion clinic,” agree to use “abortion facility.”**

You will be surprised by how this simple form of common ground can help your conversation remain friendly.

## 3. LISTEN TO UNDERSTAND.

Earlier, we talked about making it your mission to truly understand your friend's views about abortion. A disarming yet effective way to do this is by listening reflectively. Ask your friend clarifying questions about his or her beliefs and repeat back to them what you hear.

*“I think I am hearing you say you are opposed to elective abortion after 12 weeks of pregnancy. Is that correct?”*

Ask them to correct you as many times as necessary until you can accurately communicate their abortion views. Once you are both in a position where you understand one another's viewpoint, you're ready to wade deeper into the specific arguments both sides pose. Before we learn about those core issues, though, let's talk about some tactics you can use to **avoid emotional escalation**.

# SECTION I: LAY THE GROUNDWORK CONTINUED



## AVOID EMOTIONAL ESCALATION

You've successfully jumped into a productive conversation about abortion, and now the person you're talking to is bringing up rape, life of the mother, and bodily rights—yikes! But be encouraged: this actually means **your conversation is going well**. You're getting into the real issues that can change hearts and minds on the issue of abortion. Great job making your friend feel comfortable enough to open up!

This is also a **critical moment** in your conversation. It's where well-placed passion can take over, and all the groundwork you've laid so far can unravel fast. Your goal here isn't to "win the argument." It's to keep the conversation human and moving forward.

Here are some tips for avoiding emotional escalation when the conversation goes deeper:

### 1. USE "I"/"WE" STATEMENTS.

"You" statements often feel accusatory, even when they're not meant that way. Unless you're affirming your friend or sincerely clarifying their position, default to "I" or "we."

*"I feel like we've veered off the topic of life of the mother. Should we return to that topic or continue down this path about fetal personhood? I'm good with either, but I'd like to get back to life of the mother at some point because I think we have a lot to agree on there."*

It's very important not to be passive about your abortion beliefs. After all, this is a life-or-death issue. But, in cases where you feel like your friend's emotions are escalating, you want to aim for **soft, non-sarcastic responses that lower the temperature:**

*"I could be totally wrong about this, but..."*  
*"I don't remember all the details on this article I read, but..."*  
*"...and I'm open to learning something new on that."*  
*"My understanding is..."*

# SECTION I: LAY THE GROUNDWORK CONTINUED



## 2. DON'T GENERALIZE THEM.

Never accuse your friend of believing or feeling a certain way or having certain motivations that fit common generalizations. **It's easy to lump people into certain categories based on our personal biases.** But if you can do the hard thing and set those biases aside, you may just see your friend in a new light and find even more common ground.

At the end of the day, you're not talking to a statistic or category. You're talking to **a person** with their own life experiences and nuances. So, when your conversation reveals something new about your friend that challenges your stereotypes of a pro-choice person, call that out and let it add to your common ground.

*"I did not realize how involved you are in helping new mothers find resources and support during and after an unplanned pregnancy. I think that's wonderful, and I want to learn how I can get involved in this with you!"*

## 3. SET EGO ASIDE.

When you start having these conversations regularly, you're inevitably going to be hit with something that you don't know how to respond to. You're likely to hear arguments you haven't considered, stories you weren't prepared for, or experiences that don't fit neatly into talking points.

If you've made it this far, you've likely built enough trust to respond with honesty and humility. Your vulnerability in a moment like this will strengthen your credibility, not weaken it.

**Here are some good phrases to use when you don't know how to respond:**

*"I hadn't considered that question before. Can I think on it and get back with you?"*

*"Can you tell me more about that? I don't know that I have an answer for you."*

*"I did not know you had that experience. I'm so sorry that happened to you. Since this is so personal to you, I don't want to say the wrong thing. Would it be okay if we continued our conversation about abortion another time, so that I can just be your friend right now?"*

# SECTION I: LAY THE GROUNDWORK CONTINUED



Let this be a comfort to you: **you don't have to have all the answers.** You're not a pro-life failure if you don't know what to say to every single argument or philosophical distraction. Take those moments in stride, show that you are open to learning more about their position, and move to the next topic. Your friend will respect you even more for your honesty.

If the conversation is still friendly at this point, you're doing something right. Now you can focus less on managing tension and more on **engaging the ideas themselves.** Let's spend some time preparing for some of the most common pro-choice arguments you are likely to hear.



# SECTION II: PREPARE FOR THE ISSUES

## INTRODUCTION



Although it's important to remember that **you don't have to have all the answers** to every single argument, it's helpful to do some prep work before wading into intentional conversations about abortion.

Our goal for this section is to provide you with two things: First, the **most common arguments** you can expect to hear from your pro-choice friends. Second, some **proven responses** to which you can add your own life experiences and nuances.

There are two categories of pro-choice core issues: **Philosophical Arguments** and what we call **"The Hard Cases."**

### PHILOSOPHICAL ARGUMENTS

Like pro-lifers, many pro-choicers have arrived at their conclusions through a series of core philosophies. Some have adopted these philosophies after much consideration and research, while others may not have put as much thought into it. Either way, it's important to have compassion for your friend who is vulnerable enough to share their beliefs with you.

In one-on-one contexts, you're more likely to hear these philosophical arguments played out, and in this handbook, we're going to focus on the two most common: **bodily rights and fetal personhood.**

### BODILY RIGHTS

There are two primary bodily rights arguments pro-choicers tend to bring up. The first is more extreme, while the other is very common, likely to be seen on a sign at a pro-choice protest. Let's start with the more extreme claim:

#### 1. **"The fetus may be a person, but women can do anything they want with their body."**

A person who uses this argument would agree that it's wrong to murder a newborn baby outside the womb, but as long as that baby is still inside a woman, she should have the right to do whatever she wants because it has to do with *her* body.

Hearing this statement from someone may be jarring and tempt you to have an emotional reaction. But remember back to the overall goal of this conversation: it's to clearly understand your friend's point of view and keep it friendly. The best way to do that is to ask clarifying questions like:

## SECTION II: PREPARE FOR THE ISSUES

### CONTINUED



*“Do you think there should be any limits to abortion?”*

*“Should women be able to get as many abortions as they want?”*

*“Should abortion be legal up to the point of birth?”*

*“Should abortion based on the gender of the fetus be legal?”*

*“Should abortion be legal even if the fetus is fully formed and fully healthy?”*

*“If the fetus is a person, why should they not have the same rights as you and I simply because of their location?”*

These questions help **clarify whether the person truly believes bodily autonomy is absolute** or whether there may be some cases where abortion is wrong.

If they answer yes, though, it may be appropriate to briefly talk about what abortion procedures actually involve. **But be careful:** remember from the Protect the Relationship section that you never know if you’re talking with someone who has a history of abortion or infant loss. Graphic details about abortion procedures can be triggering for some, so be sure to receive consent before asking the following:

*“Did you know that abortion pills, which are given for the earliest of abortions, block the hormone the embryo needs to continue growing, and then cause the uterus to contract and expel the embryo or fetus, mimicking a miscarriage?”*

*“Did you know that in later abortions, after a poison is injected into the fetus, its body has to be taken apart in order to remove it?”*

*“If the fetus is a person, do you think it’s okay for those things to be done to them simply because they’re inside someone else’s body?”*



# SECTION II: PREPARE FOR THE ISSUES

## CONTINUED



### 2. “Women have the right to refuse use of their bodies to fetuses... aka, ‘my body, my choice.’”

This argument is often illustrated by philosopher Judith Jarvis Thomson’s famous “Violinist” analogy: You wake up kidnapped and connected to a world-renowned violinist who will die without access to your kidneys for nine months. The pro-choice question posed is: are you morally obligated to remain connected, and should the State be able to force you to remain connected? Most people correctly say no.



**The primary issue with this argument is that it isn’t an accurate portrayal of pregnancy:**



First, unhooking yourself from someone else is very different from dismembering them. In the hypothetical situation, you are **withdrawing treatment for an illness**, while an abortion **intentionally kills the often perfectly healthy fetus**.



Second, the fetus is **naturally connected** to its mother via the umbilical cord, while the violinist is **unnaturally connected** to you via medical equipment. Surely a parent has more concern and responsibility for someone they’re biologically connected to than for a stranger someone is unnaturally connected to.



Lastly, in the “Violinist” example, you are kidnapped and forced to sustain his life using your own body. But in pregnancy, in 99% of cases outside of rape, women **consensually engage in activities that are known to result in pregnancy**. There is no kidnapping involved.

But how do you respond to the “my body, my choice” premise if they don’t bring up the “Violinist” example? A good place to start is referring back to your friend’s personal position on abortion that you established early on. Given that the vast majority of pro-choice people believe abortion is justified only in early pregnancy, it would be a safe bet to say something like:

*“If you believe elective abortion should be illegal at later stages of pregnancy, then how can bodily rights apply to a woman who is nine weeks pregnant, but not to a woman who is 24 weeks pregnant? Should the slogan be, ‘my body, my choice... but only for the first nine weeks’?”*

Their response may wander into a conversation about **fetal personhood**, which is the philosophical argument we’ll tackle next.

*For more in-depth practice on discussing the issue of bodily rights, see page 26 in the Index portion of this document.*

# SECTION II: PREPARE FOR THE ISSUES

## CONTINUED



### FETAL PERSONHOOD

There are several personhood qualifiers that pro-choicers tend to bring up to defend their thinking that a fetus is not a morally valuable human being. They'll say things like:

***“You’re not a person until...”***

#### **1. “...you’re viable.”**

This argument says the fetus isn't a person until it can live outside its mother's womb on its own. Here are some responses to this claim:

*“What about people who are on respirators or are on dialysis to survive? Are they any less of ‘people’ simply because something outside of themselves is keeping them alive?”*

*“Since viability depends on medical technology at certain stages, does personhood vary by geography? If viability occurs earlier in one country than another due to access to medical technology, does that change whether the fetus is a person?”*

The key point you're making here is that dependence does not determine value.

#### **2. “...you have consciousness.”**

There isn't a widely agreed-upon definition of consciousness in this context, so it's worth asking your friend what they mean before diving into your thoughts on this one. Here are a few examples:

Your friend: *“Consciousness is an awareness of yourself and the world around you.”*

You:

*“It’s true that embryos and fetuses don’t have this type of awareness, but it’s also true that fetuses later in pregnancy, as well as newborns, don’t either. Is it okay to ‘abort’ them?”*

Your friend: *“Consciousness is the ability to react to your environment.”*

You:

*“Fetuses react to their environments, too. Does that not mean they’re persons?”*

# SECTION II: PREPARE FOR THE ISSUES

## CONTINUED



Regardless, though, consciousness is a poor qualifier for personhood because normal, healthy **embryos and fetuses will attain consciousness**, given the correct amount of time. It would be wrong for us to remove their ability to naturally progress into consciousness, much like it would be wrong for us to know that a coma patient will regain consciousness in 3-6 months but decide to go ahead and pull the plug on their life support.

### 3. “... you’re born/have a heartbeat/can feel pain.”

These arguments all hinge on developmental milestones to determine personhood. We’ve all heard the quip that embryos and fetuses are “*just a clump of cells.*” But biologically speaking, **we’re all clumps of cells.** The real question isn’t whether the fetus is made of cells; rather, it’s whether it is a distinct, living human with moral value. Here are some questions you can pose to get the ball rolling:

*“What is the moral difference between an unborn fetus two minutes before it’s born, and a newborn baby two minutes after it’s born?”*

*“An embryo as early as 4-5 weeks post-fertilization has a chambered heart, using coordinated muscle contractions to pump blood through veins to exchange oxygen and carbon dioxide. So, if heartbeat defines personhood, would you agree that an embryo at its earliest stages is a person?”*

*“If the ability to feel pain determines value, is a person who is under anesthesia and cannot feel pain temporarily stripped of their personhood? And people feel pain at different levels, so does that mean there are levels to personhood?”*

This philosophical section is a lot to digest. But if you can work through these more hypothetical questions and frame them in the context of your own personal life experiences, it makes a philosophical conversation feel a lot more human.

*For more in-depth practice on discussing the issue of fetal personhood, see page 29 in the Index portion of this document.*



# SECTION II: PREPARE FOR THE ISSUES

## CONTINUED



### THE “HARD CASES”

Now we’re going to shift gears and look at some of the situations that can feel especially difficult to navigate as a pro-lifer. The issues below matter for two reasons: First, they’re **relevant and emotionally charged**. Second, if handled correctly, they can cause a **major change** in someone’s heart and mind toward the issue of abortion.

Sometimes pro-lifers back down here because they don’t want to seem unkind or lacking in empathy. But it’s possible to hold a consistent pro-life position and still be compassionate and reasonable.

Let’s start with one of the most common.

#### LIFE OF THE MOTHER

***“What about when the woman’s life is at risk? Shouldn’t she have access to abortion to save her life?”***

It’s a fair question that many pro-lifers even ask. First, ask your friend what specific medical circumstances they’re referring to. Are they talking about **miscarriage and ectopic pregnancy care, or complications later in pregnancy?**

If they’re talking about **miscarriage or ectopic pregnancy**, you can explain that treatment for these conditions involves removing a nonviable pregnancy. The baby has already passed away or cannot survive, so the goal is to protect the mother’s health, which can be at serious risk in situations like this. That type of medical care is not the same thing as an elective abortion, and has always been protected. You can wrap up this point by emphasizing your common ground:

***“We have no disagreement that women experiencing miscarriage or ectopic pregnancy have a right to receive prompt, complete care.”***

# SECTION II: PREPARE FOR THE ISSUES

## CONTINUED



If they're talking about **complications later in pregnancy**, there are a couple of points to make:



First, the baby is usually very much wanted and loved in these rare circumstances. The doctor and parents view the situation as caring for two patients.



Second, when complications arise later in pregnancy, doctors typically pursue medical management, early delivery, or C-section because at that stage the baby can often receive care outside the womb.



Lastly, every state with abortion restrictions allows for abortions to be performed in the case of a medical emergency. We should be able to trust doctors to use their judgement – when acting in good faith – to care for women and babies in emergencies.

*“I think that women should have access to life-saving procedures, medications, and treatments. I also think those interventions are very rarely needed, as babies can usually be delivered (instead of aborted) later in pregnancy, which is when more serious complications typically occur. In fact, every pro-life law in the country includes protections for women in life-threatening situations.”*

For more in-depth practice on discussing the issue of life of the mother, see page 31 in the Index portion of this document.



# SECTION II: PREPARE FOR THE ISSUES

## CONTINUED



### RAPE

“

*“When a pro-choice person brings up the issue of rape, they’re not terribly concerned at that point if the unborn is human. They want to find out whether **you’re human.**”*

-Steve Wagner, Justice for All

”

One of the biggest mistakes a pro-lifer can make when discussing abortion is glossing over the suffering of rape survivors. Too often, pro-lifers jump straight to arguments focused on the baby and show no compassion for women and girls who have been victimized.

If we claim to be pro-“life,” **we have to do better than this.**

Many pro-life apologists view the question of rape through two lenses: **a relational challenge and an intellectual challenge.**

**The relational challenge** is responding to your friend, who is looking to see how you will respond when they bring up the topic of rape. They want to know whether there is any common ground with you. It is your job to show them you are a safe person to talk to about this.

**First, show sympathy:**

*“Rape is one of the most tragic circumstances. I can’t even imagine that happening to my sister, daughter, or friend. And for her to get pregnant as a result would be terrifying.”*

*“I’ve had friends go through this experience, and it’s truly heartbreaking.”*

*“I’m so sorry that happened to your friend (or you). How are they (or you) doing?”*

# SECTION II: PREPARE FOR THE ISSUES

## CONTINUED



Second, demonstrate that you understand the complexity:

*“Pregnancy is difficult on its own. Going through it while processing trauma would be incredibly hard.”*

*“I can understand why this feels like an impossible situation.”*

*“Those who are guilty of rape should always be punished to the furthest extent of the law.”*

Make it clear you want justice for survivors, accountability for rapists, and real support like counseling, medical care, financial help, and community. None of that is controversial. And it will go a long way to establishing your common ground.

When you’ve demonstrated that you care about the survivor as a person, and not as a debate point, you’re ready to move to the **intellectual challenge**.

The traditional pro-life position is this: **a person’s moral value is not determined by the circumstances of their conception**. Rape is a horrific injustice, and the question is whether abortion solves that injustice or adds a second one.

*“While I can absolutely understand why someone would believe in a rape exception, I have to remain consistent in my philosophical beliefs. If embryos and fetuses have moral value – which I believe they do – then it doesn’t matter how they were conceived. They still have moral value, just like a two-year-old who was conceived in rape has moral value. My position is not out of a lack of compassion for the rape victim; it’s out of consistency in my belief about fetal personhood, and that killing an innocent person does not right the wrong of a tragic rape.”*

You can also acknowledge reality: **abortions resulting from rape are statistically rare** (they account for less than 1% of abortions). **But be cautious:** making this point should never sound like you’re minimizing the trauma of rape itself.

*For more in-depth practice on discussing the issue of rape, see page 33 in the Index portion of this document.*

# SECTION II: PREPARE FOR THE ISSUES

## CONTINUED



### FETAL ANOMALY

Another “hard case” you’ll likely encounter is fetal anomaly. Pro-choice advocates often frame this around compassion: “*if a child will face serious disability or suffering, wouldn’t abortion spare them and their family from pain?*” This argument can be emotionally powerful, especially if you know someone who has walked this road.

Start by asking a clarifying question:

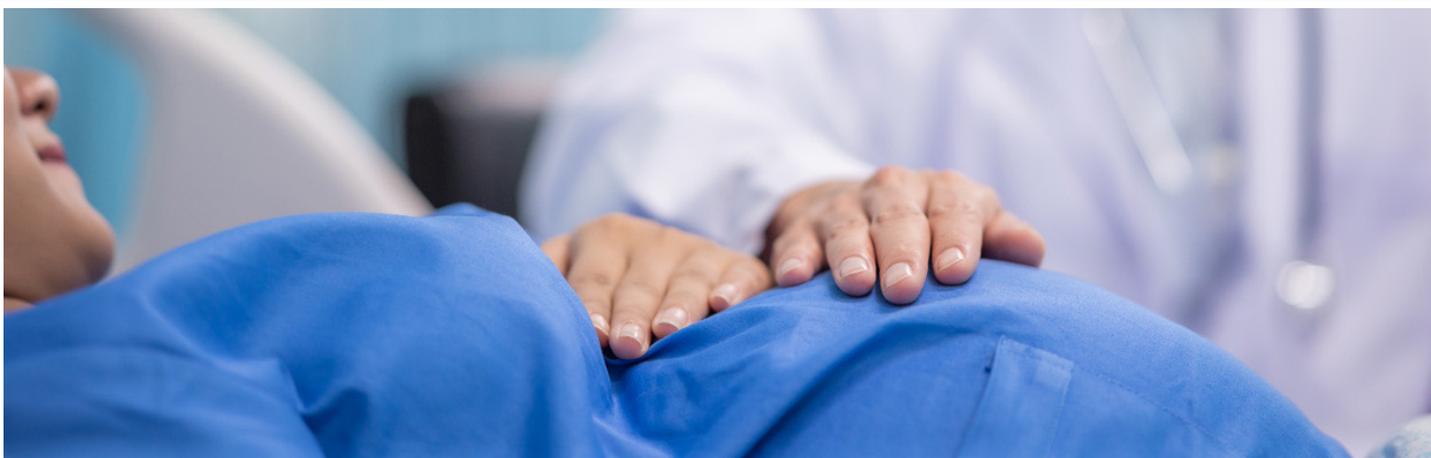
*“When you say fetal anomaly, are you talking about life-compatible anomalies or life-limiting anomalies?”*

### Life-Compatible Anomalies

Genetic testing that some families choose to have done early in pregnancy can detect the likelihood that their child will be born with certain anomalies, the most common being conditions like Down Syndrome. Although these early genetic tests aren’t considered to be diagnostic (they simply measure the probability of an anomaly), many parents still experience pressure from the medical community to terminate the pregnancy.

The core pro-life response here is simple: **a person’s value is not determined by ability.** A child born with a genetic condition may live a different life than you or me, but that life is no less meaningful or less worthy of protection. To abort them solely based on a genetic condition is eugenic abortion.

*“Aborting a fetus based on a genetic anomaly feels like eugenic abortion to me, which I just can’t support because I believe all life has value, regardless of ability.”*



# SECTION II: PREPARE FOR THE ISSUES

## CONTINUED



### Life-Limiting Anomalies

Sometimes prenatal testing shows far worse conditions that could cut the child's life short or cause them to live with severe disabilities. Pro-choice people say abortion would be the compassionate thing to pursue, to protect the child and his family from suffering.

There are two problems with this line of thinking:



#### PROBLEM 1: ACCURACY

The first issue is that prenatal testing isn't 100% accurate. There are countless cases where parents are told their child will be born with severe deformities, disabilities, and medical challenges, but are born completely healthy and go on to live perfectly normal lives.



#### PROBLEM 2: FALLACY

The second issue is the simple irony of killing the fetus in the name of preventing potential pain and suffering. Again, even a severely disabled child's life is no less valuable than a perfectly healthy child's life.

*“While I can't imagine being faced with the decision to abort my potentially fatally disabled child, I still hold to the philosophical belief that embryos and fetuses are morally valuable persons, even those with severe disabilities.”*

If **Amendment 3** comes up, you could say:

*“This is an exception that is covered up to 12 weeks in the 2026 Amendment 3 that we will be voting on this year in Missouri. If you'd like, I can send you more information about it.”*

For more in-depth practice on discussing the issue of fetal anomalies, see page 35 in the Index portion of this document.

# SECTION II: PREPARE FOR THE ISSUES

## CONTINUED



### FOSTER CARE

***“What about all the children already in foster care? If abortion is restricted, won’t the system just become more overwhelmed?”***

There are two ways you can go with this pro-choice argument:

#### **Refocus the conversation.**

The foster care system is a serious issue. Children do experience real hardship, so make sure you acknowledge that fact up front. But **foster care and abortion are separate questions**, and it’s okay to point that out in a compassionate way:

***“I understand how messed up the foster care system is, and that many children are suffering the consequences of that. I’m open to talking about ways to improve the system, but the status of the foster care system doesn’t answer the question of whether or not abortion is morally justified.”***

The goal isn’t to dismiss their concerns. It’s simply to keep the conversation focused on abortion, not a distracting argument.

#### **Get to the heart of their argument.**

Sometimes the implication underneath the foster care argument is this: if a child might suffer through poverty, disability, instability, or foster placement, it would be better if they were never born. **That’s a serious claim.**

Many people living today have experienced poverty, disability, or foster care. When we suggest it would have been better if they hadn’t existed, that can be quite offensive.

***“I know people who’ve grown up in really hard circumstances, including foster care, and they’re still grateful to be alive. I’m hesitant to say that a difficult life is automatically a life not worth living.”***

*For more in-depth practice on discussing the issue of foster care, see page 37 in the Index portion of this document.*

# SECTION II: PREPARE FOR THE ISSUES

## CONTINUED



### PERSONALLY OPPOSED

The final pro-choice argument we'll explore isn't necessarily a "what if?" exception like the rest of the "hard cases," but it's a common last resort that many pro-choice people will throw out. They'll say something like, *"I, personally, would never get an abortion, but I don't think it's right to tell someone else they can't."*

Although this answer feels like a cop-out and can be frustrating to hear, it's actually a sign that your friend may be on the fence when it comes to the issue of abortion. If your friend brings up this argument, follow this flow for your conversation:



#### First, point out your common ground.

Take a moment to highlight the fact that you both agree (at least on a personal level) that abortion is wrong and you would not get one.

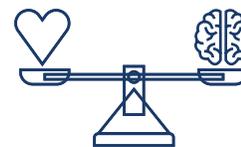
*"I'm really happy to hear you wouldn't consider getting an abortion. That's my position, too."*



#### Second, find out their "why."

There is a reason your friend is uncomfortable with abortion, and you need to find out why before you can move on with the conversation. Use an open-ended question like:

*"Can you tell me more about why you personally would never have an abortion?"*



#### Third, apply their reason.

It's likely your friend has a moral objection to abortion. Once you've discovered their reasoning, apply it to other human rights issues.

*"I think we can agree that slavery, child abuse, and human trafficking are human rights violations that should be illegal. If abortion ends a human life, why should its legality be any different than other human rights violations?"*

It's also possible that your friend is actually pro-life, but they use this answer because they want to avoid uncomfortable conversations, and it feels the least combative to both sides. If you discover this is the case, offer to help your friend learn how to have conversations about abortion and share this handbook with them as a first step!

For more in-depth practice on discussing the issue of personal opposition, see page 38 in the Index portion of this document.

# SECTION II: PREPARE FOR THE ISSUES

## CONCLUSION



These are only a sampling of the most common and emotionally weighty arguments you'll encounter as you start having intentional conversations about abortion. For further reading on additional arguments you may hear, we encourage you to explore the following sources:

**Equal Rights Institute:** <https://blog.equalrightsinstitute.com/>

**Justice for All:** <https://www.jfaweb.org/extending-your-learning>

**Live Action:** <https://www.liveaction.org/the-pro-life-argument>

**Secular Pro-Life:** <https://secularprolife.org/index/>

**Students for Life of America:** <https://studentsforlife.org/learn/>

**Your last step before striking out on your own is to practice!**

The following section is an index of practice conversations you can have with a trusted friend so you can build confidence using the tools you've hopefully gained through this handbook.



# INDEX: PRACTICE CONVERSATIONS

## BODILY RIGHTS



**Pro-Choice:** If a woman doesn't have a right to her body, she doesn't have anything. Bodily rights are human rights!

**Pro-Life:** I agree that women's bodily rights are important. So, for abortion to be made illegal, I agree that it would be a big deal, because we would be telling women there is something they can't do with their bodies. I can understand how this seems heavy.

C: So how can it make sense to make abortion illegal then?

L: Abortion would have to be much more than removing a mass of tissue. If that's all it was, a simple surgery to remove a mass, I agree women should be able to get an abortion by law.

C: Okay, well, we can agree on that much.

L: Let's say, though, that fetuses are human beings with equal rights to the rest of us. Then the woman's bodily rights matter, but there is another human being with bodily rights, too. Can we agree on that?

C: Maybe, but I definitely don't think any policy against abortion is reasonable. A woman should be able to do what she wants with her body.

L: Do you mean that the fetus is not a valuable human being, because it's a part of her body? Or do you mean that even though it is a valuable human being, it doesn't matter because the pregnancy is happening inside a woman's body?

C: I'm not sure. I think the right to her body is so important... I guess it doesn't really matter whether the fetus is valuable. She has the right to do what she wants with her body, no matter what.

L: We certainly agree on one thing at least: I think bodily rights are really important, and generally speaking, we have lots of rights over our bodies. I don't think I agree with you, though, about how far they extend.

C: Okay.

L: Let me ask you this question. Have you heard of a drug called thalidomide?

C: No.

# INDEX: PRACTICE CONVERSATIONS

## BODILY RIGHTS, CONTINUED



L: Thalidomide is a drug that was given to pregnant women, mostly in Europe, in the 1950's and 60's to help reduce morning sickness. It was soon found to be the cause of very severe birth defects. As a result of women taking thalidomide while pregnant, many children were born with deformities. Sometimes they were born without arms or legs.

C: Wow, that's really sad.

L: Yes, it is. So, can we agree that it would be wrong for a pregnant woman to take thalidomide, knowing that it would likely cause her child to be deformed?

C: I think that would be wrong, but... as awful as it would be, I still believe she has the legal right to do so if she and her doctor decide that's the best thing for her.

L: Let's say that the pregnant woman has a two-year-old son with severe physical handicaps, and she has a desire for him to be able to grow up with a sibling who can really understand and relate to him. Should it be legal for this woman to take thalidomide during her pregnancy to intentionally cause birth defects in her second child?

C: No way. That would be so wrong. I don't think that it should be legal.

L: So, it sounds like you do believe there should be some limits on what a woman is allowed to do with her body.

C: I suppose my position isn't really that she can do anything she wants with anything that's in her body. But I still don't think she should be forced to use her body as life support for another human being.

L: Are you saying that abortion is simply refusing to allow a fetus to use one's body?

C: I don't think a woman can be forced, without her consent, to let a fetus use her body.

L: Let me see if I understand you. When you say "without her consent," are you referring to cases in which the woman gets pregnant from rape, or are you referring to any pregnancy resulting even from consensual sex?

C: I think I am talking about any case of pregnancy. Just because she consented to sex doesn't mean she consented to be pregnant. And it definitely doesn't mean she consented to be a life support machine for another human for nine months.

# INDEX: PRACTICE CONVERSATIONS

## BODILY RIGHTS, CONTINUED



L: I agree pregnancy has a great burden inherent in it, and I can understand why you would use a term like "life support machine." It probably feels that way to some pregnant women.

C: I just don't believe that we have the right to ever use another person's body.

L: I can understand your line of thinking, but I think that the fetus being connected to its mother, both naturally and biologically, as a result of consensual activity that is known to produce pregnancy, is a different situation than someone *using* another person's body.

### YOUR NOTES

# INDEX: PRACTICE CONVERSATIONS

## FETAL PERSONHOOD



**Pro-Choice:** I can agree that the unborn is a living human organism, but it's not a morally valuable person.

**Pro-Life:** What would make someone a morally valuable person then?

C: Well, I would say you're not a person until you're viable.

L: When you say viable, do you mean a baby that, if born prematurely, could live on its own? Like between 21-24 weeks of pregnancy?

C: I don't know what the week mark is, but yes, that's what I mean.

L: But wouldn't that make personhood dependent on geography?

C: What do you mean?

L: Well, here in the United States, we are fortunate to have access to the most advanced medical technology. Fetal viability takes that into account. So, if personhood is dependent on viability, would a 25-week-old fetus be a person here in the United States, but if his mother traveled to Rwanda, where the medical technology is not as advanced, would he no longer be a person?

C: Maybe viability isn't a good way to determine personhood. What about consciousness? A 25-week-old fetus does not have consciousness.

L: When you say consciousness, are you talking about having awareness of yourself?

C: I guess so. I'm not sure.

L: I agree with you that fetuses and embryos don't have awareness of themselves. But here's a tricky thing: neither do newborns. Have you spent much time with a newborn?

C: Maybe not enough.

L: Newborns can react to their surroundings, but they don't have awareness of their own state, emotions, and motivations. And I doubt you would say it's okay to "abort" a newborn, right?

C: Oh, absolutely not!

L: I'm glad we can agree on that much! The other thing with consciousness is that we know for a fact that healthy embryos, fetuses, and newborns will naturally attain consciousness given the correct amount of time. Do you agree with that?

# INDEX: PRACTICE CONVERSATIONS

## FETAL PERSONHOOD, CONTINUED



C: I guess so. But it does seem like you're conflating "person" with "potential person."

L: I can understand that. Let me clarify with an example. Let's say there is a person in a coma, and through some kind of medical miracle, we know they are going to wake up – regain consciousness – from that coma in 5-7 months. It would be wrong for us to pull the plug on their life support, right?

C: Yes, I think so.

L: So wouldn't it be wrong for us to abort a fetus, given that we know that normal, healthy fetuses will attain consciousness in a few months?

C: I need to think about that example. What about developmental milestones like heartbeat? Doesn't that seem like a basic function of a person? Embryos and fetuses don't have heartbeats – it's just electrical activity of cardiac cells.

L: Well, I can see where you're coming from, but I'd like to challenge you on the heartbeat claim. Do you mind if I use some scientific terms for a moment?

C: Sure.

L: An embryo as early as 4-5 weeks post-fertilization has a chambered heart, using coordinated muscle contractions to pump blood through veins to exchange oxygen and carbon dioxide. That sounds like a heartbeat to me. So, if personhood is determined by heartbeat, I'd say even an embryo is a person.

## YOUR NOTES

# INDEX: PRACTICE CONVERSATIONS

## LIFE OF THE MOTHER



**Pro-Choice:** What about when the woman's life is at risk? Shouldn't she have access to abortion to save her life?

**Pro-Life:** That's an important question, and it's one that many pro-lifers even ask. When you say "life at risk," are you talking about situations like ectopic pregnancy or miscarriage, or complications later in pregnancy?

C: I'm thinking of things like ectopic pregnancies or severe complications where the pregnancy could kill her.

L: In cases like ectopic pregnancy or miscarriage, the pregnancy isn't viable. From what I understand, treatment for these conditions involves removing the pregnancy because the baby can't survive, and the mother's health can be in serious danger if she doesn't receive treatment. I don't think we disagree on cases like this, because from my perspective, treatment for ectopic pregnancies and miscarriages isn't abortion since it doesn't intentionally end a viable pregnancy.

C: That's fair. I guess I hadn't heard that position before. But it still doesn't answer the question about emergencies later in pregnancy. I think that abortion laws can tie the hands of doctors and make them hesitate to save women's lives in an emergency.

L: I've heard that concern. I think it's important that medical professionals are able to act quickly in emergencies. So, I certainly support laws that are clear in language when it comes to true medical emergencies.

C: What do you mean by "true" medical emergencies?

L: From my research, I've learned that actual life-threatening situations later in pregnancy are rare. And in those situations, doctors often try medical management or early delivery, especially if the baby might survive outside the womb. It's usually a heartbreaking situation where the baby is wanted. Everyone involved is trying to care for two patients: mom and baby.

C: But what if ending the pregnancy is the safest option?

L: Again, from what I understand, it's very rare that terminating the pregnancy is the only option to save a woman's life. Having said that, I want physicians to be able to intervene in life-threatening emergencies. I believe that every measure should be taken to preserve as much life as possible. It's important to me that women have access to basic care to save their lives, that they aren't afraid, and that they know their lives matter.

# INDEX: PRACTICE CONVERSATIONS

## LIFE OF THE MOTHER, CONTINUED



C: I appreciate that you at least agree that her life matters.

L: Of course. I think we both care about women's health and safety. We may disagree about how laws should be structured, but I don't think either of us wants women denied emergency care.

### YOUR NOTES

# INDEX: PRACTICE CONVERSATIONS

## RAPE



**Pro-Choice:** What if the woman was raped and became pregnant? Do you think in that case she should be able to have an abortion?

**Pro-Life:** [Pause] ... That is certainly a difficult question. Rape is a horrible crime. No one should ever have to go through that. And I don't think we usually consider how many ways in which it affects the life of the person who was raped.

C: That's why abortion seems to make sense at least in this case. It should be legal, shouldn't it?

L: I can see why you would say that. It seems like abortion would help, but can we agree there really isn't a simple solution here? No woman wants to get an abortion, and the rapist has forced this woman into a situation where she may be considering abortion for the first time.

C: I never thought about it that way. It's horrible to be forced into a situation where you feel like you have no good options - where every decision seems bad.

L: Even if the woman decides to carry the pregnancy to term, I don't think it's easy.

C: That's for sure. She'll have morning sickness. Her body will change.

L: I agree. Those things are difficult even for a woman who wants to be pregnant. Imagine not wanting to be pregnant and then dealing with them. I met a woman who said that she had gotten pregnant from rape, but then she ended up miscarrying. That's another difficult aspect of this.

C: You're right. That is so difficult.

L: I agree. And I think the woman many times feels alone. I want to make sure these women who are victims of rape at least know someone cares.

C: I do, too. I think I've realized through our conversation that it's not as simple as just offering the woman a choice of abortion. The woman is confronting many difficult, painful things. It won't solve everything, but can you agree that it should be one of her options to decide as she wishes?

L: Again, I think that is a very difficult question. As we've already discussed, the woman who is pregnant from rape has difficult decisions to make, both if abortion is an option and if it is not. I also can understand why you are suggesting abortion should be an option. Of all the activities that should require consent, sex is probably the most important. And it also seems that forcing a child on someone through rape has something wrong with it.

# INDEX: PRACTICE CONVERSATIONS

## RAPE, CONTINUED



C: Exactly my point!

L: I think the question might be, though, "When was the child forced on her?" That question might be confusing, so here's what I mean: Did she have a child inside of her at fertilization or only at birth? If there is no child until birth, then of course abortion should be legal in the case of rape. If there is a child at fertilization, though, then isn't the woman already a mother, and wasn't the rapist the one who forced her to become a mother in the first place?

C: I'm not sure I understand what you're getting at. No matter who forced her into it, doesn't it make sense that she should be able to get out of it?

L: I agree that in many situations where we are forced into something, it makes sense that we should be able to get out of it. The question is whether this is one of those cases. If abortion involves killing a human being, then doesn't that change things?

C: Perhaps. The whole thing just seems so wrong.

L: I agree. And I think it's important that we both keep emphasizing that. We can't emphasize too much the wrong done to the woman in rape. Perhaps an illustration would help us as we think through this. I think you and I will agree, but I just want to make sure: Imagine a woman is raped, gets pregnant, and gives birth to the child. Her friend visits her and the new baby the next day, then later that same night, the friend is raped and becomes pregnant. The two women are on the phone one month later. The first woman is looking at her child in the crib and wondering if she can handle being the mother of her rapist's child. The second woman is rubbing her belly and wondering the same thing. Would you agree with me that the first woman cannot kill the child in the crib?

C: Yes.

L: I know this may seem like an obvious question, but why is that so clearly wrong?

C: Well, the one-month-old is a human being, just like you and me.

L: Do you believe the second woman, who is still pregnant, should be able to get an abortion?

C: Okay, well I see your point. If the woman who's still pregnant has a child - a human being - just like the first woman, who already gave birth, then that limits the options we would give to the second woman. If the unborn is a human being, we shouldn't be allowed to kill a human being.

L: That's right.

# INDEX: PRACTICE CONVERSATIONS

## FETAL ANOMALY



**Pro-Choice:** What about severe fetal anomalies? If a child is guaranteed to be in pain or die shortly after birth, wouldn't abortion be a compassionate option?

**Pro-Life:** That's such a hard situation. I can't imagine having to decide that. When you say fetal anomaly, are you talking about conditions that are compatible with life, like Down Syndrome, or more serious conditions?

C: Both, honestly. But especially severe ones where the baby might not survive long.

L: Well first, with conditions like Down Syndrome, I don't think it's right to determine someone's worth by a diagnosis. If someone finds out their child will have Down Syndrome through early genetic testing, and they decide to abort based on that factor alone, I would say that sounds a lot like eugenic abortion. And that feels really icky to me.

C: I don't think it's about worth, though. I think it's about what kind of life the child and family will have: the medical challenges, financial stress, and emotional toll.

L: That makes sense. And I can totally understand how scary and heartbreaking a future like that might look for a family. But I just don't think someone's diagnosis or ability should determine if their life is worth living or not.

C: But shouldn't families be allowed to make that decision? They're the ones raising the child.

L: I understand wanting parents to be able to make decisions for their own families and children. But I think children who may live a different life than you and I are still morally valuable people who deserve a chance at life.

C: Well, what about conditions where the baby will only live hours or days, possibly in pain?

L: Those cases are devastating. I can't imagine being in that position. The first thing I'll say about this is that testing for such conditions is rarely 100% accurate. There are countless cases where parents were told their child would be born with severe deformities or would not survive, but they ended up having perfectly healthy babies in the end. Having said that, I do recognize this is a reality for many families, and a very important issue to address.

C: Many parents feel that continuing the pregnancy prolongs suffering for the child and for themselves.

# INDEX: PRACTICE CONVERSATIONS

## FETAL ANOMALY, CONTINUED



L: I've heard that perspective, and I can understand it. I think the deeper disagreement between us is about whether ending a life to prevent suffering is ethically justified. I think that embryos and fetuses have moral value, even the ones facing a fatal diagnosis. Just like I think an adult facing the diagnosis of a terminal illness has moral value and shouldn't be automatically euthanized.

C: I do think it's compassionate to attempt to prevent suffering.

L: And I think compassion is seeing someone's value and choosing to care for them through suffering, instead of eliminating them because of potential suffering. We all suffer in life in some way – some more than others. We can't always prevent suffering from taking place, just because it may or may not happen. But I do understand how emotionally complex these decisions are for moms and dads to make.

### YOUR NOTES

# INDEX: PRACTICE CONVERSATIONS

## FOSTER CARE



**Pro-Choice:** But what about the foster care system? Children who are born into poverty and difficult circumstances often end up in foster care. It's already so messed up, so wouldn't outlawing abortion just make the foster care system that much worse?

**Pro-Life:** I don't disagree with you that the foster care system is messed up. Many children certainly suffer as a result of being placed in foster care. It's very sad.

**C:** Sure. So, would you agree we could prevent future suffering of children at the hands of the foster care system by keeping abortion legal?

**L:** Well, I agree fewer children in the foster care system would be good, but I disagree with the premise of your question. But I have a hunch that our disagreement isn't about the foster care system, and that it's really about something else. Do you mind if I share an analogy?

**C:** Sure.

**L:** Imagine there's a two-year-old here. He's in the foster care system and has already experienced multiple placements in his short life. Can we agree that his social worker, who cares so much for his well-being and hates to see him bouncing from home to home, shouldn't be allowed to kill him to remove his suffering?

**C:** Of course! Everyone agrees that's wrong.

**L:** Why can't she kill the toddler?

**C:** That's obvious. The toddler is a human being.

**L:** So what is the difference between killing a toddler in foster care and aborting a fetus who MAY end up in the foster care system at some point?

**C:** Well, the unborn is totally different from the toddler.

**L:** I personally believe the fetus has just as much moral value as the toddler, but I realize you may not agree with that. My point is this: I know people who've grown up in really hard circumstances, including foster care, and they're still grateful to be alive. I'm hesitant to say that a difficult life is automatically a life not worth living. I just don't think it's anyone's place to have that kind of say, especially when there's no way of knowing which unwanted pregnancies will produce children who wind up in foster care.

# INDEX: PRACTICE CONVERSATIONS

## PERSONALLY OPPOSED



**Pro-Choice:** I wouldn't get an abortion personally, but I don't feel right about telling other people they can't have one.

**Pro-Life:** I'm really glad to hear you wouldn't personally have an abortion. I believe abortion ends a human life, so I couldn't make that choice either.

C: Yeah, if you don't want to have an abortion, then just don't get one.

L: Why do you say you wouldn't get an abortion?

C: Well, I just don't really like the idea of abortion. It feels wrong to me. I think I'd like to have children one day, and I think babies should be celebrated. I also don't like the idea of getting to pick and choose which of my children gets to be born. Something about that feels wrong to me.

L: So you'd say you have a personal moral objection to abortion, but you don't think it should be illegal?

C: Yes, that's right.

L: I can understand having a personal value about things like alcohol or tobacco use. I don't have to use those things, but I don't think they should necessarily be illegal so long as they aren't used to hurt other people.

C: Right. And other people getting an abortion doesn't hurt me. Really, it's none of my business. So why should I try to take someone else's rights away?

L: The problem is that alcohol and tobacco use aren't human rights issues.

C: Huh?

L: Just because things like slavery, child abuse, and human trafficking may not necessarily impact you and I specifically, they are still human rights violations that should absolutely be illegal, right?

C: Oh yes, of course.

L: Well, I said earlier that I believe abortion kills an innocent human being, which I think classifies it as a human rights violation. And I'm not comfortable saying that I personally wouldn't commit a human rights violation, BUT it's none of my business if someone else does it.

# CONVERSATION PREPARATION CHECKLIST



We've covered a lot in this handbook! Our hope is that this document will continue to serve as a valuable resource as you strike out on your own and begin to have conversations about abortion with your pro-choice friends.

Here's a checklist to help you review the most important concepts we've talked about:

## LAY THE GROUNDWORK

- Protect the relationship** by extending an invitation, setting realistic expectations, and recognizing positive motivations.
- Find common ground** by asking questions, using neutral terms, and listening to understand.
- Avoid emotional escalation** by using "I"/"We" statements, not generalizing your friend, and setting your ego aside.

## PREPARE FOR THE ISSUES

When **bodily rights** comes up...

- Acknowledge bodily rights are important for everyone involved.
- Determine what kind of argument they're making.
- Ask at what point in pregnancy a woman's bodily rights are no longer absolute.

When **fetal personhood** comes up...

- Communicate that viability can't be based on geography.
- Note that every healthy baby attains consciousness at some point.
- Be prepared with some basic human development facts.

When **life of the mother** comes up...

- Agree that miscarriage and ectopic pregnancy treatment should always be available.
- Point out that delivering the baby is preferable to terminating the pregnancy.

When **rape** comes up...

- Communicate compassion for the victim first (relational challenge).
- Note that one's value is not determined by their conception (intellectual challenge).

When **fetal anomalies** come up...

- Express compassion for anyone facing a pregnancy with a fetal anomaly.
- Point out that regardless of someone's disability, their life is still worth living.

When **foster care** comes up...

- Acknowledge that the foster care system is in need of fixing.
- Make it clear that the lives of children living in foster care matter, too.

When **personal opposition** comes up...

- Point out your common ground.
- Find out their "why."
- Apply their reason.

- PRACTICE, PRACTICE, PRACTICE!**



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