



Mission: To be an association that is the recognized leader in promotion, collaboration, and building capacity within organizations that provide distress and crisis response.

Vision: To foster an environment of collaboration and networking while providing universal access to support for individuals in distress and crisis.

Distress and Crisis Ontario

SOV Webinar

Abortion Care with Durham Rape Crisis Centre

Held VIA Zoom – November 23, 2022

Hosted by Neta Gear, Executive Director of Distress and Crisis Ontario (DCO), and presented by Emma Conner, Community and Crisis Services Manager at the Durham Rape Crisis Centre, and Kelsey Binger, placement student and Counsellor in Training also from the Durham Rape Crisis Centre.

This webinar was presented by the Durham Rape Crisis Centre on behalf of Distress and Crisis Ontario. These notes do not convey the full scope of the presentation and are intended only as an accompaniment to the full presentation slides, shared as a separate PDF. A full recording of the presentation, which we would highly recommend watching, can be viewed by clicking [here](#).

The following notes are organized based on the titles of the accompanying slides.

Terminology:

- There are two distinct forms of abortion: “procedural” and “medical”, which are available at different stages of a pregnancy
- Emergency contraceptive is unlikely to be successful in anyone over the weight of 165lbs, however the brand “Ella” is effective up to 195lbs, and the next step of the medical abortion process is not possible if you have taken “Plan B”
- There are many reasons why someone may need a late-term abortion (abortion after 20-weeks gestation) beyond physical health risks, but we do not have access to them in Canada
- “Pro-life” ideals may be strongly linked to an individual’s religious beliefs which likely help shape a person’s identity and moral framework
- Pro-choice and pro-abortion are sometimes used interchangeably, but pro-abortion individuals likely have the same fundamental beliefs of a pro-choice individual

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History of Abortion Care:

- As in many countries, abortion used to be illegal in Canada, but there is a long history of the legalization of abortion and attempts to derail it
- Throughout the ongoing history of abortion in Canada, steps have been made both to provide safe access to abortions and to protect those seeking abortion care

How is Abortion Regulated Today in Canada:

- In Canada, there is no federal legislation related to abortion
- It is seen as an essential health service and is regulated by provincial/territorial health bodies
- Access to abortion services differs across the provinces and territories

Where can Canadians Access Abortion?

- Only select hospitals have the ability to offer abortion care, whether medical or surgical, so many individuals must travel to other regions
- Since late-term abortions are not accessible in Canada, there are some provinces who offer to cover travel costs for late-term abortions when needed, but most late-term abortions happen in the US where there are 6 clinics who accept Canadian insurance (these clinics are located in "Blue" states where abortion is still legal)
- If you require surgical abortion, it can be incredibly difficult to access care, especially if you are of a lower socioeconomic status, as not all hospitals have the required trained medical professionals or equipment
- Medical abortions (taking medication) are slightly more accessible as they are available from more facilities up until 12 weeks gestation, but you still need access to a practitioner who can administer the medication

Challenges to Accessing Safe Abortion:

- Accessibility:
 - There is very little current data about where access is available, the data shared in this presentation was last updated in 2014
 - Most access centres exist along the Canada-US border

- In some regions, even when they do have abortion access at one of their hospitals, it may be limited (for example, one Saturday a month)
- The current healthcare system is already under a lot of stress, so those limited locations who do provide care are not able to provide as much support as they normally would
- Two excellent resources for individuals to receive funding related to abortion care are National Abortion Federation Canada (NAF) and Action Canada for Sexual Health and Rights
- Safe access zones, or “bubble zones”, provide an area of protection around abortion providing facilities to protect both practitioners and clients, this protection is only available to some centres and individual practitioners must apply for protection
- Safe access zones do not exist equally across provinces
- Stigma:
 - Stigma remains one of the largest barriers to abortion care
 - The following are some myths about abortion that perpetuate the stigma:
 - “People use abortion as a means of birth control”
 - Contraceptives are never 100% effective but are much easier to acquire than abortions, and 50% of those who access abortion care are doing so for the first time
 - “Those who have abortions experience intense regret and/or psychological harm”
 - Some individuals may experience regret, but there is no evidence of abortion causing intense psychological harm
 - “Having an abortion impacts your ability to become pregnant again” and “Abortion is dangerous to your health”
 - Safe abortions do not have a likelihood to impact one’s fertility, but unsafe abortions performed due to a lack of access may absolutely lead to complications
 - Abortions cause pain to the fetus”

- Most abortions performed in late-term (past 20-weeks), which is the only timeframe where the neocortex of the fetus may be developed (after 24 weeks), are of wanted pregnancies that are terminated due to medical risks for the baby or mother
- Note on terminology used in the presentation: “abortifacients” means something that induces an abortion
- There are many ways that misinformation is spread, but the three main ways are through anti-choice organizations and health care professionals, Crisis Pregnancy Centres, and social media/the internet
- Crisis Pregnancy Centres often pretend that they will provide information on all pregnancy-related services, including abortion care services, but then provide broken or inaccurate links to information and actively push for non-abortion alternatives
- One way to tell if a Crisis Pregnancy Centre is really wanting to help is whether they focus on your needs or the needs of the fetus – if their website links on abortion care are not live, this likely means they won’t be willing to help with abortion care
- Lack of health data:
 - The Canadian Institute for Health Information is the most comprehensive data source on abortion care in Canada
 - Hospitals are mandated to provide data, but private clinics offering medical abortion care are not required to share, which may explain a decrease in data if more individuals are seeking private care
- Non-conformative bodies:
 - Persons with disabilities face greater challenges accessing any form of sexual health, including education, and often encounter biases in health care providers (for example, providers who assume disabled persons would not engage in sexual activity and therefore have no need for contraceptives)
 - Disabled persons also face greater barriers to accessing abortion care given many factors surrounding their health and mental or physical ability (poor building accessibility, for example, or an inability to understand written information)

Canada Compared to the United States (U.S.):

- There is not likely to be much of an impact on Canadian health care settings by the overturn of Roe v. Wade because of the lack of federal legislation regarding abortion in Canada
- In the U.S., there were many opportunities to entrench Roe v. Wade that were not pursued
- There is unlikely to be an influx of women coming to Canada for abortion care because if women go out of State to receive an abortion and authorities believe this is the case, the person can still be tried for getting an abortion
- If you would like to be able to support American women facing these restrictions, there are many organizations providing aid that you can look up online

The Future of Abortion Care in Canada:

- Abortion continues to be a healthcare item in Canada, and this is how we want it to stay
- There is no current discussion about legislating abortion care in Canada

What You Can Do to Support Abortion Care in Canada:

- Remember that information is always evolving and changing - stay informed, promote accurate information, and share it with everyone in your life
- The slides provide many resources are where to find support and accurate information

Questions throughout and following the presentation:

- 1) If we don't have legislation surrounding abortions in Canada, why can't they be done after 24 weeks gestation?
 - a. Because we don't have facilities or practitioners who are able/willing to perform late-term abortions.
- 2) If someone in Canada needed an abortion after 24 weeks, could they travel to the states to get an abortion since it's now illegal?
 - a. Yes, they can still travel, they just need to be very careful to ensure they are traveling to a "Blue" state. There are 6 clinics, all in "Blue" states, that accept Canadian health insurance. The person seeking abortion care would

need to cover travel costs, but there are resources available to help with those. There *is* one clinic in Ontario that provides late-term abortions, but they are on a case-by-case basis and require a medical referral, so it is not a very accessible option for many.

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If you have any questions or concerns, please feel free to email us at info@dcontario.org.