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Hello! I’m Aimee, and this is Maria. We’re here to give you some down-to-earth tips on how to be an effective sidewalk advocate. Keep an eye out for us as you go through this workbook!

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The Crisis of Abortion

World
• 42 million per year
• Leading cause of death

United States
• 1.2 million per year
• 3,300/day
• 57 million since 1973

The Solution

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 women in need.

Effects of Sidewalk Counseling

Many former abortion providers say sidewalk counseling is the most effective method for saving lives and ending abortion.

“I watched for several years as women would literally run away from those holding graphic signs. They would come into my office and ask us why those people were holding them. We used that as an opportunity to point out how crazy the pro-lifers were…Then I saw the signs come down…and I actually saw women changing their minds. They started approaching the people on the sidewalk, asking questions…and then leaving our parking lot and going to the crisis pregnancy centers.”

— Abby Johnson, former abortion clinic manager

What is Sidewalk Advocacy?

Sidewalk Advocacy refers to crisis intervention in front of the abortion center. It involves actively encouraging a woman to choose life, empowering her to leave the abortion center, and ministering to all present to bring about a conversion of heart from a culture of death to a culture of life.

Counseling Roadmap

Abortion Counseling
Help them choose life and get them to a PRC

Non-Abortion Counseling
Fill their healthcare need elsewhere, give life-affirming options

Always
Share the message of life

Understanding a Woman-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.

Abortion: Pro-Life perspective
Abortion: Pro-Choice perspective

Abortion-Minded Woman: Pro-Life
Abortion-Minded Woman: Pro-Choice

We Must Love Them Both!

• We must speak the truth about abortion in a spirit of LOVE
• We can utilize similar language as our audience
• We must empathize (without justifying abortion)
• Her needs come first; leave your pro-baby talk at home
• We must help those who are struggling without condemnation or judgment
• We must relate through human experience, which is common to us all.

Remember: there is no perfect Sidewalk Advocate. Trust that at some point your unique gifts, talents and perspective will be needed.

Main Goals:
1. Solve the problem
2. Drive business away from the abortion clinic

Respond to these common excuses for not sidewalk counseling.

Naysayers gonna naysay!

Sidewalk advocacy doesn’t really make a difference anyway. I just don’t have enough time. Someone else can do it better than me. I messed up; I should’ve said something else.
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

- First Trimester
  - Conception: a new human life has begun; it is unique and 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 weeks – 24 weeks)
  - 16 weeks: baby occupies all the room in his/her mother’s uterus
  - 18 weeks: by this time, the baby responds to stimuli/can feel pain
  - 20 weeks: around this time, the sex of the baby is apparent
  - 22 weeks: if born at this stage, the baby might survive on its own
- Third Trimester (24+ weeks)
  - Baby is gaining weight
  - Full term is considered 38 to 40 weeks

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 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 (Mixoprostol or Cytotec): empties the uterus; taken at home
- Second Trimester
  - Dilation and Evacuation (D&E) (16+ weeks along)
    - Drug may be administered to stop 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
  - Live-birth 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
  - Partial-birth abortion

Emotional and Physical Risks of Abortion

- Physical
  - Short-term: infection, bleeding, cramping, fever, scarring, hemorrhaging
  - Long-term: infertility, ectopic pregnancy, preterm birth for future children
- Emotional
  - Depression, guilt/remorse, sleep disturbances, anger, increased use of drugs, sexual dysfunction, increased risk of suicide, post-traumatic stress disorder, increased risk of divorce/relationship problems

Characteristics of Good Advocates

<table>
<thead>
<tr>
<th>LOVING</th>
<th>Love is the greatest virtue you can have on the sidewalk. If people do not feel that you love them, they won’t listen.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALM</td>
<td>Be the type of person you would want to talk to. Maintain a peaceful attitude; be an example to all around you.</td>
</tr>
<tr>
<td>HOPEFUL</td>
<td>Keep a positive attitude. Make it obvious to each person you talk to that you believe in them.</td>
</tr>
<tr>
<td>ACCEPTING</td>
<td>Watch your judgment of those who do not look like you. Be warm and inviting.</td>
</tr>
<tr>
<td>SINCERE</td>
<td>Don’t read off of a script. Be yourself, and genuinely listen to the people you encounter.</td>
</tr>
<tr>
<td>HUMBLE</td>
<td>Be careful not to fall into a “holier-than-thou” attitude. You won’t always have the answers, but that is okay.</td>
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</tbody>
</table>

Now That’s What I Call Ineffective!

- Talking among yourselves needlessly
- Interrupting another sidewalk advocate
- Yelling out “Don’t kill your baby”
- Yelling at all (do project your voice, though)
- Using condescending or disrespectful language; infantilizing the woman
- Using pro-life lingo like “deathscort,” “abortion mill,” etc. in conversation
- Getting into a debate with clinic escorts, guards, or staff (you close the avenues for discussion if you are confrontational)
- Dressing carelessly or immodestly (dress weather appropriate)
- Dressing in pro-life t-shirts or hats (it can shut down conversation)
- Wearing anything that prevents eye contact (hats, sunglasses)
- Holding pictures of aborted babies (or standing near someone who is)
- Doing anything that reinforces the “crazy pro-lifer” stereotype
- Starting off the conversation by pushing a Gospel message
How would you respond to each of these situations?

• She says, “I can’t pay my bills. I can’t afford a child.”

• She says, “I’m in high school,” or “I’m in college.”

• She says, “I’m all alone. He left me.”

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

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

• She says, “I’m overwhelmed with four children. I can’t do five.” or “We agreed on no kids.”

“Remember: it’s not the baby that’s the problem, but the situation they are in.”
– Joanne Underwood, Convert-to-Life director, CPLC of North Texas

**Understanding Why Women Choose Abortion**

**Essential Materials**
- Literature
- List of local resources
- Human development models
- Box or File Folder for Literature
- Pen/Pencil
- Cell phone (with access to a video camera)
- Business cards

**Optional but Helpful Materials**
- Clinic Log/Street Sheet
- Incident report forms
- Comfortable shoes
- Umbrella and raincoat
- Sunscreen
- Water and a light snack

**Context Clues for Abortion Clients**

**Atmosphere**
- More tense
- People moving quickly
- Sense sadness/shame in the air

**Distinguishing Clues**
- Baggy/comfortable clothing
- Someone driving or walking with them (typical, but not always)

**Post-Abortion Clues**
- Atmosphere is usually sadder, slower (woman is coming out of anesthesia)
- Often the woman will have a cotton swab on her arm
- Sometimes she will also have a bag, some sort of snack
- Important: only give post-abortive info if you are sure she’s had an abortion

**How to Help an Abortion-Minded Woman: the 5-Point Method**

1. Smile and greet with love
2. Give literature and explain the help
3. Ask and listen to her
4. Solve the perceived problem
5. Empower her to leave

Remember: your focus when helping an abortion-minded woman should be on the woman first, baby second; addressing a faith background can be important, but should be mentioned after woman and baby. No conversation will be the same!
» Dialogue Tips

**Approaching a woman in person**
- Create a peaceful atmosphere
- Do not block the sidewalk; let them pass, then approach them
- If needed, walk with them or see if they will stop

**Examples of dialogue**
- First: addressing the mother
  - Describe the local pregnancy resource center that wants to help her through her pregnancy, instead of an abortion center which just wants to take her money and leave her hurting
  - We are here to save her from a lifetime of regret and pain
- She doesn’t deserve to be subjected to something as invasive and anti-woman as abortion
- If you or someone you know has had an abortion, you can share the reality of the choice, if you feel called to do so
- 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! We know that those going into the clinic today have real problems, but we also know that there’s a right and wrong way to deal with those problems. We are here to offer a different way.” (Note: if you mention a personal story, such as having a past abortion, please make sure it is authentic. We are here to offer a different way.)
  - Whatever response she gives, remember to be peaceful and law-abiding.
- Next: addressing the preborn child
  - Reinforce the Mother-Child bond as much as possible (even indirectly)
  - Ask her how far along she is; paint a picture of the stage the child is at
  - Feel free to utilize fetal models
  - Her baby deserves a chance, and she deserves to make a decision that will not break her heart later
  - If another child is present, reinforce that this child is a gift to the other—a sibling! Or celebrate the place int he 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...he or she is very active now!”

- Last: addressing a faith background
  - Ask her if she believes in God or has any sort of religious affiliation
  - Become well-versed in the pro-life perspective of many different religions; go to lifemattersjournal.org for pro-life arguments from various perspectives!
  - Ex: “I think the fact that we’re out here today is proof that God wants to reach your heart and that He loves you. Sometimes God doesn’t shout at us, but simply speaks to our hearts, and He’ll put people in our path when we need it the most...please let us help you.”
  - For atheist clients: “From the moment of conception, your baby’s eye color, hair color, sex, every physical detail is determined. That baby’s genetic composition will never again be repeated in history. For your baby’s sake, let’s talk for a minute about your other options.”

**When she changes her mind: a turnaway/save**
- Offer your congratulations and affirm her good decision
- Offer to go with her to the nearest pregnancy resource center

**When a woman is still struggling:**
- If you are comfortable, offer to give her your contact information, so that you may be a source of encouragement to her
- Stay hopeful!

» Handling Difficult Abortion Cases

**Rape and incest**
- Be compassionate and gentle—this woman has just been victimized, objectified, and traumatized in the most vile way. Emphasize that you don’t want her to be victimized again (this time, by abortion)
- Emphasize how sorry you are that someone did something awful to her
- Tell her about the local pregnancy center who can refer her to counseling services and work through her options
- Listen to her

**Health of the mother**
- Emphasize the value of a second or third opinion form a pro-life Ob/Gyn; health of the mother is rarely the real reason for aborting
- Technology has made this reason just about obsolete; both the mother and child can be saved in almost every situation now
- Ex: “Who told you that you would die? Medicine and science are so advanced that having to kill your child to save your life is almost never the real situation. 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?”

**Child is disabled (or will die soon after birth)**
- Emphasize the value of all life, including those considered “less than perfect”
- Distinguish the aggressor—if nature takes the child, that’s one thing, but for them to take the life of their child is another
- Many mistakes can be made when prenatally diagnosing a problem; “miracle babies” are quite common

- Be real with the people you meet—don’t memorize lines. Everyone is different; love them where they’re at.
Woman clearly does not want an abortion
- If you can get a verbal confirmation that she does not want to abort, then you can alert the authorities; by law, no woman can be forced to have an abortion
- This is not a situation to be taken lightly
- If physical force is involved, don’t hesitate—call the police!

If you suspect she is lying
- If the client says they are at the clinic for another service, and this clinic only does abortion, then you know you are right. Mention that this is an abortion-only clinic, and counsel her from there
- Otherwise, go with your gut feeling; if she says she is just there for birth control, share why abortion hurts women and children. However, you should first address why she claims to be there (see "Non-Abortion Situations")
- Address abortion indirectly, as if you might be talking about someone else

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 you and that you are loved. I’d love to talk to you more."

Very young teenager
- Women used to have kids much younger than they do now. She can do it!
- If she comes with a parent, find out who’s "running the show." It it’s the girl, emphasize what this will do to her: the pain of the abortion, heartache afterward, cleanliness of the clinic, etc. If it’s the parent, let him/her know that their daughter will never be the same after this.
- If you witness pressure from family for the abortion and the girl clearly doesn’t want to do it, remind her that it is against the law for someone to force her to have an abortion—she can do the right thing!

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 her time is of the essence—get her to a pro-life physician immediately

Past abortion
- 50% of women entering the abortion facility have another in their past—if your gut feeling says this is the case, ask her.
- Emphasize that she can start healing by doing the right thing today
- 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 for the woman comes first.

"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."

» Handling Non-Abortion Cases

Context clues
- Atmosphere: less tense, more relaxed
- Distinguishing cues: dress casually, not as comfy
- Your focus: fill their healthcare need, drive business away from the clinic

Woman seeking a pregnancy test
- Offer her the free pregnancy test at the pregnancy resource center
- Even if she doesn’t think she would have an abortion, if she goes inside, abortion is going to be offered and probably even pushed on her

Women seeking birth control
- Gently challenge her: where is her money going? She deserves better. There are other clinics that don’t hurt women and kill children
- Tell all women, single or married, about your local FQHC, low-cost clinic, or pro-life Ob/Gyn
- Ex: "Did you know that this facility kills human beings? You deserve a better place for your healthcare needs."

Women seeking woman-oriented services (pap smear, breast exam, etc.)
- Good healthcare for women is found at a pro-woman, pro-life medical facility, not a place 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?"

People who serve the abortion facility (drug rep, etc.) or passers-by
- Sharing the truth about abortion with these people could save the lives of women and children they interact with
- Explain that you are out there to educate people on what abortion is really doing to children and women. Ask if they are comfortable working with a place that is killing so many children and hurting so many women
- Offer free literature to everyone and engage everyone in conversation
- Ex: "We’re out here today because we care about all the women going inside—did you know there was an abortion clinic here?"
- Ex: "Could you talk to your boss about not helping this place?"
Helping Post-Abortive Women

Main goal
- When you approach her, remember these two key words: hope and healing

Utilizing materials
- Do not give out post-abortive healing literature unless you’re sure she has had the abortion, as it can be seen as implicit approval of abortion
- Materials typically offered: holistic resources, Abortion Changes You, etc.

Examples of dialogue
- We do not condemn her, but instead, impress upon her the new life in Christ that is available to her, should she claim it
- Watch your demeanor—think gentle, compassionate, a soft voice and touch
- 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 now, I’d love to give you these free resources that can help you.”

Helping Abortion Workers

Main goal
- Build a relationship over time

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

Examples of dialogue
- Note: most 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
- Do not immediately tell them that you can help them find work elsewhere
- Ex: “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.”
Hey it's Aimee here! I'm the Executive Director of LMJ, and one of the brains behind Pro-Life Allies. We knew there was a need for a non-sectarian resource for sidewalk advocacy, especially because my generation is both the most pro-life and the most non-religious since Roe. 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 Life Matters Journal 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!