

VIOLENCE AGAINST WOMEN AND SEXUAL AND REPRODUCTIVE HEALTH

AN INFORMATION KIT FOR SHELTERS

Who is Canadians for Choice?

Incorporated in 2002, Canadians for Choice is a non-judgmental, pro-choice, non-profit charitable organization dedicated to ensuring reproductive choice for all Canadians. CFC envisages a world where individuals – regardless of age, ability, race, gender, sexual orientation, place of residence, or socio-economic and other status – have access to the information, resources and services required to make and exercise informed choices on all aspects of their sexual and reproductive health and rights.

As a pro-choice organization, Canadians for Choice believes in all aspects of sexual and reproductive health and rights, including the belief that a woman faced with an unwanted pregnancy should be permitted to make her own decision about whether or not to continue the pregnancy to term. Pro-choice people recognize and support that abortion is one of three options that can be chosen when facing an unplanned pregnancy (abortion, adoption, and parenting). Far from being pro-abortion, Canadians for Choice believes that contraception must be promoted and encouraged so the need for abortion is reduced.¹

Canadians for Choice supports and works towards preventing unwanted pregnancies; promoting contraception; educating women, men and youth; and ensuring that families have the necessary resources to raise healthy, happy children. We are committed to:

- Educating and training health care professionals in the delivery of reproductive health care services
- Educating the public on all aspects of reproductive health choices
- Advancing and supporting ethical research into the social, legal and medical aspects of reproductive health
- Researching, monitoring and analyzing reproductive health policy
- Disseminating research about reproductive health to the general public and to healthcare professionals
- Acting as a resource centre and database for sexual and reproductive health information and services
- Supporting and promoting reproductive health internationally²

¹ Canadians for Choice, *Common Myths about Abortion*, www.canadiansforchoice.ca

² *About Us: Goals and Objectives*, www.canadiansforchoice.ca

Violence against women and sexual and reproductive health

Canadians for Choice believes that sexual and reproductive rights are truly important because they lead to broader choices in life and to empowerment. They can have a direct impact on one's education, employment, relationships, etc. For example, if a woman becomes pregnant at a very young age, there are chances that she will not be able to pursue her education. This will restrict her employment options and her socioeconomic status. She might also be forced to marry. Sexual and reproductive rights are also crucial to protect the dignity of women and men, and to ensure gender equity. Without reproductive health and freedom, women cannot fully exercise their fundamental human rights.³

When women are facing violence in their lives it presents an immense barrier to making family planning and reproductive health decisions. As we know, one of the most dangerous times in an abusive relationship can be during pregnancy or when trying to leave the relationship.⁴ Leaving an abusive situation when pregnant or with other dependent children can be very difficult since women have to consider whether or not they will continue the pregnancy as well as their health, money, shelter, family and support. It is important for social service practitioners to be aware of the barriers that prevent women from making informed choices. For women who have experienced abuse, whether it is from an intimate partner, a friend or a family member, a lack of choice can be disempowering and re-traumatizing since it does not allow her to move away from the violence and move forward with her life.

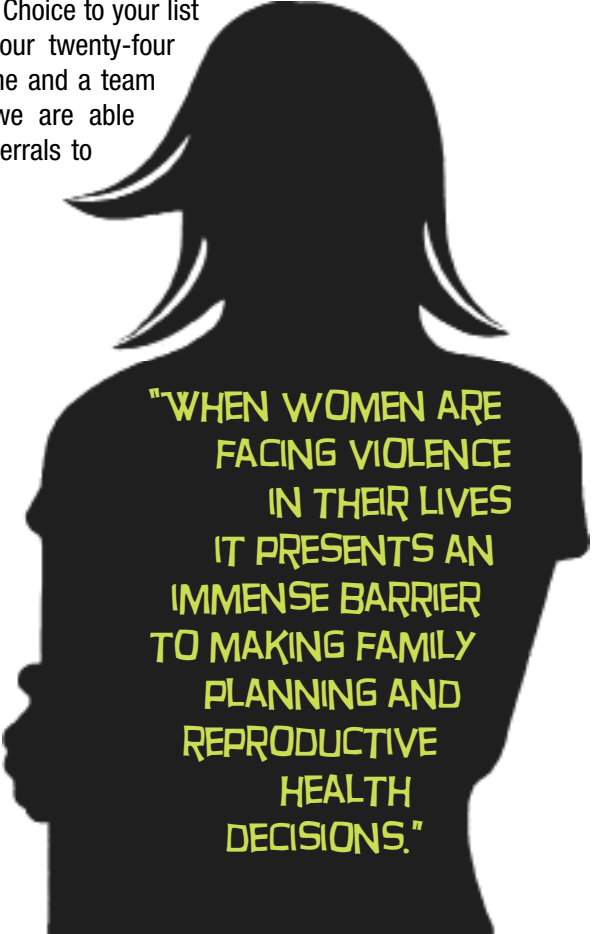
Canadians for Choice feels that the consequences of gendered violence can have a significant impact on family planning and abortion policies. For instance, when health professionals are not aware of violence in the lives of women, they may assume that contraception can always be negotiated (not recognizing it as a potential challenge to male power) and that engaging in sex is always a mutual choice between both partners. Similarly, it is important for shelter workers to be aware of how reproductive health can be affected by violence since pregnancy can become a dangerous time for women. Women may worry that continuing a pregnancy will make them more vulnerable to experiencing violence as well as tying them to the abuser/ biological father if he tries to obtain custody once the pregnancy is brought to term. CFC argues that eliminating unintended pregnancy

3 *Sexual and Reproductive Rights*, www.canadiansforchoice.ca

4 Russo, N & Denious, J. (n.d.) *Understanding the relationship of violence against women to unwanted pregnancy and its resolution*.

and the need for abortion in society will not be possible as long as gendered violence continues to occur and as long as society continues to tolerate physical and sexual violence towards women.

This information package is intended to reach out to you as shelter workers to help create a stronger support network for women that are leaving abusive situation and for women that are facing unintended pregnancies. CFC is aware that violence occurs in the lives of some women seeking abortions and that in order to provide a more holistic approach to care, this violence cannot be ignored. We would like to bridge this gap with those working on the front lines of violence against women and provide some information on how we see access to abortion services as linked to violence. In this information package we offer information on: some of the most common barriers to accessing abortion; myths and misconceptions about women seeking abortions; and what is involved with an abortion procedure, including a description of both types of procedures and answers to some common questions that we receive regarding abortion policies. It is our hope that you will read the information provided and add Canadians for Choice to your list of pro-choice referrals. With our twenty-four hour information and referral line and a team of compassionate volunteers we are able to provide pregnancy option referrals to women from across the country.

A black silhouette of a woman's head and shoulders, facing left. The silhouette is filled with a solid black color. Inside the silhouette, there is a quote in yellow, all-caps, sans-serif font. The quote is centered and reads: "WHEN WOMEN ARE FACING VIOLENCE IN THEIR LIVES IT PRESENTS AN IMMENSE BARRIER TO MAKING FAMILY PLANNING AND REPRODUCTIVE HEALTH DECISIONS."

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Barriers in accessing abortion services

Even though abortion is a legally available option to all women in Canada, it is not always accessible. Currently, only 15.9% of Canadian hospitals (or 1 in 6) provide accessible abortion services. Access can vary across the country as some provinces, such as Québec, are mandated to provide abortions in every region, while others, such as Prince Edward Island, do not provide any abortion services. There are also a number of barriers that affect a woman's ability to access safe and timely abortion services. These barriers, or obstacles, can prevent women from being able to exercise their choice to have an abortion or can block them from accessing reliable and accurate information about abortion and their sexual health.

As a shelter worker, it is important to know how these barriers can affect women and to be better able to support women facing an unplanned pregnancy. While many other barriers also exist and can be described differently by each woman, judgemental gatekeepers, bad referrals, voicemail, cost and travel, and anti-choice groups are some of the most common barriers that women face. As discussed below, the impact of these barriers may be especially daunting for women that are living in abusive relationships or in a shelter environment.



Judgemental Gatekeepers and Bad Referrals

A social worker wrote to Canadians for Choice describing some of her experiences working with women in crisis situations. She described one situation she encountered as follows: *I worked with one woman who left an abusive relationship and was living in a transition house with her two children from a previous marriage. While she was staying in the transition house she found out that she was pregnant with her abuser's child. She had already suffered several miscarriages at his hand and was unwilling to put herself in danger again should he discover that she was pregnant. She had just gathered up the courage to leave him and did not want him to be involved in her life anymore. She went to her family doctor (a woman) who was aware of her history. She asked for a referral for an abortion and was refused. **Her doctor's recommendation was that she either go back to her first husband for shelter and support or that she pick up her two children, leave her family and the community where she had lived her whole life and move to another town.** The woman was made to feel like she would be a horrible, unfit mother were she to abort her third child. She is now living in poverty and fear with her three children.*⁵

⁵ Shaw, J. 2006. *Reality Check: A close look at accessing abortion services in Canadian hospitals.*

This story represents a woman's experience with judgmental gatekeepers and bad referrals, a significant barrier for women seeking abortion services. There are many people within the healthcare system who act as the gatekeepers to a woman's ability to access information

"SHE ASKED FOR A REFERRAL FOR AN ABORTION AND WAS REFUSED."

about abortion services. Anti-choice staff members can prevent a woman from accessing abortion services by refusing to provide her with relevant information, by treating her with disrespect, and by passing judgment on her personal decisions. Some women may contact many sources in their search for information about abortion services. If a woman is given a bad referral, either from a hospital, doctor, individual, or organization, her ability to access accurate information about abortion may be impeded.⁶

As shelter workers, it is important to be knowledgeable about community referrals and to be aware of which organizations are pro-choice and which organizations are anti-choice in your community. It can be very damaging to women that are seeking pro-choice information about pregnancy options to be sent to a 'crisis pregnancy centre' where they may be coerced or made to feel guilt about considering an abortion. If you are unsure about the organizations in your community, Canadians for Choice recommends calling a centre before making referrals and asking the organization if they are pro-choice and if they make abortion referrals.⁷ Even if women are not considering abortion, it is important for them to talk with someone who is respectful of all options and who will not try to coerce the woman one way or another. Similarly, it is important for shelter staff to set aside their personal beliefs and not attempt to prevent or dissuade women from making choices regarding their own body.



Voicemail

Automated answering machines or voicemail systems have become common in society and are often a welcome alternative to receiving a busy signal. A Canadians for Choice researcher found that many hospitals in Canada use a voicemail system for clients that want to book appointments.⁸ The message will usually ask callers to leave their name, number and details of why they are calling. However, for women living with an abusive partner or parents, or who

⁶ Ibidem.

⁷ Canadians for Choice, *What you need to know about crisis pregnancy centres*, www.canadiansforchoice.ca

⁸ Shaw, J. 2006. *Reality Check: A close look at accessing abortion services in Canadian hospitals*.

have just left an abusive relationship, voicemail can act as a strong barrier to accessing abortion services.

There are many reasons why it may not be possible for women to leave messages with hospitals and clinics. For one, they may not own a phone. Alternatively, they may be living in a place where they do not want others in their house to know they are pregnant or considering an abortion.⁹ This may apply to women that are living in abusive situations since they may not be able to receive personal phone calls, or might not be granted privacy to make calls. If an abuser discovers that a woman is pregnant and considering an abortion, the violence may increase and place her at higher risk. This may also affect women living in a shelter since they may have to use a phone located in a common area of the shelter that can be answered by any other resident. Women may also worry about being judged by shelter workers if they fear that they are anti-choice. They may not feel safe asking a worker to let them call a hospital or clinic in a private office. This potential lack of confidentiality can be daunting to women seeking abortion services. In order to avoid leaving a personal message, some women may try contacting other service providers, thus increasing their risk of calling a crisis pregnancy centre and being provided with coercive or inaccurate information.



Cost and Travel

Generally, abortion services are covered by provincial/territorial health care. However, there may be other costs that can prevent a woman from being able to access safe and timely abortion services, especially if she has to travel outside of her area of residence. Procedural costs, travel time, and unexpected expenses can add up quickly. Some clinics in Canada may even require women to pay a fee towards facility costs. Women may also have to arrange to take time off from work (possibly resulting in lost wages), arrange for elder or child care, and arrange to have someone else travel with her since the general policy of hospitals and clinics does not allow women to drive or travel alone following an abortion or requires women to have a support person present during or after the abortion.¹⁰

Because abortions are only offered in approximately 100 cities across the country and with most of them located within 150 kilometers of the American border, many women have to travel long distances in order to access an abortion. Travel expenses may also act as a barrier for women that are leaving abusive

⁹ Ibidem.

¹⁰ Shaw, J. 2006. *Reality Check: A close look at accessing abortion services in Canadian hospitals.*

relationships or staying in shelters. Women may be staying in a shelter outside of their area of residence in order to maintain a safe distance from their abuser, or so that they cannot be tracked down or seen by the abuser's family or friends. The woman may have arrived at the shelter without her personal information, health card, credit card/money, or vehicle. She may also be staying in a shelter that is not able to provide a personal needs allowance or that cannot afford to assist her with travel costs. In this case, a woman facing an unplanned pregnancy is facing a large barrier that may prevent her from accessing abortion services. As discussed, these services may be essential for some women to free themselves from their abusers and to allow themselves a fresh start.



Anti-choice Groups

Many anti-choice organizations present themselves as “crisis pregnancy centres” and may purposely discourage, misinform, and coerce women into not exercising their right to choose to have an abortion.¹¹ Crisis pregnancy centres are often faith-based organizations. While they may advertise their services as supportive and helpful, their main goal is to prevent women from having abortions by promoting parenting or adoption as the only moral choices available.¹² An anti-choice organization’s lack of objectivity and factual information regarding abortion may put a woman in the position of having her reproductive choices limited.¹³ This is particularly disempowering for women that are trying to leave an abusive relationship since they are already coming from a situation in which their personal autonomy and choices have been limited, monitored or controlled. Some women feel that it is important to have an abortion because there is a real possibility of violence increasing during pregnancy, or to sever all ties from an abuser in order to start fresh. One crisis pregnancy centre advised a Canadians for Choice researcher to “keep your child as a token of victory from having left that abusive relationship”.¹⁴ This insensitive statement ignores the woman’s ability to make her own choices and puts her in danger of being further victimized since she may have to continue having contact with her ex-partner in order to deal with child custody and support proceedings.

11 Ibidem.

12 Canadians for Choice, *What you need to know about crisis pregnancy centres*, www.canadiansforchoice.ca

13 Shaw, J. 2006. *Reality Check: A close look at accessing abortion services in Canadian hospitals*.

14 Shaw, J. 2006

How do myths about abortion and sexual health impact women leaving abusive relationships?

Crisis pregnancy centres and anti-choice people disseminate many myths and inaccuracies about abortion. Myths related to abortion and violent relationships can have a severe impact on a woman's perception of her reproductive and sexual health options. It may discourage a woman from exercising her options or make her feel shame or guilt about one of the choices she has made, whether it is to stay in an abusive relationship or to end or continue a pregnancy with that partner. Canadians for Choice often hears myths or receives questions from women that have been given incorrect information either as a tactic to scare the woman or simply because the person did not know the facts. Some of these myths are presented here to give you an idea of the comments and misconceptions that CFC hears when talking to callers on the Information and Referral Line or when talking to other service providers. Many other myths about abortion exist. If you have questions about any of them or would like to discuss information that you have heard, please feel free to call our information and referral line.

| Myth | Response |
|---|---|
| <p><i>“Women who have abortions do so for convenience or frivolous reasons or use abortion as a form of birth control. She had her fun, let her pay for it.”</i></p> | <p>The idea that women use abortion as a form of birth control ignores the fact that most women who have abortions do so as a last resort when a lack of access to accurate contraceptive information, a lack of reliable birth control methods, sexual assault or human error leads to an unplanned pregnancy. Abortion is used as a last resort to prevent having to carry a pregnancy to term. Women who choose abortion do so because they want to make a responsible decision regarding parenthood. Furthermore, any suggestion that all women who experience an unintended pregnancy are promiscuous and irresponsible not only oversimplifies a complex matter, it betrays the facts: the most common reason for an unintended pregnancy is failed or improper use of contraception.</p> |

“If you have an abortion, you may be drawn to abusive men in the future because subconsciously you feel you deserve the punishment”

This cruel statement is not based on any evidence and is used by individuals who want to make a woman feel self-blame and guilt about having an abortion. Furthermore, it opens up the possibility of allowing a woman who has had an abortion and also had a relationship with an abusive partner to feel she has reason to justify her staying in an abusive situation.

“If a woman has an abortion she will get post-abortion syndrome or struggle with mental health issues”

Women who have abortions do not experience any more psychological difficulties than those who choose to carry an unwanted pregnancy to term. The American Psychological Association (APA) has found no evidence to support the existence of “post-abortion syndrome”, a created term that describes emotional difficulty experienced after an abortion. Such problems occur most often in women with pre-existing psychological troubles, or those pressured into having an abortion by a partner or family member rather than choosing to do so on their own. Attempts to construct a “post-abortion syndrome” further stigmatize women that are leaving abusive relationships because it ignores the experience of having lived through an abusive relationship. For instance, all mental health difficulties would then be attributed to having had an abortion when in fact women may be dealing with the trauma of being abused throughout their lives.

What is involved with an abortion?

As a shelter worker, you might be faced with a situation where you are asked questions about abortion or other pregnancy options. You can let women know that abortions in Canada are performed in two main ways, surgically or by the administration of medication. A brief description of each follows below as well as information on anesthesia, gestational limits, parental consent and reciprocal billing. If you are uncomfortable discussing abortion or women are interested in knowing where to access services you can refer them to the Canadians for Choice Information and Referral Line: 1-888-642-2725.

Surgical Abortion

There are three slightly different methods of performing surgical abortions. These vary based on the doctor performing them and how far along a woman is in her pregnancy. The two most common methods are the manual vacuum aspiration (MVA) and the dilation and suction curettage (D&C). The third method is known as the dilation and evacuation (D&E). Each method consists of emptying the uterus with the gentle suction of a manual syringe or suction device and using a curette (a small looped shape instrument) to clean the walls of the uterus. All three methods last approximately 10 minutes and the effectiveness is rated at nearly 100% (the same as most surgical procedures).¹⁵

Medical Abortion (also called medication abortion)

A medical abortion is a non-surgical procedure that can be done up to the 7th week of pregnancy and costs approximately \$80.00. It requires numerous visits to the doctor or clinic (at least 4) and involves administering a combination of medicines that help the muscles of the uterus to contract and expel the pregnancy tissues (similar to a miscarriage). In most cases the uterus will be emptied within 24 hours, but in about 35% of cases it can take several days or weeks.

For approximately 5% of women the procedure may be ineffective. For this reason, women choosing to obtain a medical abortion must agree to a surgical abortion if the procedure fails. This is to ensure that all of the pregnancy tissues have been removed since the pregnancy is no longer viable after taking the first medication.

¹⁵ Canadians for Choice referral binder.

Not all doctors or abortions clinics provide medical abortions. Canadians for Choice can help women find medical abortion providers or can direct them to their local Planned Parenthood or Sexual Health Clinic which may have a list of local doctors performing the procedure. Note: RU-486 (mifepristone) is another commonly known medication that is used for medical abortions; however, it is not yet available in Canada.¹⁶

Other Considerations

General or local anesthesia is provided during a surgical abortion although the availability may vary between hospitals and clinics. Hospitals will often use a general anesthetic during the abortion procedure. This means that a woman will be asleep during the surgery. In clinics, an anesthesiologist is usually not present so local anesthetic is used during the procedure. In this case, the woman will stay awake but will have numbing medicine on her cervix. She will also have the option of receiving a light sedative to help her feel more relaxed. Some hospitals and clinics may be able to offer women a choice between general and local anesthesia.¹⁷

Gestational limits for surgical abortion services in Canadian provinces and territories are determined by each medical facility. Abortion is decriminalized in Canada, which means that there is no law regulating gestational limits. However, hospitals, clinics and doctors that provide abortions have set limits guiding their practice. The majority of hospitals in Canada do not provide elective abortions past 20 weeks of pregnancy. According to Statistics Canada, 90% of abortions are performed in the first 12 weeks of pregnancy and 0.7% are performed after 20 weeks. Generally, late-term abortions are performed in cases in which the mother's life or health is at risk or severe or fatal birth defects are discovered in the foetus. There are only a few abortion providers in Canada that can provide abortions up to 23 weeks and 6 days. Alternatively, women may be referred to the United States.¹⁸

Most abortion clinics do not require patients to have parental consent under a certain age and can ensure complete confidentiality. In clinics that do not require parental consent, a young woman must be able to understand the possibility of any risks involved and must be able to make her own informed choice. Parental consent may be needed at some hospitals if the abortion is done under general

¹⁶ Ibidem.

¹⁷ Ibid.

¹⁸ Canadians for Choice, *Common Myths about Abortion*, www.canadiansforchoice.ca

anaesthetic (meaning the woman is put to sleep). In this case, the parental consent is not for the actual abortion procedure, but for the anesthesia.¹⁹

Generally, medical services are covered by reciprocal billing to allow Canadians to have full healthcare coverage when they travel between provinces. However, some provinces have yet to remove abortion from their list of services to be excluded from reciprocal billing. This means that if a woman is out of her province of residence and in need of an abortion, she may have to pay for the procedure up-front, with no possibility of being reimbursed.²⁰

¹⁹ Ibidem.

²⁰ Shaw, J. 2006. *Reality Check: A close look at accessing abortion services in Canadian hospitals.*

Interested in more information?

Canadians for Choice can provide support and referrals to women that are facing barriers of cost and travel as well as more detailed information on other barriers and myths that affect some women facing unintended pregnancies. Canadians for Choice does not book appointments for abortions or other services. When calling for support, women do not have to give their name and are not expected or pressured to make a decision regarding their pregnancy. Sometimes callers just want to talk to someone or gather information about what services exist in their area or how they may access services outside of their area of residence. Canadians for Choice can also answer questions about abortion services and provide women with contact information for service providers in their area.

If you want more information about abortion or other pregnancy options or if you want to know where to access these services in your area, call our Information and Referral Line at 1-888-642-2725. You may also visit our website at www.canadiansforchoice.ca to access all of our publications including information about barriers, abortion access, myths, crisis pregnancy centres, as well as information on contraception and sexual and reproductive health. Should you have any questions please don't hesitate to call us at 613-789-9958 or email info@canadiansforchoice.ca.



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