

## **Briefing Document**

### **To inform the Citizens' Assembly's examination of the Eighth Amendment of the Constitution**

#### **About the HSE Sexual Health Crisis Pregnancy Programme**

The HSE Sexual Health & Crisis Pregnancy Programme (the Programme) is a national programme situated within the Health & Wellbeing Division of the Health Services Executive.

The Programme is mandated to deliver:

- a. A reduction in the number of crisis pregnancies by the provision of education, advice and contraceptive services.
- b. A reduction in the number of women with crisis pregnancies who opt for abortion by offering services and supports which make other options more attractive.
- c. The provision of counselling services, medical services and other health services for the purpose of providing support, after crisis pregnancy, as may be deemed appropriate by the Programme.

#### **About this briefing document**

This document sets out to provide the Citizens' Assembly with information on the following:

- Crisis pregnancy in Ireland
- State funded services supporting women experiencing a crisis pregnancy

#### **Crisis Pregnancy in Ireland**

##### **What is a crisis pregnancy?**

Legislation defines crisis pregnancy as “a pregnancy which is neither planned nor desired by the woman concerned and which represents a personal crisis for her”.<sup>1</sup> The Programme understands this definition to include the experiences of those women for whom a planned or desired pregnancy develops into a crisis over time due to a change in circumstances.

### **What is the prevalence of crisis pregnancy?**

Research finds that approximately one third of women who have been pregnant in their lifetime have experienced a crisis pregnancy.<sup>ii iii</sup>

### **What reasons are the reasons a pregnancy is a crisis?**

Reasons for a pregnancy being a crisis depends on the age of the woman involved and at what point in her life it happens. Women and their partners, who become unexpectedly pregnant, must consider how their pregnancy will impact on other dimensions of their lives including their personal relationships, their job, their education, their health and their financial situation.

The most common reasons why a pregnancy is considered to be a crisis is that the pregnancy was 'not planned' or that the couple considered themselves 'too young'.<sup>iv</sup> Financial factors feature for some women experiencing a crisis pregnancy, which reflects the impact that the socio-economic environment can have on women's personal circumstances. Younger women are more likely to cite financial factors as a reason for a crisis pregnancy (16% of 18 to 25 year old women compared to 6% of 26 to 35s and 10% of 36 to 45 year old women).<sup>v</sup> Medical difficulties were a feature for 5% of women and emotional difficulties were a feature for 6% of women.<sup>vi</sup>

### **Who is affected by crisis pregnancy?**

Crisis pregnancies happen to women and their partners from different ages, socio economic backgrounds, and with different relationship statuses. The majority are married, engaged or in steady relationships when the crisis pregnancy occurs.<sup>vii</sup> Younger women, in their early twenties, are significantly more likely to experience a crisis pregnancy than older women. The average age at which a crisis pregnancy occurs remains stable at 24 years for women and 25 years for men.<sup>viii</sup> The average age of childbirth is increasing year on year and many women in their twenties who become pregnant may not have considered having a child at that point.

### **Teenage Pregnancy**

Traditionally the teenage birth rate was used as an indicator of crisis pregnancy however it is now acknowledged that not all teenage births are interpreted as a crisis by the young person involved. A reduction in the numbers of teenage pregnancies has been a key priority area for the Programme since its establishment. The issue has been strategically approached by the development and delivery of education and information initiatives in partnership with key stakeholders.

Since 2001 the teenage birth rate has declined by over 60%. In 2015 there were 1187 births to teenage women (aged 20 and under). In 2001 the figure was 3087.

The number of teenagers traveling to the UK for an abortion has decreased by 72% since 2001. In 2001 the figure was 944, in 2015 it was 263. In 2015 the Department of health, UK recorded 76 abortions to women under the age of 18 providing Irish addresses in abortion clinics.<sup>ix</sup>

## What do we know about crisis pregnancy decision-making?

### Parenting

Parenting is by far the most common outcome for women who experience a crisis pregnancy. Research finds that when asked about their most recent crisis pregnancy, 73% of women chose to parent.<sup>x</sup> The decision to parent following a recent crisis pregnancy measured higher in 2003 when 81% of women reported they had decided to parent.<sup>xi</sup>

### Adoption

Traditionally in Ireland adoption was a common response for women experiencing a crisis pregnancy; however, the number of women placing their babies for adoption has decreased significantly in recent decades. One per cent of women reported adoption as the outcome of their most recent crisis pregnancy.<sup>xii</sup> Figures published by the Adoption Authority report that in 2015 there were 7 domestic infant adoption orders made for infants placed for adoption in Ireland.<sup>xiii</sup> This compares to 882 in 1985, 1,443 in 1975 and 1,049 in 1965.<sup>xiv</sup>

### Abortion

A nationally representative survey carried out in 2010 found that 24% of women had an abortion following their most recent crisis pregnancy.<sup>xv</sup> This figure had increased since 2004 when 16% reported having an abortion following their most recent crisis pregnancy.<sup>xvi</sup>

The Programme analyses data collated by the Department of Health in the UK on the number of women travelling from Ireland to the UK for an abortion on an annual basis. The Programme also links with the government department with responsibility for collating this data in the Netherlands.

- *Women travelling to other jurisdictions where abortion is legally available*

### *England*

In the majority of cases, women travelling from Ireland for an abortion travel to England. The Department of Health UK collates information from abortion service providers about women who provide Irish addresses in UK abortion clinics and publishes it annually. In recent years, the Department has published more detailed information about the characteristics of women travelling from Ireland for an abortion.

In 2015, 3,451 women gave Irish addresses at UK abortion services.<sup>xvii</sup> There has been a gradual decline in women availing of abortion services in the UK since 2001. In that year there were 6,673 abortions to women from Ireland in UK abortion clinics representing a rate of 7.5 per 1000 women. In 2015 the number had decreased to 3,451 representing a rate of 3.6 per 1,000 women (see table 1).

The Department provides information on the characteristics of women travelling from Ireland including the grounds under which the abortion was certified.<sup>xviii</sup> The following information is reported for the women who had an abortion in 2015 in England:

- Women from twenty-six counties attended UK abortion clinics
- The majority were in their twenties and early thirties

- 96% were certified for an abortion on ground C<sup>1</sup> and 4% were certified on ground E<sup>2</sup>
- Almost 70% had the abortion before 9 weeks gestation
- 81% were surgical abortions; 19% were medical abortions
- 65% were in a relationship or were married. 28% were single with no partner
- 80% were white Irish; 5% were white British; 8% were white other; 2% were Black or Black British; the remainder were Asian, Chinese or from another ethnic group.
- 47% previously had a child
- 19% had previously had an abortion

### *The Netherlands*

The Netherlands has emerged as the only other jurisdiction to which women from Ireland have been travelling for abortion procedures in any significant numbers. The Ministerie van Volksgezondheid, Welzijn en Sport (Dutch Dept of Health) has collated data on women providing Irish addresses in Dutch abortion clinics since 2010. Prior to 2010, the Programme linked directly with the main abortion service providers in the Netherlands to establish the number of women providing Irish addresses there. In 2014, 16 women were recorded to have provided Irish addresses in abortion clinics in the Netherlands. These figures have significantly declined since their peak in 2006 (see table 1).

#### ➤ *Women accessing abortions in Ireland under the Protection of Life Act*

The Protection of Life During Pregnancy Act 2013 defines the circumstances and processes within which abortion in Ireland can be legally performed. The total number of terminations carried out in accordance with this act in 2014 is 26<sup>xix</sup> and in 2015 is also 26.<sup>xx</sup> 2014 was the first year data was reported on this.

**Table 1: Women from Ireland accessing abortion services in the UK, Netherlands and under Protection of Life legislation**

Year	Number of abortions UK	Number of abortions NL	Number of abortions under POL	Abortion rate per 1,000 females aged 15 to 44
2001	6673	-	-	-
2002	6522	-	-	-
2003	6320	-	-	-
2004	6217	-	-	-
2005	5585	42	-	5.9
2006	5042	461	-	5.6
2007	4686	451	-	5.1
2008	4600	351	-	4.9
2009	4422	134	-	4.5
2010	4402	31	-	4.4
2011	4149	33	-	4.1
2012	3982	24	-	4.0
2013	3679	12	-	3.8
2014	3735	16	26	3.9
2015	3451	-	26	-

<sup>1</sup> Ground C: the pregnancy has not exceeded its twenty-fourth week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman

<sup>2</sup> Ground E: there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped

➤ *Information re Abortifacient drugs*

Abortifacient drugs are designed to induce an abortion for a woman who is less than 9 weeks pregnant. Abortifacient drugs are used by abortion providers in medically supervised clinics in countries where abortion is legal. These are referred to as medical abortions.

Since 2008, the Programme has been aware of women presenting at crisis pregnancy counselling services who have reported accessing abortifacient drugs in Ireland from international online providers. The key legal and healthcare considerations with this practice are:

- Women are illegally carrying out self-induced abortions
- Supply of any prescription over the internet is illegal<sup>xxi</sup>
- Women are taking abortifacient drugs without medical supervision
- Women fear accessing follow-up medical services as responsibilities of healthcare providers in the cases of self-induced abortion are not clear

*What is the current incidence?*

It is difficult to make an accurate assessment of the level to which this practice is occurring as there is limited information available. One research study reports that between January 2010 and December 2015, 5,650 women from the island of Ireland consulted with a leading provider of abortion pills on-line.<sup>xxii</sup>

*How are women accessing abortifacient drugs?*

Women and men have access to websites providing abortifacient drugs, which can be bought, accessed by way of a donation based transaction or in some cases accessed for free if the woman is unable to afford the suggested donation amount. According to one provider, women must carry out an online consultation with a medical doctor and meet a set of clinical criteria before the abortifacient drugs are dispatched by post.<sup>xxiii</sup>

*Why are women accessing abortifacient drugs?*

The main reasons are cost and access. For women who have made the decision to terminate a pregnancy, the cost associated with travelling from Ireland to another country for a medically supervised termination is high. This is particularly the case for those outside of the labour market, who are not financially independent or who are on low incomes. Research finds that higher earning women are more likely to travel to other countries for abortions over their lower earning counterparts.<sup>xxiv</sup> Access to legal abortion services is particularly complicated for certain groups who are limited from travelling independently outside of the state, including asylum seekers, young people in the care and women with an intellectual disability in residential care.

**State funded services supporting women experiencing a crisis pregnancy**

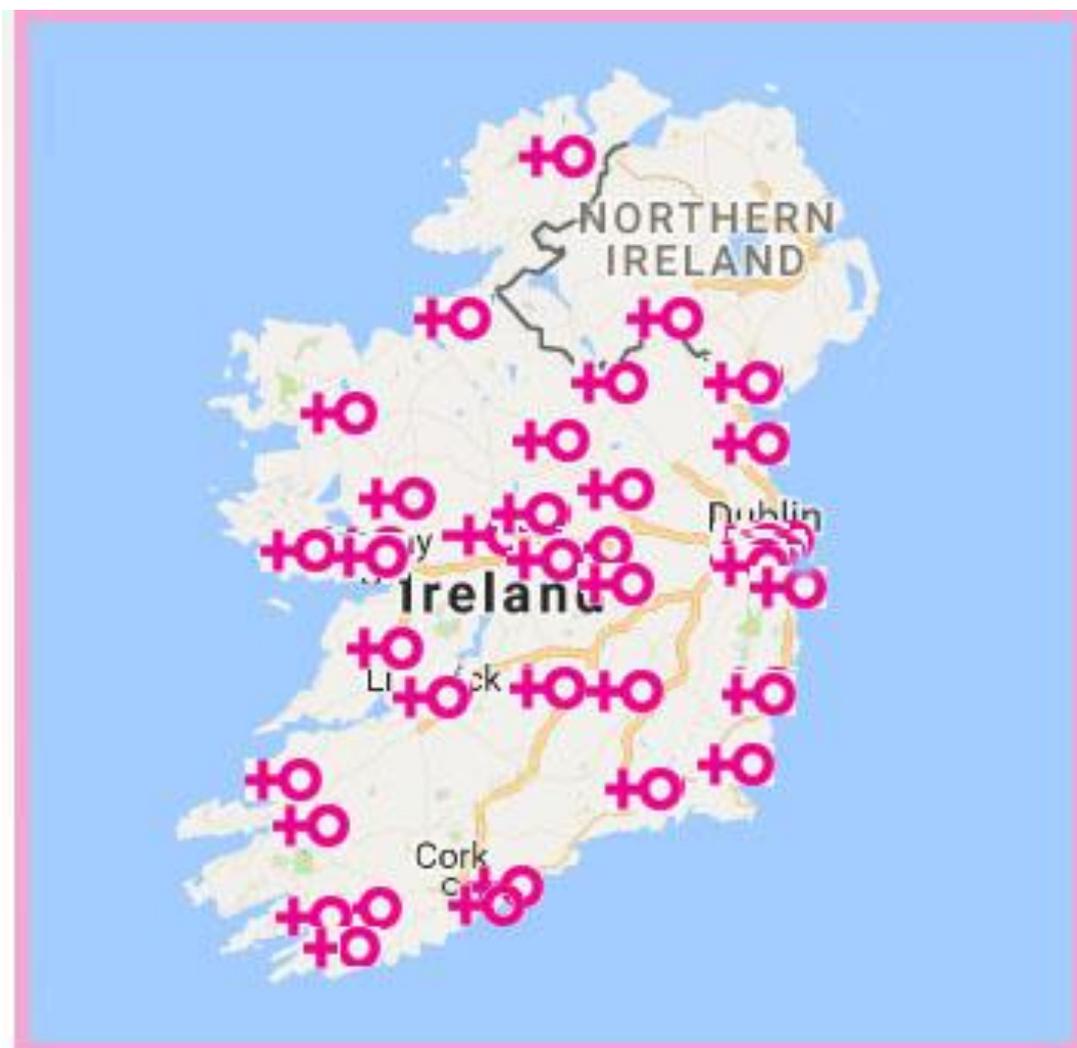
The HSE Sexual Health and Crisis Pregnancy programme funds 16 individual crisis pregnancy counselling services in over 40 locations nationwide to provide free crisis pregnancy counselling.

Crisis Pregnancy Counselling and the provision of information on all three options; Parenting, Adoption and Abortion is provided under the legal framework of Regulation of Information (Services outside the State for Termination of Pregnancies) Act 1995. The act sets out how information about legal abortion services outside Ireland may be given to individuals or groups in Ireland.

Crisis pregnancy counseling services are funded under detailed governance arrangements (Service Arrangements) and underpinned by a quality framework including access to supervision and training supports and guidelines/protocols to support services and their staff working in this complex area.

In recent years, developments in technology and access to the internet has meant that many women and men can access the information directly on-line and can make bookings directly with abortion service providers in other countries, and directly bypass the provisions of the Act.

Figure 1: Map of national provision of state funded crisis pregnancy and post abortion services



For a full list of services, please log on to [www.positiveoptions.ie](http://www.positiveoptions.ie)

## **Why are crisis pregnancy counselling services provided free of charge to women?**

There is a process of coping with the difficult emotions and difficult decision-making attached to a crisis pregnancy that a woman and her partner must go through before deciding how to proceed with her pregnancy. The state recognises the need to support women who experience a crisis pregnancy. Research finds that some women who experience a crisis pregnancy resolve the crisis themselves, however most rely on the support of others around them including professionals, family members, partners or friends. While most women see the support of a partner or family member of primary importance, they also see a clear role for crisis pregnancy counsellors.<sup>xxv</sup> When women were asked what they wanted from a crisis pregnancy counsellor they said a 'supportive listener', being able to 'talk through all your options' and to 'help making a decision'. For some women, a counsellor was the only person to whom they felt they could talk, particularly in situations where her views conflicted with her partner or other family members or where she wanted to express negative feelings about the pregnancy that she could not share elsewhere.<sup>xxvi</sup> The research suggests that a woman who makes a disclosure of a crisis pregnancy to a counsellor should be responded to in an emotionally supportive and non judgemental way; should be provided with full comprehensive information on whatever option she is considering, and information on/ referral to services beyond the point of making a decision about the crisis pregnancy.

On the basis of this research, the Programme developed a manual of good practice for crisis pregnancy counsellors and has developed training courses for its funded services.

Counselling for a woman experiencing a crisis pregnancy is about creating space for the decision-making process so that the woman has the opportunity to make a considered and informed decision.

Research shows that women who do not address a crisis pregnancy with an active decision-making process are more likely to question their decision later. It is the counsellor's role to provide space and time to facilitate women to work through difficult or painful conflicts. If not, issues may remain and they may surface later, when they may be more difficult to resolve.<sup>xxvii</sup>

## **What type of information can be provided in a crisis pregnancy counselling session?**

During a counselling session the client may request information on the options available to her.

### Parenting

Any woman considering parenting a child must be made aware of the various organisations and community support groups that offer information in relation to parenting, either alone or as a couple. Such organisations and groups have detailed user-friendly booklets touching on many issues of parenting.

### Adoption

Crisis pregnancy counsellors are able to provide a client with some of the basic principles surrounding the process of adoption and the rights of birth parents and adoptive parents. However if a woman chooses adoption as an option she will be appropriately counselled and advised at all stages of the adoption process by an adoption social worker, either with the HSE adoption service or an accredited body.

## Abortion

If, after appropriate counselling on all options, a woman decides to terminate her pregnancy she should be given as much information as is necessary for her to feel in control of her decision.

Information about abortion services in other countries may be made available under certain conditions. The law on the subject was passed in 1995 and is usually known as the Abortion Information Act. Its full title is Regulation of Information (Services outside the State for Termination of Pregnancies) Act 1995. The Act sets out how information about legal abortion services outside Ireland may be given to individuals or groups in Ireland.

Information on how to access services including names and addresses of clinics can be provided as can information on the types of procedure that may be available to her can be discussed. Crisis pregnancy counsellors are not medically trained and any specific medical questions are referred to the woman's GP.

All information should be provided in a manner that is accurate, unbiased, impartial and in accordance with the law. This is necessary to allow the woman to make an informed decision as to the most appropriate course of action for her to follow. Information may be given in different formats including written material which the client can take home with her.

Once a woman has considered what option she will follow, appropriate information is necessary to support her in carrying through that decision.

### **What type of information cannot be provided in a crisis pregnancy counselling session?**

Most funded services will provide information on abortion and abortion services outside the country, if the client requests it, during the counselling session. Two specific agencies – Cura and Anew – will discuss abortion but will not provide information on abortion services abroad.

All funded services must display their ethos on their website/ other advertising and make potential clients aware of the type of information which can/ cannot be provided.

Where a crisis pregnancy counsellor is of the view that such information is outside his/her area of competence or contrary to the ethos of the agency, an appropriate referral to another service should be made.

While information on abortion clinics can be given (when requested and during face to face counselling on all the options available), it is not permissible under the 1995 Abortion Information Act for a counsellor to arrange an appointment for the client with an organisation which provides abortion services. The client must make her own referral and contact the abortion service of her choice.

### **Who can provide crisis pregnancy counselling?**

Through the HSE funded services, all crisis pregnancy counselling is provided by a qualified counsellor/psychotherapist, a social worker or a trained volunteer depending on the service used.

Many crisis pregnancy counsellors are qualified psychotherapists or social workers, others are volunteers who have completed specific training in the field of crisis pregnancy counselling.

GPs and other medical doctors can provide counselling and support to women experiencing a crisis pregnancy and are governed under the legal framework of the Regulation of Information (Services outside the State for Termination of Pregnancies) Act 1995.

### **How many women attend crisis pregnancy counselling services every year?**

The numbers of women attending crisis pregnancy counselling service has fallen significantly since the inception of the Crisis Pregnancy Agency. In 2010 4,662 individual clients attended for crisis pregnancy counselling, by 2015 that number has fallen to 2,787. While the numbers attending services are decreasing, service providers report that those attending services are experiencing more complex and multiple issues. The majority of women attending crisis pregnancy counselling services are between the ages of 25-34.

### **Are crisis pregnancy counselling services regulated?**

No, like other general counselling services, crisis pregnancy counselling services have yet to come under a regulatory body.

In the absence of regulation, the Programme works with all service providers to maintain the highest possible level of service quality. This Programme provides funding to service providers to assist with ongoing training, continuing professional development (CPD) and supervision (internal and external) for those providing crisis pregnancy counselling and related services.

A Certificate in Crisis Pregnancy Counselling Skills to enhance counselling and support skills and to set standards of good practice in this unique field of counselling is available to all services. The course is delivered by the Department of Adult and Community Education at the National University of Ireland, Maynooth (NUIM), and funded by the Programme.

To support services in quality assessment and quality improvement, the implementation Self-Assessment Quality Framework within all funded crisis pregnancy counselling services has been put in place. The Programme facilitated a number of workshops to support service providers with their implementation.

### **What is post-abortion counselling?**

Post abortion counselling is provided by the same funded services which provide crisis pregnancy counselling, details of post abortion counselling providers are available on [www.abortionaftercare.ie](http://www.abortionaftercare.ie)

Information on the availability of post abortion counseling in Ireland is also provided by abortion clinics in the UK and the Netherlands. The Programme links with abortion providers to ensure the information is made available to women who have travelled from Ireland.

Post-abortion psychological support allows a woman a safe space in which to explore and articulate her feelings, whatever they may be, towards the decision made and perhaps the experience of the abortion itself.

A client may require a number of counselling sessions post abortion and the counsellor is available to support the woman depending on her individual needs.

The number of women who access post abortion counselling is relatively low.

### **What is a post-abortion medical check-up?**

A post abortion medical check up is available for women to ensure they have fully recovered from their procedure. A post-abortion check-up normally involves a blood-pressure check and an examination of their abdomen (tummy). Internal examinations are not normally carried out. The doctor will:

- Confirm that the pregnancy has ended (pregnancy tests can show a positive result for a while after an abortion)
- Check that bleeding pattern is normal and there is no infection
- Assist the client with their contraceptive needs.

### **Special Issues**

The experience of a crisis pregnancy and the provision of crisis pregnancy counselling to women, their family and partners can be more complex in certain cases:

#### **Asylum seeking women**

Women in the asylum process who experience a crisis or unplanned pregnancy may not be aware of the law in Ireland regarding abortion or where to access support.

Women who attend a crisis pregnancy counsellor may consider termination for many and varied reasons – the circumstances of the pregnancy; the insecurity of their position in the country; fear of being returned to their country of origin with a dependent child.

If a woman in the asylum process decides that termination is her best option the process of accessing abortion services in another country is complicated by her status as in ordinary circumstances, she is not permitted to travel outside the country while her asylum process is ongoing.

Permission to leave the country and the provision of a re-entry visa must be made to the Department of Justice. Application for a temporary visa for the country she is travelling to must also be sought before travel arrangements can be made.

The crisis pregnancy counsellor can provide support and guidance to a woman in such a situation; however the woman must make all appointment arrangements with the abortion clinic herself.

#### **Life-limiting conditions**

A crisis pregnancy includes the experience of those women for whom a planned or desired pregnancy develops into a crisis over time due to a change in circumstance. Such a change may include the discovery of an abnormality during routine Ultrasound or as a result of antenatal screening or diagnostic testing for abnormalities. Experienced crisis pregnancy

counsellors are able to provide support to women and their partners through these experiences.

**Minors**

A young person who is experiencing a crisis pregnancy needs to be treated with a particular degree of sensitivity. Sensitivity must attach to the circumstances in which she became pregnant, the support structures that surround her, both in her family and in the community, the emotional maturity and ability she displays in facing the reality of her pregnancy and her ability to make choices in relation to it.

## References

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- <sup>v</sup> *Ibid*
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- <sup>vii</sup> *Ibid*
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- <sup>ix</sup> Department of Health (UK), 2016. Abortion Statistics, England and Wales: 2015 Summary information from the abortion notification forms returned to the Chief Medical Officers of England and Wales.
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- <sup>xi</sup> *Ibid*
- <sup>xii</sup> *Ibid*
- <sup>xiii</sup> Adoption Authority of Ireland, 2016. Adoption Authority of Ireland Annual Report 2015.
- <sup>xiv</sup> *Ibid*
- <sup>xv</sup> McBride, O; Morgan, K, & McGee, H (2012). Irish Contraception and Crisis Pregnancy Survey (ICCP) 2010 (*ICCP-2010*): A survey of the general population. Dublin: HSE Crisis Pregnancy Programme.
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- <sup>xviii</sup> *Ibid*
- <sup>xix</sup> Department of Health 2015. 'Notifications in Accordance with Section 20 of the Protection of Life during Pregnancy Act'. Annual Report 2014.
- <sup>xx</sup> Department of Health 2016. 'Notifications in Accordance with Section 20 of the Protection of Life during Pregnancy Act'. Annual Report 2015.

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<sup>xxi</sup> Statutory Instrument no. 540/230 Medicinal Products (Prescription and Control of Supply) regulations 2003

<sup>xxii</sup> Aiken, ARA; Gomperts, R & Trussell, J. 2016. *Experiences and characteristics of women seeking and completing at-home medical termination of pregnancy through online telemedicine in Ireland and Northern Ireland: a population based analysis*. British Journal of Obstetrics and Gynaecology. DOI: 10.1111/1471-0528.14401

<sup>xxiii</sup> *Ibid*

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