



# STUDENTS FOR LIFE.IE

## MyOptions Research Project

### INTRODUCTION

Between November 2021 and January 2022, Students For Life undertook a study to determine how the HSE MyOptions service operates in practice. We set out to learn how MyOptions counsellors interact with clients from diverse backgrounds with different needs and expectations, and whether there was an overfocus on providing abortion as a catch-all solution for those experiencing an unplanned pregnancy. We set out to test the claim that MyOptions provides “information and support on all your options, including continued pregnancy supports and abortion services.”

To conduct this research, we arranged for a series of phone calls to be made to MyOptions to establish a clear picture regarding the advice and counselling the agency provides to clients. Below are summaries of how the respective MyOptions counsellors responded to the varied hypothetical situations. There is also a link below to a more comprehensive report on the findings of our research.

It is beyond question from the research carried out that MyOptions counsellors are not equipped to talk to clients about anything other than abortion. Even when women don’t seek information about it, abortion is the first issue counsellors raise with women facing an unplanned pregnancy.

Shockingly, our research also shows that MyOptions counsellors repeatedly advise women to contact abortion providing GPs for their first consultation, even when women say they are unsure about whether to proceed with an abortion or not. These and other outrageous and unprofessional practises point to the need for major changes in how MyOptions operates and how public policy in the area of unplanned pregnancy is delivered.

### WHAT WE DISCOVERED ON THE PHONE CALLS

In one call, a 17-year-old girl who was between 10-11 weeks pregnant phoned MyOptions to ascertain what supports are available to someone in her situation. She was clearly confused and unsure about what to do.

However, upon learning of the girl’s stage of pregnancy at the outset of the conversation, the counsellor began to discuss the option of abortion being time sensitive. The counsellor advised it may be a “good idea” to have the first appointment for an abortion made with a GP. The girl was unreactive to the prospect of abortion and exhibited signs of being distressed and confused.

The counsellor appeared unprepared to provide any other type of information to the girl, such as counselling, which soon caused the phone conversation to end.

In a separate call, a married woman in her forties with four children already, rang MyOptions for “some advice or help” as she found herself unexpectedly pregnant. The counsellor listened to her describe her situation, including her allusion to financial difficulties. This prompted the counsellor to leadingly ask “so you’re thinking of abortion?” The woman acknowledged she “didn’t like the idea” but felt at a loss for any other option. She acknowledged her relationship with her husband was “going through a rocky patch.” The counsellor again asked if she was considering abortion. The woman told the counsellor again she would consider it out of desperation “because I just don’t know of another option”. The counsellor then offered to provide information on abortion services. Evidently unhappy with this option, the woman asked directly whether there was “any other option” to abortion. This finally prompted the counsellor to discuss adoption as “probably the only other option” to either parenting the child herself or having an abortion.

Soon after, the woman said she occasionally experiences “periods of feeling down” and was worried abortion might cause her to have regrets. When asked by the woman what her next step should be, the counsellor provided her with information about talking to a GP “about the abortion process”. The conversation concluded soon after this information was given.

In another call, a married woman in her thirties with two children already found herself unexpectedly pregnant (6-7 weeks). She rang MyOptions to talk to someone about her situation. She told the counsellor she had a disabled child and acknowledged feeling overwhelmed. The counsellor sympathised with her and then proceeded to detail how accessing abortion works, without ever being asked for such information. The woman’s responses were non-committal answers like “yeah” and “okay” as the counsellor spoke. The counsellor then asked whether “the termination road” is the one she’d like to go down, to which the woman said she didn’t know and that she felt she had no other options. The counsellor encouraged the woman to make a first appointment with the GP and to avail of the three-day waiting period to reflect on the “pros and cons” of abortion. The counsellor encouraged the woman to “chat with the doctor” about her situation. The conversation ended soon after this.

In another call, a woman called MyOptions on behalf of her 15-year-old pregnant daughter who was approximately 9 weeks pregnant having just returned a positive pregnancy test. The woman wanted to speak to someone and “get some advice”. Upon learning of the situation, the counsellor advised the woman it may be “a good idea” to make an appointment with a GP “if she’s decided she wants to end the pregnancy” whilst MyOptions can provide details of abortion-providing GPs to “start the ball rolling.” The woman explains her daughter is distressed, “in denial” and “just can’t take it in at the moment”. The counsellor acknowledges the “huge shock”, but does not urge careful reflection of the options; instead she encourages the woman to proceed with making an appointment with the GP.

When the woman asks about counselling for her daughter, the counsellor directs her to the local Irish Family Planning Association, whom she later acknowledges she previously worked for. She claims the IFPA can provide “unplanned pregnancy counselling” for her daughter. She also advises the woman that the GP can provide a form of counselling for the daughter. The woman expresses doubts about abortion as an option, acknowledging she does not want her daughter to “rush into something she may regret” and cause her “trauma”. Only at this point does the counsellor suggest she may wish to “maybe look into adoption” but provides no further information. She further advises the woman to contact the IFPA, as “they’re all professional counsellors” and encourages her to make an appointment soon with either

the GP or IFPA to learn her stage of pregnancy as if it's too late this will impact "the options she has". The conversation soon concludes.

In yet another call, a woman in her 40s with three children already is unexpectedly pregnant and rings MyOptions after Google brought up their number when she searched "unplanned pregnancy." She rings as she "is just wondering what [she] can do". The counsellor informs her she's "come to the right place" and it is here where she can obtain information, including "accessing abortion care information". Unprompted, the counsellor explains abortion is "GP-led care" and asks the woman if it's what she's considering. The woman admits she is "not in good shape" to have another child and suffers depression, whilst she acknowledges financial difficulties and her partner's recent redundancy. After listening to these details, the counsellor asks if she's still "coming to a decision" or if she's "considering an abortion". The counsellor then reiterates the problems explained by the woman before asking if she would like to "talk about each of the options". When specifically asked about options other than abortion, the counsellor offers virtually no practical information. The woman asks if she may regret an abortion, to which the counsellor asks about her views on abortion. The woman says she has not thought deeply about it, though she reiterates her external problems. The counsellor listens without providing advice, then informs her that MyOptions can provide her with information on GPs who "would see you for abortion care". The conversation soon ends.

In another one of the calls, a woman rings MyOptions explicitly seeking an abortion having just received a positive pregnancy test that morning. The counsellor immediately asks her location and provides her with information on the nearest abortion provider. Near the end of this brief conversation the counsellor informed the woman that she could provide her with information on abortion in the UK if she is over 12 weeks. No attempt was made to provide alternatives to abortion or ask the woman about her circumstances.

In another call, a man rings MyOptions on behalf of his sister who is facing an unexpected pregnancy yet is determined to keep the child. Their GP advised him that MyOptions helps people dealing with unplanned pregnancies, which leads him to inquire about her financial and social welfare entitlements. The counsellor is evidently unsure how to react and apologises, stating that they do not offer information on entitlements. She provides him with the number for Citizens Information in his sister's area. After scrambling to find the information which was clearly not to hand, the counsellor provides him with details of a Dublin-based organisation which can provide his sister with information on "social welfare entitlements, housing, and financial support." The conversation soon ends with the counsellor clearly out of their depth in dealing with non-abortion related queries.

## **CONCLUSION AND RECOMMENDATIONS**

Overall, these case studies reveal the paucity of information on positive alternatives to abortion. They reveal that MyOptions frequently leads the conversations of vulnerable women in a single direction: towards having an abortion. Each counsellor in the first six cases raises abortion early in the conversation as the proposed solution. Some counsellors used activist-charged language such as "abortion care" and referred clients to the IFPA on the misleading implication that they provide impartial counselling for unplanned pregnancy. The truth is that the IFPA is a campaigning organisation which has previously been investigated by the DPP for, in the words of a former Master of a Dublin

maternity hospital, “endangering” the lives of women by encouraging them to lie to their doctors and say they had a miscarriage if they developed complications after an abortion.

At no point in any of the calls did the counsellors use the term ‘baby’, while they regularly downplayed women’s pleas for information about alternatives by repeatedly circling back to the issue of abortion.

What’s glaringly apparent is the way MyOptions is failing to meet the needs of women who find themselves unexpectedly pregnant. This is unacceptable and a clear departure from the undertaking given by MyOptions to provide “information and support on all your options, including continued pregnancy supports.”

We, in Students For Life, propose a number of changes which would provide women with greater access to information about alternatives, which should be reflected upon during the present three-year review of the 2018 Abortion legislation. This includes:

- A complete review and overhaul of how MyOptions operates.
- People with experience in meeting the needs of women who wish to continue their pregnancy should be invited to participate in the decision making process and be appointed to relevant bodies overseeing policy in the area of unplanned pregnancy. Disgracefully, this is not happening at present.
- An obligation should be placed on abortion providers to inform women considering abortion of the positive alternatives available, such as financial and other supports available for parents, contemporary models of adoption, as well as legal avenues for obtaining maintenance from the father where relevant.

A specific obligation on counsellors to provide face to face counselling to women who ask about alternatives to abortion.