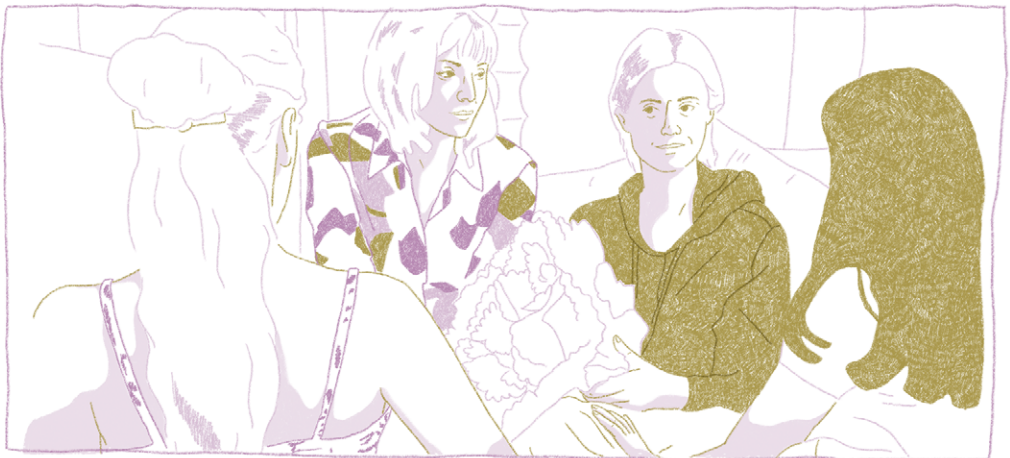


ABORTION
MEDIA GUIDE



Abortion Media Guide: Accurate Representation in Film and Television

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60 Resources to consult for accurate and compassionate representation

Introduction

In their article “Abortion and the Media’ Jennifer A. Conti and Erica Cahill state: “The portrayal of abortion onscreen, in the news, and online through social media has a significant impact on cultural, personal, and political beliefs”¹, a position that is supported in the work of several researchers (Gretchen Sisson, Katrina Kimport, Anuradha Kumar, Alison Norris, etc). Because the right to safe, free, and legal abortion care has never ceased to be under attack by Canadian anti-choice groups and politicians, it is important for film and television to portray abortion care realistically. The representation of abortion care in film and television can have real political implications², and as such, it is the responsibility of creators to treat the subject with utmost vigilance.

1. Conti JA, and Cahill E. “Abortion in the Media.” *Current Opinion in Obstetrics & Gynecology*, vol. 29, no. 6, 2017, pp. 427–430.

2. Gretchen Sisson, and Katrina Kimport. “Depicting Abortion Access on American Television, 2005–2015.” *Feminism & Psychology*, vol. 27, no. 1, 2017, pp. 56–71.

This media guide has been designed to provide the tools for creators to easily access necessary information for accurate representation in their abortion narratives. The historical and political context of abortion access in Canada is outlined (p. 9) to provide important dates and the legislative framework unique to this country. Next, a quick overview of abortion methods and what to expect during an abortion appointment (p. 16). The guide then delves into how abortions are typically misrepresented in the media, and ways to correct these tropes with respectful, accurate characters and storylines (p. 19).

In order to write this guide, several films and series were viewed, based on a review of the literature, suggestions from members of the Fédération du Québec pour le planning des naissances (FQPN), and a bilingual English/French survey circulated throughout the Canadian sexual and reproductive health network. Certain notable examples were excluded from further analysis (*Juno*, *Knocked Up*, *Girls*, *Downton Abbey*) because the characters ultimately do not terminate their pregnancies. The films and series were analysed according to a rating system that was developed for this guide (p. 32) based on the tropes and recurring issues present in filmic representations of abortion care. Finally, a list of organisations and individuals that have agreed to consult on future projects has been made available (p. 60)

While the intended audience for this guide is Quebecois and Canadian film and television creators, it is important to acknowledge the cultural hegemony enjoyed by Hollywood in this country. Indeed, since the annual market share of English-language Canadian films at the domestic box office is between 1 and 2% of total ticket sales³, the political, social, and medical opinions of Canadians are certainly informed by films and television series from the United States. However, the issues faced by people seeking abortion care in Canada differ from those faced by people in the US. As such, this guide will focus on recommendations based on the Canadian context, while including examples of negative and positive filmic representations from Canada, the US, the UK, and France.

It is also important to note that cis-gender women are not the only people who access abortion care services, even if transgender men, non-binary, and/or Two-Spirit people have been repeatedly invisibilised in the pro-choice movement. This guide will use “cis women and people with gestational capacity” as well as just “people” to highlight the range of gender identities reflected in the realities of reproductive health care.

3. www.theglobeandmail.com/arts/awards-and-festivals/tiff/the-shaky-future-of-canadiancinema/article26225432/

A brief history of abortion access in Canada

According to Shannon Stettner, Kristin Burnett, and Travis Hay, editors of the book *Abortion: History, Politics, and Reproductive Justice after Morgentaler*, abortion access in Canada has historically been, and continues to be, governed by three main factors⁴:

- the division of power between the federal and provincial governments when it comes to legislation and health care services,
- pro-choice and anti-abortion activism,
- and persistent structural inequalities in the outcomes and determinants of health amongst Canadian cis women and people with gestational capacity, “particularly race, class, ethnicity, and region/place of residence”.

4. Stettner, Shannon, et al., editors. *Abortion : History, Politics, and Reproductive Justice After Morgentaler*. UBC Press, 2017.

Until 1803, abortion was legal in Canada up until the “quickening”, between 16 and 20 weeks gestation, when fetal movement is detectable and when it was believed to be when the soul entered the fetus.⁵ However, after Confederation, the new *Criminal Code* consolidated laws criminalising all abortions in 1869. For a hundred years, abortions were performed clandestinely, becoming the leading cause of hospitalisation for women. Indeed, in 1968, 43 491 hospitalisations in Canada were directly linked to negative health outcomes as a result of illegal abortions⁶.

The social movements of the 1960s changed public opinion on abortion and contraception. According to a 1966 article in Maclean’s magazine, “‘a vast majority’ of married Catholics in Canada are confessing the ‘sins of contraception’”⁷. In May 1969, Bill-150 was passed in the House of Commons by a vote of 149 to 55. This amendment to the Criminal Code legalised contraception as well as abortions under very specific circumstances, and only upon approval of a Therapeutic Abortion Committee (TAC). This legislative change only further polarised the pro-choice and anti-abortion movements, and according to writer, historian, and activist

5. Desmarais, Louise. *La bataille de l'avortement : chronique québécoise, 1970-2010*. Les Éditions du Remue-Ménage, 2016.

6. *Ibid.*

7. <https://archive.macleans.ca/article/1966/08/20/we-intend-to-let-in-a-little-fresh-air>

Louise Desmarais, the fight for free abortions on demand became one of the cornerstones of second wave feminism in the 1970s and 80s⁸.

The pro-choice movement of the 1970s was led by women's activist groups, and by notable physicians such as Dr Henry Morgentaler. Arrested and tried multiple times throughout the 1970s, he defiantly continued to provide abortion services, stating in 1973 that he had performed five thousand abortions. He opened clinics in several major cities in Canada, along with his associates Dr Robert Scott and Dr Leslie Smoling. When the trio were tried and acquitted with providing illegal abortions, the Ontario government appealed the decision and a new trial was ordered in 1984. Morgentaler appealed that decision, and in January 1988, Canada's Supreme Court ruled in his favour.⁹ According to this ruling, abortion was no longer a criminal offense, but it did not grant a constitutional right to free abortions on demand. While the *Morgentaler* decision did ensure the abolition of TACs and outlined that bringing a fetus to term without the person's consent was tantamount to torture, it did not outline how abortion services were to be integrated into the Canadian health

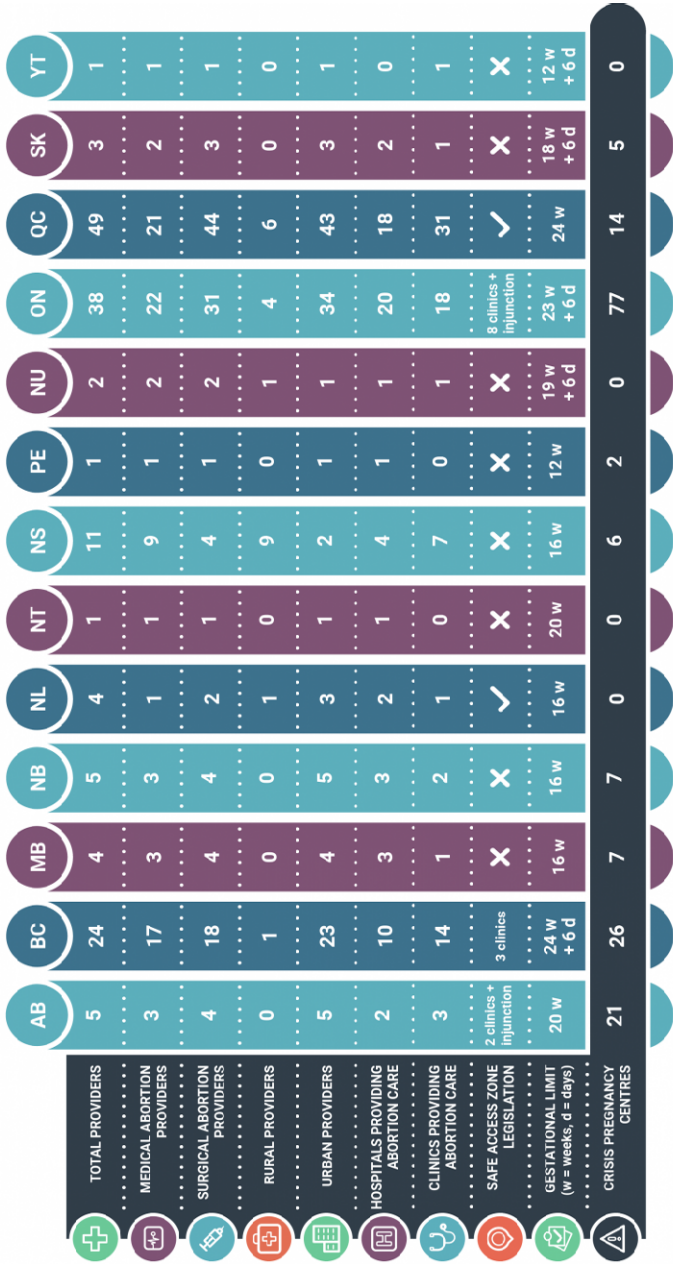
8. Desmarais, Louise. *La bataille de l'avortement : chronique québécoise, 1970-2010*. Les Éditions du Remue-Ménage, 2016.

9. Stettner, Shannon et coll., éditeur. *Abortion: History, Politics, and Reproductive Justice After Morgentaler*. Presses de l'Université de la Colombie-Britannique, 2017.

care system. In the wake of the decision, several provinces implemented regulations and restrictions to abortion care, creating wide disparities in availability that persist to this day. The number of clinics and abortion practitioners vary greatly from province/territory to province/territory, and are concentrated mainly in urban centres, forcing many people seeking abortion care to travel at great expense to obtain this medically necessary and time-sensitive service. There is no legal limit to the number of weeks of pregnancy for a procedural abortion, however very few centres provide abortion care after 24 weeks. Most people are forced to travel out of province for the procedure, and most provincial and territorial governments do not cover the associated costs.¹⁰

10. <https://www.arcc-cdac.ca/wp-content/uploads/2020/06/22-Later-Abortions.pdf>

ACCESS AT A GLANCE: ABORTION SERVICES IN CANADA



* While the 2014 Abortion Provider Survey uses census metropolitan areas (CMAs) to categorize providers as urban or rural, in this table, each point of service was individually assessed as "urban" or "rural" based on its categorization as a city or town/village/unincorporated settlement.

Date published: August 2019 by Action Canada for Sexual Health and Rights ¹¹

11. www.actioncanadashr.org/resources/factsheets-guide-lines/2019-09-19-access-glance-abortion-services-canada

Compounded by the structural inequalities in Canada's society and health care system, access is not universally guaranteed. Discrimination is prevalent in Canada's health care system, and systemic racism, ableism, and transphobia continue to determine the quality of the services available to certain populations. As described by Action Canada's Executive Director, Sandeep Prasad, "people living with disabilities are often excluded from decision-making when it comes to their health, time and time again sex workers find themselves in situations where their work rather than their health becomes the focus of the conversation, gatekeepers to abortion are spread across our health care system, people living in poverty are turned away, people who use drugs are written off and newcomers and refugees are misunderstood while Indigenous practices are dismissed altogether. On top of it all, racism, fatphobia, homophobia, transphobia and ageism (among other issues) continue to show up in interactions between clients and those who care for them"¹².

12. <https://www.actioncanadashr.org/news/2016-02-09-whats-your-relationship-status>

Galvanised against the *Morgentaler* decision, anti-abortion activism has continued to gain momentum over the years, with Canadian politicians presenting at least 48 private member bills or motions in Parliament since 1988¹³. Self-identifying as “pro-life”, this counter-movement argues that the fetus has a right to birth from the moment life begins at conception, a belief that motivates them to argue that a person faced with an unwanted pregnancy should not dispose of the physical autonomy granted to them by Section 7 of the *Charter of Rights and Freedoms*¹⁴. By equating the life of the fetus and that of the pregnant person, they feel justified in controlling the bodies of women and people with gestational capacity. One tactic for sewing misinformation and undermining on demand access to abortion care is the proliferation of unregulated “crisis pregnancy centres”. By masquerading as health clinics, these centres offer free pregnancy tests and ultrasounds but actively dissuade users from choosing abortion through guilt and fearmongering.¹⁵ The overall goal of the movement is to limit access to pro-choice resources and therefore reduce the overall number of abortions.

13. <https://www.arcc-cdac.ca/presentations-anti-bills/>

14. «Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.» <https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccdl/check/art7.html>

15. https://api.fqpn.qc.ca/wp-content/uploads/2021/01/RESS_CG_WEB_FIN.pdf

Abortion Methods: What to expect

A pregnancy is calculated from the first day of the last menstrual period. Depending on the region, it can take one to five weeks between the initial call and the appointment time, and the availability of a clinic or provider can be limited in many regions of the country. In Canada, there is no legal deadline for an abortion, but in reality many hospitals and clinics impose a limit on procedural abortions, ranging between 12 and 24 weeks, and many do not offer medical abortion at all. More than 87% of abortions in Canada take place during the first trimester (less than 12 weeks of pregnancy), with only an estimated 1.19% of abortions happening at 21+ weeks¹⁶. Patients over the age of 14 can access abortion care without the consent of their parents or guardian, though not all jurisdictions respect this law. Additionally, any hospitalisation that lasts over 24 hours or travel may require parental permission.

16. <https://www.arcc-cdac.ca/wp-content/uploads/2020/07/statistics-abortion-in-canada.pdf>

There are two methods of abortion: procedural abortion and medical abortion. A procedural abortion is a minor procedure that can be performed as of four to five weeks gestation, and lasts less than 15 minutes under local anesthetic, with conscious sedation also available on request. Using a speculum, the doctor will gently open the cervix using a dilator (in the second and third trimester, the cervix is softened and dilated with laminaria prior to the procedure) and remove the products of conception from the uterus through aspiration. The pain is comparable to moderate menstrual cramps, with conscious sedation available upon request. An ultrasound is systematically performed before the procedure. In some clinics, a social worker or other counsellor will meet with the patient beforehand to ensure that they are making an informed decision without coercion. Depending on the clinic, this can be done the same day or over the course of one to six appointments. Each additional appointment further limits accessibility for patients who need to travel, miss work, arrange childcare, etc. to attend follow-up appointments.

Medical abortion involves taking a combination of drugs that terminate the pregnancy. This combination, commercially available as Mifegymiso, was approved by Health Canada in 2015 and can be taken up to the 9th or 10th week of pregnancy. First Mifepristone (a progesterone blocker) is taken to stop the pregnancy, and 24 to 48 hours later, Misoprostol (a prostaglandin)

induces contractions to expel the contents of the uterus. A second appointment is often required for follow-up after the abortion, but this can be arranged over the phone.

In Quebec, since 2008, all abortion services are covered by the Quebec Health Insurance Regime (RAMQ) or fall under the refugee support program, including in privately managed clinics and Women's Health Centres (Montreal, Mauricie, and Outaouais). For people who are not covered by health insurance, it is possible to obtain the service by paying for it (costs vary from \$200 to \$10,000 depending on the location and the number of weeks of pregnancy). Advocates for free abortions on demand for all continue to fight for broader accessibility, as travel and its associated costs (time and money) can also be a barrier for people who live in any region without adequate services (medical and surgical access to abortion care).

Guide for representation

When including an abortion storyline in a fictional narrative, the creators should examine their biases surrounding abortion. Are abortions shorthand for suffering? Will the character be plagued by guilt or shame, or is a secret past abortion driving their evil actions? Will the character be punished, either physically or through the loss of opportunities or relationships, as a direct or indirect result of the abortion? Even films or series that seem pro-choice or neutral about abortion carry repercussions of varying subtlety that register as punitive or as a reprimand for the character's choice. By examining common tropes and pairing them with facts, the following section serves to correct these misrepresentations in order to guide creators towards more accurate and compassionate portrayals.

Myth:

“White cis teenagers are the most likely to get abortions”

The vast majority of people who choose to have an abortion in film and television series are white, cisgender teenage girls¹⁷ (see *Toute la vie*, *Road to Ruin*, *Grandma*, *Never Rarely Sometimes Always*, *Sex Education*, *Fast Times at Ridgemont High*, *Portrait de la jeune fille en feu*) In reality, according to the Canadian Institute for Health Information (CIHI), cis women and people with gestational capacity of 17 years or less accessed only 1,722 of the 83,576 abortions performed in Canada in 2019¹⁸, just over 2%. The lack of representation of people choosing to terminate an unwanted pregnancy beyond adolescence reinforces the perception that abortion is something for young, inexperienced, or foolish people. However, the statistics also show that at least 38% of abortions are performed on people who already have children, with 9% reporting more than three previous deliveries.

17. Sisson G, and Kimport K. “Telling Stories About Abortion: Abortion-Related Plots in American Film and Television, 1916–2013.” *Contraception*, vol. 89, no. 5, 2014, pp. 413–8.

18. <https://www.cihi.ca/sites/default/files/document/induced-abortions-reported-in-canada-in-2019-fr.xlsx>

The CIHI does not report on the racial background or immigration status of people accessing abortion care services in Canada, a telling omission in statistical recording. The Canadian illusion of living in a post-racist society eclipses the systemic racism and colonialism embedded in its structures, particularly its healthcare system. If the issue of race and abortion care are seen through a reproductive justice framework¹⁹, as developed by Women of African Descent for Reproductive Justice in 1994, the disparities in care based on race, class, and gender would be evident, and resources could be redistributed accordingly. In contrast to the absence of information in the Canadian context, the Guttmacher Institute reports that only 39% of American abortion patients are white²⁰, yet according to Advancing New Standards in Reproductive Health (ANSIRH), 73% of characters in onscreen abortion storylines are white²¹. The importance of accurate representation of the realities of abortion care extends to the demographics who most access this care. By limiting the frequency of portrayals of Black, Indigenous, Latinx, Asian, and other people of colour in accurate abortion storylines, the barriers to access that may be encountered by certain populations remain unexamined.

19. <https://www.sistersong.net/reproductive-justice>

20. <https://www.guttmacher.org/infographic/2016/us-abortion-patients>

21. <https://www.ansirh.org/research/research-abortion-onscreen-2020>

It is difficult to find any representation of queer, trans or gender non-conforming people accessing reproductive health care services in film or television, let alone abortion care. In reality, access to abortion services is limited by the lack of inclusivity in the services offered. Overt discrimination or a lack of explicitly inclusive practices in available resources can cause people to postpone or avoid necessary healthcare services, often to the point of putting their health at risk²².

For more diverse representation, check out Episode 9, Season 5 of *Scandal* (2016) and Episode 1, Season 3 of *Jane the Virgin* (2016).

Myth:

“Abortion is dangerous”

One of the major tactics of the anti-choice movements has been to misrepresent the short and long-term health risks associated with abortion, and film and television all too often contribute to the circulation of this misinformation. In their 2014 article “Telling Stories About Abortion: Abortion-Related Plots in American Film and Television, 1916-2013”, Gretchen Sisson and Katrina Kimport state they found “an unexpectedly high prevalence of death in storylines about abortion, including the use of death as a pregnancy resolution for women who

22. “Trans-Inclusive Abortion Services” FQPN and AJ Lowik, 2017 <https://api.fqpn.staging.molotov.ca/wp-content/uploads/2021/01/FQPN-Manual-EN-Web.pdf>

considered abortion. The 9% rate of death directly caused by abortion in the fictional stories is inaccurately exaggerated; current risk estimates place risk of death from abortion as statistically zero”²³ (see *If These Walls Could Talk*). The Canadian statistics for 2019 indicate that within 28 days of their abortions, 97.6% of people reported no complications whatsoever. In a similar way that sexual assault has been used as a cautionary tale and a narrative shortcut to curb female independence, so has abortion. When characters who opt to terminate an unwanted pregnancy face unrealistically tragic consequences such as sepsis, hemorrhage, or death, the overwhelming message that audiences receive is that abortion is dangerous, when in fact it is far safer than carrying a pregnancy to term²⁴. Inversely, portraying characters who have abortions without dramatic incident can shift personal, political and cultural beliefs, and have a positive effect on the health outcomes of viewers²⁵.

23. Sisson G, and Kimport K. “Telling Stories About Abortion: Abortion-Related Plots in American Film and Television, 1916-2013.” *Contraception*, vol. 89, no. 5, 2014, pp. 413–8.

24. <https://www.arcc-cdac.ca/wp-content/uploads/2020/06/41-Why-Few-Women-Choose-Adoption.pdf>

25. Conti JA, and Cahill E. “Abortion in the Media.” *Current Opinion in Obstetrics & Gynecology*, vol. 29, no. 6, 2017, pp. 427–430., doi:10.1097/GCO.0000000000000412.

For positive examples of uneventful abortions, see *Fast Times at Ridgemont High* (1982) and Episode 3, Season 1 of *Sex Education* (2019).

Myth:

“Abortion is free and available to all in Canada”

Only one in six hospitals in Canada provide abortions services, and most of the hospitals and clinics that do are situated within 150km of the Canada/US border. All too often, travel costs need to be taken into account when making the decision to terminate a pregnancy. According to A.J. Lowik, barriers to abortion services “disproportionately impact marginalized people, especially those who are low-income, people of colour, immigrants, refugees whose precarious immigration status prevents or delays them from accessing public healthcare, and those who do not speak English or French. Research has specifically shown a link between high levels of poverty and low access to sexual and reproductive healthcare. People who cannot afford contraception are more likely to require abortion care and people who live in Indigenous and rural communities are less likely to have an abortion provider nearby.”²⁶ While abortion services are covered by RAMQ in Quebec, cis women and people with gestational capacity who do not

26. “Trans-Inclusive Abortion Services” FQPN and AJ Lowik, 2017 <https://api.fqpn.staging.molotov.ca/wp-content/uploads/2021/01/FQPN-Manual-EN-Web.pdf>

have access to provincial health insurance due to precarious migratory status, international students, etc will need to pay out of pocket to access care.

Crisis pregnancy centres (CPCs) have also become a barrier to sexual and reproductive health services, as they deliberately misinform and direct people away from abortion. By offering free pregnancy tests and ultrasounds, they masquerade as women's health clinics, only to actively dissuade people faced with an unplanned pregnancy from choosing abortion²⁷.

For accurate representation of CPCs and travel costs, see *Never Rarely Sometimes Always* (2020) and Episode 4, Season 4 of *The Handmaid's Tale* (2021).

27. « Mieux comprendre les ressources conseil grossesse anti-choix au Québec » FQPN 2014, <https://api.fqpn.staging.molotov.ca/wp-content/uploads/2021/01/depliant-cac-web.pdf>

Myth:

“You will regret this for the rest of your life”

Ambivalence, relief, grief, sadness, guilt are all normal reactions after an abortion. Each person will have their reasons to choose to terminate a pregnancy and will experience a unique emotional reaction. Studies have shown that support from family and friends, as well as overall perception of societal support, decrease stigma and reduce negative psychological outcomes²⁸. While the anti-choice movement has concocted a false diagnosis called “post-abortion syndrome” to scare people into believing they will be scarred for life after terminating a pregnancy, a majority of people who access abortion care do not report emotional or psychological harm from the procedure. Rather they experience stress in the short-term which resolves with no long-term repercussions.²⁹ Film and television tend to amplify the distress of decision-making, and subsequently characters often find themselves remorseful or depressed. Similarly, characters often change their mind at the last minute, deciding to continue with the pregnancy rather than choosing abortion (see *Sex and the City*, *Downton Abbey*). In reality, such a late change of heart is rare, and its fictional prevalence reinforces the perception that it is a difficult and life-changing decision, rather than a necessary and commonplace procedure.

28. Kumar A, Hessini L, Mitchell EM. Conceptualising abortion stigma. *Cult Health Sex*. 2009 Aug;11(6):625-39.

29. <https://www.actioncanadashr.org/campaigns/commit-resist/common-myths-about-abortion>

For examples of supportive family and friends, see *Obvious Child* (2014) and *Grandma* (2015).

Myth:

“There are good reasons and bad reasons to get an abortion”

The shame that often surrounds abortion continues to silence people who have opted to terminate a pregnancy. In her article “Abortion Stigma: A Reconceptualization of Constituents, Causes, and Consequences” Alison Norris describes how stigma persists because terminating a pregnancy violates society’s “fundamental ideals of womanhood: nurturing motherhood and sexual purity”³⁰. She outlines how societal views shape the notion that there are “good” abortions and “bad” abortions. Fran Bigman echoes this dichotomy in her analysis of American cinema’s representation of abortion. Throughout film history, cis women seeking abortions have largely been portrayed as either victims/martyrs or prima donnas/harlots³¹. Victims may be good girls who fell in with a bad crowd, have been sexually assaulted, or in an abusive relationship. Because abortion is almost

30. Norris A, et al. « Abortion Stigma: A Reconceptualization of Constituents, Causes, and Consequences. » *Women’s Health Issues*, vol. 21, no. 3, 2011, p. 54

31. Bigman, Fran. « Oxford Research Encyclopedia of Criminology and Criminal Justice. » *Abortion in American Film Since 2001*, Oxford University Press, 2017.

universally depicted as tragic or villainous, good girls are more likely to choose adoption (see *Juno*) or motherhood (see *Knocked Up*), or be spared the shame of abortion by miscarrying (see *Girls*) or dying (see *Road to Ruin*). In the eyes of the anti-choice movement, a pregnancy occurring as a result of rape is often considered the only “good” reason for an abortion, a victim seemingly deserving of bodily autonomy only after being violently deprived of it. In this way, the viewer can remain comfortable in their sympathy for the protagonist. In contrast, harlots are irresponsible, promiscuous, and derisive towards motherhood. Their pregnancies are proof of their misdeeds and opting for abortion further proves how selfish and unwomanly they are. They will inevitably be punished in some way for choosing to terminate their pregnancy through physical or emotional suffering (see *Dirty Dancing*).

In reality, there are countless reasons why someone would choose abortion, and people of all backgrounds can be faced with unplanned pregnancies. According to Action Canada for Sexual Health and Rights, “studies have shown that between half and two-thirds of people who have an abortion were using contraception at the time they became pregnant. Sex and contraceptive use are areas informed and impacted by the circumstances of people’s lives, including by factors like their health (irregular periods, perimenopause, etc.), the relationships they are in, the supports they have, resources available, substance use, medical conditions and stress, among other things.”³² Film and televi-

32. <https://www.actioncanadashr.org/campaigns/commit-resist/common-myths-about-abortion>

sion have the capacity to create complex characters who choose abortion for various reasons, without the narrative framing the circumstances in a way to solicit pity or judgement. Stigma persists because of silence but can be abated through unapologetic abortion stories.

For nuanced portrayals of non-victim, non-harlot women choosing to get abortions without anguish or tragedy, see *Portrait de la jeune fille en feu* (2019) and Season 1 of *Working Moms* (2017).

Myth:

“Your baby has fingernails”

In *Juno*, the title character arrives at the abortion clinic and is confronted by a picketing classmate who says “your baby has fingernails”. This bit of information nags at her and is the catalyst for her last-minute change of heart. This line is recycled by a protester outside the clinic in *Grandma*, though this time Lily Tomlin’s character retorts with “not till 22 weeks genius”. The presence of anti-abortion protesters outside clinics is ubiquitous in contemporary depictions of abortion storylines. And in many regions, the anti-choice movement has become so mobilized that the tactic of aggressively confronting people entering clinics is an unwelcome but common occurrence, with some American

33. Foster, DG, K Kimport, H Guld, SCM Roberts, TA Weitz. 2013. « Effect of abortion protesters on women’s emotional response ». *Contraception*. 87 p. 81-87

studies reporting that 46% of people seeking an abortion encountered protesters³³. As a result of this phenomenon, several Canadian provinces have enacted “safe access zone” or “bubble zone” legislation or permanent injunctions to prevent protesters from harassing users outside of abortion clinics. British Columbia, Alberta, Ontario, Newfoundland and Labrador, Nova Scotia, and Quebec all prohibit the presence of protesters within 50 metres of the clinics, thereby protecting patient and staff privacy and mental health. Similar laws have been introduced in Manitoba and Saskatchewan³⁴.

Characters in film and television seeking abortion care are often shamed by staff that is judgemental (see *Toute la vie*), if not downright incompetent (see *For Colored Girls*). Safe abortion care includes emotional wellbeing, and in Canada, roughly 75% of abortions are performed in clinics, many established before 1988 and with decades of experience advocating for reproductive healthcare. While clinics are not immune to perpetuating the systemic oppressions that are present throughout the healthcare system (including transphobia, racism, classism, ableism, etc), they are unlikely to staff people who are “anti-choice, self-appointed gatekeepers, such as receptionists or hospital staff, who oppose

34. <https://www.arcc-cdac.ca/media/position-papers/74-Safe-Access-Zones.pdf>

abortion and take it upon themselves to deny services to patients”³⁵.

For a wonderful portrayal of staff in an abortion clinic, see *Never Rarely Sometimes Always* (2020) and Episode 4, Season 4 of *The Handmaid’s Tale* (2021).

35. <https://www.arcc-cdac.ca/media/position-papers/08-Hospital-Access-Problems.pdf>

Rating System

In an effort to classify films according to the accuracy and compassion of their depiction of accessing abortion care services, a point system was developed to rate films. Three categories are presented: choice, abortion care, and post abortion. A film can receive a -1, 0, or +1 score on a total of 10 criteria, and up to 5 bonus points for diversity (not a teenage, nulliparous white cis girl). For example, *Dirty Dancing* (1987) gets an overall score of -1/10, while *Portrait de la jeune fille en feu* (2019) gets 9/10. Both films represent a time when abortion was illegal however Sophie, the character seeking an abortion in *Portrait de la jeune fille en feu*, is supported and experiences no shame or side effects from the procedure. In contrast, Penny in *Dirty Dancing* is immediately in terrible pain and suffers from horrible physical repercussions that necessitate the intervention of a doctor. She is bedridden for days and essentially absent from the rest of the film, losing her job and her boyfriend.

Choice

-1

0

+1

Decision making	Friends, family, partner, clergy pressure the character to continue the pregnancy; actively discourage abortion	Adoption is mentioned as an option	When the storyline of an unplanned pregnancy arises, abortion is presented as a neutral or positive option
	The character changes their mind at the last second (on the way to or at the clinic)		The character may appear conflicted and/or ambivalent, but ultimately decisive
Access to services	The character is faced with insurmountable obstacles to care (\$, distance, legality, judgemental staff, ultrasound, etc)	Abortion access is unnecessarily restrained due to distance, financial barriers, other social factors	The availability of abortion care is portrayed in a realistic manner for the time period and region (distance, legality, delay, \$, etc)

Total

/3

Abortion Care

	-1	0	+1
Clinic	There are anti-choice protesters outside the clinic		The clinic seems welcoming
Staff	The staff denies access to the abortion, is grossly incompetent or dangerous		Staff is warm and non-judgemental
Side effects	Side effects are grossly misrepresented (cancer, depression, etc) in an effort to scare and dissuade character		Possible side effects mentioned are accurate and seem minor
Method	Procedural abortion is shown as a painful, highly medical, traumatizing procedure		If a procedural abortion is shown, it is minimally painful and staff is caring

Total

/4

Post abortion

	-1	0	+1
Physical side effects	The character experiences severe bleeding, infection, or death		No side effects or if there are, they are minor and manageable
Emotional impact	The character spirals into a depression and/or is plagued by regret		The character remains comfortable with their choice
Stigma	The character suffers the loss of a relationship or opportunities because of the abortion		The character's partner, friends, and/or family are caring and supportive

Total

/3

Bonus points!

	-1	0	+1
Gender/ sexuality		Cisgender woman	Non-binary person, trans man Portrayal of non-heteronormative sexuality or relationship structure
Race		White character	Black, Indigenous, Latinx, and/or character of colour
Dis/ability			character has a disability
Age/parenting status		Teenager/no kids	Character is over 20 and/ or already has kids
Method			Medication abortion is suggested as an option (if it's current day and pregnancy less than 9 or 10 weeks)

Bonus point total

/5

Toute la vie (2019-)

Season 2, episodes 8-12, Danielle Trotter, Québec

Rating: -9/10



The character seeking abortion care in this narrative arc is Charlotte, a white teenager who suffers from extreme eco-anxiety. She flees her controlling activist boyfriend when she is 26 weeks pregnant, and takes refuge in a boarding school for pregnant teenagers. She is emotionally distraught and erratic, and almost immediately demands an abortion, citing her unwillingness to bring a baby into a world ravaged by humans. Within the narrative, the social workers and staff at the school are judgemental but manage to attempt to arrange for a third trimester abortion in a Montreal hospital. They repeatedly bring Charlotte before a therapeutic abortion committee (comprised entirely of men) at the hospital to plead her case, and even ask her ex-boyfriend to participate in the hearing without consulting her. Such committees have not existed in Quebec for decades, and a pregnancy can be legally terminated at any stage

for whatever reason³⁶ (though third trimester abortions can involve multiple appointments and a lengthy search for a practitioner, even in urban centres throughout Canada). The show continuously states that abortions cannot be done after 24 weeks, and Charlotte's attempts at suicide do not convince anyone of the necessity to provide abortion care. She ends up borrowing money from a friend and going to New York State alone to seek an abortion. In reality, third trimester abortions can be performed in certain hospitals in Quebec, and associated fees (including travel costs) are covered by the RAMQ³⁷. Charlotte relies on the kindness and support of a young adapted transport driver to accompany her to her appointments. She is alone in her hotel room a few hours after the laminaria sticks are inserted in her cervix, and she delivers a still-born fetus that is removed in a plastic bag by a nurse. Charlotte returns to Montreal without going to the clinic for follow up care, develops terrible cramps and an infection which result in her hospitalisation. Her story ends with her plagued by flashbacks and regret.

36. <https://educaloi.qc.ca/en/capsules/abortion-available-at-any-time/>

37. <https://educaloi.qc.ca/en/capsules/abortion-available-at-any-time/>

For Colored Girls (2010)

Tyler Perry, USA

Rating: -7/10 (Bonus point as character is African-American)

While the film is set in 2010, well after the 1973 *Roe v Wade* decision that legalised abortion in the United States, when African-American teenager Nyla discovers she is pregnant, she asks her sister for \$300 for “college application money”. A cruel woman, the sister suspects the money is for an abortion and refuses to help, but does mention her own illegal abortion, giving specific directions down a back-alley. Nyla finds her way to an incompetent woman who performs a procedural abortion while intoxicated, in her terrifying, unclean apartment. There is no mention of accessing abortion care services through the healthcare system, and Nyla develops severe side effects that result in her hospitalisation. As a result, her mother and sister find out about the abortion, she is traumatised by the experience, and she inexplicably loses her chance to attend college.

One of the earliest films to tackle unwanted pregnancies, though “pregnancy” and “abortion” are never mentioned in the film, *Road to Ruin* is a remake of the 1928 silent film by the same name. This cautionary tale follows Ann’s descent into teenaged hijinks (drinking, dancing, smoking, sex) which culminate in her being arrested. She discovers she is pregnant, and her much older boyfriend pressures her into seeking an illegal abortion from a condescending, incompetent male doctor. The procedure is not shown, but she is next seen languishing in her own bed, some fatal side effects having befallen her. She asks God for forgiveness and in the final scene, dies in her parents’ arms.

Road to Ruin (1934)

Dorothy Davenport, Melville Shyer, USA

Rating: - 5/10

Dirty Dancing (1987)

Emile Ardolino, USA

Rating: -1/10 (Bonus point as character is over 20)



The film is set in 1962 and centres Baby Houseman, a do-gooder teenager at a family summer camp who falls in love with Johnny, the dance instructor. Baby volunteers to stand in for his platonic dance partner Penny who needs to miss their big show in order to get an illegal abortion. Baby gets the money for the procedure by lying to her doctor father, and trains intensely to be able to do the show. The characters in the film appear supportive and treat the procedure like a necessary means to an end. Several friends intervene to help without judgement. However, Penny finds herself in excruciating pain upon her return to camp, as the viewer learns that the abortion was performed under unclean and traumatic circumstances. Dr Houseman is called upon to treat Penny for her ailments, and she is bedridden for days. She does not return to the narrative as a dancer, having been replaced by Baby as Johnny's partner. While choice and decision-making is treated from a positive angle,

ultimately Penny is punished in the narrative for her abortion, through physical side effects and loss of dance opportunities.

If These Walls Could Talk (1996)

Nancy Savoca, USA

Rating: -1/10 (Bonus point as character is over 20) (average score of the three short films)

There are three different storylines in this anthology film, all centering around cis women contemplating abortion. The first is a young widow in 1952 who had a one-night stand with her deceased husband's brother. She is a nurse but since she lives in a time when abortion was illegal, she is unable to access abortion care in the hospital where she works. She tries desperately to find a practitioner, or perform a self-administered abortion (first with pills then with a knitting needle), and finally hires a man through an abortion whisper network. 'Tom' comes to her home, does not disinfect his instruments, and performs the excruciating procedure on her kitchen table. She begins to hemorrhage, and the viewer watches her bleed to death on her kitchen floor. The scene is gruesome and deeply disturbing, clearly an effort to highlight the reality of women without safe and legal access to abortion care.

The second vignette is set in 1974, one year after Roe vs Wade legalised abortion in the US. The pregnant woman is the mother of four children, aged 8 to 17, and has returned to university to study poetry. The pregnancy was unplanned and she considers an abortion, which her hippie teenager tells her is "her legal right". When discussing the pregnancy with her husband, he doesn't even consider abortion and convinces her to pursue the pregnancy, even though it jeopardizes their financial ability to send their daughter to the college of her choice and the mother's

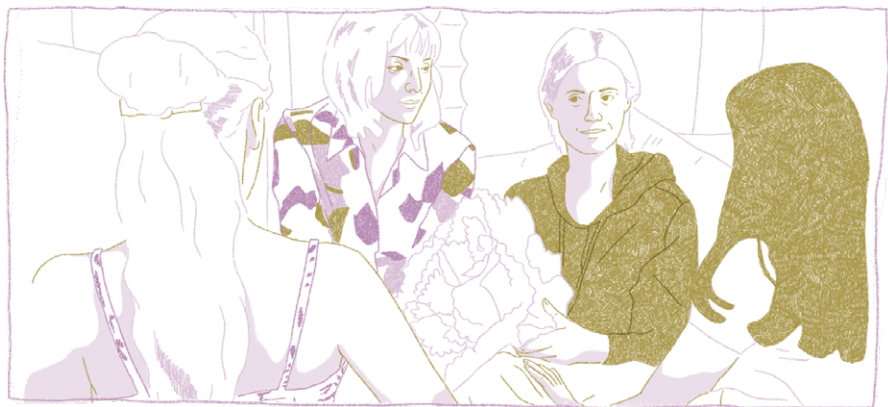
own schooling. These hindrances to the women in the film are clearly highlighted as reasons to choose abortion, and the mother is portrayed as naive for pursuing her pregnancy.

The final installment of the film centres on a college student who gets pregnant after an affair with her married professor, set in 1996. She is Catholic and against abortion, and her roommate dissuades her from terminating her pregnancy. She visits a clinic but is again dissuaded by the swarm of anti-abortion protesters outside, who tell her she's already a mother and shouldn't murder her baby. After a few days, she asks her anti-choice friend to accompany her back to the clinic, where several hundred protesters have gathered. During the procedure, a man bursts into the room and shoots the doctor to death, spraying blood all over the girl and the nurse. The film has a pro-choice agenda that it conveys in an utterly shocking and violent way, even if the events may be realistic for the eras that are portrayed.

Sex and the City (1998–2004)

Season 4 episode 11, *Darren Star*, USA

Rating: 3/10 (Bonus point as character is over 20)



In this episode, Miranda discovers she is pregnant after a one-night stand with her on again/off again boyfriend Steve. She is a lawyer in her thirties and decides immediately to terminate the pregnancy. Her friends are mostly supportive, Samantha and Carrie both mentioning their own abortion experiences, but her friend Charlotte who is struggling with infertility is unable to provide support. Miranda has little difficulty making an appointment, and Carrie accompanies her to a clean and welcoming clinic. However, while sitting in the waiting room, Miranda has a change of heart and decides to pursue the pregnancy.

Scandal (2012–2018)

Season 5 episode 9, Shonda Rhimes, USA

Rating: 7/10 (Bonus points as character is over 20 AND African-American)

This Christmas episode shows the former first lady, Republican congresswoman Mellie Grant filibustering a budget that would defund Planned Parenthood. At the end of the episode, without support or any previous evidence of a pregnancy, the series' main protagonist, Olivia Pope, enters a luxurious-looking clinic and undergoes a procedural abortion set to the soundtrack of 'Silent Night'. She returns to the White House and has a relationship ending argument with her partner, never revealing why she missed the important dinner that evening. While the episode centres choice and the politically fraught nature of abortion access in the United States, once again the character loses her relationship immediately after getting an abortion.

Grandma (2015)

Paul Weitz, USA

Rating: 8/10

Lily Tomlin plays Elle, a disorganised lesbian poet who helps her teenage granddaughter Sage seek abortion care. The procedure will cost her over \$600 and neither of them has the money. Throughout the course of the film, they try different strategies to get the funds, and we learn that Elle had an abortion in her youth. The financial obstacle to access portrays the realistic barriers encountered by people in jurisdictions without free abortion care. They ultimately ask Sage's harsh, judgemental mother for the money and go to an appointment the same day. The clinic has anti-choice protesters outside, a mother and her young daughter, who punches Elle in the eye. There are no side effects or trauma associated with the abortion, and Sage's mother ends up coming to pick her up from the appointment.



Autumn, the main protagonist in this film, lives in a small town in Pennsylvania with her mother and stepfather. When she seeks out a woman’s clinic for a free pregnancy test, she learns she is about 10 weeks pregnant. She is forced to have an ultrasound, and when the worker asks her if she is “abortion-minded”, she is made to watch an anti-choice video about the dangers of abortion. This facility does not provide abortions and appears to be a crisis pregnancy centre. Autumn leaves there quite upset and tries to provoke a miscarriage by repeatedly punching herself in the stomach. When she confides in her cousin Skylar, they steal enough money for them both to travel by bus to a clinic in New York City. Upon her arrival, she is greeted by anti-choice protesters at the clinic, and an ultrasound shows that she is in her second trimester and must go to a different clinic the next day. She must also pay cash as her health insurance would send her parents an invoice detailing the procedure. This and other barriers to care are presented in a rea-

Never Rarely Sometimes Always (2020)

Eliza Hittman, USA

Rating: 8/10

listic manner, with the clinical staff being compassionate and sensitive to the realities faced by people with limited financial means. Autumn and Skylar choose not to take the help offered by the clinic, resorting to sleeping in the subway and trading sexual favours for money for bus fare home. The film informs the viewer of the very real and growing obstacles that pregnant cis women and people with gestational capacity must face in the United States in order to access this necessary medical procedure. It also demonstrates the lengths to which people will go in order to terminate an unwanted pregnancy, and the dangers one could face in attempting to access this care.



The character of Maeve is one half of a duo that charges their high school classmates money for sex therapy advice. She has the reputation of being promiscuous, but her lack of popularity feels more classist than sexist. She lives alone in a trailer park, writes essays for other students, and secretly dates the school's star athlete. She finds out she is pregnant in the third episode of the series, a fact the viewer gleans in the opening scene at the abortion clinic. The nurse is kind, even as Maeve quips "I don't think anyone would want a pregnant 17 year old" when she is asked if she has considered adoption. Because the show is set in the UK, where healthcare is free, cost is not shown as a barrier to care. There are many women in the waiting room, and there is one older woman who is loud and obnoxious, but also supportive of the others. This woman is treated dismissively by the staff, as she is a known patient, but Maeve finds comfort in her presence. Meanwhile, Maeve's friend Otis arrives to meet her, and ends up discussing with

Sex Education (2019–2023)

Season 1 episode 3, Laurie Nunn, UK
Rating: 8/10

the anti-abortion protesters outside the clinic. He is kind, and discreet, not a hint of judgement. He gets Maeve flowers (who says “Nothing says ‘Happy Abortion’ like a bouquet”) and a sandwich, and accompanies her all the way home. There are no negative side effects or consequences to the abortion.



In this ensemble dramedy, Stacy is a sweet fifteen year old looking for love and excitement at the mall. She dates an older man whom she has sex with, and a kind nerd who she likes but who doesn't initiate anything physical with her. Out of boredom or frustration, she has sex with his best friend and gets pregnant. She is distraught but immediately makes plans for an abortion, and asks him for money to cover half the cost. The friend can't get the money so avoids her and Stacy is stuck asking her brother to drive her to the "bowling alley". Upon suspicion that she was actually going to the clinic, he waits for her outside. When she emerges, he is gentle and non-judgemental, and he drives her home. There are no further consequences related to the abortion.

Fast Times at Ridgemont High (1982)

Amy Heckerling, USA

Rating: 8/10



The Handmaid's Tale (2017-)

Season 4 episode 4, Bruce Miller, USA

Rating: 9/10 (Bonus point as character is already a parent)

In this episode of the dystopian drama, the flashbacks tell the story of Janine's unplanned pregnancy. Set in the US before the coup by the government of Gilead, Janine's first appointment to get an abortion is mistakenly made at a crisis pregnancy centre. She receives false information and is admonished for considering abortion in an era of mass infertility. She is discouraged and returns to her apartment, where she is greeted by her young son. She makes an appointment at a clinic, and when she meets with the doctor, she tries desperately to plead her case. The doctor interrupts and asks "Do you want to be pregnant right now?" and when Janine says no, she answers "Well the rest is none of my business." She informs Janine that the other place she visited is designed to scare women into keeping unwanted pregnancies. The doctor then gives her instructions on how to take the abortion pill and its side effects, and the ease of it comes as a huge relief to Janine. The scene borders on didactic, but a welcome cor-

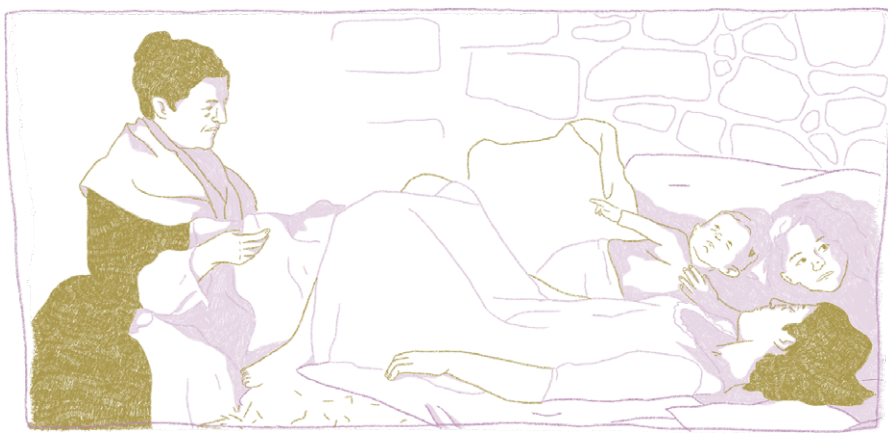
reaction to the misinformation and drama that are typical in these scenes. The tenderness and respect that the doctor demonstrates reflect a more realistic representation of the compassion people seeking abortions will encounter by the medical professionals working in these clinics.

Portrait de la jeune fille en feu

(2019)

Céline Sciamma, France

Rating: 9/10



This beautiful film is set in 1770 France where Marianne, a young painter, is commissioned to secretly create a portrait of Héloïse, a woman betrothed to a stranger she has no intention of marrying. While love blossoms between them, the unmarried teenage housemaid Sophie reveals that she is pregnant. There is no judgement when Marianne and Héloïse learn this news, and they immediately begin helping Sophie in her attempts to self-induce an abortion. She runs around, drinks herbal teas, and suspends herself in the air, all to no avail. Finally, they visit a “faiseuse d’anges” (angel maker) in her cozy home. Surrounded by her friends and the woman’s children, Sophie lies down on the family bed while the abortionist inserts a concoction in her uterus. Marianne looks away, but Héloïse urges her (and the

viewer) to bear witness. A close-up of Sophie's face shows that she is experiencing some physical discomfort, all while holding the hand of the baby lying next to her, a filmmaking decision that seems political. Sophie is choosing to terminate a pregnancy, not kill a baby as argued by anti-abortion rhetoric. She may be a mother someday, but not today. Once back at the manor, she and Héloïse pose for Marianne to document the scene through painting. There is no shame surrounding the abortion, and Sophie suffers no ill effects.

Working Moms (2017-)

Season 1, Catherine Reitman, Canada

Rating: 10/10 (Bonus points as character is already a parent and is over 20)

This comedy series set in present-day Toronto has a narrative arc throughout the first season that focuses on Anne, a mother of a bratty nine year old and an infant, who discovers she is pregnant. She contemplates abortion until her husband reacts with enthusiasm to the unplanned pregnancy. But later in the season when Anne is put on bedrest, she asks her friend Kate to bring her to an abortion clinic and is dismayed she can't have an abortion on the spot ("This is Canada!"). The moment is treated with some levity, as Kate has brought her baby with her to the waiting room. Anne returns home, where she again broaches the subject with her husband. He is initially vexed, though it's unclear if it was his exclusion from the process or the abortion itself that has angered him. But they discuss it together calmly, make a pros and cons list, and end up going hand-in-hand to the abortion clinic. While there is some judgement in the "Mommy and Me" group that she frequents, her friends and family are supportive. In the last episode of the season, her nine-year-old presents her with a video project she made for school, which states that she loves her mom and thinks she's "the best Mom I've ever had". Anne is not penalised for her choice, and in fact feels affirmed as a mother in that closing scene.

Touted as an “abortion rom-com”³⁸, this film portrays abortion in a realistic way, with doubts and financial strain, yet manages to make it funny and relatable. The main character Donna is an “almost thirty” stand-up comic who has a one-night stand with Max, and becomes pregnant. She has a wonderful circle of friends that supports her, including Nellie who answers all her questions about abortion based on her own experience. When she visits the Planned Parenthood clinic, she is given an appointment two weeks later. While she waits, Donna talks to her mother about the abortion, and she reveals she had an illegal abortion when she was in college. Once again, abortion is portrayed as common and even unifying amongst women. After a few tumultuous dates with Max, Donna tells him she is pregnant, and he surprises her the day of her appointment. He asks to accompany her to the abortion, and in the final scene, they curl up to watch a movie together. Unlike so many portrayals of abortion in film, Donna does not lose her relationships because of her choice to terminate her pregnancy. Rather, the film allows for the involvement of a man that isn’t even her partner to be compassionate, and ends on a hopeful note.

Obvious Child (2014)

Gillian Robespierre, USA

Rating: 11/10 (Bonus point as character is over 20)

38. <https://www.theguardian.com/film/2014/jun/12/obvious-child-rom-com-jenny-slate-ordinary>

Resources

Are you writing a screenplay or a novel and want to ensure accurate and compassionate representation when dealing with an abortion storyline?

Contact one of the following resources:

Abortion Rights Coalition of Canada (ARCC):
www.arcc-cdac.ca

Action Canada for Sexual Health and Rights:
www.actioncanadashr.org

Collectif pour le libre choix : 819-562-7338
collectiflibrechoix@gmail.com

Fédération du Québec pour le planning des naissances: 514-866-3721 - info@fqpn.qc.ca

Dre Geneviève Bois : boisgen@gmail.com

Louise Desmarais : deslo5@videotron.ca