



STUDENTS FOR LIFE.IE

MyOptions Research Revealed

INTRODUCTION

Since its launch in 2019, the HSE MyOptions service has been promoted by the Government and others with much fanfare. They have relied on MyOptions as the panacea to the issue of providing women with ‘informed consent’, a key promise of the 2018 abortion referendum.

In other words, the Government claims that MyOptions counsellors provide women with their full range of options. A reasonable person would infer this includes information about parenting supports, social welfare entitlements, access to adoption services, counselling services, etc.

However, the findings from recent research conducted by Students For Life have revealed that MyOptions counsellors are providing women with a one-track path to abortion. A diverse sample of case studies[i] arising from phone-calls placed from November 2021 to January 2022 were examined to assess the veracity of the claim that MyOptions provides “information and support on all your options, including continued pregnancy supports and abortion services.”[1]

CALLER A- 17 YEAR OLD GIRL

Caller A, a seventeen-year-old who was between 10 and 11 weeks pregnant, rang the MyOptions line to find out what her options were. Reflective of many others within this demographic, she was confused about how to deal with her unplanned pregnancy and needed information about supports.

The counsellor began by asking a few questions to assess the stage of Caller A’s pregnancy. The counsellor then informed Caller A that after 12 weeks she “won’t have the option of abortion if that was something you were considering” and informed her that “time would be a pressure”. Caller A responded with noncommittal phrases such as “okay” and “yeah” during this part of their conversation.

The counsellor then asked more about her situation, including whether she was in a relationship and who she’d spoken to about her pregnancy so far. Caller A was vague in her responses but indicated that her relationship status was “complicated” and that she was dealing with the situation alone.

The counsellor then advised Caller A that “if you want to access abortion then it might be a good idea to have an appointment made.” The counsellor further explained the procedure for accessing an abortion,

detailing the three-day waiting period. The counsellor informed Caller A there would be “no obligation” for her to continue with an abortion after having made the first appointment.

Caller A was clearly distressed and confused about what to do. The counsellor asked questions about how Caller A felt, whether she could see herself becoming a parent, whether it was something she wanted to do, and if she’d spoken with her partner or not. Caller A’s responses indicated an obvious desperation and confusion. She frequently told the counsellor “I don’t know” and repeated that she was dealing with the situation alone.

The phone call concluded with Caller A asking whether she could call back later. The counsellor provided information on MyOptions’ hours of operation. The phone call ended.

In summary, the case of Caller A is one which reflects a wide range of likely phone calls to the MyOptions service from desperate young women and Callers facing unexpected pregnancy and who are unsure of what to do.

Caller A began the phone call by asking about her options. Despite asking some questions to assess the caller’s situation, the counsellor only informed her about information on accessing abortion as a priority.

The counsellor neglected to offer information to Caller A about face-to-face counselling sessions or adoption services. These options may have appealed to Caller A and helped her to make an informed decision. However, the counsellor simply discussed abortion as the next step which MyOptions could provide whilst offering generic advice about talking to friends and family members.

CALLER B- 40 YEAR OLD WOMAN WITH 4 CHILDREN

Caller B, a married woman in her forties with four children already, rang the MyOptions line as she became pregnant unexpectedly and wanted “some advice or help”.

Caller B acknowledged that she was nervous. She explained to the counsellor that she already has four children, the eldest being 14 and the youngest 7. She was surprised to learn she was pregnant and expressed uncertainty about whether she and her husband could afford another child. She explained that she hadn’t yet told her husband.

The counsellor was the first to bring up abortion, asking her “So you’re thinking of abortion?” in response to the above information. This was a leading question for the counsellor to ask and was not necessarily what Caller B was asking.

Caller B immediately acknowledged that she “didn’t like the idea” of having an abortion, nor even the word abortion, but that she was “really struggling” with her situation and felt at a loss for what to do.

The counsellor then inquired why Caller B was “struggling with this” alone despite being married. Caller B explained that her husband and her were “going through a rocky patch”, but that he would support

“whatever decision” she makes on the pregnancy. She further expressed how the financial difficulties of having another child were influencing her approach to the situation.

The counsellor again asked whether Caller B was considering abortion. She acknowledged she was considering it out of desperation, “because I just don’t know of another option”. Instead of offering her other options to alleviate this desperation, the counsellor responded by offering to provide details of her nearest abortion services and explained the mechanisms through which Caller B could acquire an abortion. The counsellor explained that there was no obligation to go through with an abortion following the first appointment and explained that she must wait three days between the first and second appointment.

Caller B voiced her discomfort with going to her own doctor, as they know each other well. The counsellor explained the service is anonymous and she can go to any doctor who is providing abortions. The counsellor then told her how it’s her decision to have an abortion and nobody else’s business. Caller B then said she was “really conflicted on it”, which prompted the counsellor to say how it’s “a big decision” and it’s “about what you want and what you need.”

Caller B then directly asked the counsellor whether “there is any other option” or anything else she could do other than have an abortion. Following this prompt, the counsellor explained that adoption was “probably the only other option apart from abortion” if she wasn’t prepared to parent the child herself.

The counsellor and Caller B then discussed the option of adoption. The counsellor provided information about open adoption. The counsellor then set out the view that Caller B’s options were abortion, adoption, or parenting the child herself.

Caller B explained how she experiences “periods of feeling down” and was worried that abortion might cause her regret. She voiced her concern about the costs of raising a child and the difficulty of pregnancy.

The counsellor explained to her that the decision was hers alone, which prompted the caller to ask what her next step would be. The counsellor then provided her with information about talking “to a GP about the abortion process” and provided her with information about the nearest abortion provider to her. The counsellor encouraged Caller B to mention she was referred by MyOptions when making an appointment. Caller B asked some procedural questions about accessing abortion services, which the counsellor provided answers to. The conversation then finished and the phone call ended.

In summary, the counsellor initiated discussion of Caller B potentially having an abortion. Despite Caller B voicing her hesitation about abortion and explaining her situation, particularly the financial difficulties she felt would impact her family, the counsellor proceeded to prioritise abortion as a solution to Caller B’s needs. Only when Caller B asked directly about other alternatives to abortion did the counsellor discuss adoption.

This case study reveals that the first instinct of the counsellor was to provide information on abortion. The counsellor should have addressed the woman’s financial concerns by offering information on social welfare entitlements, or by providing information on how she could acquire this information, such as directing her to a service like Citizens’ Information or MABS.

CALLER C- 30 YEAR OLD WOMAN WITH 2 CHILDREN

Caller C, a married woman in her thirties with two children already, found herself unexpectedly pregnant which led her to phone the MyOptions line. She explained that she wanted someone to talk to about her situation.

Caller C explained to the counsellor that her husband didn't yet know she was pregnant, that she had a son with a disability, and was feeling overwhelmed. The counsellor sympathised with Caller C for feeling overwhelmed and inquired about her stage of pregnancy, which was between 6 and 7 weeks.

The counsellor then immediately explained how the abortion procedure works. The counsellor acknowledged that "you haven't quite decided what you want to do", but explained the procedure to acquire an abortion to Caller C nonetheless. She explained that availing of abortion is confidential and that MyOptions can provide her with the name of an abortion-providing GP near her. Whilst the counsellor was talking, Caller C answered with noncommittal responses such as "okay" and "yeah".

The counsellor then asked whether Caller C felt whether "the way you'd like to go [is the] termination road?", to which Caller C replied that she didn't know and felt like she had no other options.

The counsellor encouraged Caller C to make the first appointment with the doctor and avail of the three days to reflect upon "the pros and cons." The counsellor then asked where the caller was located and provided her with the details of abortion-providing GPs in her area. The counsellor again encouraged the woman to make the first appointment and "chat with the doctor" and "see how you feel after talking to the doctor."

The counsellor then advised the woman that she can extend the waiting period to reflect further on whether she wanted to proceed with an abortion. Caller C thanked the counsellor and said she will "mull it over". The conversation then finished and the phone call ended.

In summary, Caller C was immediately directed towards abortion by the counsellor, without discussion of any alternative options such as social welfare supports, counselling, adoption, or other alternatives. Whilst the counsellor asked whether Caller C wanted to go down the "termination road", the counsellor had initiated the conversation by discussing how to acquire an abortion.

CALLER D- MUM CALLING FOR 15 YEAR OLD DAUGHTER

Caller D called MyOptions on behalf of her 15-year-old daughter who was facing an unexpected pregnancy. Her daughter had just returned a positive pregnancy test and it was believed she was approximately nine weeks pregnant. Caller D wanted to speak to someone and "get some advice".

The counsellor listened as the woman briefly explained the pertinent details of her daughter's situation. The counsellor then advises it would be a "good idea" to take her to the GP. The counsellor adds "if she's decided that she wants to end the pregnancy" then MyOptions can provide Caller D with details of abortion-providing GPs to "make an appointment and start the ball rolling." As we can see, the counsellor was the first to suggest abortion. However, the counsellor also advised that she contact her own GP if she wanted to continue with the pregnancy, though offered little further information.

Caller D is asked by the counsellor what the daughter's perspective is, to which Caller D indicates that her daughter is confused, distressed, and "in denial": "She just can't take it in at the moment." This information, coupled with earlier knowledge that the daughter had only just returned a positive pregnancy test, should have indicated to the counsellor that the situation warranted calm and reflection before arriving at a major decision. However, this was not the course pursued by the counsellor, who advises that she make an appointment with the GP. The counsellor tells Caller D that the GP will inquire "how old the guy that she had sex with was?", to which Caller D indicates they were roughly the same age.

The counsellor advises that Caller D's daughter talk to someone, including MyOptions, and asks if she would be prepared to come on the phone. Caller D informs the counsellor that her daughter is unprepared to come on the phone as she's in her room and "not talking to anyone at the moment", which again illustrates how uncalm the situation is. The counsellor acknowledges this, saying that "she could be in shock" and "it's a huge shock", but presses forward with advising them to make the appointment with a GP anyway.

Caller D asks about counselling services, which the counsellor claims can be provided by MyOptions (i.e., in the present form) or through an agency which provides "unplanned pregnancy counselling." Caller D inquires further about these agencies, to which the counsellor provides her with the details of a local Irish Family Planning Association office. The counsellor then adds that the IFPA "could help her if she wants to have an abortion, they certainly provide that service". The IFPA, a pro-abortion advocacy organisation, is not representative of a counselling service which could provide the girl with information on supports, entitlements, and provide expert therapy. It is not reflective of the type of counselling which Caller D asked about or which would genuinely help her daughter.

The counsellor asks Caller D how she feels about the situation, to which she replies that she doesn't know yet all she wants is what's best for her daughter. The counsellor then advises her again to make an appointment with the GP and indicates that the GP would provide counselling. In reality, it's not the case that the GP would provide counselling, instead they would provide her with access to abortion.

Caller D expresses some reluctance with the abortion solution being presented to her, indicating that she does not want her daughter to "rush into something she may regret" or which may cause "any trauma". The counsellor when prompted on this point mentions she may wish to "maybe look into adoption" if Caller D's daughter were to continue with the pregnancy. This severely underrated the option of adoption and the counsellor fails to ask Caller D if she would like to receive information on the adoption process.

They discuss the importance of Caller D supporting her daughter. The counsellor is keen to press home that the decision is solely the daughter's. The counsellor outlines the option of continuing with the pregnancy, meaning "she's going to be a parent by the time she's 16, I mean that's huge". Whilst the counsellor should not underrate the significance of this, it would have been helpful to outline supports which are available to the daughter in this situation, such as the Teen Parents Support Programme. The counsellor also adds that "if she's going to have an abortion then she has to come to terms with that afterwards" and "has to be okay with that."

Though the counsellor agrees with Caller D on the importance of not rushing into anything, the counsellor advises her to contact the IFPA so they can "organise a scan to see where she's at." Caller D

asks then if the counsellor advises she contact the IFPA rather than the GP, to which the counsellor advises that the IFPA “would be really good” as “they’re all professional counsellors”. By implying the IFPA can offer impartial advice alongside professional counselling/therapy, the MyOptions counsellor is misleading Caller D as the IFPA are primarily an abortion advocacy organisation rather than an objective information service. The counsellor provides the telephone number for the local IFPA office.

Caller D expresses some reluctance to engage in phone counselling, which leads the counsellor to seek to allay her fears and stress how “very careful” the IFPA would be when dealing with a 15-year-old. The conversation concludes with the counsellor stressing that Caller D should soon determine the girl’s stage of pregnancy through either the IFPA or a GP, as that will impact “the options she has”. Undoubtedly this is true as abortion may not be possible to access once the girl has gone beyond 12 weeks, but this compounded with the rest of the phone-call weighs heavily on abortion as the most important solution to this situation. The counsellor recognises that “there’s shock, and it will take a while for you to get your head around.” The conversation soon finished and the phone call ended.

A conclusion to be drawn from this lengthy conversation is that abortion was the go-to solution advocated by the MyOptions counsellor for the situation of Caller D and her daughter. As in other cases, it was first mooted by the counsellor and repeatedly circled back to by the counsellor. The counsellor’s interpretation of ‘counselling’, be it from MyOptions or the GP or the IFPA, vastly conflicted with the ideal of impartial counselling and advice. The conversation illustrates multiple paths to acquiring an abortion but virtually no details on supports available if continuing with the pregnancy.

CALLER E- 40 YEAR OLD WOMAN WITH 3 CHILDREN

Caller E is in her 40s with three children already and has found herself unexpectedly pregnant. She explains the above to the MyOptions counsellor and that she found the hotline number on Google. She explains that her purpose of phoning is “just wondering what I can do”.

The counsellor informs Caller E she has “come to the right place” as they can provide “information over the phone” and “accessing abortion care information”, if the latter is an option which Women E wishes to avail of. Unprompted, the counsellor explains that abortion is “GP-led care” and asks Caller E “is that what you’re considering?” From the outset, the counsellor uses the activist-charged language of ‘abortion care’ whilst immediately directing the conversation in a direction towards abortion.

Upon re-iterating what they inferred from Women E about her background, the counsellor asks if her purpose in phoning is to look at the options. Women E agrees and explains that she is “not in a good shape to have another child”, that she “suffers a bit from depression”, and that her partner is unemployed due to the Covid-19 pandemic. These factors are understandably weighing upon Caller E in her approach to the unexpected pregnancy. The counsellor tries to find out whether she’s still “coming to a decision” or if “you’re considering abortion, is it?”. Again, the counsellor leads the conversation in the direction of abortion, despite Caller E not having mentioned abortion and simply expressing problems she identifies with her current situation. Instead of seeking to solve these problems or direct Caller E towards those who can help, the counsellor raises the option of abortion.

Caller E explains that she simply Googled “unplanned pregnancy” which led to the HSE MyOptions phone number and says she does not want to go to her GP. As such, this woman was not expressly

seeking out an abortion. The counsellor then relays the problems identified by Caller E with her unexpected pregnancy (financial concerns, her partner's unemployment, her health and well-being) before asking whether it would help to "talk about each of the options". The counsellor claims that, as counsellors, the MyOptions staff are each equipped to discuss these options over the phone. The counsellor claims they are only "here to listen" and don't direct callers towards a particular outcome. This is untrue based on previous evidence, which demonstrates the advice offered skewed heavily in the direction of acquiring abortion.

When asked by Women E about "other options", the counsellor clarifies if she means "other than... ending the pregnancy?". The counsellor has virtually no practical information to impart on Caller E, instead advising her that she has had three children before so is aware of what's available from past experience. This is unhelpful and hardly fulfils the counsellor's supposed ability to discuss all the options.

Caller E asks the counsellor whether she might regret the abortion, which leads the counsellor to inquire about her views on abortion as something which has "been available here for three years." Caller E acknowledges she has not thought deeply about the issue and indicates she is very concerned with the prospect of having another child, again reiterating her precarious employment situation. The counsellor listens but does not provide any positive options or advice at this point. This prompts Caller E to move towards ending the phone call by saying she has to go. The counsellor then reiterates MyOptions' opening hours and states they can provide information on GPs who "would see you for abortion care." The conversation soon concludes and the phone-call ends.

The counsellor's failure to provide positive information on alternatives demonstrates a clear lack of training or willingness to engage on these topics. When the Caller asked for information other than abortion, the counsellor's answers were void of practicality and centred only on "listening" to her concerns. This is obviously entirely inadequate.

CALLER F- WOMAN SEEKING AN ABORTION

Caller F called the MyOptions and explains that she did a pregnancy test that morning and "doesn't want to continue with [her] pregnancy." The counsellor reacts to this and asks her location, then begins to provide her with information on the nearest abortion-providing GP.

The counsellor advises Caller F to "be very clear" in stating she wants an abortion. The counsellor asks if Caller F knows her far along in the pregnancy she is, and they determine she may be "nine or ten weeks pregnant at this point" as her irregular period may have caused her not to notice earlier. The counsellor explains the limit of 12 weeks for unrestricted access.

When asked by Caller F whether the GP would "try to make me change my mind" as she "literally just discovered" she was pregnant. The counsellor is quick to respond that they would "not at all" try to influence her.

Near the end of the conversation, after Caller F has thanked the counsellor, the counsellor informs her that if she were "too late to access an abortion in Ireland, you can still travel to the UK" and offers to provide her with those details if it happens to be the case. The conversation then ends.

In contrast with other cases, this conversation was extremely quick as Caller F had no interest in discussing alternative options or explaining the details of her situation in any depth. Noticeably, the counsellor did not attempt to urge the woman, who had only discovered she was pregnant that morning, to consider or reflect upon other options. The counsellor did not attempt to gauge if there were any circumstances motivating her decision to seek an abortion and simply provided the information. This contrasts sharply with other cases in which attempts to access information on positive alternatives to abortion led to lengthy and winding phone-calls which were generally scant on practical information about anything other than abortion.

CALLER G- MAN SEEKING INFORMATION ON SUPPORTS

Caller G, a male whose sister found herself in an unexpected pregnancy but had decided to keep the baby, phoned MyOptions on the advice of his sister's GP to ask about social welfare entitlements and other supports which may be available to his sister.

The counsellor was obviously not used to dealing with such enquiries, telling Caller G that "I don't think you're through to the right number, unfortunately." Nonetheless, she pondered out loud "how could I find... financial information."

Caller G explains that his sister's boyfriend is not in the picture currently and that there are difficulties, and she's "a bit vulnerable now", but that "she's adamant" to have the baby. He asks whether she can ring MyOptions for counselling.

The counsellor asks questions about which county the sister is located in. The counsellor then advises to connect with the local "Citizens' Advice" [sic] as MyOptions does not offer information on financial or social welfare entitlements, though they "do offer support counselling, emotional support." The counsellor provides Caller G with the details of the sister's closest "Citizens' Advice" [sic]. The counsellor also offers to provide Caller G with information on face-to-face counselling as well as informing him that MyOptions provides over the phone counselling.

Caller G asks again whether MyOptions provides information on financial supports, as this was what he assumed the purpose of the hotline was. The counsellor regretfully informs him they offer "no financial support" and that he "was given the wrong information." The counsellor tells Caller G that there is "another helpline" which provides "support for people parenting alone" and information on "social welfare entitlements and all of that, housing, and financial support." The counsellor provides the number for "Ask One Family helpline", which are based in Dublin. The counsellor provides the phone number but informs him that they won't be open until Monday. Caller G thanks the counsellor and the conversation soon draws to an end.

This case study was a clear situation where abortion was not an option that the counsellor could offer to the caller. This clearly flustered the counsellor who acknowledged that MyOptions does not provide information on social welfare entitlements. With regards to providing counselling and such services, the MyOptions counsellor indicated that Caller G's pregnant sister could phone the service if she wanted someone to "listen". The case illustrates that when it comes to a clear case of someone asking for positive supports for a woman continuing with pregnancy there was little information of any use which could be provided.

CONCLUSION AND RECOMMENDATIONS

Each of these case studies demonstrates that callers from various backgrounds and circumstances who contact the MyOptions service are being pushed in the direction of abortion as the first priority.

In each case, the caller initiated the conversation by expressing their desire to receive options or advice on how they should deal with their situation. In each case, abortion was the solution provided. Though the counsellors were willing to discuss other alternatives, it was often in response to the women clearly voicing their uncertainty about opting for the first option to presented to them of abortion.

The findings of these three samples should inform politicians and the general public about the reality of the MyOptions service. Its inadequacies and failings are clearly demonstrated in the above cases. Despite 89% of Irish people favouring the provision of information about alternative options to abortion, these cases clearly indicate that abortion is being pushed by MyOptions as its top priority.

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 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.**

[i] The individuals and their respective circumstances described in this study are entirely fictitious, albeit representative of common situations and demographics. The calls were placed between November 2021 and January 2022 to MyOptions counsellors and were recorded for research purposes.