DEALING WITH DIFFICULT SITUATIONS

There are wide ranging views on the issue of abortion specifically, and some are polarised. You may find that different people ask questions that are as much a statement of opinion, below are some examples of potential difficult situations.

In pairs take a scenario and discuss how you would overcome the challenge?
An answer sheet of suggestions on how to reply in each scenario will be provided at the end.

1. “Why do you campaign to kill babies?”
An anti-choice advocate begins debating with you at your Amnesty MBMR stall.

2. “Abortion under all circumstances is wrong and sinful”
You’re delivering an ‘Intro to AI’ to a local faith group.

3. “What’s sex got to do with human rights?”

4. “Why is Amnesty calling for abortion to be a human right? What about the human rights of the baby?”

5. “Why does Amnesty have a policy on abortion?”

6. “How do you know that back street abortions are a result of lack of access to a safe abortion?”

7. “Does Amnesty support abortion on the basis of disability? If so, what about the rights of disabled people?”

8. “Isn’t there a contradiction between Amnesty International campaigning against the death penalty and being pro-abortion?”

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ANSWER SHEET

1. “Why do you campaign to kill babies?” An anti-choice advocate begins debating with you at your Amnesty MBMR stall.

**Suggestion:** respect that there are a wide range of views and opinions on the issue of abortion, and point out that Amnesty is concerned about the impact on women and girls when abortion is criminalised. Information is included in the pack on cases that you might find useful in explaining the impact.

2. “Abortion under all circumstances is wrong and sinful”. You’re delivering an ‘Intro to AI’ to a local faith group.

**Suggestion:** Different faiths have different understandings and approaches to the issue of abortion, it might be useful to share one or two of these. Many faiths are also strong supporters of equality and of women and girls rights, and that is what Amnesty is concerned about in our campaign on ‘My Body My Rights’, information included in the pack will help you identify key aspects of the campaign (including case studies) that you could go on to talk about.

3. “What’s sex got to do with human rights?”

**Suggestion:** Sex has a lot to do with human rights, not least the right to health. Sexual health is reliant on the protection of a range of human rights, including the right to equality and non-discrimination, the right to privacy, the right to marry and to have a family, including the right to decide on the number and spacing of children. Further information and case studies are included in the pack that can help with a question of this nature.

4. “Why is Amnesty calling for abortion to be a human right? What about the human rights of the baby?”

**Suggestion:** It is important to explain Amnesty’s policy, and that decriminalisation of abortion, and legalising abortion in certain circumstances (to protect the life and/or health of a woman, and in cases of rape, sexual assault and incest) is an important measure together with quality family planning, education and access to contraception, to protect the rights of women and girls. Some of the cases included in the training pack may be useful to explain this. It might also be worth mentioning that the rights of a baby are recognised in international law from birth.

5. “Why does Amnesty have a policy on abortion?”

**Suggestion:** It became increasingly evidence in our work that the criminalisation of abortion has a significant impact on the human rights of women and girls, and that it was therefore necessary for our organisation to develop a policy. This was done with consultation across the global Amnesty International movement.
6. “How do you know that back street abortions are a result of lack of access to a safe abortion?”

**Suggestion:** Research indicates that women and girls who are not able, for a variety of reasons, to continue with a pregnancy will seek out ways in which they can end the pregnancy whether it is legal or not. You can cite the research on women from Northern Ireland and Ireland who travel in order to obtain abortions. In some circumstances this can result in extreme measures such as seeking unsafe abortions.

7. “Does Amnesty support abortion on the basis of disability? If so, what about the rights of disabled people?”

**Suggestion:** Focus on Amnesty’s policy and the circumstances in which Amnesty would advocate for abortion to be legal and available.

8. “Isn’t there a contradiction between Amnesty International campaigning against the death penalty and being pro-abortion?”

**Suggestion:** It might be worth clarifying that terms such as pro-abortion (and also pro-choice) are not always helpful and can be misleading. Re-stating Amnesty’s policy will help to explain that our concern is in protecting and upholding the rights of women and girls including the right to life, in the way that our work on the death penalty is focused also on upholding the right to life. It is worth emphasising that Amnesty opposes the death penalty as a violation of the right to life and as the ultimate cruel, inhuman and degrading treatment or punishment.

Unsafe and illegal abortion also raises issues of the right to life and cruel, inhuman and degrading treatment or punishment of women.

Denying access to safe and legal abortion in cases of pregnancy resulting from rape can amount to cruel, inhuman and degrading treatment.

Denying medical treatment to a woman who is suffering complications from an abortion (whether legal or not) can amount to cruel, inhuman and degrading treatment.

Denying access to safe and legal abortion when a woman’s life or health is at risk because of pregnancy is a grave violation of her right to life and health.


**Suggestion:** Instead of focusing on the individual health professional, it is possible to answer a question of this nature with focusing on the responsibilities of governments to ensure that where health professionals conscientiously object, this should not impact on a woman’s right to information and to services that she may want and need. Governments must therefore ensure that women are quickly referred on to health professionals who can help and support them, and provide the services they need.