

Rehumanize International has created this training because we saw a need for a secular resource for sidewalk advocacy. We'd like to extend our immense gratitude to Sidewalk Advocates for Life (SAFL), who lovingly created the comprehensive resource from which most of these tools and tips have been gleaned. This primer has been created with the approval of SAFL for Rehumanize International (a DBA of Life Matters Journal, Inc.) and our affiliate and partner organizations. If you are interested in completing the full course or starting your own chapter of Sidewalk Advocates with all of the full-fledged benefits, contact SAFL at info@sidewalkadvocates.org.

We hope you found this booklet useful, and we look forward to seeing your success stories from the sidewalk!



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NOTES

ABORTIONS DON'T HAPPEN
IN THE WHITE HOUSE, THE
HALLS OF CONGRESS, OR
THE SUPREME COURT. THEY
HAPPEN IN OUR LOCAL
COMMUNITIES. WE NEED
TO BE THERE, OFFERING
NONVIOLENT RESOURCES
FOR THOSE IN NEED.

HANDLING POOR TACTICS FROM OTHER ANTI-ABORTION FOLKS

"LET'S WORK TOGETHER TO FIGURE OUT HOW WE CAN MOST EFFECTIVELY SAVE LIVES."

For examples of these poor tactics, please refer back to our "Ineffective Sidewalk Advocacy Tactics" section on page 11.

STEPS TO ADDRESS

- If you feel comfortable doing so, invite them to talk about tactics after outreach, perhaps over lunch or a cup of coffee at

a nearby eatery. Bring a copy of this training to give to them. Sometimes, people are very passionate about the abortion issue (as they should be) but haven't had anyone train them on how to effectively reach those entering the clinic. You can be this person. Ask them how long they've been doing pro-life work, and if they've had any formal training or support. It might be helpful to amplify the experiences and testimony of former abortion clinic workers (who are now pro-life) on the subject of impactful pro-life sidewalk advocacy.

- If you don't feel comfortable talking with them, or they aren't open to what you have to say, try to separate yourself. Stand as far from them as possible, where you can still reach those entering the abortion clinic. Your group can have a sandwich board signs that say "Here to listen, not to judge" or a similar message. Alternatively, you could have your group dress in a similar color.

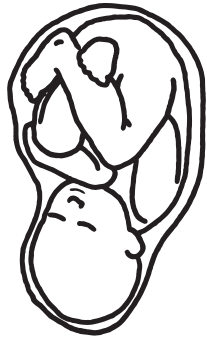
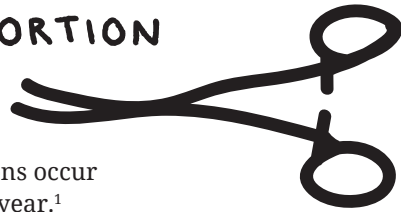
SELF CARE

Sidewalk advocacy can be very emotionally taxing. It is important to take care of yourself to prevent burnout; we are better able to help others when we are well-rested ourselves. You are valuable — so take some time to rest and do things you enjoy. Make sure you are getting enough sleep, and drinking and eating enough. Spend time with friends. Remember: you can't stop every abortion, and you can't pour from an empty cup. The more you pour into your own well-being, the more you will be able to give to those you serve on the sidewalk.

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THE CRISIS OF ABORTION



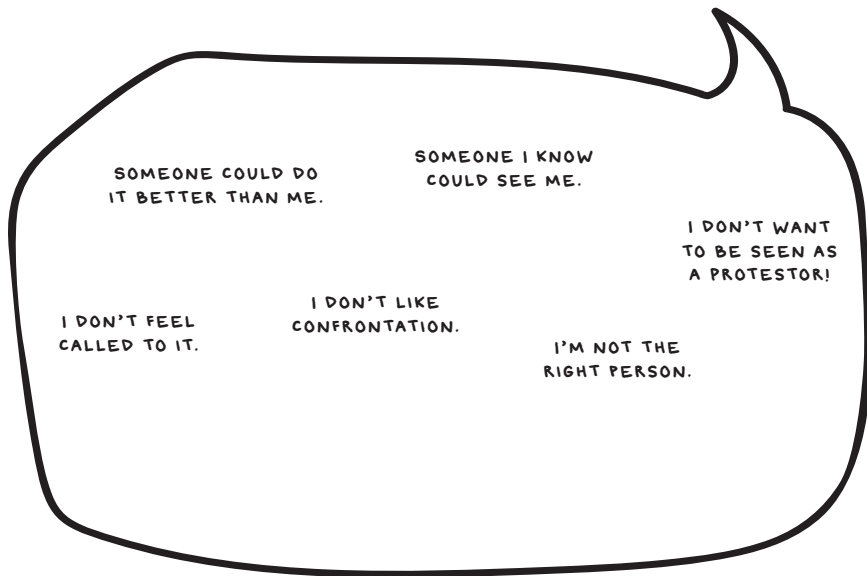
56 million abortions occur worldwide every year.¹

Roughly 2,500 abortions are performed daily in the United States,² which adds up to about 926,200 per year and 61 million since the 1973 *Roe v. Wade* decision.

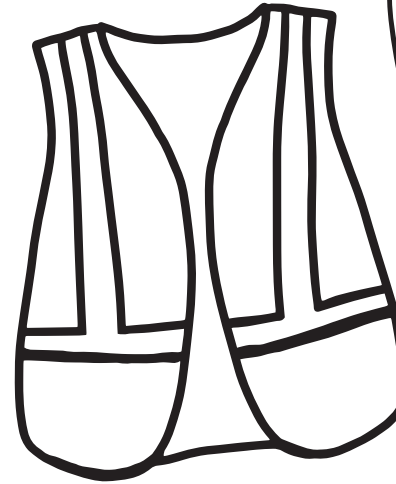
This makes abortion the leading cause of death in the United States.

1. "Unintended Pregnancy and Abortion Worldwide." Guttmacher Institute. <https://www.guttmacher.org/fact-sheet/induced-abortion-worldwide>.
2. "Induced Abortion in the United States." Guttmacher Institute. <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>

In the face of such injustice, we need brave, compassionate advocates for life. Respond to these common excuses for not trying sidewalk advocacy.



Remember: there's no perfect Sidewalk Advocate. Follow this guide, try your best, and forgive yourself when you make mistakes. Trust that at some point your unique gifts, talents, and perspective will be needed.



"HI! I DON'T KNOW IF I'VE EVER INTRODUCED MYSELF TO YOU BEFORE, BUT MY NAME IS _____. I'D LOVE TO TALK WITH YOU SOMETIME. WE BOTH SEEM TO BE PASSIONATE ABOUT HELPING WOMEN, AND I'D LOVE TO HEAR WHAT YOU HAVE TO SAY."

APPROACHING CLINIC ESCORTS

A growing number of abortion clinics are bringing in clinic escorts. These are volunteers that are trained to bring their clients into the clinic safely and try to prevent them from having any sort of contact with the pro-life advocates outside.

Here are some things to remember when you talk with them:

- They are trained to not talk with you, and/or to prevent you from talking with clinic clients.
- Escorts may be post-abortive or close to someone who's had an abortion
- It's likely that the only things they know about pregnancy resource centers (PRCs) are likely what their training programs have told them. The pro-choice talking points around PRCs are that they are "fake clinics," that use scare tactics to keep people from procuring abortions, and that they offer no sort of substantial help.
- Your first priority should be the abortion-minded person; try having conversations with escorts when the clinic isn't as busy or when there are other sidewalk advocates reaching out to the clients.
- Most likely, they have good intentions of helping people. This is somewhere you can build common ground.
- If you don't feel like you can engage with escorts without becoming visibly angry, don't try.
- Do not try to meet them at their car or send anything to their homes. This will probably be perceived as threatening even if this is not your intent. If they ignore you, be persistent, but friendly.
- If you're not sure how to initiate the conversation, try asking them how they got started volunteering there. Offer your extra bottled water or snacks (if they are sealed). If you pray, and the escorts aren't openly hostile, perhaps ask gently if the escorts have any intentions you can pray for. (Ex: "Is there anything or anyone you'd like me to pray for today?")

HELPING POST-ABORTIVE PEOPLE

When you approach people after they've had an abortion, remember these key words: hope, healing, and recovery.

UTILIZING MATERIALS

- Do not give out abortion recovery literature unless you suspect they have had an abortion, as it can be seen as implicit approval of abortion if you give it to someone on their way into the clinic.
- Materials typically offered: holistic resources, Abortion Changes You, etc.

EXAMPLES OF DIALOGUE

- Do not condemn them, but impress upon them the hope of healing from their grief of their lost child.
- Watch your demeanor—be gentle and compassionate.
- Ex: “You deserve to find hope and healing after today. If you need someone to talk to, I’d love to listen. Even if you don’t want to talk to me, I’d love to give you these free resources that can help you.”
- If she’s happy she had an abortion, still treat her with dignity and respect. Consider asking how old her child would be. This is a good opportunity to rehumanize her lost child and offer her space to grieve.

HELPING ABORTION CLINIC WORKERS

Your main goal is to build a relationship over time.

UTILIZING MATERIALS

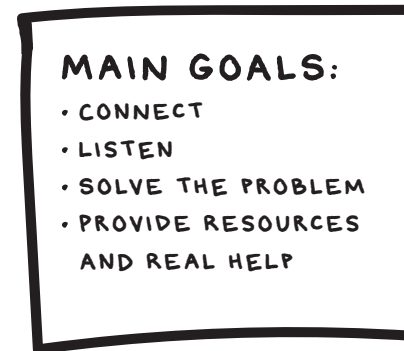
- Familiarize yourself with And Then There Were None (ATTWN), a ministry that helps workers leave the industry; see abortionworker.com.
- ATTWN offers emotional support, a spiritual advisor of the former worker’s choosing, legal counsel who will protect the worker’s interests at no cost during transition, and one month of financial support after a worker resigns

EXAMPLES OF DIALOGUE

- Note: many people who work in the abortion industry have an abortion in their past, and many consider themselves Christian
- Do not challenge the worker on why they think it is justifiable to work there
- Do not condemn them
- Tell them that you can offer them resources and help them find work elsewhere
- Abortion workers are often trained to ignore you, be persistent, but always remain friendly and caring.

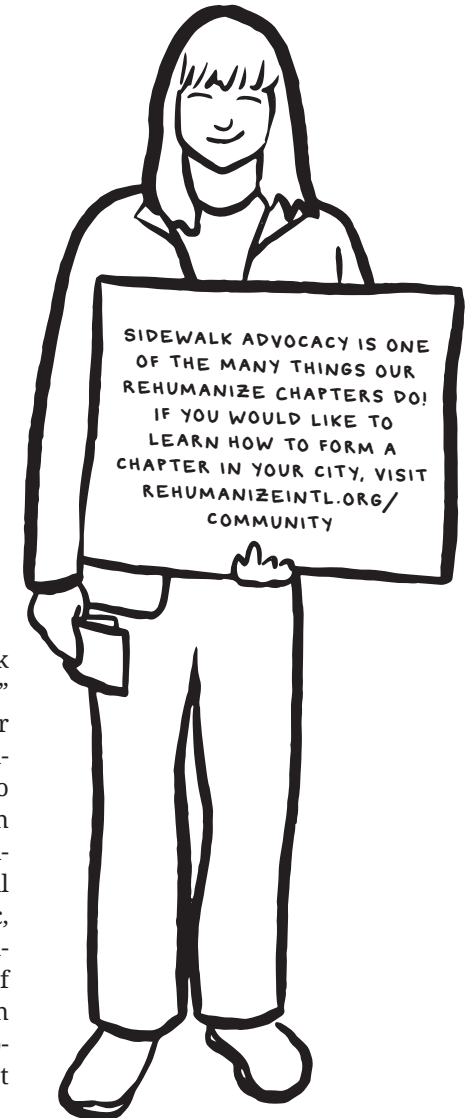
WHAT IS SIDEWALK ADVOCACY?

Sidewalk Advocacy refers to crisis intervention in front of the abortion center. It involves actively encouraging abortion-minded clients to choose life, empowering them to leave the abortion center, and being a positive pro-life witness in your community, thereby planting seeds that will change the culture of death into a culture of life.



SIDEWALK “ADVOCATE” OR SIDEWALK “COUNSELOR”?

We prefer to use the terms “sidewalk advocacy” and “sidewalk advocate,” not “counseling” or “counselor,” for a few reasons. Professional counselors go through years of school to help people address mental health problems. You are likely not qualified to do this, nor is it what you will be doing outside an abortion clinic, so the term “advocate” is more accurate. Advocates fight for the rights of other people and connect them with resources to address specific problems they are facing. This is what you will be doing on the sidewalk.



ADVOCACY ROADMAP



| | |
|----------------------------------|---|
| PEOPLE SEEKING ABORTION | Help them choose life and guide them to a pregnancy resource center. |
| PEOPLE SEEKING HEALTHCARE | Inform them where they can fill their healthcare needs elsewhere. (Ensure these places have low-cost or free high-quality healthcare) |
| OTHER ENCOUNTERS | Be friendly to clinic workers, clinic escorts, and other passersby. Offer them resources to leave or to talk if you have the opportunity. |

UNDERSTANDING THOSE IN CRISIS

A crucial part of any discussion about abortion is understanding how all sides perceive the situation. Fill in the boxes with words that come to mind when imagining each of the following perspectives. If you are having trouble envisioning the perspective of a person considering abortion, or a pro-choice person, try searching the web for phrases like “abortion stories” or “why I’m pro-choice.” **Don’t skip this step.** Building empathy is vitally important. It may anger or sadden you to hear these justifications for violence, but it is much better for you to learn to manage your emotions now than when on the sidewalk when lives are at risk.

| | |
|--------------------------------------|--|
| ABORTION FROM A PRO-LIFE PERSPECTIVE | ABORTION FROM A PRO-CHOICE PERSPECTIVE |
| ABORTION-MINDED PERSON: PRO-LIFE | ABORTION-MINDED PERSON: PRO-CHOICE |

SEEKING CONTRACEPTION

- Gently challenge them: where is the money going? They deserve better than a clinic that participates in violence against children. There are other local clinics that don’t hurt and kill human beings.
- Tell everyone about your local FQHCs, low-cost clinics, or pro-life Ob/Gyns
- Ex: “Did you know that this facility kills human beings? You deserve a better place for your healthcare needs.”

SEEKING HEALTHCARE SERVICES: PAP SMEAR, EXAM, ETC.

- Good healthcare for all is found at life-affirming medical facilities in the area that don’t kill humans, not a place like this clinic that hurts women and kills children.
- Ex: “Well, I’m glad you are concerned about your health. Did you know there are other places in town where you can get those very services without supporting a facility that kills human beings?”

SEEKING MISCARRIAGE MANAGEMENT CARE

- Acknowledge the bond that they had with their child. Acknowledge the grief and be willing to sit with them in that uncomfortable space of loss.
- Ask them if they know that this place performs abortions.
- Encourage them to contact their doctor for a referral to a clinic that doesn’t kill human beings.

Note: An incomplete miscarriage is a situation in which the preborn child dies of natural causes in utero, but the child hasn’t been naturally delivered, and medical intervention is necessary to prevent infection and sepsis. A D&C or RU-486 procedure can be performed to deliver the already-dead child in the case of miscarriage management. These are the same procedures often used in elective abortions to actively kill the child, but in the case of miscarriage management, the child has already passed. Sometimes bereaved parents are referred to an abortion clinic to have the procedure done. Be especially sensitive and empathetic in this situation.

PEOPLE WHO SERVE THE ABORTION FACILITY OR PASSERS-BY

- Sharing the truth about abortion with these people could save the lives of those they interact with
- Explain that you are out there to educate people on what abortion is really doing to preborn children and their parents and families. Ask if they are comfortable working with a place that is killing so many children and hurting so many others.
- Offer free literature to everyone and engage everyone in conversation
- Ex: “We’re out here today because we care about everyone going inside—did you know there is an abortion clinic here?”
- Ex: “Could you talk to your boss about not contracting with this place?”

VERY YOUNG TEENAGER

- If the teen comes with a parent, find out who's "running the show." If it's the teen, emphasize what this will do to her: the pain of the abortion, heartache afterward, potential complications (especially if this clinic has health violations — per CheckMyClinic.org). If it's the parent, let them know that their daughter will never be the same after this.
- If you witness pressure from family for the abortion and the teen clearly doesn't want to do it, remind them that it is against the law for anyone to be forced to have an abortion—they can do the right thing!
- If there is visible force/coercion, follow the advisements listed in the prior section on "Client clearly does not want an abortion."

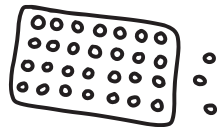
MULTIPLE DAY PROCEDURE

- If someone tells you they have started the abortion pill or second-trimester abortion procedure (laminaria has been inserted), it is not too late
- Tell them time is of the essence — get them to a pro-life physician immediately and give them the information for AbortionPillReversal.com.

PAST ABORTION

- 50% of abortion patients entering the facility have another in their past — if your gut feeling says this is the case, ask. (Ex: Have you or someone you know had an abortion before?)
- Emphasize that they can start healing by doing the right thing today. Give them abortion recovery resources like AbortionChangesYou.com and others from your local area.
- Ex: "I am so sorry to hear that. How are you doing? You can heal. You've been given the opportunity to make the right decision this time."
- Respect and care comes first.

HOW TO ADDRESS NON-ABORTION CASES



"I'm here for a pregnancy test; I'm not getting an abortion."

"Look, I'm against abortion, too. I'm only here so I can get some birth control."

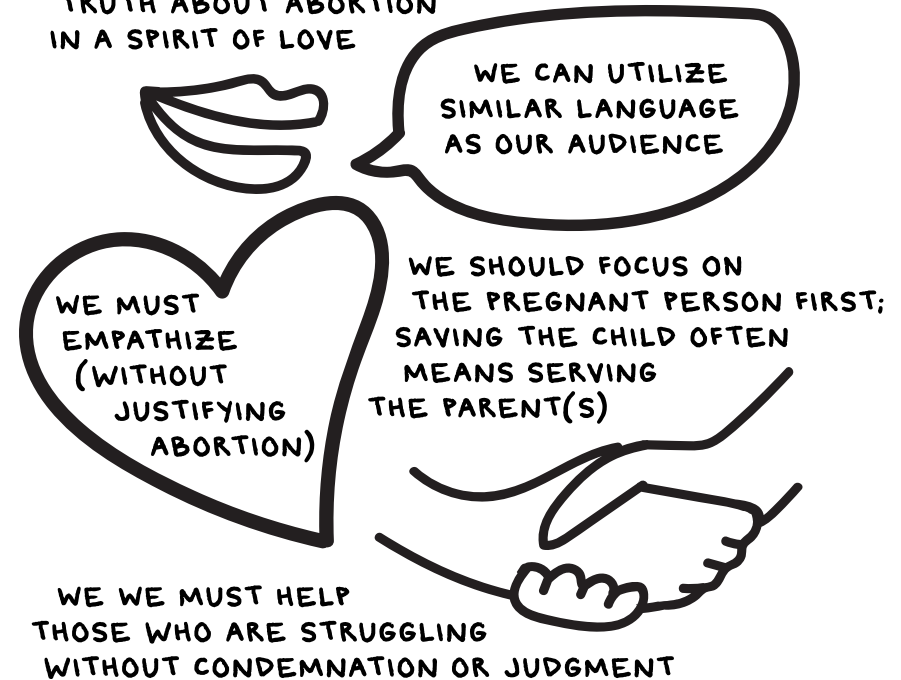
Your focus: fill their healthcare need and drive business away from the clinic.

SEEKING A PREGNANCY TEST

- Offer them the free pregnancy test at the pregnancy resource center
- Even if they don't think they'd have an abortion, abortion is going to be offered and possibly even pushed.
- Additionally, remind them that they don't have to give money to a clinic that kills human beings. There are nonviolent healthcare options.

WE MUST LOVE THEM BOTH!

WE MUST SPEAK THE
TRUTH ABOUT ABORTION
IN A SPIRIT OF LOVE



WE SHOULD FOCUS ON
THE PREGNANT PERSON FIRST;
SAVING THE CHILD OFTEN
MEANS SERVING
THE PARENT(S)

WE WE MUST HELP
THOSE WHO ARE STRUGGLING
WITHOUT CONDEMNATION OR JUDGMENT

WE MUST RELATE THROUGH HUMAN EXPERIENCE, WHICH IS COMMON TO US ALL!

A FOUNDATION OF KNOWLEDGE

An important part of effective counseling is having a basic knowledge of prenatal life and the abortion procedure.

LIFE BEFORE BIRTH

measured by fertilization or LMP

FIRST TRIMESTER

Fertilization: a new human life has begun; they are *unique & unrepeatable*

3 weeks: the heart starts to beat

6 weeks: brain waves are detected

8 weeks: all internal organs are present and functioning

SECOND TRIMESTER

(13–24 weeks)

16 weeks: baby occupies all the room in the uterus

18 weeks: by this time, the baby can respond to stimuli

20 weeks: around this time, the sex of the baby is apparent

22 weeks: if born at this stage, the baby might survive on their own

THIRD TRIMESTER

(24+ weeks)

Baby continues to gain weight and reaches “full term” at 38–40 weeks

PRO-LIFE PRO-TIP:

You probably shouldn't lead with these facts when dialoguing, but they are important to know and may be relevant later in your conversations!

FETAL ABNORMALITIES: THEIR CHILD IS DISABLED OR WILL DIE SOON AFTER BIRTH

- Emphasize the value of all life, including those considered “less than perfect” or disabled
- Emphasize the value of a second or third opinion from a pro-life Ob/Gyn; it would be valuable to have the information for several pro-life Ob/Gyns in your region.
- Distinguish the aggressor — if the child dies of natural causes, it is tragic, but abortion ends their life through violence
- Many mistakes can be made when prenatally diagnosing a problem; it is still quite common for babies to be born with no disabilities whatsoever after receiving a poor prenatal diagnosis.

CLIENT CLEARLY DOES NOT WANT AN ABORTION

- This is not a situation to be taken lightly
- Consider recording the situation on camera if it is clear that there is physical force or coercion; this is so that there is a record for potential legal proceedings if the patient chooses to pursue this avenue.
- Let the client know their options: that no one can force them to have an abortion, that they can call the police or have us call the police for them; by law, no one can be forced to have an abortion.
- If you can get a verbal confirmation that they are being forced/coerced to abort, then you can alert the authorities.

IF YOU SUSPECT THE CLIENT IS LYING ABOUT NOT BEING THERE FOR ABORTION

- If the client says they are at the clinic for another service, and this clinic only offers abortions, then you know you are right. Mention that this is an abortion-only clinic, and counsel them from there.
- Otherwise, go with your gut feeling; if they say they're just there for birth control, you can share that this clinic performs abortions and how the abortion procedure is an act of violence. However, you should first address why they claim to be there (see “Non-Abortion Situations”).
- Bring up that this clinic participates in violence and offer them non-violent healthcare solutions nearby. Consider bringing up the info you found on CheckMyClinic.org.

HOSTILE CLIENT

- Remain calm, let them get it all out, try not to interrupt; if you are peaceful, you will make a much bigger impression
- Sometimes the most emotional people are the ones who are trying really hard to justify their decision, and they can be the easiest to win over
- Ex: “I can see how upset you are, and I just want you to know that I am here to help. I'd love to talk to you more.”

PRO-LIFE PRO-TIP:

Be real with the people you meet — don't memorize lines. Tailor your message to the audience. If you don't know where to start, ask to shadow another sidewalk advocate who does this well. If no one is available, the organizations Equal Rights Institute and Sidewalk Advocates for Life have plenty of training resources.

IF THEY CHANGE THEIR MIND: A TURNAWAY/SAVE

- Offer your congratulations and affirm their good decision
- Offer to go with them to the nearest pregnancy resource center

IF THEY ARE STILL STRUGGLING

- If you are comfortable, offer to give your contact information, so that you may be a source of encouragement
- Stay hopeful!

HOW TO ADDRESS DIFFICULT CASES

RAPE

- Believe their story. You're not an investigator; you are here to help, not interrogate.
- Be compassionate and gentle — they have just been victimized, objectified, and traumatized in the vilest way. Emphasize that you don't want further victimization (this time, by abortion)
 - Emphasize how sorry you are that they went through something so awful
- Tell them about the local pregnancy center who can refer to counseling services and work through options
- Listen!

HEALTH COMPLICATIONS FROM PREGNANCY

- Emphasize the value of a second or third opinion from a pro-life Ob/Gyn; it would be valuable to have the information for several pro-life Ob/Gyns in your region.
- Technology has made this reason just about obsolete; both can be saved in almost every situation now
- Ex: "If this is a difficult pregnancy, there are doctors who want to help you through it. What was the exact reason they said you needed this abortion? Consider getting a second or third opinion; it would be terrible to go through with this and then find out there was another way."

THE ABORTION PROCEDURE

FIRST TRIMESTER

Surgical: Vacuum Aspiration (used up to 12 weeks)

› Involves the use of a hollow tube called a cannula that is attached by tubing to a bottle and a vacuum. The cannula is inserted into the uterus, the pump is turned on, and the contents of the uterus are removed.

› The vacuum is about 27 times more powerful than a household vacuum

Surgical: Dilation and Curettage (D&C) (used up to 16 weeks)

› Involves stretching of cervix to insert, usually, a sharp, round curette.

› The curette is used to reach in and tear the preborn child apart.

Chemical: RU-486 (can be taken up to 9 weeks)

› 1st pill (Mifeprex): blocks progesterone, the pregnancy hormone; usually taken at the abortion center

› 2nd pill (Misoprostol or Cytotec): empties the uterus; taken at home

SECOND TRIMESTER

Dilation and Evacuation (D&E) (16+ weeks along)

› Drug may be administered to stop the baby's heart (usually at 20+ weeks)

› Usually a two-day procedure; 1-2 days of laminaria insertion to dilate

› Last day: abortionist uses forceps to blindly grab and pull the baby out in pieces; or completed through induced labor

THIRD TRIMESTER

Digoxin abortion

› Drug is administered to stop the baby's heart

› Usually a three-day procedure; first two days are laminaria insertion for dilation; last day is completed through induced labor



EMOTIONAL & PHYSICAL RISKS OF ABORTION

PHYSICAL

Infection, bleeding, cramping, fever, scarring, hemorrhaging

EMOTIONAL

Depression, guilt/remorse, sleep disturbances, anger, increased use of drugs, sexual dysfunction, increased risk of suicide, post-traumatic stress disorder



CHARACTERISTICS OF GOOD ADVOCATES

LOVING

Love is the greatest virtue you can have on the sidewalk. If people do not feel that you care about them, they won't listen.

FRIENDLY

Be approachable, smile, wave, do anything you can to convey you really care. Think about how you would want someone to treat you if you were in crisis, and be that person.

CALM

People in crisis are already thinking a mile a minute. Having a calm demeanor can help someone slow down and think through their options.

HOPEFUL

Keep a positive attitude. Make it obvious to each person you talk to that you believe in them and want to help them succeed.

ACCEPTING

You are going to meet a wide variety of people out on the sidewalk — work to overcome your internal biases. Always be warm and inviting.

SINCERE

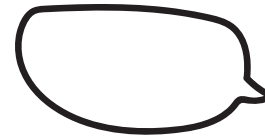
It's okay to have guidelines of what to say, but don't go in with a pre-rehearsed script. Encounter each person as a unique human being with a unique perspective and story.

HUMBLE

Be careful not to fall into a "holier-than-thou" attitude. You won't always have the answers, and it's okay to say "I don't know." Take those moments as learning opportunities.

RESILIENT

You probably will receive some hate. It can take some courage to keep going back, especially if you don't feel like you're making a difference. Your presence is important. Don't give up.



DIALOGUE TIPS

1ST: ADDRESSING THE PERSON IN CRISIS

- Describe the local pregnancy resource center that wants to help them through pregnancy, instead of an abortion center which just wants to take their money and leave them hurting
- If you know someone with a story of abortion regret, talk about it and how the abortion affected them even years later — however, do not share people's personal stories without their permission.
- Let them know that they don't deserve to be subjected to something as invasive and violent as abortion
- Ex: "Good morning! We would love to help you—we have a pregnancy resource center where all of our help is FREE, and it's open right now! You may be going through a lot right now, but we want to help you. Let us know how we can."
- Whatever response you receive, remember to be peaceful and law-abiding. Even if the response is aggressive, do not retaliate or escalate the situation

NEXT: ADDRESSING THE PREBORN CHILD

- Reinforce the Parent-Child bond as much as possible (even indirectly)
- Ask them how far along they are; paint a picture of the stage the child is at
- Feel free to utilize fetal models
- The baby deserves a chance, and the parent has the chance to save their child's life
- If another child is present, reinforce that this child is a gift to the other—a sibling! Or celebrate the place in the family this child will have as a sister, brother, nephew, grandchild, etc.!
- Ex: "Did you say you were 14 weeks? Wow, I have a model that shows you exactly what your baby looks like! Look at this. Let me tell you—this little one has brain waves, is swimming around, blinking...they're very active now!"

LAST: ADDRESSING A BELIEF SYSTEM

- Ask about their faith background, religious affiliation, or lack thereof. Is spirituality important to them? If not, move on from this topic and try a different talking point. Here's a good segue: "From the moment of conception, your baby's eye color, hair color, sex, every physical detail is determined. Their genetic composition will never again be repeated in history. For your baby's sake, let's talk for a minute about your other options."
- It could be helpful to be well-versed in the pro-life perspective of a variety of religions; look up pro-life groups with different faith and belief backgrounds to learn more about this. Have some basic information on hand if that is something you are comfortable sharing.

5 STEPS TO HELPING ABORTION-MINDED PEOPLE

- . SMILE AND GREET KINDLY
- . GIVE LITERATURE AND EXPLAIN THE HELP
- . ASK QUESTIONS AND LISTEN TO THEM
- . SUGGEST SOLUTIONS TO THE PERCEIVED PROBLEM
- . EMPOWER THEM TO LEAVE

CONTEXT CLUES TO RECOGNIZE

DISTINGUISHING CLUES WHEN CLIENT IS SEEKING ABORTION

- Atmosphere is more tense
- Moving quickly
- Sense of sadness
- Looking lost
- On phone
- Baggy/comfortable clothing
- Someone driving or walking with them (typical, but not always)

POST-ABORTION CLUES

- Atmosphere is usually sadder, slower (patient is coming out of anesthesia)
- Often the patient will have a cotton swab on one of their arms
- Sometimes they will also have a bag, some sort of snack

APPROACHING CLIENTS

ON THE SIDEWALK

- Create a peaceful atmosphere
- Do not block the sidewalk
- If needed, walk with them or see if they will stop to talk
- If you have to stand far away, practice projecting without yelling.

WHEN THEY'RE IN A VEHICLE

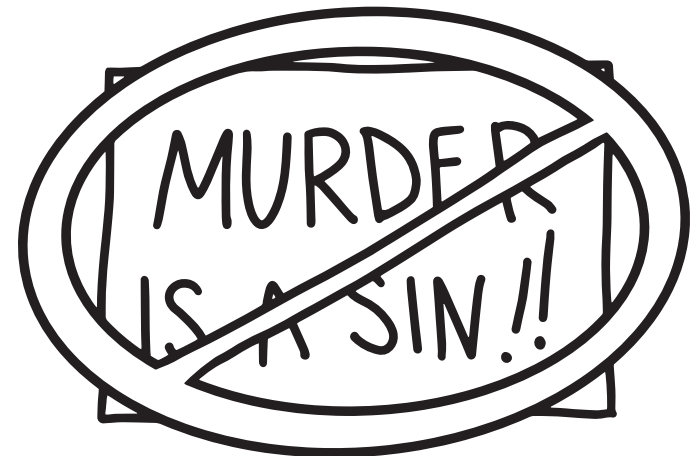
- Create a peaceful atmosphere.
- Avoid blocking traffic.
- Smile and motion for them to roll down their window.
- If a car comes up behind them and needs to pass, ask the client to pull into a nearby parking lot or on a public street where you can calmly continue the conversation. If there is no place to do so, quickly hand them the literature and invite them to go to the pregnancy resource center.

INEFFECTIVE SIDEWALK ADVOCACY TACTICS

- Talking among yourselves needlessly
- Interrupting another sidewalk advocate
- Calling patients “sluts,” “murderers” or using any other kind of extreme, dehumanizing language
- Yelling at the people entering the clinic (*do* project your voice, though)
- Using condescending, disrespectful, or obscene language; infantilizing the person you’re talking to
- Using anti-abortion lingo like “deathscort” or “abortion mill” in conversation
- Getting into an argument with clinic escorts, guards, or staff while trying to talk to clients (being confrontational closes the avenues for discussion)
- Dressing inappropriately
- Comparing abortion to the holocaust, slavery, or any other tragedy
- Making assumptions about the patient (their religious background, relationship status, gender identity)
- Wearing anything that prevents eye contact (hats, sunglasses)
- Doing anything that reinforces the “crazy pro-lifer” stereotype
- Starting off the conversation by pushing a religious message

PRO-LIFE PRO-TIP:

Learn how to pick your battles. If you find out that the person you are talking to is an atheist, LGBT, a socialist, or something else you may take issue with, remember to focus on the crisis at hand. Prioritize saving all involved from the violence of abortion. Be respectful. Don’t alienate them by debating ideological differences.



UNDERSTANDING WHY DIFFERENT PEOPLE CHOOSE ABORTION

(TAKE ALL OF THESE CONCERNS SERIOUSLY)

How would you respond to each of these situations?

“I can’t even pay my bills. I can’t afford a child.”

“I’m in high school (or college).”

“I’m alone. I have zero support.”

“All we do is argue. I can’t bring a child into this!”

“He told me I have to do this...he has a wife at home, and she can’t know about us.”

“I’m overwhelmed with four kids. I can’t do five.” or “We agreed on no kids.”

“This pregnancy is a result of an affair; he can’t know.”

“I can’t let my parents find out.”

“I’m transgender. Pregnancy will exacerbate my gender dysphoria.”

“My boyfriend says he’ll kill me if I don’t have this abortion.”

“There are already too many people on the planet — I don’t want to add to the climate crisis.”

“My dad’s the only one left who cares about me, and he says I should get this abortion.”

“I don’t want to be in this screwed up world — why would I make someone else suffer the way I do? This is the best thing I can do for my baby.”

MATERIALS FOR THE SIDEWALK

ESSENTIAL

- Literature
- List of local resources
- Post-abortion resources
- Cell phone
- Comfortable shoes
- Weather-appropriate clothing
- Water

SUGGESTED

- Clinic Log/Street Sheet
- Human development models
- Snacks
- Information about resources for people experiencing homelessness, domestic violence, or drug addiction
- Incident report forms
- Pen/Pencil
- Smartphone apps like BabyCenter that can show fetal development
- Business cards
- Box or File Folder for Literature



KNOW THE CLINIC

It’s good to be familiar with the surrounding area and neighborhood of the abortion clinic. If it’s in the middle of a city, with lots of people walking by, your activism will look different than if it’s in a suburban area. Does the facility only provide abortions, or do they provide other services like birth control and STI screenings? If the latter is the case, it’s a good idea to be aware of other free and low-cost options in the area. Additionally, know the clinic’s hours, and know which days they perform abortions. What’s the neighborhood like culturally? Is it mostly pro-life or pro-choice? What are the demographics of this area like? Also know the laws in your area: is there a buffer zone? If so, don’t cross it. If there is a large fence or parking lot that keeps you from being easily accessible to people going in, you may want to practice projecting your voice.