



Abortion access among under-served populations



Please note that this is not an exclusive list of under-served populations, nor barrier examples, within abortion care. All peoples and populations deserve the right to respectful, timely and dignified abortion care. Furthermore, many of these populations have intersecting identities, that resound in resiliency and can also lead to experiencing further barriers when seeking abortion care. However, the following are a few under-served populations:

Barrier Examples

Strategies & Resources

	Barrier Examples	Strategies & Resources
Indigenous Peoples	<ul style="list-style-type: none"> • Ongoing barriers are deep-rooted in colonialism that perpetuate today, including mistreatment from healthcare providers. Specific examples of this could include Birth Alerts for Indigenous birthing peoples, and issues with forced sterilization or contraception (Abortion Access Tracker. (n.d). • Concerns with intergenerational trauma and lack of cultural safety from healthcare providers (Abortion Access Tracker., n.d; Bombay et al., 2009; Indiginews, n.d.; Monchalin et al., 2023). • Geographical barriers where Indigenous Peoples are more likely to travel long distances for abortion care (Abortion Access Tracker, n.d; Sethna & Doull, 2013). 	<ul style="list-style-type: none"> • Learn about Indigenous ways of knowing and cultural safety. A well-known course is called the <i>San'Yas anti-racism Indigenous cultural safety training program</i> (San'Yas, 2024). • Read about abortion care contexts and be aware of historical colonialism and harm through sterilization and enforced contraception practices (Native Women's Association of Canada, 2024) • Know about TIC and harm reduction practices specific for sexual and reproductive health. The Native Women's Association of Canada (2024) has a great toolkit on this, which can be found here: Trauma Informed Care Fact Toolkit.pdf. • Collaborate with local and national Indigenous organizations such as the Fireweed Project (Team — The Fireweed Project) • Offer diverse forms of healing practices and supports such as smudging options and having Elders and/ or doulas for support (Monchalin et al., 2023). • Offer options for clients to take home pregnancy tissue for own ceremonies.
2SLGBTQIA+ Community	<ul style="list-style-type: none"> • Barriers for this population are severely under-researched regarding statistics or barriers to access of abortion care in Canada (Government of Canada, 2024). • The risk or fear of discrimination, stigma or violence risks may lead to clients delaying abortion care (Monchalin et al., 2023). • There may also be a lack of healthcare provider knowledge and overall gender marginalization for this community (Abortion Access Tracker, n.d.; Barnett et al., 2024; House of Commons, 2019; Monchalin et al., 2023). 	<ul style="list-style-type: none"> • Offer 2SLGBTQIA+ friendly services through environmental signals, one's communication/ body language, and demonstrating knowledge proficiency on 2SLGBTQIA+ health concerns related to contraception and abortion are key (Lowik, n.d; Monchalin et al., 2023). • Use gender neutral language when discussing body parts and abortion care services (Action Canada for Sexual Health and Rights, 2017). • There are a few excellent resources out there regarding inclusive abortion care services including Lowik's (n.d.) Toolkit on trans-inclusive abortion services which can be found here: FQPN18-Manual-EN-BC-web.pdf and Rainbow Health Ontario has many free education courses online that anyone can take (Rainbow Health Ontario, 2024).



	Barrier Examples	Strategies & Resources
<p>Migrant Populations</p>	<ul style="list-style-type: none"> • Fears about having one's immigration status exposed and concerns about abortion care costs are two major barriers for migrants accessing abortion care (Abortion Access Tracker, n.d.; Alliance for Gender Justice in Migration. (n.d)). • Additional barriers include: language barriers, limited supports, and lack of knowledge how and where to seek care (Abortion Access Tracker, n.d.). 	<ul style="list-style-type: none"> • Learn about migrant rights and the social determinants of health that impact abortion access (e.g. work status/ employment, transportation access, insurance, etc.). • Be aware of potential costs of abortion care (Government of Canada, 2024). • Know of potential funding sources such as with Planned Parenthood, local Community Health Centres, and with Action Canada through the Access line (Action Canada for Sexual Health and Rights, 2024) or through the National Abortion Federation (NAF) hotline (NAF, 2024). • Offer interpretation services to address any potential language barriers (Action Canada, 2017). • Provide comprehensive care all at one visit when possible.
<p>People who are incarcerated</p>	<ul style="list-style-type: none"> • This population may face numerous barriers related to stigma, issues with privacy, lack of access to contraception or abortion care, and no political/ policy support regarding abortion care access (Paynter & Heggie, 2024; Paynter et al. 2023; Paynter & Norman, 2022). • Other specific barriers may include restrictive security, staffing shortages that prevent the arrangement of escorts for off-site care, policies and practices, and high out-of-pocket costs (Abortion Tracker Access, n.d.). 	<ul style="list-style-type: none"> • Learn about the intersections and barriers on abortion care access for those incarcerated. • Be aware of what institutions offer medication abortion access in Canada (Wellness Within, n.d.). • Support and distribute ongoing research and expert advice on how to best support this population.
<p>People with different abilities or disabilities</p>	<ul style="list-style-type: none"> • Some barrier examples may include financial barriers, inaccessible medical facilities, provider discrimination and lack of competency, as well as guardianship or consent concerns (Amos et al., 2023; Fletcher et al., 2023). • May be at increased risk of sexual or domestic violence 	<ul style="list-style-type: none"> • Learn about stigma and access to care through appropriate toolkits and guide such as Ipas (2018) Access for Everybody guide. • Consider how information is shared regarding abortion care – can information be shared in different ways (e.g. read out loud functions, braille, having a support person present) (Action Canada for Sexual Health and Rights, 2017) • Consider if your workplace is physically accessible as well and advertise if it is or not. • Look out for local ride assist programs that may be free or alternative transportation means (Action Canada for Sexual Health and Rights, 2017).



Barrier Examples

Strategies & Resources

Domestic Violence and/ or Sexual Violence Survivors

- Gender-based violence can lead to concerns related to navigating contraception and pregnancy coercion (McCauley et al. 2017).
- Barriers related to fear of stigma, or fear of harm to one's children (U.S. Centers for Disease Control and Prevention, 2024).
- Delays in abortion care as well due to difficult travelling, limited financial or transport access and lack of privacy (Silverman et al., 2014).

- Recognize that people who have experienced domestic violence are twice as likely to have an abortion (WHO, 2024), and that pregnancy is a major risk factor for increased violence and/ or risk of homicide (U.S. Centers for Disease Control and Prevention, 2024).
- Provide trauma and violence-informed care to every client you meet (CASN, 2024).
- Be aware of how coercion can be experienced by patients/ clients. As a resource, there is a potential reproductive coercion scale that can be used for additional supports and assessments (McCauley et al. 2017).
- Offer discrete forms of contraception and provide comprehensive care at one appointment when possible.
- Conduct safety planning and risk assessments with clients to ensure the most safety possible (Department of Justice Canada, 2024; National Domestic Violence Hotline, 2024; The Ontario Domestic Assault Risk Assessment Training Program, 2024; Registered Nurses Association of Ontario, 2024*). * note some of these resources have gendered language.
- More training for risk assessment and responding to disclosures of violence or sexual assault can be completed for free on the Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres at [Home - Ontario Network of Sexual Assault/Domestic Violence Treatment Centres](#)

References

- Abortion Access Tracker. (n.d). Barriers to Abortion Access. Barriers to Abortion Access
- Action Canada for Sexual Health and Rights. (2024). Call the Access Line. Call the Access Line 1-888-642-2725 | Action Canada for Sexual Health and Rights
- Action Canada for Sexual Health and Rights. (2017). A handbook for health care providers working with clients from diverse communities. C104-1.pdf
- Alliance for Gender Justice in Migration. (n.d). Reproductive Justice Position Statement. Reproductive-Justice-Policy-Position-Statement-final.pdf
- Amos, V., Lyons, G.R., Laughon, K., Hughes, R.B., & Alhusen, J.L. (2023). Reproductive coercion among women with disabilities: An analysis of pregnancy risk assessment monitoring system (prams) data. *Journal of Forensic Nursing*, 19(2), 108-114. <https://doi.org/10.1097/JFN.0000000000000421>
- Barnett, A.J., Narasimhan, S., Hartwig, S.A., & Newton-Levinson, A. (2024). Opportunities for improving abortion care: a key stakeholder analysis of best practices for addressing the needs of transgender, nonbinary, and gender expansive people seeking abortions. *Reproductive Health*, 21, 1-6. <https://doi.org/10.1186/s12978-024-01863-5>
- Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among First Nations peoples in Canada. *International Journal of Indigenous Health*, 5(3), 6-47.
- Canadian Association of Schools of Nursing. (2024). Entry-to-Practice Abortion Care Competencies for Undergraduate Nursing and Nurse Practitioner Education in Canada. CASN-Abortion-Care-Competencies-2024-EN.pdf
- Fletcher, J., Yea, H., Ong, B., & Roden, R.C. (2023). Centering disability visibility in reproductive health care: Dismantling barriers to achieve reproductive equity. *Womens Health*, 19, 1-11. <https://doi.org/10.1177/17455057231197166>
- Government of Canada. (2024). Abortion in Canada. Abortion in Canada - Canada.ca
- Grace, P.J., Peter, E., Lachman, V.D., Johnson, N.L., Kenny, D.J., & Wocial, L.D. (2024). Professional responsibility, nurses, and conscientious objection: A framework for ethical evaluation. *Nursing Ethics*, 31(2-3), 243-255. <https://doi.org/10.1177/09697330231180749>
- House of Commons. (2019). The Health of LGBTQIA2 Communities in Canada. The Health of LGBTQIA2 Communities in Canada. <https://doi.org/10.1016/j.contraception.2016.09.010>
- House of Commons. (2018). Access for Everybody: Disability inclusion in abortion and contraceptive care. AEDIOE18-AccesForEveryone.pdf
- Indigenews. (n.d.). Indigenous reproductive health series explores challenges and solutions. Birth Alerts - IndigiNews
- Lowik, A.J. (n.d.). Trans-inclusive abortion services. FQPNIB-Manual-EN-BC-web.pdf
- McCauley, H.L., Silverman, J.G., Jones, K.A., Tancredi, D.J., Decker, M.R., McCormick, M.C., Austin, S.B., Anderson, H.A., & Miller, E. (2017). Psychometric properties and refinement of the Reproductive Coercion Scale. *Contraception*, 95, 292-298. <https://doi.org/10.1016/j.contraception.2016.09.010>
- Monchalin, R., Jubinville, D., Perez Pinan, A.V., Paul, W., Wells, M., Ross, A., Law, K., Chaffey, M., & Pruder, H. (2023). "I would love for there not to be so many hoops...": recommendations to improve abortion service access and experiences made by Indigenous women and 2SLGBTQIA+ people in Canada. *Reproductive Health Matters*, 31(1), 1-13. <https://doi.org/10.1080/26410397.2023.2247667>
- National Abortion Federation. (2024). Clinical policy guidelines for abortion care. 2024-CPGs-FINAL-1.pdf
- National Abortion Federation. (2024). National Abortion Hotline. National Abortion Hotline - National Abortion Federation
- National Domestic Violence Hotline. (2024). Create Your Personal Safety Plan. Create Your Personal Safety Plan
- Native Women's Association of Canada. (2024). Transforming our approach to promoting sexual and reproductive health. Trauma_Informed_Care_Fact_Toolkit.pdf
- Norman, W.V., Soon, J.A., Maughn, N., & Dressler, J. (2013). Barriers to Rural Induced Abortion Services in Canada: Findings of the British Columbia Abortion Providers Survey (BCAPS). *PLOS One*, E8(6), e67023. <https://doi.org/10.1371/journal.pone.0067023>
- Ontario. (2023). E-Laws: O.Reg. 275/ 94; General. O. Reg. 275/94 GENERAL | ontario.ca
- Ontario Domestic Assault Risk Assessment Training Program. (2024). ODARA 101. Home - ODARA 101
- Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres. (2024). Training [tab]. Home - Ontario Network of Sexual Assault/Domestic Violence Treatment Centres
- Paynter, M., Norman, W., & Martin-Misener, R. (2019). Nurses are key members of the abortion care team: Why aren't schools of nursing teaching abortion care? *Witness: The Canadian Journal of Critical Nursing Discourse*, 1(2), 17-29. <https://doi.org/10.25071/2291-5796.30>
- Paynter, A., & Norman, W.V. (2022). The Intersection of Abortion and Criminalization: Abortion Access for People in Prisons. Seminars in Reproductive Medicine, 40, 364-367. <https://doi.org/10.1055/s-0042-1758481>
- Paynter, M., Hernandez, P.P., Heggie, C., McKibbin, S., & Munro, S. (2023). Abortion and contraception for incarcerated people: A scoping review. *PLOS ONE*, 18(3), e0281481. <https://doi.org/10.1371/journal.pone.0281481>
- Paynter, M.J., & Heggie, C. (2024). Abortion and Contraception Policy in Prisons in Canada. *The Prison Journal*, 0(0), 1-18. <https://doi.org/cyber.usask.ca/10.1177/00328855241292790>
- Rainbow Health Ontario. (2024). Education & Training. Education & Training | Rainbow Health Ontario
- Registered Nurses Association of Ontario. (2012). Woman Abuse: Screening, Identification and Initial Response. Woman Abuse: Screening, Identification and Initial Response | RNAO.ca
- Reproductive Health Access Project. (2024). Values clarification workshop: activities guide. Reproductive Health Access Project | Values Clarification Workshop - Reproductive Health Access Project
- San'Yas. (2024). San'Yas anti-racism Indigenous cultural safety training program. San'Yas Indigenous Cultural Safety Online Training
- Sethna, C., & Doull, M. (2013). Spatial disparities and travel to freestanding abortion clinics in Canada. *Women's Studies International Forum*, 38, 52-62. <https://doi.org/10.1016/j.wsif.2013.02.001>
- Silverman, J. G., & Raj, A. (2014). Intimate Partner Violence and Reproductive Coercion: Global Barriers to Women's Reproductive Control. *PLOS Medicine*, 11(9), e1001723. <https://doi.org/10.1371/journal.pmed.1001723>
- The Abortion Rights Coalition of Canada. (2020). Position paper #7: Access to abortion in rural/remote areas. Access to Abortion in Rural/Remote Areas
- The Fireweed Project. (2024). The Fireweed Project: Indigenous Peoples and the Right to Abortion. The Fireweed Project
- U.S. Centers for Disease Control and Prevention. (2024). Violence and Pregnancy. Violence and Pregnancy | Intimate Partner Violence Prevention | CDC
- Wellness Within. (n.d.). Procedural abortion care for people in prison in Canada. Procedural_Abortion_Care_Guidebook.pdf
- WHO. (March 2023). Violence against women. Violence against women