

On Wednesdays We Get Abortions: How the Abortion Support Collective is Increasing and
Improving Access to Abortion Care on Vancouver Island

by

Alexandra Lee

Supervised by Dr Méliissa Gauthier

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Abstract

Despite the legalization of abortion in Canada, many barriers still exist for patients accessing abortion care. Here on Vancouver Island, there is only one abortion clinic offering medication abortion care, and one hospital offering surgical abortion procedures exclusively on Wednesdays, meaning that financial limitations, familial responsibilities, and transportation access can all make abortion care access more challenging for patients navigating an already difficult process.

This qualitative research project aims to investigate the specific role of the Abortion Support Collective, a collective of abortion doulas, in making abortion care more accessible on Vancouver Island, through emotional support, resource navigation, and transportation accompaniment. Through semi-structured interviews with abortion doulas and analysis of social media usage, this honours thesis demonstrates the significance that abortion doulas can have in supporting abortion patients, educating the public about abortion care, and increasing and improving access to abortion care in the unique geographical area of Vancouver Island.

While abortion access is well-researched within feminist anthropology, there is an absence of research dedicated specifically to the role of abortion doulas, and even less regarding the specific geographical area of British Columbia or Vancouver Island. This research seeks to supplement that gap and add to the available literature on the barriers faced by patients seeking legal abortion care.

Keywords: reproductive rights, medical anthropology, abortion access, abortion care, abortion doula, doula collective, reproductive health.

Supervisor: Dr MéliSSa Gauthier

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Introduction

This research project aims to investigate the role of abortion doulas in the current abortion care landscape on Vancouver Island, British Columbia, a large island on the West Coast of Canada spanning over 450 km long, with over one million inhabitants. Despite the island's geographical size and population, there are very limited options for abortion clinics that offer medication abortion, and only one hospital that provides procedural abortions. Procedural abortions are exclusively performed on Wednesdays, at Victoria General Hospital (VGH). These circumstances make transportation a potentially significant barrier for people to access this type of reproductive care. The Abortion Support Collective (ASC) offers transportation support for patients through doula drivers, who are able to also accompany patients to their various appointments and offer emotional support.

A Note on Terminology

There is some ambiguity regarding a few of the terms used in this research paper, and it is important to clarify the specific reasons behind the use of certain terminology.

The topic of reproductive rights is often categorized as a women's issue. It is true that historically it has been women and feminists who have pushed for reproductive care rights and access, and women continue to be the majority affected by these issues and fighting to protect abortion rights. However, not everyone who needs to access abortion care is a woman.

Transgender, nonbinary, and gender diverse people deserve to be included in conversations, activism, and research about abortion care just as much as cisgender women. Their voices are important. Referring to this subject exclusively as a "women's issue" is exclusionary, and gender-neutral language should be used whenever applicable. For example, the Vancouver

Island Choice Clinic was previously known as the Vancouver Island Women’s Clinic, but changed its name to be more inclusive and representative of the people who access their services. The Abortion Support Collective emphasizes inclusivity by always using gender neutral language. This paper refers to “abortion patients” and “abortion seekers”, and does not apply any gender categories to this group.

This paper refers to procedural abortions as one of the two types of standard abortions available in Canada. Procedural abortions are sometimes called surgical abortions, both in common vernacular and by medical professionals. They are alternatively referred to as procedural abortions due to the fact that they do not involve any incisions, cutting, or stitches. While they are typically performed in surgical daycare facilities, the abortion doulas who contributed to this project refer to them as procedural as they believe this term to be more accurate to the experience of abortion patients.

Readers may be familiar with the term “pro-life” to describe people who believe abortion to be morally wrong, often on the basis of religious ideologies. This is a term that anti-abortion groups typically use for themselves to make their beliefs sound positive. While this term is generally more widely used and recognized, many abortion rights activists and health workers prefer to use the terms “anti-abortion”, or “anti-choice”, to emphasize the restrictive and controlling nature of these ideologies. Anti-abortion and anti-choice are the terms that will be used in this thesis.

Background

Procedural abortions in non-life-threatening circumstances were decriminalized and legalized in Canada in 1988, and medical abortions, through a combination of the drugs mifepristone and misoprostol, were made available in Canada in 2017 (Burnett, 2019). While

abortions are fully legal in Canada today, there are still many barriers that prevent people from being able to access this type of reproductive care. These barriers include, but are not limited to, financial costs, time-related costs, lack of transportation access, lack of education, and lack of social or emotional support. Some of these barriers are affected by an abortion seeker's geographical context.

The steps for receiving abortion care on Vancouver Island vary depending on gestation and preference for procedural versus medication abortion, but all abortion patients must receive an ultrasound to confirm pregnancy and to confirm that the pregnancy is not ectopic (growing outside of the uterus). Medication abortion patients are able to pick up mifepristone and misoprostol at select pharmacies, and can take the drugs at home over a 24-48 hour period, during which the pregnancy tissue will be destabilized and passed. This process of pregnancy termination can involve heavy bleeding, cramping, nausea, fatigue, and passing clots as large as lemons (Vancouver Island Choice Clinic, n.d.). It is very important that medication abortion patients have someone either with them, or someone on call to be able to take them to a hospital in case of any complications during the abortion process.

Procedural abortion patients sometimes must wait up to a few weeks to be booked in for their procedure at the Victoria General Hospital, as they only offer procedural abortion appointments on Wednesdays. Patients must wait for an available appointment even in the event of miscarriage or retained tissue complications. Procedural abortion patients are dropped off in the morning at VGH where they receive intravenous sedation for surgery. The surgery itself only takes between 4-10 minutes, but patients are typically in the hospital for a few hours total, and are considered legally impaired for 24 hours after the procedure. Most patients experience some amount of cramping and bleeding for up to a week after the surgery. All abortion patients,

medication and procedural, are encouraged to have a follow-up appointment a few weeks after their procedure to confirm that the pregnancy has been terminated and pregnancy tissue has been entirely shed (Vancouver Island Choice Clinic, n.d.).

Geographical Context

Vancouver Island offers a unique geographical context for accessing abortion care. It is a large island with a population of over one million people, with the majority of people living in the very southern tip of the island, in the city of Victoria. As such, the majority of health services are concentrated in Greater Victoria, meaning that people from the rest of the island may be required to travel up to 500km in order to access healthcare. There is additionally a significant lack of transit services to transport people up and down the island, leaving people without cars with significant transportation challenges. The medications used during the abortion procedure pose another important challenge for patients accessing procedural abortions at Victoria General Hospital because they are considered legally impaired. As a result, they are not allowed to operate any machinery for 24 hours post-operation, hire a taxi or other transportation service (e.g., Uber) or take public transit. The fact that patients seeking procedural abortions are required to have a trusted pick-up driver represents a significant barrier for those unable to rely on a trusted friend or a family member for transportation .

All abortion patients are required to have at least one in-person appointment to confirm they are pregnant and not experiencing an ectopic pregnancy. Many patients require more than one in-person appointment depending on their unique experiences and the need for additional care in the case of complications such as retained pregnancy tissue. These medical procedures combined with Vancouver Island's geographical context can make it extremely inconvenient, expensive, and logistically difficult for patients to access abortion care.

Literature Review

It does not come as a surprise that the vast majority of research done about abortion care access is undertaken from the perspective of a feminist transformative framework. It is impossible to exclude the sociopolitical factors that influence abortion access when investigating the rates of abortion and the lived experiences of both abortion care patients and abortion care practitioners. Even here in Canada, where people commonly express how “lucky” we are to have legalized abortion care in the wake of the overturning of *Roe v. Wade*, abortion access is deeply affected by intersectional social factors such as race, class, socioeconomic status, family status, rurality, age, immigration status, and more. Additionally, many abortion care providers and abortion patients in Canada are subjected to harassment and threats by anti-choice groups. Because of this context, many of the sources that have informed the design of this honours thesis approach the topic from transformative, feminist, social-justice oriented frameworks.

There is a more extensive body of research about barriers to abortion care access within the discipline of public health, but these studies are still very useful for the work of anthropologists. Many of the research papers reviewed in the context of this research project are qualitative studies on the experiences of both abortion patients and abortion practitioners, including physicians and abortion doulas (Cano & Foster, 2016; Norman et al., 2013; Paynter, Heggie, et al., 2025; Paynter, McLeod, et al., 2025). This body of research focuses on the perspectives of both abortion doulas and physicians providing abortions and the barriers they identify in the context of their work. For example, Cano and Foster’s (2016) research on the experiences of patients seeking abortion care in the Yukon shows how access to care is affected by the scarcity of abortion care appointments (one provider offering appointments on one day every two weeks) in rural places.

Most of the research done by anthropologists on abortion doulas and access to abortion care in recent years has focused on an American context, particularly since the overturning of *Roe v. Wade* in 2022. For example, Basmajian (2024) focuses on legal and geographical barriers to abortion care in the USA and proposes the concept of “reproductive gerrymandering”, to describe the way geography and political power intersect to create control over people’s reproductive choices and bodily autonomy. MacDonald’s (2024) research about clandestine abortion networks who provide transport to abortion seekers and connect them with people who can get them abortion medications or perform procedural abortions is another relevant example. The author shows how abortion access networks work towards increasing people’s abilities to access abortion healthcare, ultimately contributing to national and global health outcomes.

While there is an increasing amount of research about the roles of doulas in birth and death, the specific role of doulas in abortion support remains understudied. According to Basmajian (2014), abortion doulas are integrated into the healthcare system in some parts of the United States, such as in New York City, where abortion clinics use an “opt-out” model for abortion doulas. Such a system is helpful for patients who might otherwise be unaware that such supports exist. However it requires a higher level of standardization for doulas than an “opt-in” system, which is closer to how the Abortion Support Collective operates. Basmajian’s work emphasizes the role of abortion doulas in creating “communities of care”, in which abortion is seen as a communal process rather than a private one to be undertaken in solitude. This concept of visibility is extremely relevant to the present study about the role of abortion doulas who are members of the ASC in increasing access to abortion care on Vancouver Island.

Abortion Doulas

Abortion doulas are doulas that provide practical and emotional support to people who have chosen to terminate their pregnancy. It is uncommon for abortion doulas to exclusively work with abortion patients; instead they typically identify themselves as full-spectrum doulas, meaning that they provide prepartum, labour and delivery, and postpartum care, as well as care for people experiencing pregnancy loss, whether they were wanted or unwanted pregnancies. While there is a growing amount of research on pregnancy and birth doulas, there is far less about full-spectrum doulas and the important roles they play in patient experiences. This may be due to abortion and pregnancy loss continuing to be stigmatized topics in both Canada and across the world, but it is very important to understand all the factors involved in this reality experienced by approximately 100 000 people in Canada every year (Abortion Rights Coalition of Canada, 2025).

The Abortion Support Collective is a collective of professional doulas and allied health professionals who collaborate to provide logistical and emotional support to individuals seeking abortion care in and around Victoria, British Columbia (Abortion Support Collective, 2026). They offer medication abortion support, procedural abortion support, transportation accompaniment, resource navigation, and post-abortion support. Additionally, they aim to be a community resource for people navigating pregnancy options or looking for trustworthy, non-judgemental information regarding abortion care.

Methods

This research project was subject to an ethics review and approval process through the University of Victoria's Human Research Ethics Board (HREB). It was important to design the

research in a way that protected the privacy of the doulas, while still being able to learn from their own perspectives and first-hand lived experiences of working in abortion care access. The best way to achieve these goals, with the restrictions of this being a short-term research project, was to conduct semi-structured interviews with abortion doulas, as well as to observe and record the Abortion Support Collective's use of social media, specifically of Instagram.

Interviews with Doulas

A recruitment poster with information about the project and contact information was shared with the ASC, who in turn shared it with the followers of their Instagram account. This post allowed potential participants to reach out directly to me to indicate their willingness to be interviewed for the project. Interview arrangements were made with participants in accordance with their busy schedules and their preferred meeting places. The process was organized so that interviews could take place in-person or over an encrypted Zoom call. In total, three abortion doulas working with the ASC agreed to be interviewed.

The interviews were semi-structured, allowing me to guide the conversations in an intentionally fluid and responsive way. Participants were encouraged to expand on the questions provided, allowing them to share their own perspectives and experiences beyond the bounds of the researcher's previous knowledge. All three interviews lasted for approximately one hour and were recorded to allow for a more conversational-style interview and to facilitate their transcription and the data analysis.

Interviews were transcribed using a thematic approach to dissect common themes and information shared by the doulas. Listening back to the recordings allowed for the identification of the themes that the abortion doulas themselves felt to be most important and essential for understanding the current landscape of abortion care access on Vancouver Island and the

surrounding areas. Care was taken to include as many of the doula's own words as possible, where applicable, however their names have been left out of this thesis for the sake of privacy.

Social Media Analysis

Currently, the Abortion Support Collective's only form of social media is an Instagram account with the username @asc.abortioncollective. This Instagram account was analysed through observation of posts and stories shared over a three month period. These observations were recorded, which allowed for social media posts to be divided into multiple different themes, based on the purpose of each post, in order to understand how the ASC uses social media as a tool to increase access to abortion care, and to spread awareness of abortion care resources.

Results

Interview Results

The approximately three hours of interview data yielded interesting and nuanced results about the experiences of abortion doulas and the roles they play in abortion patients' care.

Journey of Becoming Involved in Abortion Support

Each of the three doulas are directly involved with the Abortion Support Collective. They all shared the story of their path into abortion support, and each one was quite different. Participant A originally began working as a birth doula after having her first baby. She expressed that supporting pregnancy loss simply comes with the territory of supporting prenatal clients, and so the transition into supporting abortion was somewhat natural. Personal friends of hers had had abortion experiences, and her own experience of pregnancy and childbirth made her

feel more passionate about accessible abortion care; “For myself, I haven’t had an abortion experience yet. I’ve had two pregnancies and two kids, and that made me more pro-choice [...] pregnancy is not benign, it’s a huge imposition on your body. It is something that people should do because they want to [...] not because they don’t feel like they have any other options.”

Participant B told me about her experience taking a public health course and a midwifery course during her time at grad school at UBC, which led her to seeking out doula training. She then worked as a birth and post-partum doula full time, while also teaching prenatal education and offering breastfeeding support. Upon moving to Victoria, she met other doulas in the city and through them, became involved with the ASC. She said about moving into abortion support work; “It’s just been a very natural continuation of my work as a birth worker, as a doula”.

Participant C has a background working with people with disabilities, and had been involved in human rights work for a number of years before her path took her into doula work. She has an academic background in disability management and child and youth care. She began working with pregnant people through her role as a yoga instructor, which led into a labour and delivery doula role. Like the other doulas, she expressed that pregnancy loss is a part of birth doula work, which can create a direct avenue into abortion support work. She told me that her journey into abortion support was influenced by an evolution of her own moral compass. Currently, she is working towards a Masters of Clinical Counselling, and her capstone focuses on pregnancy options counselling. She identifies herself as a “full-spectrum doula” rather than an “abortion doula” and said, “When I introduce myself as a full-spectrum doula, it means that I’ll support them through anything.”

Involvement with the Abortion Support Collective

While each interview took its own journey due to their semi-structured formats, I asked each doula about their involvement with the ASC and what type of support they offer through the collective. Participant A is one of the founders of the ASC, which was first established in 2023. In 2024, they began their medication abortion care package program, and they offered their first round of abortion doula training. This training involved collaboration with an abortion practitioner from the Vancouver Island Choice Clinic, who was able to teach the doulas about how medication and procedural abortions work, and the effects that they each have on the body. They also had a perinatal loss midwife offer education about pregnancy loss and termination for medical reasons (TFMR). There was also training available through Action Canada, a national pro-choice organization. All three of the doulas I spoke to participated in this training.

Each of the doulas expressed ideas during their interview about the importance of understanding intersectionality while working with the ASC. Participant A, one of the collective's founders, said, "We collectively hold values that people, depending on their intersectional experience, are experiencing specific and also deeper oppression than other folks, and so, we just want to make sure that everyone working with our team is able to be responsive to that, and be working on their own knowledge and growth in those areas." Participant B and I spoke about the intersections of queer liberation and reproductive rights. Many of the doulas working with the ASC identify as queer or gender diverse, and when I asked her why she thinks that is, she told me, "I think those of us who are queer have a deeper level of appreciation for all the complexities of human life."

All three of the doulas are involved in what the ASC calls "direct support", meaning that they engage directly with patients who seek out the ASC for abortion support. These folks are

most often seeking out transportation accompaniment, but are sometimes seeking emotional support before or after their abortion. I was curious about how the transportation accompaniment program works, and what the experience is like for both the doulas and the abortion seekers.

Transportation Accompaniment Program

The transportation accompaniment program offers free rides to patients in order for them to get to and from their abortion appointments. Sometimes those appointments are to confirm pregnancy and then take home the medications for an at-home abortion, while other times those appointments are to Victoria General Hospital to undergo procedural abortion. In all cases, there is an enormous emphasis placed on patient-led support. This means that patients might want the doula to wait outside the clinic during their appointment, or come in with them just to the waiting room, or come in with them for their ultrasound. Sometimes they request to hold the doula's hand during their appointment, or ask them to take notes so that they can remember everything the doctors tell them. If they prefer for the doulas to wait outside the clinic, the doula may ask if they can pick anything up for the patient, like acetaminophen, ibuprofen, or pads. Patient C told me that before even picking up the patient, she will often message them and offer to bring them a warm drink, a snack, a heated blanket, or anything else that might make their experience more comfortable. During the drive, some patients like to chat with the doulas, while some prefer to stay quiet and look out the window. Some patients wish to chat about their abortions and what they can expect from their appointment, while others prefer to make light small talk, and others still are curious to learn more about the ASC and about the doulas' work. Ultimately, every way that the doulas offer support is in the patient's control at all times.

Participant C told me that offering transportation accompaniment is rewarding because it helps patients to feel dignified and respected as they go through this healthcare process, and that “Having someone there who is not part of your world, that doesn’t have a stake in your life, is kind of revolutionary”. Participant B described the role she plays in abortion seekers’ experiences as that of a “perfect stranger”, and that they help them feel comfortable in their autonomy; “It helps people feel like they are not the object of care, but that they are co-creators of their care.”

Transportation accompaniment can be helpful for patients who might otherwise have difficulty getting to their clinic appointments on time. Participant B told me that she had provided transportation support for the ASC’s youngest client to date, who was still in high school; “I had our youngest client to date, sixteen, so no driver’s license, no parental knowledge, and was having difficulty getting to appointments on time. So that was a big piece of support for her, helping her get to her VICC appointments on time”.

Abortion Seekers

When asked about any commonalities within the folks who seek out transportation support, all of the doulas told me that there is ultimately a massive amount of diversity in their patient population. They help people of all ages, races, nationalities, and genders. Participant A shared that typically, their patients fit into one of two categories. There are people who are local to southern Vancouver Island, but who don’t have someone who can pick them up following their procedural abortion at VGH, due to a lack of supportive community members or due to scheduling conflicts with appointment times and work or childcare responsibilities. Many abortion patients struggle to balance their appointments with their childcare responsibilities, as more than 50% of people who have abortions in Canada already have children (Abortion Rights

Coalition of Canada, n.d.). While most of their local patients live in Victoria and surrounding areas, Participant C told me that she has driven someone home from their procedural abortion to as far up island as Courtney.

There are also patients who seek out transportation support because they have travelled to Victoria from elsewhere to access procedural abortions, are staying locally after the procedure, and need someone to take them back to their accommodation due to their legal impairment after the procedure. The ASC has supported out-of-town patients from the Gulf Islands, the mainland, and even from the prairies. Their services are especially important for newcomers, migrants, and people with no medical insurance. Participant A shared, “There’s a lot of barriers [...] there are sometimes cultural or language barriers that make things tough, there is time off work, childcare, all the arrangements to make to get away from where you live, to come here and access healthcare”. The ASC currently has doulas who can offer support in a few different languages. She continued in sharing some of the themes she’s observed in her time working with the ASC; “It is often people who either don’t have a supportive home or social situation, or sometimes it’s just that they’re people who are very under resourced, like working minimum-wage jobs, their whole family is really in the struggle. And so for not only them to take time off work, but also a partner to take time off work to take them (to their appointment), is a huge financial burden.”

Barriers to Abortion Care Access

When asked about the most significant barriers to accessing abortion care in the current healthcare landscape of Vancouver Island, each doula had a different perspective. They all agreed that the burden of booking appointments amongst other responsibilities, accessing transportation, and financial aspects of the abortion process all make things more inaccessible for abortion seekers. Participant B’s initial response to being asked about the most significant

barrier was to laugh and exclaim, “The patriarchy! If men had to do this! How accessible it would be! How destigmatized it would be! [...] The whole realm of (female) reproductive health is under researched, underfunded, underappreciated, despite the fact that 100% of human beings on the face of this earth were born to people with uteruses.”

Participant C thought that the most significant barrier to accessing abortions is a lack of trustworthy information. We discussed algorithms and artificial intelligence, and the potential for people coming across misinformation online. She expressed the issue of a lack of clarity around what different organizations offer to abortion seekers. In all of the interviews, each doula touched on issues caused by unregulated pregnancy centers (UCPs), also sometimes called “crisis pregnancy centers”. There are at least five of these centers on Vancouver Island, two of which are located in downtown Victoria. These organizations are often faith-based, frame themselves as reputable medical clinics, and spread misinformation about the safety of abortions both online and in-person (Abortion Rights Coalition of Canada, 2025). Their websites are often designed to make it seem like they offer unbiased, nonjudgemental, and medically accurate advice for people experiencing unplanned pregnancies, making it difficult for people to identify them as anti-choice organizations, especially young people or people who have language barriers. People who go to a UPC for support are often subjected to shaming and judgement if they express the desire to terminate their pregnancy. Sometimes they are told inaccurate information about the effects of abortion, for example that abortions reduce fertility or will lead to intense emotional distress.

The other significant barrier to abortion care access identified by the doulas was the continued stigma of abortions. Participant B shared her opinion about abortion stigma and the connection that exists between reproductive stigma and other forms of oppression:

“Most people don’t regret their abortion. Most people don’t waiver on their decision to have an abortion. I think that a lot of the emotion that drives the abortion experience is hormonally driven, because it’s hormonally extremely dramatic. It’s as dramatic as puberty. But also, I do think there are people who want to talk about it in an open, well-lit way. The stigma around it is so antiquated. It’s not even reason-based, or rationally-based. It’s not even, despite the justifications, religiously based. But I think people have to be careful of who they disclose to, just as, in this day and age, we still have to be careful to disclose if we are queer, or if we have some form of invisible disability.”

She later expanded further on how she feels that abortion stigma is related to stigma about female bodies, such as shame associated with breastfeeding in public and talking about menstruation openly. Participant C added a similar statement, specifically in regards to the threats to safety that come with abortion stigma, “For people that are maybe in an unsafe relationship, it’s still a really scary thing. And the power dynamics, and the patriarchy, it’s all there.”

This type of stigma against abortion care can also have negative effects on the doulas themselves. Participant C expressed to me how she grew up in a very small town, where many of her family members hold anti-abortion beliefs. She chooses to be careful about what she posts about on her social media accounts to avoid uncomfortable interactions with family. In Victoria, the anti-choice crowd is generally quite passive compared to other parts of Canada, but there are still actions taken against the VICC by anti-choice groups. Participant A told me that there has been at least one time that she’s aware of when the VICC had to go on lockdown for a day due to a threat that the police deemed to be credible. The ASC sometimes receives negative emails from anti-choice groups or individuals. While these negative interactions are not as bad as what

abortion seekers and providers face in other areas, they still have negative effects and can make it more difficult for folks to feel comfortable accessing abortion care.

How the ASC is Improving Access

The ASC was established in 2023 by a couple of full-spectrum doulas in Victoria, BC. One of the first programs they created was their medication abortion care package program. The packages contain items like menstrual pads, tea bags and salves to help with uterine cramps, a zine that affirms the choice to end a pregnancy, and more. Speaking to the doulas, I got the impression that this program is ever-evolving, and they revisit the items included in the care packages to find ways to improve them even more. These care packages are entirely free, and available for pick-up in a few public locations around Victoria, including in the University of Victoria's Gender Empowerment Centre in the Student Union Building.

Participant A explained how some of the community support programs the ASC offers are intended to combat UPCs, by "giving people no reason to go there". One of the ways that UPCs can attract people experiencing unplanned pregnancies is by giving out free pregnancy tests. The ASC collaborates with the pregnancy test company OVRV to be able to provide free pregnancy tests at a few public locations around Victoria, such as the Oaklands Community Centre. OVRV sends the ASC 200 pregnancy tests every three months, and ASC volunteers distribute them at pick-up points for anyone to be able to access for free.

The ASC additionally offers resource navigation, to help direct people experiencing unplanned pregnancies towards medically accurate, nonjudgemental, unbiased, and compassionate care, such as abortion care available through the Vancouver Island Choice Clinic.

One of the aspects of care that the doulas told me was especially significant for the services that they provide abortion seekers, was the idea of nonjudgemental care. All three

doulas emphasized how important it is to the people who reach out to the ASC that they will not be made to feel judged while receiving support. Participant B said, “That’s what people put on the intake form a lot, is that they want nonjudgemental support”. I asked Participant C what she believes are the most significant ways the ASC improves access to abortion care. She told me that offering support throughout the night for people after their medication or procedural abortions is really important. Especially after medication abortions, patients need to have someone either with them, or on-call through the night in case they experience excessive bleeding (soaking more than two maxi-pads every hour), or excessive cramping, so that they can be taken to receive medical help. The ASC offers this type of in-person or on-call care to their abortion patients who have reached out to them for support. Participant C said, “Just knowing that someone is there. Even if they don’t need us, just knowing that someone is there just really reduces their anxiety and helps people feel like they’re not alone.”

Participants A and C both mentioned how crucial it is for the ASC to have its network of support, as well as connections with other groups, in order to collaborate to be able to meet all of a patient’s needs. For example, they told me about the close collaborative relationship between the ASC and the Nesting Doula Collective, who they can call upon if they have someone who requires language support that none of the doulas at the ASC can provide. These collaborative networks span across the country, as abortion doula collectives sometimes contact one another to help find support for people who need to travel in order to access abortion care. These networks are created and strengthened through recently undertaken community calls, the first of which took place on March 7th, 2026.

Motivations of Doulas

Despite some of the challenges that doulas face when they provide abortion support, such as judgement from family members, all of the doulas I spoke with were highly motivated and passionate about the work they do. Participant B told me, “It makes me feel like a badass. It makes me feel like I’m making people into badasses.” She went on further and expressed how often she interacts with folks who really want to talk about and process their abortion experiences with her; “When you’re in conversation, or at a party or whatever, and people find out that you’re a doula, they start immediately describing to you their birth stories. And when they hear that I’m an abortion doula, I immediately start hearing their abortion stories, or their pregnancy loss stories.” These interactions demonstrate the need that many people have to process their abortion experiences with someone who understands what they’ve been through, and will receive them with zero judgement, just compassion and care. For the doulas, meeting this need in abortion patients is fulfilling and rewarding.

Future Goals

The ASC is continuing to attend tabling events in Victoria in order to increase awareness of their services, and to build trust with the community. In previous years, they have attended events like UVic’s FemExpo, and Victoria Pride. Participant B spoke to me about the ASC’s experience tabling at Pride; “People from all walks of life walked by, including cis, het-passing men who were like ‘Oh, this is good to know! I have lots of girlfriends’, or, ‘I have a wife’, or whatever, and ‘It’s good to know that you exist!’”.

The idea of improving or increasing visibility came up many times throughout each of the three interviews. Participant C told me that visibility for abortion care is important for a few different reasons. For one, it normalizes abortion care and encourages people to think about it as

a part of healthcare. She hopes that more people will think of abortion not as emergency intervention, but as a routine medical procedure. Increasing visibility decreases stigma, which ultimately makes abortions more accessible and safer. Another future goal of the ASC is to design and produce merchandise, such as t-shirts and pins, with pro-choice messages on them, with the goal of further increasing abortion visibility, and raising money for their collective.

Participant A and I spoke a lot about pregnancy loss during our interview, and the systemic difficulties faced by people experiencing non-elective pregnancy loss or termination for medical reasons (TFMR). While the ASC advertises themselves as abortion support, most of the doulas are also experienced in supporting people through all different types of pregnancy loss, and Participant A hopes that the ASC will continue to grow so that they can receive more referrals for people needing those types of support. She explained to me that although they choose to use the word ‘abortion’ in the name of their organization, they aren’t trying to push that label onto people experiencing other types of pregnancy loss; “We try to really advertise like, we’ve been using the word abortion because we are trying to destigmatize it, and it’s healthcare, and these are really analogous experiences, but we’re always going to be here for our client language. We can go and support someone and talk about it however they want to talk about it. We’re not pushing the label of ‘abortion’ onto anyone.”

Participant C shared with me that the ASC is trying to navigate the best ways to hold space for all abortion experiences. She said that some people really want to celebrate their abortions, while others feel grief even if they feel like they made the right decision. With so many different emotions involved, it can be difficult to find a way to create support that meets everyone’s needs. Participant C is currently working towards her Masters of Clinical Counselling, with her capstone project focused on developing pregnancy options counselling for

people who aren't sure of whether or not to continue their pregnancies. She has observed a serious gap in support for undecided patients, and wants to be able to expand her practice to help fill that gap through pregnancy options counselling that is compassionate, unbiased, and nonjudgemental; "It's important to me that people having an abortion aren't coerced, in the same way that it's important to me that someone having a baby is not coerced."

Broader future goals for the doulas include establishing a stronger relationship with the team at Victoria General Hospital, to achieve more consistency in supporting procedural abortion patients. Participant A told me that VGH can be inconsistent in whether or not doulas are allowed into surgical daycare to sit with their patients before surgery, and that doulas are not currently allowed in the operating room while the patient is having the procedure. She said that she experiences similar inconsistencies when working as a labour and delivery doula; "It really depends on the charge nurse of the day. Which honestly, as a full-spectrum doula, is a very similar experience to labour and delivery, with going into the OR for a caesarean birth. It really depends on the team of the day." The ASC is hoping to strengthen their relationship with the staff at VGH to hopefully reach a point where they can always go into surgical daycare if their patient wishes for them to, and where they can provide emotional support in the OR as well.

Participant B expressed hope that, in the long term, reproductive health medical systems will be improved to a point where people no longer feel like they need to seek out external support:

"I would love to see things like doulas and abortion support collectives not be needed. I would love for people to be able to have support from the system, and support from family and friends, and support from their insurance companies and from the province [...] I would love to be made obsolete, as a doula. I really would."

She hopes that the medical school might become more accessible, allowing for more diversity of healthcare professionals; “There are too many barriers to people who want to go to medical school for primary care and for abortion care, or reproductive healthcare.” She speaks from her own experience, as she has hopes to continue her education through the midwifery program or medical school.

Social Media Analysis Results

As social media has become such an ingrained part of our daily lives, it has become a way to spread ideas and information quickly and across geographical distances. The Abortion Support Collective currently only uses Instagram for social media outreach (their username is @asc.abortioncollective), and has been using Instagram since 2024.

Through observation and recording of the Abortion Support Collective’s social media account on Instagram, the I found that the ASC utilizes social media predominantly in five distinct ways;

- 1) To promote other group’s research projects. For example, the recruitment poster for this research project was shared to their page, as well as other research projects seeking abortion patients.
- 2) To share information about the ASC’s own events, such as community calls or tabling at events such as FemExpo at UVic, or the Victoria Pride Parade.
- 3) To share information about other organizations, such as the Vancouver Island Choice Clinic and other doula collectives.
- 4) To spread awareness of their own resources. For example, their medication abortion care packages’ contents and where to pick them up from, how they make their warming and calming balms, their free pregnancy test distribution project, etc.

- 5) To share and re-share posts affirming the choice to seek abortion care.

In my interview with Participant A, she expressed a desire for the ASC to be doing more with their social media, however busy schedules of their doulas and limited social media experience have limited their ability to use their social media. The main goals of social media use are to raise awareness of the ASC's existence and who they are, to build relationships and trust across the community, and to increase visibility of abortion care and abortions as healthcare. The ASC are often influenced by other abortion collectives' and abortions rights groups' social media. Participant B told me about the impact that talking about abortions online can have. For example, she told, "I'll never forget, one time I was scrolling on TikTok, and this woman was like 'Get ready to have an abortion with me!', and I was like 'Yes!!'". This type of representation of abortion experiences is not only educational, but also reduces stigma.

Discussion

As demonstrated in the review of relevant literature for this thesis, there is currently limited information about the role that abortion doulas play in the experiences of abortion patients. There is no literature that focuses on the unique geographical context of abortion care access on Vancouver Island. By interviewing doulas who work with the Abortion Support Collective, we are able to get an insider perspective on the current landscape of abortion access in this area, the gaps in the medical system that doulas work to fill, and the barriers that exist for abortion seekers.

Through this thesis, we now have a perspective into the way that the ASC operates, how it develops and runs its support programs, and how the doulas have come into the work. We have identified some of the motivating factors for these doulas, and what drives them to continue

offering these services even while facing various barriers. Through the experiences of the doulas, some of the current barriers that impact abortion seekers have been identified. This research also demonstrates the critical importance of organizations like the ASC, for increasing awareness, decreasing abortion stigma, and protecting reproductive rights.

Documenting the perspectives and experiences of these doulas allows for a more accurate and holistic understanding of abortion access on Vancouver Island, and how abortion doula collectives can increase and improve access and experiences of abortion patients. This information can be used to inform support programs for abortion patients, by showcasing the existing barriers that impact their ability to safely access abortions.

Considerations

Ultimately, this was a small-scale honours research thesis. Three doulas were interviewed, who provided amazing data, however more data would be useful to create a deeper understanding of the diversity of doulas' perspectives and experiences. It would be particularly interesting to engage with some full-spectrum doulas from further up island, to see how their experiences differ from those of doulas living in Greater Victoria.

Conclusion

Despite being a relatively recently developed organization, the Abortion Support Collective has clearly had an impact on the community of Vancouver Island. Through their support programs such as transportation accompaniment, resource navigation, post-abortion support, medication abortion care packages, free pregnancy test distribution, and community outreach, they are improving abortion patients' experiences, increasing their ability to access

abortion appointments, increasing awareness of the current landscape of abortion care access, and reduced reproductive health stigmas by increasing visibility.

Grassroots community organizations like the ASC approach healthcare from a transformative, feminist, and intersectional perspective, focused on community needs and relationship building. They provide compassionate, nonjudgemental care for people experiencing unplanned pregnancies and offer trustworthy, medically accurate advice, something increasingly important as misinformation becomes more common online and on social media.

While it is an unfortunate reality that many people seeking out abortion care face financial, social, and transportation barriers, groups like the ASC are passionately working hard to increase access to this necessary reproductive healthcare, and to improve the abortion experiences of members of our Vancouver Island community.

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