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The Management of Voluntary Abortion in Family Counselling Services. A Qualitative Study on the Role of Social Workers in Italy

La gestión del aborto voluntario en los servicios de orientación familiar. Estudio cualitativo sobre el papel de los trabajadores sociales en Italia

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Resumen

Introducción. El aborto voluntario siempre ha sido considerado tabú, y es una experiencia que a veces puede resultar traumática para la mujer, que se enfrenta a emociones cargadas de muchos matices: miedo, vergüenza, ambivalencia y un sentido de

Abstract

Introduction. Elective abortion has always been considered taboo. The event can sometimes be experienced as traumatic, as the woman finds herself struggling against a range of emotions: fear, shame, ambivalence, and a sense of guilt. Multidisciplinary

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culpa. Por este motivo, es fundamental que, en este momento complejo, exista un apoyo multidisciplinar para guiar a la mujer, y los trabajadores sociales suelen desempeñar un papel fundamental en él. Por ello, el presente estudio tiene por objeto explorar las experiencias y perspectivas de los trabajadores sociales que trabajaron con mujeres que decidieron someterse a abortos voluntarios, centrándose en los aspectos más fuertes y débiles del proceso de apoyo que ofrecieron a estas mujeres. *Metodología.* En el estudio participaron 10 trabajadoras sociales que trabajaban en servicios de orientación familiar en Italia. Todos ellos eran mujeres, con una edad media de 47 años y una media de 16,7 años de experiencia en el campo. El estudio se basó en un enfoque cualitativo, a través de entrevistas semiestructuradas que se han analizado siguiendo los principios del análisis temático. *Resultados.* A partir del análisis de los datos, han identificado tres áreas temáticas fundamentales: «límites de los procedimientos y de la organización del asesoramiento familiar», «dimensión emocional del aborto electivo» y «la cuestión de los objetores de conciencia». *Discusión.* El estudio destacó el hecho de que los servicios de orientación familiar se enfrentan a una crisis debido a la falta de recursos, personal y proyectos destinados a asegurar una buena educación sexual y a apoyar adecuadamente a las mujeres; que el papel del trabajador social, que es fundamental, se ha vuelto más débil, especialmente con respecto a este procedimiento; y que son insuficientes la integración entre los contextos sociales y sanitarios así como una formación profesional capaz de ofrecer a los operadores unas habilidades específicas, que les ayuden a sentirse preparados en una situación tan delicada y difícil. *Conclusiones.* Ha surgido la necesidad de una nueva perspectiva multidisciplinaria sobre la cuestión de la interrupción voluntaria del embarazo, y la importancia del papel de los trabajadores sociales. Sin embargo, todavía existen muchas deficiencias en el sistema de apoyo para las mujeres que lo necesitan. La presente investigación ofrece algunas sugerencias prácticas e innovadoras para llenar adecuadamente esas lagunas.

Palabras clave: Trabajo Social; aborto; servicios de orientación familiar; Italia; salud de las mujeres

support is therefore fundamental to guide women during this complex phase, and social workers usually play a key role in the process. The present study aimed therefore to explore the experiences and perspectives of social workers who worked with women who decided to have abortions, focusing on the strongest and weakest aspects of their support process. *Methodology.* The study involved 10 social workers working in family counselling services in Italy. All of them were female, with a mean age of 47 years, and a mean of 16.7 years of experience in the field. The study followed a qualitative approach, based on semi-structured interviews that were studied following the principles of thematic analysis. *Results.* Three fundamental themes emerged from the data analysis: «Limits of the family counselling procedures and organization»; «The emotional dimension of elective abortion»; and «The issue of conscientious objectors». *Discussion.* The study highlighted how family counselling services are facing a crisis due to the lack of resources, personnel, and projects allowing for women's proper sexual education and support. It also showed how the social worker's role, which is fundamental, has instead been reduced, especially regarding elective abortions. Moreover, there was a lack of social and sanitary contexts integration and professional training that would provide the operators with specific skills and make them feel prepared to address such delicate situations. *Conclusions.* The need has emerged for a new, multidisciplinary perspective on the issue of voluntary interruption of pregnancy and social workers play a major role. However, the support system still presents many shortcomings for the women in need of assistance. The present study offers innovative and practical suggestions to properly fill these gaps.

Keywords: Social work; Abortion; Family Counselling Services; Italy; Women's health

1. INTRODUCTION

In Italy, women's right to self-determination with respect to pregnancy is an issue that still creates much apprehension, due to severe limitations to elective abortion, which was indeed illegal until the early '70s, when gradually a battle was started by women that led to the approval, in 1978, of law n. 194 «Norms for the social protection of motherhood and concerning the voluntary interruption of pregnancy». Before this, women who desired to interrupt their pregnancy had to resort to clandestine practices, often leading to high risks for their health and even many deaths (Ghigi, 2018).

The path itself that led to the approval of Law 194 was complex and hindered by opposing visions that emerged from different socio-political forces of the period. As it has previously been mentioned, it was mainly sustained by some of the first women-only groups, linked to left-winged political parties, which aimed to raise consciousness towards the right to voluntary abortion (Caruso, 2020a).

At the time the debate among these feminist groups was intense and even led to internal divisions between more or less radical views on the matter (Caruso, 2020a). All this collided with other external perspectives that were instead completely against the right to abortion, which originated from the influence of the Catholic Church and related pro-life movements and political parties (Scirè, 2008).

These difficulties can indeed be found in the way law 194 is formulated, as some sort of necessary mediation between very opposite factions: voluntary abortion has been made legal until the third month of pregnancy, and gynaecologists are compelled to give all the necessary information concerning the intervention and its psycho-physical consequences, however, conscientious objection of medical personnel is nonetheless allowed, even with no need to justify such a decision (Caruso, 2020b).

This professional freedom has created serious obstacles to the effective exercise of the right to elective abortion, so that, as of 2019, gynaecologists who declared to be conscientious objectors were the 68.4 % (Ministry of Health, 2020, p. 52), with some regions in Italy with only one non-objector available (Ministry of Health, 2019). Some cases of medical misconduct resulting in death because of a refusal to surgically remove a fetus even though the woman's life was clearly at risk, have also been reported (Caruso, 2020a).

To fully understand the complexity that surrounds the concept of elective abortion, it is necessary to also consider how there is still an intense debate concerning the possibility that life could begin with conception, thus refusing completely voluntary abortion (Garini, 2015; Testoni, Finco, Keisari, Orkibi,

& Azoulay, 2021). This has even intensified in recent years, which have seen a growing number of such pro-life movements, some of which have even begun to adopt a specific narrative that revolves around an explicit declaration of being anti-feminist, with the intent to underline a clear opposition to the feminist perspective of the need to protect women's rights to voluntary abortion (Bielska-Brodziak, Drapalska-Grochowicz, Peroni, & Rapetti, 2020).

As concerns instead the reasons that can bring a woman to this decision, they can be linked to intense economic difficulties, unbalanced relationship dynamics with the partner or one's family, young or elder age, the pregnancy as a result of abuse, or the fact that the woman is not psychologically ready to deal with maternity (Littman, Zarcadoolas, & Jacobset, 2009). Linked to this, there may also be conditions of poor information regarding sex education and contraception (Caruso, 2020a; Guida et al., 2019), many times even among socio-sanitary personnel who supports women in these aspects (Mauri & Squillace, 2017; Witt, Younes, Goldblatt Hyatt, & Franklin, 2021).

Scholars have moreover explored the complex and painful feelings and experiences of women who have decided to end their pregnancy, highlighting how for many of them, even though the choice came after careful consideration, the consequent emotions most of the times are sufferance, sense of guilt, and the pressure of feeling negatively judged by others, together with a general sense of inner emptiness, mistrust towards anybody, undefined wrongness, and loneliness (Astbury-Ward, 2008; Testoni et al., 2021). Most women therefore decide not to talk about this experience to avoid judgements or criticism, while many also report very low self-esteem and difficulties in the relationship with subsequent children, related to feeling like a «monster,» a murderer, an inhuman person who deserves nothing else from life (Endrici, 2018, p. 12).

Elective abortion can be considered a full-fledged trauma (Coleman, 2011), and the social stigmatization of this choice may cause disenfranchised grief (Doka, 1999), from which the risk of a specific complicated grief may arise, with all these feelings being amplified when women have a religious faith (Testoni et al., 2021).

Since, therefore, women who make this choice risk not finding the necessary social support to allow them to elaborate their grief in a natural and healthy way, a fundamental role is played by family counselling structures.

Family counselling services have been instituted in 1975, thus even before the right to abortion was reached in Italy, with the aim to provide assistance and support to the family unit or to the individual, including aspects related to the protection of women's health and prevention of undesired pregnancies.

These structures, as of today, can indeed provide free of charge support to the woman and accompany her in every step of the necessary procedure to obtain an interruption of pregnancy, and in this process, the figure of the social worker plays an important role, by offering active listening and support (Marzotto, 2002).

More specifically, social workers are involved since women's first contact with the service, which is a very delicate moment since a relationship of trust and understanding must be created (Marzotto, 2002).

After the reception, a first psycho-social conversation is conducted by social workers, during which the operator will provide information on the structure, on their role and skills, explore the woman's social and family context, her economic condition, the couple dynamics and the reasons that led to this choice. Furthermore, space is given to the complex ambivalence that the woman is experiencing, in a non-judgmental context in which she can feel respected, welcomed and listened to (Marzotto, 2002). Only if the person wishes it, the issues relating other possible choices are finally addressed, as well as the theme of the prevention of future unwanted pregnancies (Marzotto, 2002).

However, although the conversation objective is to empower women and give them all the necessary information they might need to make an aware choice, in many cases, the fear of being negatively judged convinces them not to share the difficult and ambivalent feelings they are experiencing, thus refusing the intervention, which is not mandatory, and ending up not obtaining an adequate support (Kumar, Herbitter, Karasz, & Goldet, 2010).

Lastly, availability is offered for a new conversation, although often most women do not come back to the clinic once the pregnancy has been terminated (Marzotto, 2002).

It is precisely within this context that the present study is inserted, with the aim to explore the direct experiences and points of view of Italian social workers, who are employed in family counselling services, towards elective abortion and the dynamics and procedures that are usually implemented in these structures.

More specifically, the researchers wanted to consider the participants' perception of women's condition in the management of elective abortion and their professional ability in supporting or not supporting those women. Moreover, a fundamental aim was also to explore the participants' impression on the current practices and characteristics of family counselling services, as well as eventual weaknesses. Lastly, since the issue of conscientious objection still represents a significant possible obstacle towards an adequate application of

law 194, the study had also the objective to explore social workers' point of view concerning this relevant matter.

2. METHODOLOGY

2.1. *Study Design*

The study adopted a qualitative methodology (Denzin & Lincoln, 2011) and more specifically, it followed the principles of Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2008), which is an ideographic methodology that allows researchers to get as close as possible to the direct point of view of the person who experiences a certain phenomenon. With this methodology, the obtained description of a phenomenon is thus not anticipated by predetermined thematic categories, but instead it emerges in an unmediated and unbiased way, by the narrations collected from the participants (Larkin, Watts, & Cliftonet, 2006).

2.2. *Participants, procedure and data collection technique*

The data collection was carried out in 2019. Participants were 10 social workers who operated in family counselling structures in the North of Italy. All participants were female, with a mean age of 47 years (standard deviation: 9.9) and a mean of 16.7 years of experience in the field.

Participants were selected following a purposive sampling, and had to be social workers who provided their services inside family planning structures, while no other specific criteria were applied, since different conditions, for example concerning especially years of experience in the field, were welcomed and considered useful to obtain faceted points of views. Moreover, the research methodological approach to data analysis was an inductive one, therefore no previous specific categories had been established for the collected material, and because of this, no other more specific inclusion criteria were present for the participants' selection. In order to determine whether the right number of participants had been reached, the researchers followed the principles of saturation, therefore, once no more significant and new themes emerged from a preliminary data analysis, researchers deemed the participants' group to be adequate.

Concerning participants' recruitment, the researchers first identified different family counselling structures and contacted their General Directors to present the fundamental objectives of the study. Once the Directors approved the project, the researchers organized a meeting with the social workers who could be interested, and in that occasion all the precise details concerning the

research were carefully presented. Those who decided to take part in the study were subsequently contacted in private for the last arrangements.

Participants provided written informed consent before participating in the study. Moreover, the study followed the APA Ethical Principles of Psychologists and the Code of Conduct and the principles of the Declaration of Helsinki. It received the approval from the Health Sciences and Science Research Ethics Committee of the University of Padova (Italy) (reference n. BC8EA94C0873CB7A5829565D9E6504DC).

The research lasted 4 months and the participants were asked to take part in a semi-structured interview. The general, broad-spectrum questions proposed explored: the social workers' role within the family counselling centre, both in general and specifically with respect to the procedures of voluntary interruption of pregnancy, the steps that are typically implemented, the weaknesses that could be detected in such a procedure, if the participants considered it appropriate to maintain their psycho-social conversation with women only optional, how they perceived voluntary abortion and if they believed it to be a form of bereavement, the main reasons that in their opinion lead a woman to terminate her pregnancy, and, lastly, their opinion on conscientious objectors inside family counselling services.

The interviews were mostly conducted in person, at the participants' workplace, however, for those who preferred it, they were conducted by phone call. In this case, the written informed consent was sent to them by email, and the interview took place only after they sent it back properly signed.

Each interview lasted about 45 minutes, was conducted in the participants' native language (Italian) and was audio-recorded and subsequently transcribed verbatim. The participants' identity information was stored separately from the interview text files, in order to protect their privacy. Moreover, the researchers assigned to each participant a fictitious name that allowed to anonymously identify them and their quotations that have been selected and reported in the article.

2.3. Data analysis

The written texts obtained from the interview transcriptions were subsequently analysed following the principles of thematic analysis (Braun & Clarke, 2012). More specifically, the procedure followed a bottom-up approach, that is, the researchers did not operate with pre-determined thematic categories in mind, but instead, they allowed new meanings and themes to directly emerge from the texts. The researchers proceeded from a single interview and identified some concepts that appear to be particularly meaningful to that participant,

and such concepts were then coded with specific labels. Subsequently, all the conceptual labels assigned to each interview were compared to detect common aspects and themes. In the final steps of the process, the researchers reviewed the main themes emerged and elaborated broader thematic categories that could regroup all the fundamental concepts that were commonly shared between the different texts (Testoni, Francescon, De Leo, Santini, & Zamperini, 2019).

The analyses were performed with the support of the software for textual analysis *Atlas.ti* (Muhr, 1991), they were conducted in Italian, while the most meaningful sections of the interviews were later translated by researchers for the writing of the present article.

3. RESULTS

From the participants' interviews, three fundamental aspects related to social workers' procedure of support for women who requested an elective abortion emerged: «Limits of the family counselling procedures and organization», «Emotional dimension of the elective abortion», and «The issue of conscientious objectors». These areas have been identified because they constituted broad and general thematic categories that emerged significantly from each participant's narrations, as has been already described in the *Methodology* section of the present article. The researchers then re-elaborated and constructed the three areas, combining the contributions of each participant relating to different aspects of those three themes, noting possible connections between the sub-themes and thus organizing each category as coherently as possible.

3.1. First Thematic Area: Limits of Family Counselling Procedures and Organization

From the participants' narrations, it emerged how the social worker's role has narrowed over the years, since the reception phase, when a woman is welcomed and she can express her needs and concerns, is conducted too rapidly, and many times the social worker does not even know that a new woman has arrived. This was for example highlighted by Ilaria, a 56-year-old social worker who had been working in the field since '84:

There was a time when [...] the social worker and/or the psychologist were always called [...] A conversation with one of them was always provided, depending on the availability; a first preventive conversation, before access to the sanitary part, to the certificate, and the information. I think that was very important. Now, all this is only formal, so it is quite difficult to help women after elective abortion, because a meaningful relationship is not established.

Participants also reported how rushed such a procedure has become, and the fact that, unfortunately, the number of social workers, as well as the number of psychologists, is not enough to cover all the women's needs, as described by Diana, a 47-year-old social worker who spent 35 years working in various family counselling structures:

[...] there's a full-time gynaecologist and one on Wednesday, but they're always burdened. [...] This is a family counselling to which correspond an amount of almost 70,000 people, 67.000, I think. I'm a full-time social worker and there's a psychologist that works 24 hours... It would be necessary, at least, to have one more social worker, maybe part-time, and a full-time psychologist.

Another identified limitation was the lack of a proper network that could support a mother both socially and economically. For example, Ilaria, a 51-year-old social worker who has been working in the field for 12 years, said:

Let's say that there's not a real support for any mother. I'm a social worker, and I know the problem, but now I also speak as an Italian mother. There's not a good service that supports maternity here in Italy. The insufficiency of the family counselling services is only a minimal part of all that does not work around motherhood.

The fact that pro-life movements promote mainly rhetorical discourse, and not any authentic project of support for women, since there are no funds to be employed, was another significant aspect that emerged, as Ilaria explained:

They intervene always in the very first period of pregnancy, when women can decide. In that period, they tried to convince women to keep the baby. After this, when the baby is actually there, they cannot do anything more than provide diapers and a friendly pat on the mother's shoulders. So, mothers remain alone to manage parenthood and maternity.

On the same line, Valeria, a 32-year-old social worker who has been working in this field for 7 years, reported:

We are talking about some diapers, milk and used clothes, and for a limited amount of time. Absolutely, in my opinion, that cannot be related to the real cost, emotional, and economic, of having a child. It's a drop in the ocean.

The significantly perceived lack of personnel and resources, which heavily affects social work and the creation of support projects towards people and citizenship, makes these structures therefore only «good ideas or good intents», as Diana expressed, without the concrete possibility to offer adequate support to women. Agreeing with her, Beatrice, a 49-year-old social worker who has been working in this particular area for 24 years, explained:

The insufficient adaptation of the resources that are necessary to the development of the service's activities for supporting families and motherhood, the increasing lack of specialised personnel, the scarcity of economic resources, all these severely affect our daily operativity.

This makes it difficult, despite the efforts, to carry out the activities in an adequate and effective manner.

Concerning the precise procedure of the pre- and post-elective abortion psychosocial conversation that women are advised to have with the social worker, some participants highlighted important limitations. Elena, for example, a 38-year-old woman who had been working in the field for 15 years, said:

Everything is improvable. I think about some improvements in the service access, which should be more linear and simpler to make the person able to orient herself, without adding to all the preoccupations and/or sufferance and the fatigue of comprehending how to move, where to go, to whom to refer, knocking too many doors before finding the right one. I would also improve the approach towards the issue and the person who brings the elective abortion request, thinking about *ad hoc* training, and I would improve the knowledge about the medical role, which I would reinforce to create an effective network. Actually, the women are in a disorienting condition.

Diana further elaborated on the issue, going into the very operation of the family counselling centre:

The problem is that every family counselling organises itself as they believe. There is no shared model to respect. From my point of view, the social worker should do the interview together with the psychologist because together they could integrate different perspectives and knowledge. At the moment, this is not there and we do not know where to start to build such a model of intervention.

Ilaria emphasized the importance of exploring possibilities other than elective abortion. She however also considered the complexity of such a task, which can be unpleasant, considering the very delicate context:

The role of the social worker requires that in the reception interview, before any health procedure is activated to proceed with the elective abortion, the issue of possible alternative options, such as non-recognition of the child or adoption, is discussed with women. We are compelled to do it, and it is one of the most unpleasant things. If a woman asks you to help her abort, it is very difficult to ask her whether she has thought of alternatives. It seems one of the most difficult things to think, because you have to explain that elective abortion should be an *extrema ratio*.

Moreover, almost all participants agreed the conversation should remain optional, since most women are already certain of their decision and do not

need guidance, as Chiara, a 54-year-old social worker with 20 years of experience, expressed:

It is not always desirable to have the interview before surgery. Many women do not want to do it. It often happens that women come with an exact and clear idea about their objective, their request. They know very well their situation and do not want to give explanations or respond to requests of any kind. They know very well the conditions in which they are.

Agreeing with this position, Valeria exclaimed: «We can't do a police investigation with a lamp pointed at their faces!» and Giada:

The coercion into a conversation, especially as a condition *sine qua non* to obtain the certificate, is a violation of the person's rights. A mandatory conversation (social or psychological) even after, if sanctioned only by the organisational procedure, doesn't give any result.

Only one participant, Diana, expressed that, in her opinion, «it should be mandatory for every woman and, possibly, every couple to have the conversation».

3.2. Second Thematic Area: Emotional Dimension of Elective Abortion

Concerning instead women's emotional experience, many participants identified it as an actual grief, which is most times even exacerbated by the lack of social recognition of it, forcing women to hide their sufferance, as Beatrice said:

Elective abortion is an experience of loss that requires a new adjustment to the everyday life. The guilt, the physical, emotional, and mental emptiness, and the solitude may overwhelm a woman. During the elaboration of this grief, she is reluctant to talk about it because she feels judged. This experience is a delicate moment in life, extremely difficult, which requires respect, listening, and non-judgemental participation.

Along the same lines, Chiara emphasized the importance of managing such grief:

«It is a grief that needs to be elaborated, a very important loss for the woman. I'll say also for her partner, or husband, if present... And I think that would be important for her to have the opportunity to elaborate, even if in a minimal way, this type of experience.

Diana confirmed this perspective as well, highlighting how she almost never encountered in her whole career a woman who did not experience intense suffering for her elective abortion:

I think that it is improbable to encounter a woman that doesn't suffer for this experience. I met very rarely women who didn't experience it with sufferance.

She further described a particular experience, very meaningful to her, of some women who, in a socio-cultural context unable to provide adequate means of contraception, had utilized voluntary abortions as a contraceptive method, and who had experienced a condition of extreme suffering:

When we were working at the refugee's camps, when there was the war in the Ex-Yugoslavia, those women who used elective abortion as a contraception because there were no other instruments, suffered enormously because they felt treated like beasts. The procedures were performed with local anaesthesia, and everything was tremendously painful. In those cases, I saw the cultural implant of the habit to treat this issue lightly, without prejudices.

Repeated elective abortion, used inappropriately as a sort of contraception, has been reported by participants to be indeed a phenomenon that involves mostly foreign women, and which seems to be increasing. Ilaria, for example, described how these situations can become very difficult to manage:

We tried almost everything. [...] (I'm not ashamed to tell you that) [...] in some cases we tried to tell them that, 'for now, here are the rules and here is what you can do; but there's always the possibility that you'll have to pay for the intervention', just to convince them to stop. To some of them, we suggested tubal ligation as an adequate alternative.

Other participants also highlighted how a fundamental aspect was to always consider how the woman feels, with no prejudices, putting her very experience at the centre of care, as, for example, Tiziana, a 58-year-old social worker with 32 years of work experience in the field, explained:

My considerations are not important, we need to verify how the woman, especially if she is underage, lives this event.

Similarly, Giada did not consider the experience:

A grief tout court, but a delicate situation worthy of respect. It is an absence—something not fully realized. This elaboration, if the woman wants, could occur just before this choice or in other moments, too; she needs to reflect upon her inner experience of presence/absence of the child.

She therefore advised caution:

A woman's conception is a very personal issue, and she should be considered a subject who owns very personal rights, with decisional capability, not limited by political and religious manipulations.

Diana, moreover, desired to share a peculiar experience she lived during her career, which made her feel all the sufferance the woman she was supporting was experiencing:

A small and thin Muslim woman, in a very precarious economic situation because she had already two children, aged 4 and 5, and an unemployed husband who was later even hospitalized in a psychiatric ward. [...] She came to the service in a state of desperation because her religion did not allow her to terminate the pregnancy; she would have liked to keep the baby, but circumstances did not allow it. She terminated the pregnancy and never told her husband. [...] I was struck by the desperation of this woman who wanted so much to continue her pregnancy but couldn't. If she had had the son, he would not have died, but what life could he have led?

In line with what Diana said, Sara, a 40-year-old social worker who has been working in family counselling services for 10 years, underlined the uniqueness of each woman she met and her story:

In ten years of supporting voluntary interruptions of pregnancies and conducting the related conversations with women, I have seen about 600 women, all with their own peculiarities.

3.3. *Third Thematic Area: The Issue of Conscientious Objectors*

Concerning conscientious objectors, each participant had a different opinion, with three operators who chose not to answer this question during the interview because the theme was too personal for them. However, the other participants took a clear position, saying that the presence of such providers in the family counselling services staff is not in line with law n. 194/78 and the safeguard of women. Ilaria, for example, declared:

They should not be present inside Family Counselling structures. Their presence is not planned. It is not possible»

Giada agreed with her, saying that she believes «they're useless».

Elena added:

I don't find it correct [...] We are a public service, which must guarantee some assistance level by law. It is not about directly conducting the intervention but helping the person to understand and be aware of her choice [...]. This is part of our mandate as public operators.

Some participants did not clearly remember whether law n. 194/78 allows their presence or not; however, they still believed supporting women should be the core mission of public services, as Chiara expressed:

Surely the operator has his/her own thought, a proper ideology. I'll tell you the truth, I don't clearly remember what the law said about this matter, but I think that a public service, of the State, must give a space for listening.

During the interview, related to the theme of conscientious objectors, the issue of pro-life parties, which during our research tried to promote the abolition of law n. 194/78, emerged as well. Many participants had a very emotive reaction to this, and they gave importance to the women's rights of choosing and being protected from a psycho-social and sanitary point of view. Elena, for example, explained that she

[...] agree[d] with the fact that the IVG must not become a birth control tool and that we need to intervene before, because life must always be defended, but I don't think that the law elimination can guarantee that. If we eliminate this law, clandestine practices will increase, leaving the person alone, without any protection of her health.

Beatrice, in particular, highlighted that the motion is founded on «arbitrary and not verified premises, that don't validate the feminine subjectivity and the free choice right to carry on the IVG with awareness and responsibility, which have a fundamental role in the current legislation that, in my opinion, exists, and must be respected.» Beatrice therefore focused on women's central importance, on the necessity to always consider their free choice and awareness.

Diana was contrary to the proposition as well:

I'll never tell a woman to have an abortion or not to have an abortion. It's important to understand what is intended with life defence: if we eliminate the 194, how many women will die for illegal abortions? First of all, the clandestine abortions will exponentially increase their health risks. Second, it's important to understand what we do to support women who are constricted to have a child they are not able to accept for lack of resources or lack of any kind of abilities. Does society help them? Since society leaves women alone, this is not life respect, but political manipulation of an idea.

Diana, therefore, highlighted another interesting aspect that had not emerged before, that is, the necessity to reflect upon what «defending/protecting life», which is the core mission of pro-life movements, according to them, really means, in all its possible, more articulated implications. She more specifically reported the intense dissonance she felt to the idea to protect at every cost the life of a future child, and, in parallel, not caring about the existence such child would lead after birth, when no adequate support is offered to his/her family, an approach to the matter she therefore considered more political propaganda than genuine interest for the unborn child's well-being.

From the interviews, therefore, it emerged that even those participants who were not in favour of elective abortion still believed that abrogating law n. 194/78 would be wrong and represent a major health risk for women.

Similarly to Diana, Ilaria highlighted how before law n. 194/78 was approved, elective abortion was already practised, but in a clandestine, absolutely unsafe way, and, therefore, how a proper law that regulates it is fundamental:

I think we cannot go back to the Middle Ages, there has been a great battle for rights... I think it is conceptually wrong, because the question is not «yes to elective abortion» or «no to elective abortion», but is it possible for the women to exercise this right in a legal condition? Because before the law it was equally done, with personal, social, and sanitary risks [...] I find this proposal [...] a clumsy mistake. I think that's crazy.

Some participants, however, expressed a slightly different opinion, highlighting how they do believe how the risk of using elective abortion as a sort of contraceptive is real and should be considered carefully, thus not rejecting the pro-life parties proposition completely, as Sara, for example, expressed:

Both rights are worthy [...] a modification of the law should be though so that the IVG doesn't represent a means of birth control. [...] it could be useful to charge the intervention beginning at the second IVG [...] it could be a way to give more responsibility to the woman and the couple, especially in the use of contraception.

4. DISCUSSION

The present research aimed to explore the experiences and perspectives of social workers, operating inside family counselling structures, who encountered women who decided to have elective abortions during their work.

From the findings, many limitations have emerged concerning both the general organization of family counselling services and the social workers' specific role. Concerning the first aspect many participants, and in particular by Diana and Ilaria, reported how they believed women are not currently offered a proper kind of support, because of a serious lack of resources (both in terms of amount of funds invested and of personnel involved). In addition to this, a lack of organization of the typical procedures has also been reported, due to the absence of a common line shared by each family counselling. These aspects can be confusing for women seeking support, also due to complex bureaucratic practices and little information concerning the procedures they will have to follow, as indicated more specifically by Beatrice and Elena. These family counselling services weaknesses have already partly emerged from literature (Pertile, Mazza, Pedron, Gurgone, & Pifferet, 2021), even though very few studies have been conducted with the precise aim to explore these elements.

It is also important to note that these significant shortcomings became even more serious in this Covid-19 pandemic period, which, by absorbing additional resources and requiring a significant number of healthcare personnel to be engaged in the fight against the virus, seems to have negatively affected even more the possibility for women to obtain a voluntary abortion and adequate support, leading to a considerable delay in the typical amount of time required to access the intervention, as highlighted by recent studies (Cioffi, Cioffi, & Rinaldi, 2020; Montanari Vergallo, Rinaldi, Piersanti, Tini, & Del Rio, 2021). Even though this specific theme has not been explored with the study participants, since the Covid-19 pandemic had not significantly spread by the time data was collected, it represents nonetheless an aspect to take into account.

As regards instead social workers' role specifically within the structures, the participants found various weaknesses as well, in particular in relation to a progressive marginalization of it over the years, due to the scarcity of available personnel, which has led to increasing difficulty in establishing an adequate support relationship based on mutual trust with each woman, as indicated by Diana.

This in turn led to a diminishing of the value given to the psycho-social conversation that is proposed by the social worker both before and after the abortion procedure, and which often must be carried out hastily and is sometimes rejected by women, as indicated by Chiara.

This aspect has already been highlighted by literature, with some studies reporting how women who seek a voluntary termination of pregnancy often tend to feel treated by socio-sanitary personnel like a simple number and not a proper person (Meier, Carter, & DeMaria, 2021).

Moreover, it has also emerged, from the testimonies in particular of Ilaria and Diana, the need to focus on prevention, relational and sexual education projects, especially considering that women from other Countries and different cultural and social backgrounds who request an elective abortion are increasing and many of them cannot have adequate access to proper sexual and contraceptive education, and for this reason, projects with the finalities above listed could reduce the phenomenon and give the possibility to acquire a responsible sexual behaviour, as other studies have already highlighted (Pitini et al., 2014). Linked to this, the need has also emerged to adequately train family counselling personnel, including social workers, as reported by Elena. This aspect has been underlined by other studies in literature as well, which have indicated that there are still gaps in this field, an aspect that contributes also to shape the way operators respond to women's choices, since those who

are better informed tend to present a more pro-choice attitude (Witt et al., 2021).

Furthermore, according to most participants, another limitation was also a serious lack of projects aimed at supporting women who might decide to carry on the pregnancy because the alternatives to an elective abortion are few and often limited, as expressed by Ilaria and Valeria.

Concerning instead women's emotions related to elective abortion, participants (especially Beatrice, Chiara and Diana) have also highlighted how, based on their direct experience, the pain following a Voluntary Interruption of Pregnancy (VIP) is generally as intense as a proper grief, and perhaps even more painful since it is, however, mostly unrecognized by society, thus disenfranchised, in line with what other studies have reported (Endrici, 2018; Foà, 2014). Because of this, participants generally agreed that there is no right and proper modality for facing this issue since it is extremely personal. Moreover, related to this, participants have also highlighted the need to have the possibility to constantly cooperate with a psychologist, who could offer support in dealing with such intimate themes, allowing women to start talking about the event of elective abortion and begin a complex path of possible resilience, as literature has already confirmed (Speckhard & Rue, 1992). All these aspects have been reported in particular by Ilaria, Elena, and Diana, and highlighted in literature as well (Foscaro & Ferracin, 2009).

Moreover, another fundamental theme that has emerged from the interviews is that of conscientious objectors and, more generally, the theme of the legitimacy of voluntary elective abortion and law 194/78, heavily questioned by some Italian politicians. Concerning such a complex matter, participants generally took very clear positions, since most of them agreed that the presence of conscientious objectors was problematic, sometimes even useless and dangerous for women's health, as indicated more specifically by Ilaria, Giada and Elena. Most participants also defended the necessity of a law that properly regulates the procedure of voluntary elective abortion, which would still be clandestinely practised anyway even without a law allowing it, thus putting women at a huge health risk, as expressed in particular by Ilaria, Giada, Elena, Chiara and Diana. This crucial aspect has already been highlighted in literature as well (Buedo, 2020).

It is also possible to hypothesize how these three thematic areas could significantly interact with one another. More specifically, the lack of resources and the progressively reduced role of social workers in family counselling services could have their negative impact on women's support, thus worsening a situation that is already very fragile, especially because of the consistent number

of conscientious objectors that are present in socio-sanitary structures. This could contribute to exacerbate a feeling of disorientation and disappointment in women, worsening their sufferance and sense of isolation, and consequently facilitating their distancing even from those services that are provided free of charge but are not mandatory, for example the psycho-social conversation with social workers.

Therefore, in order to possibly counteract these weaknesses, according to social workers', there is a strong necessity to have more time and resources to provide adequate support, together with their more direct involvement from the very first moments in which a woman comes in contact with a structure. Moreover, a more multidisciplinary support should be offered, as well as adequate and precise training on reproductive health and contraception.

Furthermore, social workers' also need to maintain a welcoming and non-judgemental approach towards each woman, without letting one's beliefs interfere with their ability to offer an empathic and attentive support. Lastly, practices of conscientious objection should be carefully reconsidered according to participants, since they are in contrast with the woman's right to choose concerning her own body.

5. CONCLUSIONS

From the present study, a strong necessity for a new, multidisciplinary perspective on the issue of voluntary interruption of pregnancy has emerged. In particular, social workers should be able to fully remain active subjects and acquire professional training that could allow them to possess the adequate tools to properly address women's needs.

There is an extremely urgent need to release the theme of voluntary abortion from its censorship to open a free social, political, and cultural debate involving both professional figures and citizens, so that women could finally feel supported and secure, especially when expressing their ambivalent and complicated feelings concerning this complex and painful choice.

Family counselling services still represent a fundamental part of the path to achieve a safe elective abortion and adequate support before and after the procedure, however, these services need to be empowered in terms of more resources and personnel, especially social workers, who could cooperate in properly supporting women. Moreover, sexual education projects should be reactivated and renovated, together with solid maternity projects that provide adequate resources. Lastly, conscientious objection should be carefully reconsidered, since it can represent a serious obstacle to women' right to obtain a voluntary abortion.

Starting from these elements and insights, some possible future research projects could help improve the current organisation of family counselling services. For example, some focus groups with social workers could be implemented to permit confrontation in a neutral and mediated space, in order to gather professional figures who have worked in the field for many years, with theoretical and practical knowledge, and thus bring a new gaze on the issue and innovative projects. Besides, this could finally offer common guidelines to family counselling services, especially on delicate themes such as voluntary abortion,

The present research has some limitations, particularly the small number of participants, which is however an intrinsic limitation of qualitative research. In the near future, it would be interesting to involve a larger number of participants, among which also other professional figures (such as doctors, nurses, psychologists) as well as women who have decided to have an elective abortion, to gain a broader and multifaceted perspective on the matter. Moreover, it would also be interesting to explore the experiences of women who come from different cultural, ethnic and religious backgrounds, especially the ones that are particularly religious and therefore strictly against voluntary abortion. Furthermore, since the present study was conducted a few months before Covid-19 spread globally, it would also be interesting to investigate the impact this phenomenon had on women's health and right to access abortion.

Lastly, current literature concerning voluntary interruption of pregnancy in Italy does not really focus on the present situation inside family counselling services, an aspect that made it difficult for the authors to retrieve adequate material and compare the study results with other findings. Because of this, it would be useful to implement other future studies involving more family counselling personnel.

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