



SEXUALITY, INFORMATION
REPRODUCTIVE HEALTH & RIGHTS

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Today, we are asking a very important question - what do women need? - in relation to abortion information, services and access to these services.

What I would like to bring to this forum is a sense of women's experiences in accessing abortion services under the current legal regime and to explore what services and information women will need in a new legal regime.

I'm going to talk a little about the services of the [Irish Family Planning Association](#) (IFPA) services within the current legal context. I'll share what we've learned from the women who use our services. And I'll highlight what that tells us about what will be needed after repeal of the eight amendment.

And my starting point is Professor Rebecca Cook: "No society. No religion, no culture and no system of national law has been neutral about issues of human reproduction." And to me that suggests that while we focus in Ireland, for obvious reasons, on the harms and abortion stigma related to criminalisation of abortion, these are not exclusive to Ireland, and change in the law does not automatically eradicate stigma or guarantee access to services.

First, let me highlight a few important points in relation to pregnancy counselling in Ireland and, in particular, the counselling service that the IFPA provides:

The IFPA has worked since 1969 to promote and protect basic human rights in relation to reproductive and sexual health, relationships and sexuality. An integral part of this work since 1992 is our pregnancy counselling service, the only nationwide pregnancy counselling agency providing information on all three options – abortion, parenting and adoption.

As most people in this room knows, under Irish legislation, pregnancy counselling is governed and restricted by the 1995 Information Act.

The legislation requires that women can only be given information about abortion services in face-to-face counselling sessions; and only if they are given information, counselling and advice about the options available to them in their particular circumstances.

This legislation assumes that women need the assistance of someone else in making a decision, that her own ability to make a decision about her reproductive health, her body, her

pregnancy is inadequate. This is a form of state control, based on harmful stereotypes about woman that constrains and limits women's reproductive rights.

No other type of counselling or psychotherapy in this country is regulated either by the state or any other body – nor is any other type of counselling subjected to fear of prosecution by the law of the land. The law stands in the way of women exercising their considered, conscientious choice about their pregnancy.

The Information Act also serves to locate abortion counselling and post-abortion medical care outside mainstream healthcare, thereby reinforcing stigma and further marginalising and deterring women in accessing services including post-abortion medical care.

And women need to be free of that. And pregnancy counsellors need to be free of the Information Act. And above all, women need to be free of having to travel to another country to avail of safe abortion services.

Yet, women come to pregnancy counselling who have made their decision and have found all the information they need online or from friends.

So what do women gain from attending our services for pregnancy counselling?

Women attend our services with many different needs.

Many women seek to confirm the accuracy of information they've found online or from friends. They have questions about the risks associated with abortion, the procedure itself, other medical issues, and practical issues such as cost. Women want to know what the clinic is like, what to expect at the clinic. And they have concerns about how they will be treated.

And counselling allows women to discuss any vulnerabilities and allay any anxieties that are particular to their individual set of circumstances.

The IFPA cultivates a protected space where there can be intimate disclosures and exploration of women's abortion narratives, without the fear of being subjected to judgment.

This space can also help discharge the negativity associated with abortion stigma and the negative attitudes of other people.

Indeed, women tell us that this counselling space can be the only context where a woman can discuss her pregnancy and abortion decision in a confidential manner and without fear of being judged or criticised. At the same time, it is a process that is highly influenced by external perceptions that abortion is a problem, is wrong, is criminal.

Rebecca Cook describes stigma as “a defective mark, a tainted attribute that spoils identity. It disqualifies an individual from full social acceptance. It cuts stigmatised people off from society. It provokes hostility towards them; it provokes hatred towards the labelled person.”

Here are some of the examples of stigma that women have said to me: “I can't talk about this at home: My granny is pro-life, she comes up every year on the bus to the march.” Women refer to what they've heard on the radio on the way to counselling, or what they've seen on TV. “What they're saying on the radio is wrong; they don't know the reality of what I have to go through.” “I want to throw my shoe through the TV.”

And counselling gives distance to the woman from her social sphere and space to discuss her situation. Here she can take charge and be autonomous in her decision making despite all the impediments that are put in their way.

The stigma women experience won't disappear with repeal of the Eighth Amendment. Women tell us of the hostile and judgmental attitudes of some healthcare providers. Some women are reluctant to speak openly about abortion to their GP. They fear judgment and condemnation. They don't trust that what they disclose will remain confidential.

So after the repeal of the Eighth Amendment, women centred, and rights based pregnancy counselling has to be part of legal abortion services.

Rebecca Cook has described women who seek abortion services as "separated from the dominant culture, marked as different from the norm and as tainted or discounted".

How do we undo that?

What have we learned from women who have attended abortion services, in the UK for example, about their needs? And I'm delighted to be sharing this panel with Ann Furedi, because Bpas has led the way in providing women-centred, rights based services.

The experience of using UK services—leaving aside the burdens of having to travel to access them—has been by and large positive.

For example, women tell us: "They couldn't have been nicer to me." "The nurse held my hand on the way to theatre" "They allowed me stay in the clinic when I had nowhere else to go". Small things that mean a lot: "They gave me a cup of tea".

These women are telling us that they are treated with respect. They don't feel that they are doing something they have to repent for or regret or be forgiven for. Women talk of the immense relief they feel in being dealt with in a sensitive but caring way, not pitied, not forgiven, and not condescended to. They are treated as adult women who have made a rational decision. They were able to access the service with dignity.

So what can we learn from these services and women's experiences of services they attend? And is it remotely possible that we could have abortion services like this in Ireland?

Of course it's possible. There are health care services in Ireland that are developed for a specific and often stigmatised group. Until relatively recently, the stigmatised group was women, especially unmarried women who sought contraception services.

People living with HIV and AIDS and with other STIs are another cohort that were highly stigmatised. But, for example, take the GUIDE infectious diseases clinic which provides specialised sexual health services. Or take the Emergency contraception pill that is now available over-the-counter. Or take IFPA clinics: you have walk-in contraception services, STI testing and treatment, smear tests: these services have emerged from the context of stigma, illegality and stereotype. They are now premised on respect for the dignity of the client, rather than the supposed morality of the state.

It's taken a lot of work by the IFPA and others to change that, and while services available are not perfect, they are confidential, anonymous, affording the client an open, non-

judgemental, holistic approach to their current needs and treatment options. The service is incorporated within mainstream health services. And the health care providers who provide these services do so in an environment that is not filled with fear of prosecution.

Change is coming. Repeal of the Eighth amendment is coming.

But many challenges will remain.

While abortion stigma in Ireland now is maintained and reinforced by the law, it doesn't derive exclusively from the law. Eradicating stigma and providing meaningful access to non-judgmental services will require a lot of work to change culture and attitudes in the health services, in health policy, in the wider society, and at the political level.

And it will require a lot of work by health service providers like the IFPA but also by the women's movement, by sexual and reproductive health advocacy organisations.

Moreover, it must include the voices and experiences of the women who, under the current law, are shamed, stigmatised and silenced.

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