

LIBERATE ABORTION

The Liberate Abortion Guide to **Ethically Reporting on the SCOTUS Dobbs v. Jackson Women’s Health Organization Decision**

Before the decision

1. [Connect](#) with an organization in your state or community, talk to them about the work they’ve been doing in their community, and how those in that community are feeling;
2. [Learn](#) about abortion access and care, including who will be disproportionately affected by this decision; and
3. Be respectful, do your research, and listen to the experts with lived experiences in abortion care.

Immediately after the SCOTUS decision

Don’t Do This	Why	Do This Instead
<p>DON’T: Ask to interview an abortion provider with a deadline of less than 24–48 hours.</p> <p>Check out the Resources for Journalists Reporting on Abortion from Physicians for Reproductive Health.</p>	<p>We don’t know when the decision is coming, so abortion providers will have patients who were scheduled weeks in advance to care for. Once the decision comes, many providers may be dealing with an influx of patients, especially if they work in a state with an abortion ban that would go into effect soon, and will prioritize providing care.</p>	<p>Get to know an organization and/or provider before the decision. Learn about what they do and what’s at stake for their communities and patients.</p> <p>Be willing to accept written statements from abortion providers. Many organizations will have provider statements you can include in your coverage.</p> <p>To speak to someone who works with providers, reach out to info@liberateabortion.org, the Abortion Care Network, or Physicians for Reproductive Health.</p>
<p>DON’T: Ask to visit a clinic on a day that they are caring for patients, or ask to visit a clinic at all with less than 14 days notice.</p>	<p>Once the decision comes, many clinics may be dealing with an influx of patients, especially if they work in a state with an abortion ban that would go into effect soon, and likely won’t have time to speak.</p> <p>Those who enter a clinic to receive care may be open to sharing that information and others may want to keep it private. Sharing information from those who went to a clinic that day could be extremely harmful and unethical to them and the provider.</p>	<p>You should contact a clinic to see if you can make a plan to visit a week or two in advance. Prior to any decision, you should get to know your local clinic and work collaboratively and creatively with them to find the best way to visit a clinic. This could even be done virtually. To speak to someone who works with providers and clinics, reach out to info@liberateabortion.org, Abortion Care Network, or Physicians for Reproductive Health.</p>
<p>DON’T: Ask to join someone who is trying to find/receive abortion care (ask to do a “ride along”) or connect with someone who just had an abortion.</p>	<p>The decision to have an abortion is highly personal. Many people prefer to share those experiences only with their trusted support systems and do not want a stranger joining them.</p> <p>In many states, people are forced to go to great lengths just to receive abortion care. Navigating constantly changing rules, court decisions, and legislation is very stressful, and dealing with a reporter simultaneously can add to that stress.</p>	<p>Contact We Testify at media@wetestify.org to connect with storytellers who may like to speak about their experiences.</p> <p>Please remember that few people are willing to speak about their abortions immediately after the procedure. Be willing to interview people who’ve had abortions within the past few years.</p>

Don't Do This	Why	Do This Instead
<p>DON'T: Ask for very specific information about a person's abortion, such as where, when and how it happened.</p> <p>This also includes asking providers, abortion fund staff, or others who work with patients to share stories that are not theirs to tell.</p>	<p>These questions are potentially harmful and could put the storyteller and the patient at risk. Abortion seekers could be subject to lawsuits by a family member or a random individual or face criminalization if they reveal where they got an abortion and who supported them.</p>	<p>Ask more generally about the pregnancy and abortion experience. Allow storytellers to provide more broad answers about location, time period, and helpers. Be okay with a storyteller declining a question they feel is too personal.</p> <p>Contact We Testify at media@wetestify.org to connect with storytellers who may like to speak about their experiences and for further guidance in working with storytellers.</p> <p>If you are interested in learning about what abortion care and supports look like, you can review the Resources for Journalists Reporting on Abortion from Physicians for Reproductive Health and contact local abortion funds/provider organizations in your state or community for additional resources.</p>
<p>DON'T: Use outdated, harmful, and non gender-inclusive language to describe types of abortion care; what would happen if abortion access becomes further restricted; or who is getting an abortion.</p> <p>This includes:</p> <ul style="list-style-type: none"> ✗ late-term abortion ✗ coat hanger abortion ✗ back alley abortion ✗ DIY abortions ✗ chemical or medical abortion ✗ illegal abortion ✗ partial-birth abortion ✗ born alive ✗ abortionist ✗ gendered language designed to exclude trans and nonbinary people ✗ abortion reversal ✗ abortion migrants ✗ underground abortion railroad 	<p>Some of these terms are medically inaccurate ("late-term," "partial birth," "born alive") and some, like "coat hanger" and "back alley," are no longer primary risks for people who want to manage their own abortions—prosecution is more of a risk. Abortion is safe and, even if banned in a particular state, remains a human right.</p> <p>No abortion should need to be justified or validated.</p>	<p>Use correct medical and gender-inclusive terms. Any person may opt to have abortions on their own, with helpers or in a clinic or hospital setting. All these choices are valid and should be available.</p> <ul style="list-style-type: none"> ✔ Abortion later in pregnancy or later abortion ✔ Self-managed abortion ✔ Medication abortion or abortion with pills ✔ Abortion provider or abortion care provider (remember that all clinic staff are providers, not just doctors and clinicians!) ✔ Gender-inclusive language: People have abortions, folks who have abortions, those of us who have abortions, abortion patients, people seeking abortion care, abortion fund clients
<p>DON'T: Ask to take photos of someone who is going to receive care or just did.</p>	<p>This could add stress and risks to individuals seeking abortion care. While some people are open about their abortions, some still face a lot of stigma within their families, and making them anonymous isn't enough for them.</p>	<p>Contact We Testify to see if they have storytellers available who would like to speak about their experiences or share their own images.</p>
<p>DON'T: Use stock images of anti-abortion signage, anti-abortion visuals, or default to images of a heavily pregnant person in your coverage.</p>	<p>Anti-abortion rhetoric and imagery is often hateful, racist, sexist, and is always stigmatizing. In a moment when our human rights are being violated, further stigmatizing and alarming the public is unethical.</p> <p>We also recommend not defaulting to an image of a pregnant person – especially one in their third trimester – since people receive abortion care at different stages of pregnancy, with the vast majority occurring early on.</p>	<p>Share photos of people, clinics, signage, and other imagery that support abortion access and reproductive justice beyond a protest capacity. Be sure to use images of independent clinics in addition to Planned Parenthood.</p> <p>Contact We Testify to receive stock images of people who have had abortions.</p>
<p>DON'T: Use quotes from, pictures of, or interviews with anti-abortion extremists, unless the piece is explicitly uncovering how the anti-abortion movement is harmful.</p>	<p>Responsible journalism provides factual information about a safe, common healthcare procedure.</p> <p>Platforming misinformation about abortion and/or sexist, racist rhetoric does not provide balance to a story. Abortion is widely popular and supported, but stigmatized and misunderstood. Anti-abortion extremists rely on, and frequently spread misinformation through the media as part of their destructive campaign.</p>	<p>Consider highlighting people with different expertise or experience in the abortion space – patients, providers, lawyers, policymakers, researchers, or advocates – who can provide multifaceted, nuanced perspectives. If you still plan to platform an anti-abortion extremist, research beforehand and disclose any ties (paid or otherwise) that they may have to extremist groups.</p>

Want more information?

Check out the [Resources for Journalists Reporting on Abortion](#) from Physicians for Reproductive Health.