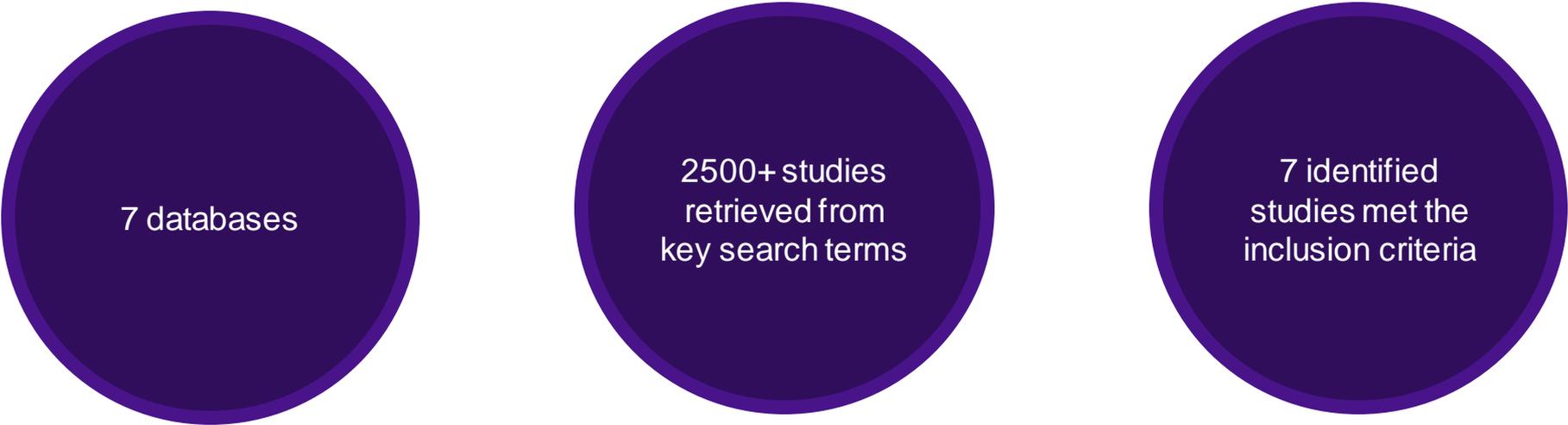


**Understanding the needs and experiences of LGBTIQ+ people
when accessing abortion care and pregnancy options counselling**

Background

- Safe, accessible, inclusive abortion care and pregnancy options counselling are essential components of sexual and reproductive health and rights
- High rates of demand for abortion care among LGBTQIA+ people
- Sexual minority women and transgender men are as or more likely to experience both unplanned pregnancies and abortions in comparison to other women
- Due to increased likelihood of sexual assault, rape, stalking, and/or physical violence compared to other women
- Accessibility remains difficult in many places and especially for marginalised population groups
- Lack of access to abortion is compounded by stigma, discrimination, abuse, prejudice, socioeconomic status, and race
- Services are often still unsafe and non-inclusive due to limited health provider knowledge, gender-related discrimination in clinics, and refusal of care
- Undermines safe access and quality of care resulting in poorer health outcomes

What did we find



7 databases

2500+ studies
retrieved from
key search terms

7 identified
studies met the
inclusion criteria

Key Themes Emerged

1

Experiences when seeking abortion care

2

Identifying inclusive and non-traditional abortion care pathways and information

3

Impacts of poor care

4

Provision of appropriate, inclusive, and accessible care

Experiences when seeking abortion care

Participants felt

- Exclusion, harm, isolation, disempowered, helplessness
- Invisible due to imprecise language
- Pressure to fit into sexual binaries
- A need for resilience
- Negative opinions about trans people are ‘normalized’ within a health care setting
- Intersecting discrimination compounds gender identity such as race and ethnicity
- Self-advocacy for pronouns, identity and sexuality
- Inexperienced providers

“I was denied access to abortion by a Christian doctor... I attempted to use herbs and acupuncture. Eventually able to get to a [clinic] for termination. Had infection and complications due to delay”

“I’ve never had anybody even acknowledge that trans people have abortions. I didn’t mention the gender part to [my] provider”

“Most healthcare settings have not done the work to show they want to include trans people and give them space to self-identify”

“I let [providers] make assumptions. I lie to most of my providers...to get the care I need... I will really play up my white, straight, middle-class persona, because it feels like I have to, to be taken seriously”

Identifying inclusive and non-traditional abortion care pathways and information

Strategies and information sourcing included:

- Word of mouth to locate queer-friendly providers
- Engaging with queer-informed homebirth midwives and doulas for abortion care and pregnancy
- “Shared understanding” between queer clients and queer providers
- Resource sharing within the community
- Lack of online resources symbolic of lack of inclusion

“When the internet doesn’t have answer for you, that’s when you know you are in some deep territory”

“I know that some of the facilities have better reputations with serving people of colour than others”

“There’s no education...we figure it out through talking to each other [online]. It’s not like when you go to a clinic, they have some sort of workshop to explain all that to you”

“[Clinics with] name recognition does something for your confidence of being able to go in... At least you know you’re not about to be judged or ridiculed for being queer or trans”

Impacts of poor care

Led to

- A deep mistrust of health care providers
- Long term negative impacts such as lack of appropriately tailored medical care due to non-disclosure of gender identity out of fear of stigma and discrimination
- Healthcare avoidance
- Self-induction: more than one in three participants considered ending an abortion themselves
- Nearly one in five attempted a self-managed abortion through physical trauma, ingesting herbs, testosterone use and other unsafe methods

“A lot of trans and gender expansive folks don’t go to the doctor... soon as you go you can expect to be misgendered the entire time. You won’t be able to afford half the stuff you need while you’re there”

“On top of the messages that we’re supposed to hate our bodies, we’re not supposed to take care of them either, they need to be a certain way for us to take care of them, which gets internalized and often the root of not getting care”

“I’d rather not share the details. [My attempt at a self-induced abortion] did not work and I had a healthy baby, love him, don’t regret him, but do regret not being able to access abortion”

“I drank a lot of alcohol, took a mild overdose of my prescriptions, repeatedly hit my lower abdomen with a hammer, and stopped eating for a few days. At the end of the week, I miscarried”

Provision of appropriate, inclusive, and accessible care

- Systemic and provider level change
- Gender affirming educational materials for individuals
- Gender inclusive intake forms
- Community consultation
- Privacy and discretion when coming and going from clinics
- Geographic accessibility
- Advocacy for comprehensive insurance and contraception
- Healthcare provider training and knowledge
- Queer-friendly and queer-identified service providers
- Gender affirming and inclusive language in care provision
- Gender inclusive, not gender neutral

“You shouldn’t feel like you need a place that is specialized for you.. You should be able to go anywhere and all places should be a place where you can get the care that you need”

“We should be able to go in and not get misgendered and to get care in general. Because that’s not fair to us...having an environment we can feel safe enough to be there, knowing we are going to be respected is important”

“We need to be more specifically careful around language... a man may have the capacity for pregnancy and a woman may have sperm”

“[Counselling] saved my life because I don’t know if I would’ve even made it to the next crisis center to actually get therapy”

Where to from here?

Healthcare
provider
knowledge and
training

Acknowledge
lived
experience to
heal and rebuild
trust

Research on
pregnancy
options
counselling and
post-abortion
care

Gender-
inclusive
services and
language