F*$k the system: Abortion anarchy in Australia

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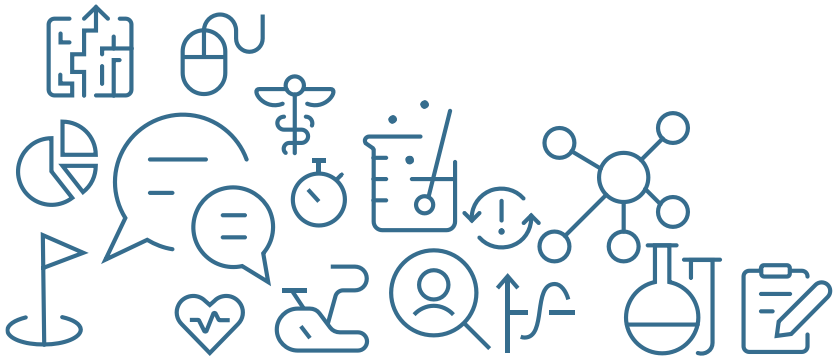

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- Participants
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- child sex abuse
- date rape
- forced sex by intimate partners
- reproductive coercion
- removal of IUDs and contraceptive implants
- prevention from obtaining the oral contraceptive pill
- stealthing - removing a condom during sex without consent
- pressure to have an abortion
- not wanting a child with a violent partner
- escalating violence during pregnancy

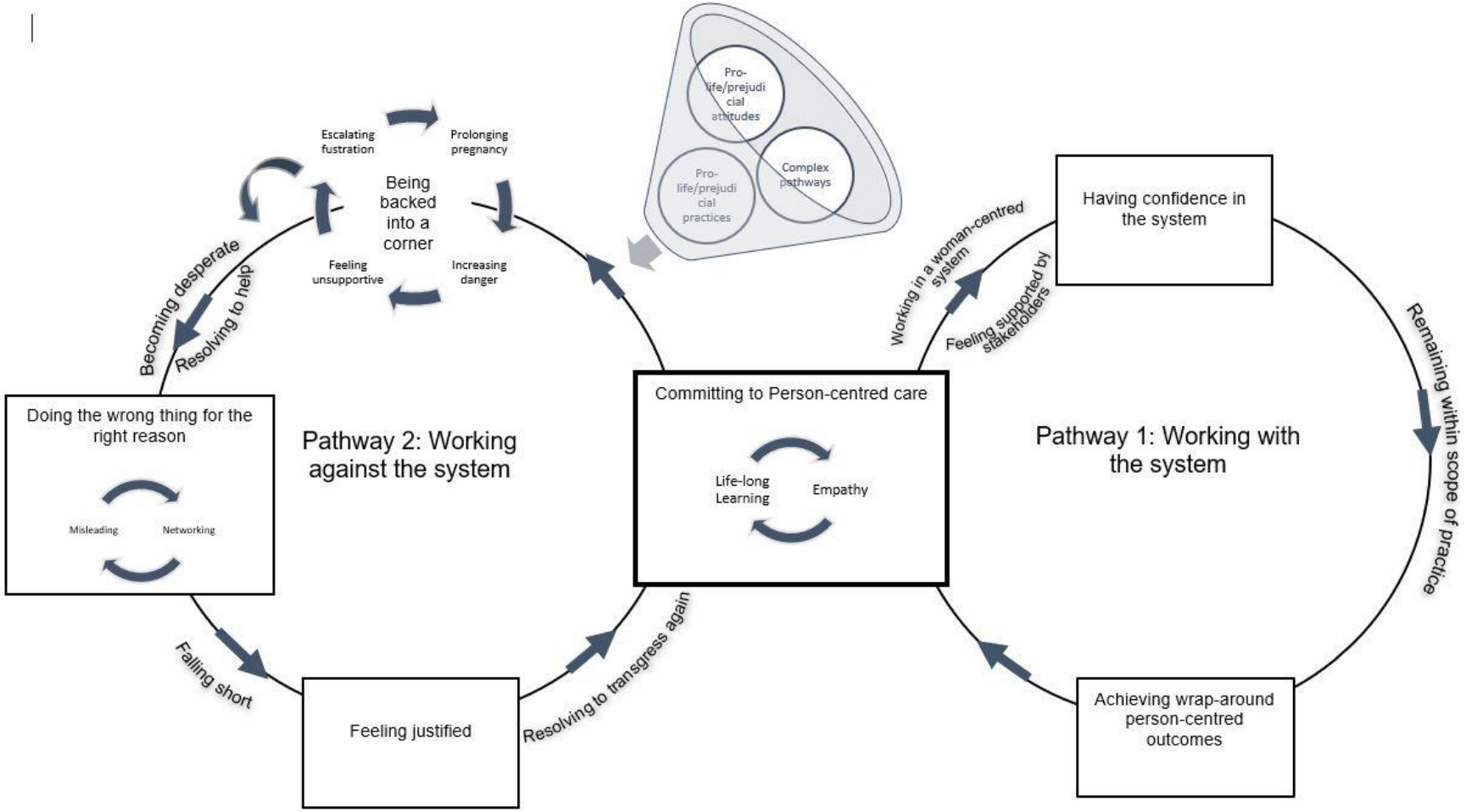
This image courtesy of Our Bodies Our Choice

"How do Australian nurses and midwives provide abortion care to people affected by GBV?"

	Gender	Rural/Remote/Metropolitan Area	Practice Setting
1	Female	Major Urban	Abortion Services
2	Female	Other Urban	Multi-Purpose Health Centre
3	Female	Major Urban/Rural	Peri-operative environment/General Practice
4	Female	Rural	Multi-Purpose Health Centre
5	Female	Other Urban	Perioperative Environment
6	Female	Other Urban	Family Planning
7	Female	Other Urban	Obstetrics/Gynaecology
8	Female	Remote	Community Midwife
9	Female	Major Urban	Perioperative Environment
10	Female	Multiple sites	Abortion Services
11	Female	Major Urban	Abortion Services
12	Female	Other Urban	Abortion Services
13	Female	Other Urban	Family Planning/Sexual Health
14	Female	Remote	Multi-Purpose Health Centre
15	Female	Major Urban	General Practice
16	Female	Remote	Community midwife
17	Female	Major Urban	Obstetrics/Gynaecology
18	Female	Major Urban	Abortion Centre

1. Can you tell me about your experiences when you provide abortion care to people affected by domestic violence or sexual assault?
2. What promotes your ability to provide effective care in this context?
3. What interferes with your ability to provide effective care in this context?
4. How do you navigate ethical, legal, and organisational boundaries associated with abortion, domestic violence or sexual assault?
5. How do you decide who to refer a pregnant person to?
6. What are the most stressful elements of this work for you, and what supports do you use?
7. When you are in a difficult ethical situation, what guides your actions?
8. Have you ever felt that your safety was in danger? If so, what did you do?

	Q:	**Yeah, I suspect you're probably right there. Okay. So how would you pick up that there might be domestic violence happening for that woman?**	
1: This is new info. I haven't heard any of the other participants discuss the woman saying they don't want to see a person. It's usually the other way around – the nurse asking people to leave.	A:	It's really difficult. I know one woman I nursed was adamant she didn't want someone to visit, and I mean, that's a bit of a trigger when someone says, you know, "I really don't want Joe to visit" and at times you don't want to go into too much depth with them and ask why, you have to respect their decision, but at the same time you need to be able to delve a little bit deeper to find out exactly why. Yeah.	Being triggered when woman doesn't want someone to visit. Wanting to respect her decision by not going into too much depth
	Q:	**So why don't you feel like you want to delve deeper? Why didn't you at the time?**	Wanting to delve deeper to find out why
2: Collaboration with SW is coming through quite predominantly here.	A:	I think part of it is the time and if someone's, you know, just come post-op to a ward and they're saying, "I really don't want Joe to visit" or whoever to visit, you need to be able to either hand it off to social workers, because ideally we'll be getting social workers involved or also finding the right time. I mean, if they're getting there in the middle of the night, if you're getting handover at three in the morning and they've just had emergency surgery, it's probably not the time to be delving into things, but it's something you don't want to ignore.	Needing to hand-off post op woman to social workers. Finding the right time. Not delving into things in the night time handover after emergency surgery.
	Q:	**Okay. I'm writing notes down as you're talking.**	


Pro-life/prejudicial attitudes
Pro-life/prejudicial practices
Complex pathways
Escalating fustration
Prolonging pregnancy
Being backed into a corner
Feeling unsupportive
Increasing danger
Becoming desperate
Resolving to help
Doing the wrong thing for the right reason
Misleading
Networking
Pathway 2: Working against the system
Committing to Person-centred care
Life-long Learning
Empathy
Working in a woman-centred system
Feeling supported by stakeholders
Having confidence in the system
Pathway 1: Working with the system
Remaining within scope of practice
Falling short
Feeling justified
Resolving to transgress again
Achieving wrap-around person-centred outcomes

Being backed into a corner

"I wanted to deliver excellent healthcare to refugees…I get a bit emotional talking about [facility]. It wasn't patient-centred care. it's a farce of a health system, it was people pushing bits of paper around, nothing happening for the patient. It was the appearance of something happening, but patient-centred care was not the focus." P14

"She'd been evicted from their house because of her partner's domestic violence issues he was really violent, choking, really aggressive behaviour, threatening to kill her on multiple occasion…She already had five children…[She] proceeded to tell me that she'd been suicidal for quite a number of weeks [and] was trying to think of ways that she could get rid of the baby herself…I spoke to the obstetrician; because of his faith he didn't believe in performing [abortions]…So eventually this woman, was referred to a town that was about an hour-and- a-half drive. The public transport into town was really terrible, obviously she had multiple kids that she had to look after, her car was also on the fritz.. So getting her to travel to a referral centre to then go through counselling regarding her termination was pretty much impossible for her." P8

Doing the wrong thing for the right reason

"So I played tennis with a girl who worked for [Airline] and we arranged things… we had a really good clinic supervisor…we used to talk about these things, what we could do to help these young girls." P2

"Most of the places that I work at were church hospitals, so therefore it wasn't seen to be appropriate for [abortion].… So, they they'd be booked in for a D&C and then it would have the word suction next to it, which indicated to us in theatre what was happening. But it wasn't indicated to senior management exactly what they were doing." P6

"There was this one time that a lady couldn't pay for an Implanon…it was me, the doctors and the RN, and we were like, 'This is ridiculous. She's had three kids… [Organization] surely can afford contraception. Let's just put it in and not tell anyone,'… I got asked, weeks later, about it and then I couldn't lie and then I got in trouble**. I still think we did the wrong thing for the right reason.**" P10

Feeling justified

"We had a patient, and she was just covered in bruises and she was going back to that situation. That terrified me…She's like, 'Oh, I have nowhere else to go. I have no money.' What do you do? It's terrifying sending someone back and then never following up again." P10

"So I really didn't know what the consequences for me would be. I was scared, wasn't sleeping, hardly eating, started smoking… but what sustained me was that I knew I was doing the right thing and if I walked away from this and did nothing, then that could be a lot worse. I couldn't do that. I could not walk away from this and I knew I was doing the right thing." P14

I actually sleep very well at night knowing that women have support people when they need them. P15.

Discussion

- Further research into healthcare transgressions to protect patient rights.
- Health care culture shift to cater for diversity, flexibility of care, power sharing and abortion options.
- Research into the preparation of undergraduates to provide abortion care.

Limitations & Conclusions

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