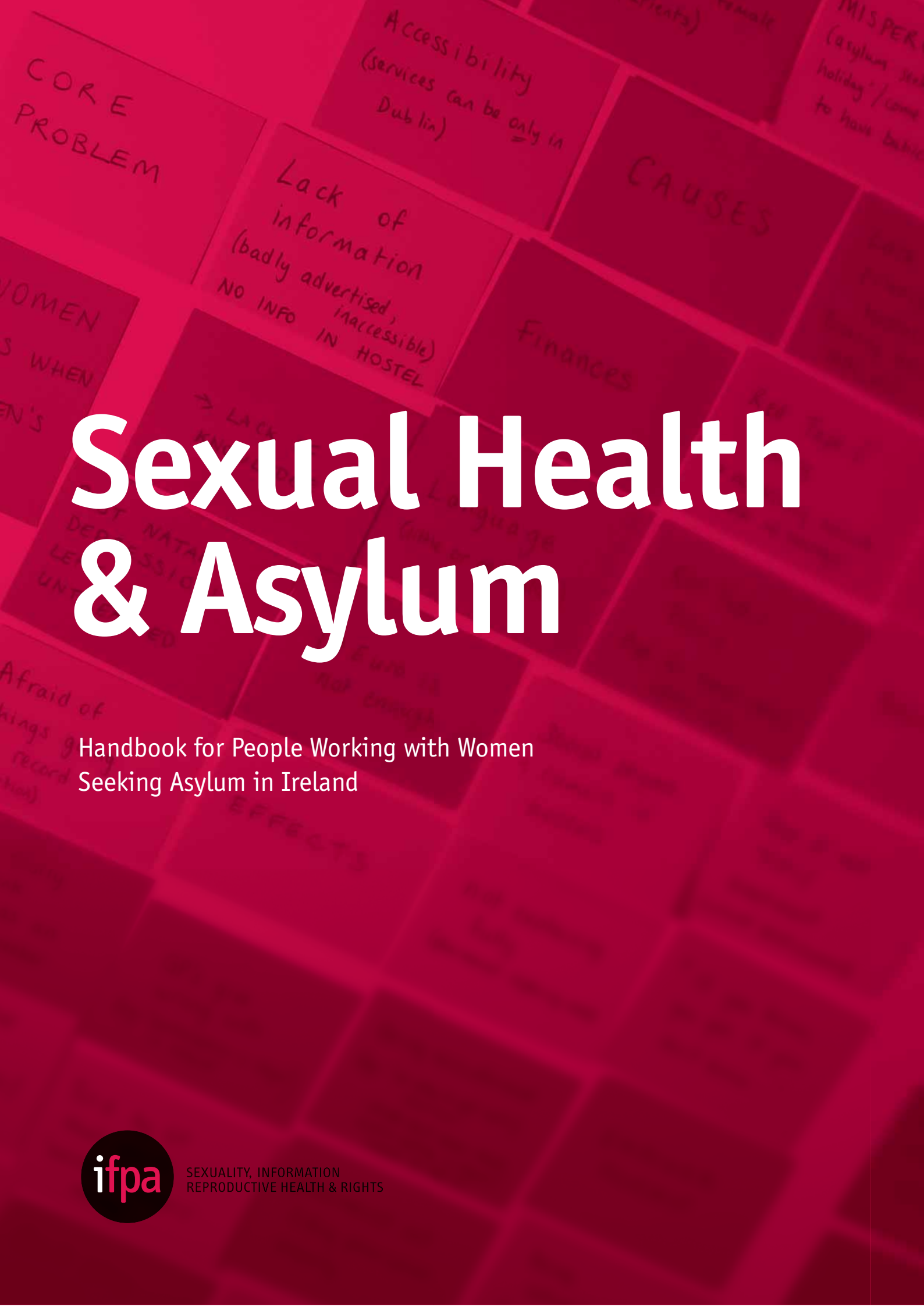

Sexual Health & Asylum

Handbook for People Working with Women Seeking Asylum in Ireland

ifpa
SEXUALITY, INFORMATION
REPRODUCTIVE HEALTH & RIGHTS

Sexual Health & Asylum

Handbook for People Working with Women Seeking Asylum in Ireland

This resource was compiled by Meghan Doherty, IFPA and edited by Fiona Tyrrell, IFPA. The Majira programme was coordinated by Lynn Harnedy, IFPA.

Disclaimer

This handbook is designed to provide relevant information for a range of professionals working with women seeking asylum in Ireland. It is not an exhaustive source of information and should not be used as a substitute for obtaining appropriate legal or medical advice, where necessary.

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Contents

" This handbook is designed to encourage service providers to relfect on the different factors affecting SRH and to consider practical steps to improve equality of access to services."

Majira Participants, Dublin

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Liz McLaughlin, IFPA
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About Irish Family Planning Association (IFPA)

The IFPA is a national voluntary organisation and registered charity which has been pioneering sexual and reproductive health and rights in Ireland since 1969. The IFPA works to promote and protect basic human rights in relation to reproductive and sexual health, relationships and sexuality. The IFPA is recognised as a source of expertise in this area because of its experience in the provision of the highest quality medical services, contraception advice, crisis pregnancy counselling, education and training and policy development.

Abbreviations

HSE	Health Service Executive
CPP	Crisis Pregnancy Programme
IFPA	Irish Family Planning Association
SRH	Sexual and Reproductive Health
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
STI	Sexually Transmitted Infection
GP	General Practitioner
PPS No	Personal Public Service Number
FGM	Female Genital Mutilation
WHO	World Health Organisation
LGBT	Lesbian Gay Bisexual Transgendered
RIA	Reception and Integration Agency
GBV	Gender Based Violence

" This resource could not have been completed without the active participation and assistance of the Majira forum members, the board and staff of the IFPA and AkiDwA and the women from asylum seeking and refugee communities who face barriers to SRH services every day."

Majira Participants, Dublin

Background

As a specialist sexual and reproductive health (SRH) care service provider, the Irish Family Planning Association (IFPA) advocates for the rights of all people to access high quality SRH services without discrimination. IFPA doctors, nurses, counsellors, receptionists, trainers and advocacy staff have extensive knowledge and experience of addressing and overcoming barriers related to SRH services, particularly among vulnerable and marginalised populations. The IFPA monitors and identifies emerging obstacles to SRH as expressed by our clients and seeks to work in coalition with other stakeholders to find practical and rights-based strategies that best meet clients' needs.

Women seeking asylum in Ireland regularly attend IFPA services and often report difficulties in accessing appropriate, confidential and sensitive SRH services. In response, the IFPA teamed up with a minority ethnic-led national network of African and migrant women living in Ireland, AkiDwA[1], to develop a programme that would inform women seeking asylum of the available SRH services, empower women to exercise their rights to SRH services and raise awareness among service providers of the barriers experienced by women seeking asylum.

With financial support from the European Refugee Fund, the IFPA and AkiDwA initiated the Majira project in 2009. The name of the project, Majira, was chosen by the project participants and means *seasons* in Swahili.

The Majira project focussed on four major areas:

1. SRH peer education training for women seeking asylum
2. Facilitated access to specialist SRH clinics for women seeking asylum
3. A consultative forum which included professionals in SRH, social inclusion and gender and Majira peer educators
4. A good practice handbook for the delivery of sexual and reproductive health services for women seeking asylum

This handbook is a culmination of the Majira project and is informed by the expressed needs of participants and professionals who generously contributed their time and expertise to this important project.

For more information on the Majira project please contact:

IFPA Head Office
60 Amiens Street
Dublin 1
Ireland

Email: post@ifpa.ie
Telephone: +353 (0)1 806 9444
Website: www.ifpa.ie

1. Akina Dada wa Africa (AkiDwA: Swahili for sisterhood) is a minority ethnic-led national network of African and migrant women living in Ireland. AkiDwA's advocacy approach is based on strengthening migrant women's voice, applying a gender perspective to policies and practices and the promotion of equality of migrant women in Irish society, free of gender and racial stereotyping. www.akidwa.ie

About this Handbook

Rationale for a Handbook

Most people seeking asylum in Ireland reside in accommodation centres subject to a government policy known as direct provision. Under this policy, people awaiting decisions on their applications for refugee status are provided with a bed, three meals per day, basic health care and an allowance of €19.10 per week.

As of March 2010, 6,256 people are living in accommodation and reception centres in 52 locations across Ireland. Approximately 1,813 of residents in these centres are adult women. Accommodation is provided in a mixture of State-owned and commercial properties consisting of hostel-type settings, mobile home sites and former convents and nursing homes. There are no centres that accommodate single women exclusively.

When the direct provision policy was initiated in 2000, it was envisaged that people would remain in the accommodation centres on a short-term basis only. However, due to the lengthy processing time of asylum applications, the majority of applicants spend several years living in this system.

The negative mental, physical, developmental and emotional impact of the direct provision system on people's health and well-being has been extensively documented in Ireland[2]. Research and policy planning related to asylum has found that men and women seeking asylum have different experiences accessing necessary health services and face different barriers to health because of their gender[3]. This is especially pronounced with regards to SRH where women are vulnerable to crisis pregnancy, sexually transmitted infections (STIs) including HIV, unsafe abortion, sexual violence, prostitution, trafficking, gender-based violence and cervical cancer.

Through the Majira programme and IFPA services, women seeking asylum and service providers have articulated a need for improved access to SRH services for women living in direct provision centres. This handbook was therefore compiled to inform service providers of the multiple barriers to SRH experienced by women seeking asylum, inform women of their rights and entitlements and provide a directory of relevant contacts and further resources. The handbook is designed to encourage users to reflect on the different factors affecting SRH and to consider practical steps to improve equality of access to services.

Scope of Handbook

This handbook aims to be targeted and user-friendly. In order to achieve these aims, the scope of handbook is limited to adult (over 18 years of age) women seeking asylum who live in direct provision accommodation in Ireland. Many of the issues outlined throughout the handbook will be of relevance to migrant women of differing immigration status; however, the handbook focuses on women seeking asylum because of the particular impact direct provision has on their SRH.

The handbook concentrates on five common areas of SRH service delivery in Ireland; however, it is important to note that these services are not exhaustive and should be considered as part of an overall health service. Other SRH services can include, but are not limited to, psychosexual counselling, maternity care, ante and post natal care, ongoing HIV treatment and support, couples counselling, lesbian gay bisexual and transgendered (LGBT) support services, menopause advice, fertility and infertility services and sexuality education.

2. Pieper, H., Clerkin, P., and MacFarlane, A. (2009). *The Impact of Direct Provision Accommodation for Asylum Seekers on Organisation and Delivery of Local Health and Social Care Services: A Case Study*. Galway: Health Service Executive, National University of Ireland Galway and Galway Refugee Support Group.
3. Health Service Executive (2008). *National Intercultural Health Strategy 2007-2012*. Dublin: Health Service Executive.

How to Use the Handbook

The handbook is divided into six main sections:

- Clarification of concepts used through the handbook
- General principles of good practice in the provision of SRH services
- Cross-cutting barriers to SRH services experienced by women seeking asylum and a self assessment check list.
- Five key areas of SRH service delivery and details the specific barriers experienced by women seeking asylum A self assessment checklist has also been developed for each of these five areas
- Directory of relevant services
- Sources of further information on topics covered in this handbook

The self assessment checklists are intended to aid service providers in identifying practical ways to improve women's access to SRH care. The tools are not designed to be used as a scorecard, but are instead meant to encourage service providers to consider taking practical steps to improve quality of care.

Who Can Use the Handbook?

It is envisaged that this handbook will be useful for health care providers and also non-medical staff, counsellors, social workers, organisations that provide support and assistance to women seeking asylum, staff and management of direct provision accommodation centres, policy makers and women seeking asylum.

Majira Graduation, Limerick. Majira class representatives: Mercy Tettey; Alwiye Xuesyn, AkiDwa; Felister Ndua, Majira Participant; Deputy Jan O'Sullivan and Lynn Harnedy, Majira Project Officer

Clarification of Concepts

The following section provides clarification of terms used throughout this handbook.

Refugee

In Ireland, a refugee is a person who has been formally recognised by the Government as a person who has a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion in their country of origin. People who are granted refugee status enjoy similar rights and entitlements as Irish citizens.[4]

Asylum Seeker

In Ireland, a person is considered to be an asylum seeker if he/she has made an application to the Irish Government to be formally recognised as a refugee but has not yet received a determination. People who are seeking asylum are legally entitled to live in Ireland until their claims have been decided but have limited rights and entitlements with regards to travel, education and social welfare. Asylum seekers are not permitted to work in Ireland.

Sexual and Reproductive Health

Sexual and reproductive health (SRH) is a state of physical, emotional, mental and social well-being related to sexuality; it is not only the absence of disease or dysfunction. SRH requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.[5]

Sexual and Reproductive Health Rights

Sexual and reproductive health rights encompass a range of human rights that are recognised in national and international law. SRH rights can be understood as the right of every person to make choices regarding their own sexuality and reproduction. These rights are universal, interrelated, interdependent and indivisible and include the right to[6]:

- The highest attainable standard of health in relation to sexuality, including access to SRH care services
- Seek, receive and impart information related to sexuality
- Sexuality education
- Respect for bodily integrity
- Choice of partner
- Decide to be sexually active or not
- Consensual sexual relations
- Consensual marriage
- Decide whether or not and when to have children
- To pursue a satisfying, safe and pleasurable sex life
- Decide freely and responsibly about the number spacing and time of children
- Have the information and the means to do so

Sexual and Reproductive Health Care

Sexual and reproductive health care is defined as the group of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations and not only counselling care related to reproduction and sexually transmitted diseases.[7]

Sexuality

Sexuality is an integral part of being human and can include sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality can be experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.[8]

Gender

Gender refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women. Understandings and expressions of gender vary considerably between different societies.

4. Refugee Act, 1996
5. United Nations, (1994). *Programme of Action of the International Conference on Population and Development*. Cairo: United Nations.
6. International Planned Parenthood Federation (2008). *Sexual Rights: An IPPF declaration*. London: IPPF.
7 United Nations at supra note 5
8. WHO (2002). *Defining sexual health: report of a technical consultation on sexual health*. 28–31 January 2002, Geneva

Sex

Sex refers to the biological characteristics which define humans as female or male.

Privacy

Privacy is the ability to decide how, when, where and under what circumstances a person may choose to reveal themselves or information about themselves. Boundaries and content of what is considered private differ among cultures and individuals but share common themes:

- Physical privacy allows a person to prevent intrusions into one's personal space
- Data privacy refers to the evolving relationship between technology and the legal right to, or public expectation of, privacy in the collection and sharing of data about one self
- Medical privacy allows a person to keep their medical records and information from being revealed to others [9]

Confidentiality

Confidentiality is a fundamental principle of medical ethics and is central to the trust between patients and health care professionals. Patients are entitled to expect that information about them will be not be disclosed to anyone outside their heath care team, without their consent. However, confidentiality does not imply secrecy as health care providers may be justified in breaching confidentiality if he/she reasonably believes a person may be at risk of harm.[10]

Sexual Violence

Sexual violence is defined as any behaviour perceived to be of a sexual nature, which is unwanted and takes place without consent or understanding by any person regardless of their relationship to the victim, in any setting. Sexual violence can take many forms and can take place in very different circumstances.

A person can be sexually violated by one individual or several people (e.g. gang-rapes); the incident may be planned or opportunistic. Although sexual violence occurs most commonly in the victim's home (or in the perpetrator's home), it also takes place in many other settings, such as accommodation centres, the workplace, at school, in prisons, cars, the streets or open spaces (e.g. parks, farmland).

The perpetrator of a sexual assault may be a date, an acquaintance, a friend, a family member, a person in a position of authority and trust, an intimate partner or former intimate partner, or a complete stranger. More often than not, the perpetrator is known to the victim.

Sexual violence is an aggressive act. The underlying factors in many sexually violent acts are power and control, not, as is widely perceived, a desire for sex. It is a violent, aggressive and hostile act used as a means to degrade, dominate, humiliate, terrorise and control women. Sexual violence violates a victim's sense of privacy, safety and well-being[11].

Gender Based Violence

Gender-based violence (GBV) is an umbrella term to describe any form of violence that targets individuals or groups on the basis of power inequities that exploit distinctions between males and females, among males, and among females. Violence may be physical, sexual, psychological, economic, or socio-cultural and may occur in public and/or in private life[12].

Gender-based violence both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims. It encompasses a wide range of human rights violations, including sexual abuse of children, rape, domestic violence, sexual assault and harassment, trafficking of women and girls and several harmful traditional practices including female genital mutilation[13].

9. EN HERA! (2009). *Sexual and Reproductive Health and Rights of Refugees, Asylum Seekers and Undocumented Migrants: A framework for the identification of good practices*. Belgium: EN HERA! network
10. Medical Council (2009). *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*. Dublin: Medical Council.
11. WHO (2003). *Guidelines for Medico Legal Care for Victims of Sexual Violence*. Geneva: WHO.
12. Women's Commission for Refugee Women and Children (2002). *If Not Now, When? Addressing gender-based violence in refugee, internally displaced and post conflict settings*. New York: Women's Commission for Refugee Women and Children
13. UNFPA. *Ending Widespread Violence Against Women*. Available from: http://www.unfpa.org/gender/violence.htm.

Female Genital Mutilation

Female Genital Mutilation (FGM) refers to any procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. The practice is internationally recognised as a human rights violation of women and girls[14].

Between 100 and 140 million girls and women in the world are estimated to have undergone FGM, and 3 million girls are estimated to be at risk of undergoing the procedure every year. Female genital mutilation has been reported to occur in all parts of the world, but it is most prevalent in: the western, eastern, and north-eastern regions of Africa, some countries in Asia and the Middle East and among certain immigrant communities in North America and Europe.

Irish FGM prevalence data collated by AkiDwA estimate that approximately 2,585 women are living in Ireland who have undergone FGM[15].

Sex Trafficking

Trafficking of human beings for sexual exploitation is an offence under the Criminal Law Human Trafficking Act, 2008. Trafficking is defined as the recruitment, movement and exploitation of a person. Ireland is both a transit and destination country where women and girls are trafficked into the sex industry. A victim of trafficking is entitled to care from the Health Service Executive and support of the Garda National Immigration Bureau.

Women often experience severe physical, sexual and psychological trauma as a result of being trafficked and require specialist care to faciliate recovery.

Prostitution

The globalised sex industry creates a situation where women and girls are exploited by means of prostitution or sex trafficking. The constant demand for commercial sex creates situations that both exploits and entices often young, vulnerable women and girls into the sex industry. Many women seeking asylum are fleeing poverty, war and conflict and for a variety of complex reasons become involved in the sex industry. Women and girls in prostitution are at high risk of crisis pregnancy, STIs and sexual and gender based violence.

14. Inter-Agency, (2008). *Eliminating Female Genital Mutilation. An Interagency Statement*. Available from: http://www.unhcr.org/refworld/docid/47c6aa6e2.html
15. AkiDwA, (2009). *Female Genital Mutilation: Information for health-care professional working in Ireland*. Dublin: AkiDwA.

Guiding Principles for the Delivery of High-quality SRH Services

The provision of a high-quality sexual and reproductive health service requires the implementation of a range of principals of good practice. This section provides a brief outline of some of the main good-practice principles relevant to individuals and organisations that provide SRH care[16].

Rights-based

Sexual and reproductive health rights are considered basic human rights. A rights-based approach means integrating human rights norms and principles in the design, implementation, monitoring, and evaluation of health-related policies and programmes. These include human dignity, attention to the needs and rights of vulnerable groups, and an emphasis on ensuring that health systems are made accessible to all. The principle of equality and freedom from discrimination is central to a rights-based service. Integrating human rights also means empowering people, ensuring their participation in decision-making processes which concern them and incorporating accountability mechanisms which they can access[17].

Participatory

Participation enhances the quality, efficiency and effectiveness of sexual and reproductive health care delivery. All individuals should have the opportunity to determine the nature and degree of their participation in all stages of decision-making related to their health.

Empowering

The goal of empowerment is to give people the power, capacities, capabilities and access needed to change their own lives, improve their own communities and influence their own destinies.

Multi-disciplinary & Multi-sectoral

This approach is characterised by members of different professions and specialities working together towards a common goal. Providing SRH care and attaining good SRH must be approached from a holistic perspective, which recognises the interconnectedness of a variety of physical, social, emotional, psychological, cultural, legal, financial and gender-related elements of sexuality, reproduction and health.

Appropriate referral pathways, linkages with primary care teams and other support services will enhance the quality of care and ensure a comprehensive approach to the needs of women seeking asylum.

Gender Sensitive

A gender sensitive approach is defined by the process of assessing the implications for women and men of any planned action, in any area and at all levels.

Majira Graduation, Dublin: Senator Fiona O'Malley, Lord Mayor of Dublin Cllr Emer Costello, Majira Project Officer Lynn Harnedy, IFPA CEO Niall Behan and Majira class representative Tabi Rose Eseme

16. EN HERA! at supra 9

17. WHO. *Human Rights Based Approach to Health*. Available from: http://www.who.int/trade/glossary/story054/en/index.html

Cross-cutting Issues Affecting SRH for Women Seeking Asylum

Women seeking asylum face several barriers and obstacles to achieving SRH. However, practical and sensitive approaches can be utilised by service providers, policy makers, stakeholders and women to break down these barriers. The issues described below are common to all of the services outlined in the handbook and inform the self-assessment tools.

Awareness of SRH Services

Women and service providers may not be aware that free, confidential and non-judgmental SRH services are available and they are entitled to access these services. Lack of knowledge, information and support can result in delayed presentation to services, increased risk of health complications and extreme stress and anxiety.

Unfamiliar Health System

The organisation of the Irish health system is likely to be unfamiliar to many women. Women may not know how to access relevant services, which agency or department to direct their queries or what to expect in different health care settings. This can be very challenging and intimidating, particularly when combined with communication difficulties and a lack of knowledge of available services.

Communication

Poor communication between women and health care providers often results in mutual misunderstandings and mutual frustration. Unfamiliar words and concepts, language differences, misunderstanding of non-verbal cues and assumptions about culture or religion can lead to very unsatisfying interactions and poor health outcomes. Training in cultural competency for all staff members can help avoid common misunderstandings and facilitate an environment of trust and respect for all service users.

Interpreting

Language barriers are often reported by women seeking asylum and service providers as an immediate obstacle to care. In the absence of professional interpreters, children, family members or friends are often asked to interpret for women seeking health care. This is not appropriate as women are unlikely to disclose relevant and sensitive SRH issues, ask questions and/or feel confident that the information will not be shared with community members. Furthermore, this places an unreasonable responsibility on children and family members.

Ideally, interpreting needs should be determined in advance and a professional and trained interpreter should be secured. This may not always be practical or affordable, however, service providers have an obligation to make reasonable accommodations to deliver services in an equal, accessible and effective manner. This may require incorporating protocols or policies into service delivery design to ensure all clients are able to access services in a way that is sensitive to their particular needs.

Informed Consent

Communication and language barriers may inhibit women's informed consent to SRH services and follow up. Women may not be aware that they are entitled to receive as much information as they need and in a way that they understand in order to make a voluntary choice. In addition, women may not be aware that they have the right to refuse services, screening or treatment even if refusing may result in harm to themselves. Lack of informed consent can cause confusion and distress for women resulting in a breakdown of trust and non-compliance in the agreed management of care (i.e. taking medication).

Privacy

Women living in direct provision centres have limited privacy from other residents, family members and accommodation centre staff. Women must share areas in which privacy is commonly assumed such as bathrooms, showers and bedrooms. Under these circumstances, women may find it difficult to prevent others from discovering personal information that would normally be kept private.

Confidentiality

Ensuring confidentiality is integral to the provision of any SRH service. Many women seeking asylum are reluctant to talk about SRH issues because they fear that information about their experiences or behaviour will become known in their community. They may not have told close family members or friends what has happened to them or their health status. This can deter women from disclosing

relevant information, asking questions or expressing concerns.

Fear surrounding confidentiality is particularly acute in some accommodation centres where untrained staff may arrange medical appointments for women or receive privileged correspondence on behalf of women. Relevant information may then be communicated to the staff member and/or the woman in a way that breaches her rights to confidentiality. Women may also be fearful that any information disclosed or use of SRH services could affect the outcome of an asylum application.

Assumptions

Many factors influence people's sexual health, and their attitudes and experiences around sexuality and sexual health. People may not conform to the beliefs or practices that are common in their community. In addition, women seeking asylum are a diverse population with different cultural, religious, ethnic and linguistic identities. Assumptions about a person's sexuality, culture or behaviour can cause confusion, mistrust and deter women from disclosing relevant information or asking questions.

Poverty

People seeking asylum in Ireland are not permitted to work in any paid employment. Women seeking asylum exist well below the poverty line but are not entitled to most social welfare benefits. The State provides for accommodation and meals in direct provision centres, basic medical care and a weekly allowance of €19.10 per week for all other expenses. This amount is insufficient to cover basic needs and women often do not have the means to cover the costs of childcare, transportation, condoms, non-prescription medicine, sanitary towels, pregnancy tests or safe and legal abortion services abroad. Furthermore, fears of hidden costs may deter women from accessing services.

Sex of Health Care Provider

For some women, receiving SRH care from a male will be culturally inappropriate. Women may be reluctant to express problems, ask questions or consent to physical examinations such as cervical screening, STI testing or insertion of IUD with a male health service provider.

Child Care

Poverty and social isolation makes it very difficult for women seeking asylum to secure child care in order to attend health care services. Most service providers will not permit children to remain unsupervised in waiting areas or attend with the woman during a consultation. Without suitable child care arrangements, many women are unable to access any services.

Transportation

Many reception centres are based outside urban areas with little or no access to public transportation. This prevents women from accessing a whole range of services and also contributes to general social isolation.

Support Networks

Women seeking asylum are often separated from their families, friends and regular support networks for very long periods of time. The absence of social support in itself creates conditions for poor mental health, however, combined with stressful events such as HIV diagnosis, crisis pregnancy or sexual violence, women may have difficulty coping.

Limitations on Health Consultations

Time restrictions and costs place limitations on service providers' capacity to address women with complex needs. For example, many GP practices allot approximately 10 minutes per client for a consultation. Given the barriers to health care for women seeking asylum, there is often insufficient time to address their health needs. For non-profit services, the costs of professional interpreting services may be prohibitive thereby jeopardising the quality of care delivered.

Lesbian Gay Bisexual and Transgender (LGBT) Stigma

Homosexuality is criminalised and highly stigmatised in many countries from which people seek asylum and people may be seeking protection for that reason. Fears of violence, abandonment by community members and persecution can prevent people from disclosing their sexual identities to anyone, including health care providers. Irish service providers may assume that clients are heterosexual and consequently inhibit opportunities for disclosure and discussion of a woman's health needs.

Awareness of Laws & Regulations

Various laws and regulations related to SRH may be significantly different in other countries. For example, the criminalisation of abortion services, the age of consent to sex, the age of consent to marriage, the illegality of gender based violence including FGM and the prohibition of discrimination based on gender, marital status, family status, age, disability, race, sexual orientation and religious belief.

Female Genital Mutilation (FGM)

Women who have undergone Female Genital Mutilation (FGM) often experience physical and emotional pain during any type of pelvic exam. Some women may not be aware that they have undergone FGM, particularly if it was performed at a very early age. Women may present with long term complications of FGM such as infections, menstruation difficulties, cysts, abscesses and urinary tract problems but may not know that these complications are associated with FGM.

Gender Based Violence (GBV)

Gender Based Violence (GBV) occurs within all cultures, socio-economic statuses and nationalities. It can happen to women in all social and cultural contexts. A number of factors place women seeking asylum at an increased risk of GBV. They can include increased levels of social isolation, double discrimination of gender and ethnic origin, social norms that are defined by patriarchal values, mixed sex accommodation centres, poverty and dependence on spouse for asylum application. Women seeking asylum may have experienced conflict-based rape and/or rape during the migration journey. Others may be the victims/survivors of trafficking for the purposes of sexual exploitation. Recent research by the Women's Health Council found that minority ethnic women were over-represented among those presenting to GBV organisations in Ireland for support[18].

Women who have experienced GBV or experience GBV on an ongoing basis have several SRH needs and are vulnerable to STIs including HIV, crisis pregnancy, gynaecological complications and poor mental health.

Sexual Exploitation / Prostitution

Women and girls who are trafficked into Ireland to work in the sex industry often experience severe physical, sexual and psychological trauma. Isolation from family and friends, intense fear and distrust of authorities, feelings of shame and guilt perpetuated by traffickers/pimps are common experiences for victims. Women and girls require a full range of health and welfare services to facilitate recovery.

Many trafficked women are in the asylum seeking process but often do not disclose their experiences to anyone. It can be many years before the full extent of their circumstances becomes apparent. SRH care for this highly traumatised group of women requires expertise and specialist services that enable staff to provide holistic care.

18. Women's Health Council (2009). *Gender-based Violence. A resource document for services and organisations working with and for minority ethnic women*. Dublin: Women's Health Council.

Cross-Cutting Issues Affecting SRH	Yes	No	Partly	NA
Is information on free, confidential and non-judgmental SRH services promoted in your service through leaflets, posters and/or information cards?				
Is information on SRH services available in multiple languages?				
Have staff received training on interpersonal and intercultural communication?				
Are staff aware of the specific barriers experienced by women seeking asylum?				
Do you have a policy or protocol in place to arrange for a trained and appropriate interpreter if necessary?				
Have all service costs, including indirect costs, been clearly explained?				
Do you allocate sufficient time for clients with complex needs?				
Are women encouraged to ask questions, express their fears and concerns about their health?				
Are women explicitly reassured that all health services provided will not impact on their asylum applications?				
Are women explicitly reassured that all services provided are confidential?				
Do your work practices ensure women's privacy, particularly with regards to correspondence?				
Have you obtained informed consent?				
Are women offered the choice of a female health care provider or a chaperone if no female health provider can be arranged?				
Does your service have posters, leaflets or information available to indicate an LGBT friendly service?				
Do you have protocols or policies in place with regards to disclosure of prostitution/trafficking?				
Have clinical staff undergone training to recognise FGM and provide appropriate care or referral?				
Is risk of FGM incorporated into the general medical history intake process?				
Do you have protocols in place with regards to disclosure of sexual violence and/or domestic violence?				
Do you know where to refer women for comprehensive SRH services outside your area of expertise?				
Are you familiar with local support services?				
Are women informed of relevant laws and/or regulations that may impact on their SRH?				
Do you have a confidential complaints procedure that is accessible for women with little or no English?				

SRH Service #1 – Family Planning/Contraception

Definition

Family planning allows individuals and couples to anticipate and attain their desired number of children (if any) and the spacing and timing of their births. It is achieved through use of contraceptive methods[19]. The WHO recommends women to wait at least two years after a birth before considering becoming pregnant again[20].

Contraception refers to methods, devices and medication used to prevent pregnancy.

Family planning services provide information, counselling and advice on all methods of contraception as well as any prescriptions or referrals, if required.

Policy Context

The Department of Health and Children Guidelines on Family Planning Services[21] state that equitable, accessible and comprehensive family planning services should be available in each HSE area (formerly Health Board). These services are mostly provided by GPs but are also provided by specialised family planning clinics, well-woman clinics and maternity hospitals.

Most contraception and family planning services, devices and medication are available free of charge on the medical card. However, condoms and sterilisation for men (vasectomy) and women (tubal occlusion) are not. Condoms can be purchased without a prescription in a variety of outlets including pharmacies and pubs. Condoms are the only contraceptive device that can also protect against most sexually transmitted infections.

Specific Barriers for Women Seeking Asylum

Awareness of Services and Entitlements

Women may not be aware that they are entitled to free contraception/family planning services, medication and/or devices with a medical card, this includes emergency contraception. Women may also be unfamiliar with the organisation of the health care service in general and therefore may not know how to access these services.

Continuity of Care

Women living in direct provision may be required to move to another part of the country, often with little notice. This causes disruption in women's continuity of care and can result in women not having timely access to necessary and appropriate contraceptive services. Without regular access to these services, including refill prescriptions for oral contraceptives, women are at increased risk of crisis pregnancy.

Choice of Provider

Some women may not want to attend their regular GP for contraception/family planning services because of fears regarding confidentiality, the sex of GP or discomfort in talking with GP about contraception/family planning.

Gender Roles

Strict gender roles of some cultures may inhibit women's ability to access contraception/family planning services and also women's capacity to use a chosen contraceptive method effectively. For example, it may be considered inappropriate for a woman to have sex before she is married or women may be encouraged to have as many children as possible within marriage. In circumstances such as these, women's use of contraception could be considered socially unacceptable.

Knowledge of All Types of Contraception

Women may not be familiar with the wide range of contraception/family planning options available because they are not available in a woman's country of origin or not widely used. Examples include emergency contraception, the contraceptive patch and/or injection.

Some women report that their preferred brands of contraception are not available in Ireland. These brands may be marketed in Ireland under a different name and different packaging that is unfamiliar to women.

Privacy

Lack of privacy may impact on a woman's choice of contraceptive method, particularly if she does not wish to

19. WHO. *Family Planning*. Available from: http://www.who.int/topics/family_planning/en/
20. WHO, (2006). *Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential practice*. Geneva: 2006.
21. Eastern Health Board (1995). *Review of Family Planning Services & Proposals for Further Development*. Available from: http://www.lenus.ie/hse/handle/10147/46260

disclose her decision to use contraception. Inter-uterine devices (IUD) or injectable contraceptives may be more suitable methods in these circumstances.

Emergency Contraception

All women of reproductive age may need to access emergency contraception at some point in their lives. Emergency contraception is a safe, effective and responsible method of preventing pregnancy when regular contraception has failed, no contraception was used and/or in the case of sexual assault. However, access depends on a woman's knowledge of its existence and the ability to find a service provider within a very limited time frame. These barriers combined with other obstacles to SRH faced by women seeking asylum often prevent women from accessing emergency contraception within the recommended time.

Myths

Several myths and misunderstandings regarding contraception/family planning exist in all societies and countries, which can deter women from using contraception effectively. Myths regarding contraception can sometimes be related to unexpected patterns of menstrual bleeding during contraceptive usage and lead to fears of infertility.

Female Genital Mutilation (FGM)

Some methods of contraception/family planning will be more or less appropriate for some women who have undergone FGM. For example, the vaginal ring and intrauterine system will not be appropriate for some women.

Sexual Violence

Women seeking asylum are at higher risk of sexual violence and therefore at increased risk of crisis pregnancy if no contraception is used.

Contraception Services	Yes	No	Partly	NA
Do you offer the full range of contraceptive services: including oral contraceptives, injectable contraceptives, intrauterine systems (IUS), intrauterine devices (IUD), diaghram and cap fitting, condoms, permanent methods, vaginal ring, contraceptive patches, implants and emergency contraception?				
Do you know where to refer women for contraceptive services outside your area of expertise?				
Is information on contraception/family planning integrated into primary care consultations?				
Do you provide free condoms?				
Do you provide free pregnancy testing?				
If a woman has recently arrived at an accommodation centre either from a reception centre or from another accommodation centre, have you inquired about her immediate contraceptive needs such as prescription refills?				
Are women provided with the opportunity for contraception counselling without her partner or a family member present?				
Have you counselled your client on all contraceptive methods?				
Have you discussed the impact a lack of privacy can have on contraceptive choices?				
Are women encouraged to ask questions, express their fears and concerns about different contraceptive methods?				
Are women informed about the purpose, effectiveness and timely usage of emergency contraception?				
Are women informed as to how and where to access emergency contraception if they need it?				
Are women offered emergency contraception upon disclosure of sexual violence that occurred within 72 hours?				
Upon disclosure of ongoing sexual violence and/or prostitution, do you initiate discussions about contraceptive use?				
Are clinical protocols in place to provide appropriate contraceptive advice for women who have undergone FGM?				

SRH Service #2 – Cervical Cancer Screening

Definition

Screening refers to testing a targeted population of healthy people, at designated intervals, for early forms of a disease. Most people associate going to the doctor with treatment of disease symptoms when they are already sick but screening is a proactive approach to public health that allows for early detection of abnormalities before any symptoms occur. Earlier detection means earlier treatment and therefore reduced mortality from the disease.

Cervical screening is a simple test performed by a doctor or practice nurse to detect changes to the cells of a woman's cervix which could develop into cancer.

Cervical cancer is caused by long term infection of certain types of human papillomavirus (HPV), a sexually transmitted infection. Most women will acquire some type of HPV in their lifetime but only a small percentage of women will develop cervical cancer.

Policy & Services

As cervical cancer often has no signs or symptoms and takes a long time to develop, cervical screening is the most effective method of detecting any changes to the cells of the cervix before they develop into cancer.

CervicalCheck, the National Cervical Screening Programme, allows all women aged 25 to 60 to avail of free regular cervical screening tests from a registered GP or family planning clinic of their choice. Women aged 25 to 44 are invited to attend for a free cervical screening test every three years and women aged 45 to 60 every five years.

Women who require further care in response to an abnormal test result are referred to a special hospital clinic for follow up care.

All women with a Personal Public Service Number (PPS No.), regardless of age, income, or geographic location, are entitled to receive free cervical screening and follow up care under the CervicalCheck programme.

Specific Barriers for Women Seeking Asylum

Awareness of Services

Women may not be aware that they are entitled to avail of free cervical screening from a registered GP, practice nurse or family planning clinic of their choice.

Concept of Public Health Screening

Women may be unfamiliar with the concept of public health screening and may not want to go to a doctor without any symptoms, particularly given the necessary intimate physical exam. Women experiencing social exclusion have a lower uptake of cervical screening and a higher rate of cervical cancer for a variety of reasons but lack of information and fewer positive interventions are key determinants[22].

Choice of Cervical Screening Provider

Some women may not want to attend their regular GP for a cervical screen because of the intimate nature of the test, fears regarding confidentiality or the sex of GP.

Registration with CervicalCheck

In order to avail of free cervical screening, women must first receive an invitation letter from CervicalCheck. A registry of eligible women has been compiled by CervicalCheck from which invitation letters are sent. Some women seeking asylum may not be included in this registry or the registry may not have accurate contact details because women living in direct provision are frequently required to move to different locations around the country.

Women may contact CervicalCheck to determine if they are on the registry. If they have not yet been included, women who have not had a cervical screen in over three years and have a valid PPS No. may register themselves into the programme online, by phone or by filling out a form and posting it to CervicalCheck. Language, communication and literacy issues can make this registration process very difficult and stressful for some women.

22. National Cancer Registry Ireland & The Women's Health Council (2006). *Women and Cancer in Ireland 1994-2001*. Dublin: The Women's Health Council.

Cervical Screening	Yes	No	Partly	NA
Are women made aware of their entitlement to register for free cervical screening under the CervicalCheck programme?				
Do you initiate discussion and integrate information on the importance of cervical screening in primary health care consultations?				
If necessary, are women supported in the registration process for CervicalCheck?				
Are women made aware of their entitlement to a cervical screening provider of their choice?				
Are women's fears and anxieties about cervical cancer and/or the cervical screen addressed in a sensitive way?				
Are results of test explained and the importance of follow up highlighted?				
Are women seeking asylum invited to participate in the design and delivery of targeted health promotion campaigns for cervical cancer prevention?				

Majira Peer Education Training, Dublin

SRH Service # 3 – Sexually Transmitted Infections including HIV

Definition

Sexually transmitted infections (STIs) are infections that are spread primarily through vaginal, anal or oral sexual activity and through sharing sex toys. Some STIs, in particular HIV and syphilis, can also be transmitted from mother to child during pregnancy and childbirth, and through blood products and tissue transfer.

Policy & Services

All people living in Ireland are entitled to access free and confidential STI screening, pre- and post-test counselling and any follow up treatment from designated clinics across the country. These clinics do not require a referral from a GP.

All people seeking asylum are offered free STI testing including HIV testing as part of a general health screen upon making an application to be considered a refugee in Ireland.

Since 2001, all pregnant women are routinely offered HIV testing in maternity hospitals.

STI screening is not available on the medical card at private clinics or from GP services.

Condoms are the only contraceptive method that can effectively protect against most STIs. Condoms are not available on the medical card but can be purchased without a prescription in a variety of outlets including pharmacies and pubs.

Specific Barriers for Women Seeking Asylum

Awareness of Services

Women may not be aware that they are entitled to access free and confidential STI screening, counselling, treatment and support and/or how to access these services.

Continuity of Care

Women who test positive for STIs including HIV shortly after making their asylum claim in Dublin are regularly dispersed to other parts of the country before appropriate follow up counselling and care can be put in place. Smaller cities and towns to which a woman has been relocated may not have appropriate and/or adequate HIV services. Furthermore, fears regarding disclosure and confidentiality can inhibit women from seeking the support they need locally.

Privacy

Lack of privacy may impact on a woman's decision to get screened for STIs and/or to follow through with the recommended treatment. This is especially relevant with regard to HIV medication that must be kept refrigerated and/or taken with food as women living in direct provision do not usually have access to refrigerators and have no control over timing and type of meals.

Confidentiality

Ensuring confidentiality and informing women of their rights to confidentiality is critical for STI testing and treatment services. Women may fear that testing positive for an STI including HIV will become known to family, friends and/or other people living in direct provision accommodation. Women may also fear that a positive STI result, specifically HIV, will negatively impact on their asylum application.

Female Genital Mutilation (FGM)

Women who have undergone FGM may be reluctant to undergo any tests that require vaginal swabs. Health care providers may also experience difficulty in obtaining vaginal swabs from women who have undergone FGM. In addition, women may have difficulty in identifying possible symptoms of STIs because of long term reproductive problems such as unusual discharge or pain when urinating.

Condoms

The cost of condoms can be prohibitive for women living on €19.10 per week. Condoms are not freely available in accommodation centres nor are they available on the medical card.

Negotiating condom use can be especially difficult within relationships where strict gender roles are enforced. Suggesting condom usage may be perceived as a sign of distrust in her partner, evidence of infidelity or a challenge

to a partner's authority within a relationship. Fear of social isolation, abandonment or violence as a result of encouraging condom use can deter women from talking with their partners about condoms.

Sexual Violence

Women seeking asylum are at high risk of experiencing sexual violence in Ireland and are therefore at risk of contracting STIs. Women may also have experienced sexual violence in their country of origin and never accessed STI testing or treatment services.

Prostitution/Trafficking

Largely due to reasons of poverty and vulnerability, women seeking asylum are at higher risk of prostitution and/or trafficking sexual violence in Ireland and are therefore at higher risk of contracting STIs.

Knowledge of Risk Factors

Myths and misinformation about STIs including modes of transmission, symptoms and risk factors exist in all societies. Many women seeking asylum report awareness and concern
of HIV but not other STIs.

Stigma

STIs, especially HIV, is associated with marginalisation, stigma and discrimination. Women may fear rejection, abandonment, isolation and violence resulting from disclosure of an STI. This can inhibit those potentially living with an STI from accessing testing and treatment, limits the availability and accessibility of support and services and reduces levels of disclosure.

STI Services, including HIV	Yes	No	Partly	NA
Do you know where to refer women for free STI testing, treatment, support and follow up?				
Is information on STIs including HIV integrated into primary care consultations?				
If a woman has recently arrived at an accommodation centre either from a reception centre or from another accommodation centre, have you inquired about her immediate and existing health needs?				
Do you promote positive messages about condom usage to male and female clients?				
Are condoms freely available in your service?				
Do you know where people seeking asylum can access free condoms?				
Is information on STIs and condom negotiation incorporated into community health modules?				
Are risk factors for STIs including HIV discussed and assessed?				
Are women provided with pre- and post-test counselling and support?				
Is the preferred means of communicating test results established in the pre-test counselling session?				
Are women encouraged to ask questions, express their fears and concerns about any aspect of STI testing, treatment, follow up and support?				
Does your service actively combat stigma related to HIV through posters, participation on community health forums etc.?				
Are women able to comply with a recommended treatment without compromising their privacy, specifically with regard to shared bathrooms and refrigerated medication?				
Do health promotion campaigns and outreach services include women and men seeking asylum?				

SRH Service #4 – Crisis Pregnancy Counselling

Definition

A crisis pregnancy can be defined as a pregnancy which is neither planned nor desired by the woman concerned, and which represents a personal crisis for her. This definition also includes the experiences of a woman for whom a planned or desired pregnancy develops into a crisis over time due to a change in circumstances.

Non-directive crisis pregnancy counselling is the process by which a woman is supported and empowered to reach a decision regarding the outcome of her pregnancy. This involves facilitating a safe and confidential space for a woman to explore her feelings and concerns about her pregnancy. Crisis pregnancy counselling also involves the provision of practical information such as social welfare entitlements, referral to registered adoption societies and/or information on abortion services in other countries.

Policy & Services

A woman experiencing a crisis pregnancy has three options available to her:

1. Adoption
2. Parenting
3. Abortion (If a woman chooses to have an abortion she will have to travel outside of Ireland to access safe and legal abortion services. Abortion is also criminalised in most circumstances in Northern Ireland.)

The Crisis Pregnancy Programme (CPP) of the Health Service Executive (HSE) is responsible for ensuring women have access to non-directive crisis pregnancy counselling services that provide information and support on parenting, adoption and abortion. These specialist services are free and confidential and can be accessed through agencies such as the IFPA. Crisis pregnancy advice and information may also be provided through HSE services including social workers and/or GP services.

Some agencies and services do not provide information on abortion services abroad. However, if a woman requests this information, the service provider must refer the woman to an agency that does provide information on abortion services.

All women regardless of age, income, immigration status or geographic location are entitled to access free, non-directive and confidential crisis pregnancy services.

Abortion & Irish Law

Irish laws regulating access to abortion services and information are complex. As a result, service providers may not feel confident in supporting women who wish to access abortion information and services or establishing an appropriate referral pathway. The following section seeks to outline the main legal areas that will be of relevance to service providers.

Information

- Service providers are legally entitled to provide information on safe and legal abortion services in other countries upon a woman's request and in the context of face-to-face counselling.
- Service providers are not permitted to make appointments at abortion services abroad on behalf of women.
- Service providers may not withhold necessary medical or personal records from a woman travelling abroad to access safe and legal abortion services.
- Women are legally entitled to access information on safe and legal abortion services in other countries upon her request and in the context of face-to-face counselling.

Travelling Abroad to Access Abortion Services

- Women cannot be prevented from travelling to access safe and legal abortion services in other countries.

Abortion in Ireland

- Abortion is legal in Ireland only when there is a real and substantial risk to the life of the pregnant woman, this includes the risk of suicide.
- There are no guidelines available in Ireland to assist doctors in determining whether a woman's life is threatened by her pregnancy.
- Abortion is not legal in Ireland in cases of rape, incest, foetal abnormalities or to protect the health of the pregnant woman.
- Abortion is also criminalised in most circumstances in Northern Ireland.

Specific Barriers for Women Seeking Asylum

Knowledge of Services

Women experiencing a crisis pregnancy may not be aware that free, confidential and non-judgmental services are available and they are entitled to access these services. Lack of knowledge, information and support can result in delayed presentation to crisis pregnancy services, unsafe abortion and extreme stress and anxiety.

Referral Pathways

Agencies or organisations that do not specialise in crisis pregnancy counselling may not know what to do if a woman discloses a crisis pregnancy. This can result in inappropriate referrals and/or delayed presentation to crisis pregnancy services.

Stigma

Cultural understanding and expressions of crisis pregnancy varies widely, however, many aspects such as abortion, pregnancy before marriage, choice of partner, pregnancy as a result of sexual violence plus many more, remain highly stigmatised. The criminalisation of abortion in Ireland further compounds this stigma. This will have an impact on women's decision making process, her emotional well-being in relation to dealing with her crisis pregnancy and also her decision to enlist support from friends or family.

A counselling process that is centred on the needs of the woman and designed to empower women in the decision making process can help alleviate feelings of social isolation and powerlessness resulting from stigma.

Travelling to Access Abortion Services Abroad

Travel restrictions and cost create significant obstacles for women seeking asylum who choose to terminate a pregnancy.

Women seeking asylum are generally not permitted to leave the State while their application is being processed. However, if a woman decides to terminate her pregnancy she may be permitted to travel for this purpose. The process of applying for the relevant travel documents is complex, expensive, and can take several weeks.

Women must apply for a re-entry visa from the Department of Justice & Law Reform and a visa from the country to which they will be travelling. Both visas cost approximately €60 each and processing times can take up to 15 working days, depending on which country the woman will be travelling. Furthermore, documentation from the abortion clinic abroad and the crisis pregnancy service attended in Ireland is required to support the visa applications. While the bureaucratic and administrative hurdles are enormous, the cost of visas, flights, accommodation and the termination procedure is impossible for most women living on the direct provision allowance of €19.10 a week. If a woman is unable to borrow or raise the necessary funds and adoption is not an option for her, she will be forced to parent against her will or may resort to illegal methods to terminate her pregnancy in Ireland.

In addition to travel restrictions and the prohibitive costs, the difficulties faced by women experiencing crisis pregnancy may be compounded by lack of privacy in disclosing reasons for travel to embassy officials, language and communications issues, discrimination, arranging child care for existing children, feelings of social isolation and stigma and heightened levels of stress and anxiety.

Women seeking asylum or other women with travel restrictions who wish to terminate their pregnancy will require extensive support from an experienced service provider to navigate this process.

Crisis Pregnancy	Yes	No	Partly	NA
Do you provide non-directive counselling on parenting, adoption and abortion and have expertise in providing care for women seeking asylum?				
Do you have a protocol in place to refer women to agencies that provide counselling on parenting, adoption and abortion and have expertise in providing care for women seeking asylum?				
Are women reassured that the outcome of a crisis pregnancy will have no impact on applications for asylum?				
Do crisis pregnancy counsellors have access to and working knowledge of detailed protocols for women with travel restrictions who decide to travel to access abortion services abroad?				
Have you inquired about a woman's support network?				
Do you refer women who decide to terminate their pregnancy for free post-abortion medical check-ups?				
Do you have a harm-reduction strategy in place for women who indicate they may seek out illegal or unsafe abortions?				

Majira Graduation Ceremony, Mansion House, Dublin

SRH Service #5 – Post-Abortion Care

Definition

Post-abortion care refers to the provision of medical services and counselling support for women who have travelled abroad to access safe and legal abortion services. Post-abortion care also refers to the provision of medical and counselling care for women who have undergone unsafe abortions in Ireland. Unsafe abortion is defined by the World Health Organisation as a procedure for terminating a pregnancy that is carried out either by persons lacking necessary skills or in an environment that does not conform to minimal medical standards, or both.

Policy and Services

Women who travel abroad to access safe and legal abortion services are advised to attend for a follow up appointment with a health care professional in Ireland two to three weeks after the procedure. The purpose of this appointment is to ensure there have been no complications or infections, to discuss future contraceptive needs and address any physical or emotional needs. Post abortion counselling is also available for women who have had an abortion and wish to discuss their experience. The Crisis Pregnancy Programme of the HSE is responsible for ensuring women have access to free and confidential post-abortion medical and counselling care.

Women who have undergone an unsafe abortion in Ireland may require emergency medical care. Doctors are ethically and legally obliged to provide emergency care, including pain management, in these circumstances. It is illegal for a woman to self-induce or procure an unlawful abortion within Ireland; however, ensuring the health and wellbeing of the woman must always be the health care professional's primary responsibility. Clinical protocols relating to spontaneous abortion or miscarriage may be appropriate in these circumstances.

All women who have had an abortion are entitled to access free, confidential and non-directive medical and counselling care regardless of age, immigration status, geographic location, income or the circumstances under which the abortion was performed. Women may be referred from another agency or may self refer for these services.

Specific Barriers for Women Seeking Asylum

Awareness of Services

Women may not be aware that they are entitled to access free post-abortion medical and counselling care or how to access these services. This can result in delayed presentation for medical complications and places women's health and wellbeing at risk.

Referral Pathways

Agencies, organisations and some health care providers may not know where to refer women for post-abortion care. This can result in women being referred to inappropriate services and delayed presentation for medical care.

Illegal Abortion

Women seeking asylum face immense bureaucratic and financial barriers in accessing safe and legal abortions services. Often these barriers are insurmountable and women may then seek out illegal methods of terminating their pregnancy in Ireland. Illegal methods are often unsafe and can have serious negative health consequences for women including: incomplete abortion, haemorrhage, sepsis, uterine perforation, intra-abdominal injury, psychological trauma and death. Women who have undergone an unsafe abortion may not seek medical care because they fear abuse, ill-treatment or legal sanctions.

Stigma

Women who have had an abortion may fear social isolation from their friends and family or ill-treatment by health care professionals. As a result, women may choose not to disclose the abortion to her regular support system or health care professionals. This can be very stressful and isolating for a woman and can also seriously jeopardise her health and well-being.

Post Abortion Care	Yes	No	Partly	NA
Are women made aware of their entitlement to access free and confidential post-abortion medical and counselling care?				
Do you refer women for free post-abortion medical check-ups?				
Do you refer women to free non-directive post-abortion counselling?				
Are all staff aware of the negative physical and emotional health impacts of stigma related to abortion?				
Are women reassured that having an abortion will have no impact on applications for asylum?				
Have you inquired about a woman's support network?				
Are all methods of contraception discussed during the post-abortion medical check up, including any obstacles to effective use?				
Are protocols in place to provide emergency medical care for women who have undergone unsafe abortions?				
Does the protocol outline any limitations on women's rights to confidentiality and are women made aware of these limitations?				

Majira class representative Mercy Tettey and Deputy Jan O'Sullivan at Limerick graduation event

Directory of Services

Family Planning/ Contraceptive Services

All services listed provide comprehensive contraceptive services free of charge for people with a medical card

IFPA Everywoman Clinic
www.ifpa.ie
Tel: 01 872 7088

IFPA Tallaght Clinic
www.ifpa.ie
Tel: 01 459 7685

Cork Family Planning
www.corkfamilyplanning.com
Tel: 021 427 7906

Galway Family Planning & Women's Health
Tel: 091 562 992

Limerick Family Planning Clinic
www.limerickfamilyplanning.com
Tel: 061 312 026

The Women's Health Project
Tel: 1800 20 11 87 / 01 669 9515

Cervical Cancer Screening

IFPA Everywoman Clinic
www.ifpa.ie
Tel: 01 872 7088

IFPA Tallaght Clinic
www.ifpa.ie
Tel: 01 459 7685

CervicalCheck
www.cervicalcheck.ie
Tel: 1800 45 45 55

STI Screening including HIV

All services listed provide STI screening and treatment free of charge

Carlow District Hospital
Tel: 051 842 646
Location: Carlow Town, Co. Carlow

Castlebar General Hospital
Tel: 094 9021 733 (extension 3076)
Location: Castlebar, Co. Mayo

Clonmel General Hospital
Tel: 051 842 646
Location: Clonmel, Co. Tipperary

Ennis General Hospital
Tel: 061 482 382
Location: Ennis, Co. Clare

Galway University Hospital
Tel: 091 525 200
Location: Galway City, Co. Galway

Limerick Regional Hospital
Tel: 061 482 382
Location: Limerick City, Co. Limerick

Mater Hospital Infectious Disease Service
www.mater.ie
Tel: 01 803 2063
Location: Dublin 7

Nenagh General Hospital
Tel: 061 482 382
Location: Nenagh, Co. Tipperary

Portiuncula Hospital
Tel: 090 964 8372 (extension 676)
Location: Ballinasloe, Co. Galway

Sligo Regional Hospital
Tel: 071 917 0473
Location: Sligo Town, Co. Sligo

St James Hospital GUIDE Clinic
www.guide2guide.ie
Tel: 01 416 2315
Location: Dublin 8

Tralee Regional Hospital
Tel: 021 496 6844
Location: Tralee, Co. Kerry

Victoria Hospital
Tel: 021 496 6844
Location: Cork City, Co. Cork

Waterford Regional Hospital
Tel: 051 842 646
Location: Waterford City, Co. Waterford

The Women's Health Project
Tel: 1800 20 11 87 / 01 669 9515
Dublin 4

Youth Health Service
Tel: 021 422 0490
Location: Cork City, Co. Cork

HIV Support Services

All services listed here are free of charge

AIDS Help North West
Tel: 074 912 5500
Location: Letterkenny, Co. Donegal

AIDS West
www.aidswest.ie
Tel: 091 562 213
Locations: Galway City, Co. Galway
Castlebar, Co. Mayo

Diaspora Women's Initiative
Tel: 01 671 3639
Location: Dublin 1

Dublin AIDS Alliance
www.dublinaidsalliance.ie
Tel: 1800 459 459
Location: Dublin 1

National Drugs/HIV Helpline
Tel: 1800 45 94 59

Open Heart House
www.openhearthouse.ie
Tel: 01 830 5000
Location: Dublin 7

Red Ribbon Project
www.redribbonproject.com
Tel: 061 316 661
Location: Limerick City, Co. Limerick

Sexual Health Centre
www.sexualhealthcentre.com
Tel: 021 427 5837
Location: Cork City, Co. Cork

Crisis Pregnancy

All services listed here are free of charge, non-directive, confidential and provide information on abortion, adoption & parenting. These services also provide post-abortion counselling free of charge.

Irish Family Planning Association (IFPA)
Tel: 1850 49 50 51
www.ifpa.ie
Locations: Dublin 1; Dublin 24; Cork City, Co. Cork; Dundalk, Co. Louth; Galway City, Co. Galway; Gorey, Co. Wexford; Letterkenny, Co. Donegal; Limerick City, Co. Limerick; Monaghan Town, Co. Monaghan; Sligo Town, Co. Sligo; Waterford City, Co. Waterford

Ballinasloe Crisis Pregnancy Support Service
Tel: 1850 20 06 00
Location: Ballinasloe, Co. Galway

Dublin Well Woman
www.wellwomancentre.ie
Tel: 01 872 8051 / 01 668 1108 / 01 848 4511
Locations: Dublin 1; Dublin 4; Dublin 5

Femplus Clinic
www.femplus.ie
Tel: 01 821 0999
Location: Dublin 15

Mayo Crisis Pregnancy Counselling Service
Tel: 1890 20 00 22
Location: Castlebar, Co. Mayo

Midlands Crisis Pregnancy Counselling Service
Tel: 1800 20 08 57
Locations: Athlone, Co. Westmeath; Edenderry, Co. Offaly; Longford, Co. Longford; Tullamore, Co. Offaly; Mullingar, Co. Westmeath; Portlaoise, Co. Laois

One Family
www.onefamily.ie
Tel: 1890 66 22 12
Location: Dublin 2

Pact
www.pact.ie
Tel: 1850 67 33 33
Locations: Dublin 14; Cavan Town, Co. Cavan

Sexual Health Centre Cork
www.sexualhealthcentre.com
Tel: 021 427 5837
Location: Cork City, Co. Cork

SouthWest Counselling Centre
Tel: 064 663 6416
Location: Killarney, Co. Kerry

Tralee Family Planning & Women's Health Clinic
Tel: 066 712 5322
Location: Tralee, Co. Kerry

West Cork Crisis Pregnancy Counselling Service
Tel: 1890 25 23 59
Locations: Skibbereen, Co. Cork; Bantry, Co. Cork

Youth Health Service
Tel: 021 422 0490
Location: Cork City, Co. Cork

Post-Abortion Medical Check ups

All services listed here provide post-abortion check ups free of charge

Irish Family Planning Association (IFPA)
www.ifpa.ie
Tel: 1850 49 50 51
Locations: Dublin 1; Dublin 24; Cork City, Co. Cork; Dundalk, Co. Louth; Galway City, Co. Galway; Gorey, Co. Wexford; Letterkenny, Co. Donegal; Limerick City, Co. Limerick; Monaghan Town, Co. Monaghan; Sligo Town, Co. Sligo; Waterford City, Co. Waterford.

Cork Family Planning Clinic
www.corkfamilyplanning.com
Tel: 021 4277906
Location: Cork City, Co. Cork

Dublin Well Woman
www.wellwomancentre.ie
Tel: 01 872 8051 / 01 668 1108 / 01 848 4511
Locations: Dublin 1; Dublin 4; Dublin 5

Femplus Clinic
www.femplus.ie
Tel: 01 821 0999
Location: Dublin 15

Limerick Family Planning
www.limerickfamilyplanning.com
Tel: 061 312026
Location: Limerick City, Co. Limerick

Midlands Crisis Pregnancy Counselling Service
Tel: 1 800 20 08 57
Locations: Athlone, Co. Westmeath; Edenderry, Co. Offaly; Longford Town, Co. Longford; Tullamore, Co. Offaly Mullingar, Co. Westmeath; Portlaoise, Co. Laois

Sexual Health Centre Cork
www.sexualhealthcentre.com
Tel: 021 427 5837
Location: Cork City, Co. Cork

Tralee Family Planning & Women's Health Clinic
Tel: 066 7125322
Location: Tralee, Co. Kerry
Youth Health Service
Tel: 021 422 0490
Location: Cork City, Co. Cork

Youth Health Service
Tel: 021 422 0490
Location: Cork City, Co. Cork

Domestic/Sexual Violence

All services listed here are free of charge

Rape Crisis Network Ireland
www.rcni.ie
National Helpline: 1800 77 88 88
Call the freephone number for details of nationwide services

SAFE Ireland
www.safeireland.ie
Tel: 090 647 9078
Visit website for details of nationwide network of refuges

Women's Aid
www.womensaid.ie
National Helpline: 1800 34 19 00
Call the freephone number for details of nationwide services

Sexual Assault Treatment Units

All services listed here are free of charge

South Infirmary Victoria Hospital
Tel: 021 492 6297
Location: Cork City, Co. Cork

Rotunda Hospital
Tel: 01 817 1736
Location: Dublin 1

Letterkenny General Hospital
Tel: 074 912 5888
Location: Letterkenny, Co. Donegal

Galway Sexual Assault Treatment Unit
Referral is currently only available through Gardai

Midland Regional Hospital
Tel: 044 939 4239
Location: Mullingar, Co. Westmeath
Waterford Regional Hospital
Tel: 051 842 157
Location: Waterford City, Co. Waterford

Prostitution/Trafficking

All services listed here are free of charge

Ruhama
www.ruhama.ie
Tel: 01 836 0292
Location: Dublin 9

The Women's Health Project
Tel: 1800 20 11 87 / 01 669 9515
Location: Dublin 4

Lesbian, Gay, Bisexual & Transgender Support Services

All services listed here are free of charge

BeLonG To Youth Services
www.belongto.org
Tel: 01 670 6223
Location: Dublin 2

Gay Switchboard
www.gayswitchboard.ie
Tel: 01 872 1055

Lesbians in Cork (L.InC)
www.linc.ie
Tel: 021 480 8600
Location: Cork City, Co. Cork

LGBT Helplines
www.lgbt.ie
Visit website for details of nationwide services

Outhouse
www.outhouse.ie
Tel: 01 873 4999
Location: Dublin 1

Outcomers
www.outcomers.org
Tel: 042 935 3035
Location: Dundalk, Co. Louth

Outwest
www.outwestireland.ie
Tel: 087 972 5586
Location: Castlebar, Co. Mayo

Rainbow Support Services
www.rainbowsupportservices.org
Tel: 061 468 611
Location: Limerick City, Co. Limerick

Transgender Equality Network
www.teni.ie
Tel: 01 633 4687
Location: Dublin 2

Migrant Support Services

All services listed here are free of charge

AkiDwA
www.akidwa.ie
Tel: 01 814 8582
Location: Dublin 1

Cairde
www.cairde.ie
Tel: 01 855 2111
Location: Dublin 1

Galway Refugee Support Group
www.grsg.ie
Tel: 091 779 083
Location: Galway City, Co. Galway

Immigrant Council of Ireland
www.immigrantcouncil.ie
Tel: 01 674 0202
Location: Dublin 2

Irish Refugee Council
www.irishrefugeecouncil.ie
Tel: 01 764 5854
Location: Dublin 2

Mayo Intercultural Action
www.miamayo.ie
Tel: 094 904 4511
Location: Castlebar, Co. Mayo

Migrant Rights Centre
www.mrci.ie
Tel: 01 889 7570
Location: Dublin 1

Nasc
www.nascireland.org
Tel: 021 431 7411
Location: Cork City, Co. Cork

New Communities Partnership
www.newcommunities.ie
Tel: 01 671 3639
Locations: Dublin 8; Cork City, Co. Cork; Limerick City, Co. Limerick

Refugee Information Service
www.ris.ie
Tel: 01 645 3070
Locations: Dublin; Galway

Refugee Legal Service
www.legalaidboard.ie
Tel: 1800 23 83 43
Locations: Dublin; Cork; Galway

Spirasi
www.spirasi.ie
Tel: 01 838 9664
Location: Dublin 7

United Nations High Commissioner for Refugees
www.unhcr.ie
Tel: 01 631 4614
Location: Dublin 2

Statutory Agencies

Department of Health and Children
www.dohc.ie
Tel: 01 635 4000

Equality Authority
www.equality.ie
Tel: 1890 245 545

Health Service Executive
www.hse.ie
Tel: 1850 24 18 50

Office of the Refugee Applications Commissioner
www.orac.ie
Tel: 01 602 8000

Reception & Integration Agency
www.ria.gov.ie
Tel: 01 418 3200

Office of the Minister of State for Integration
www.integration.ie
Tel: 01 647 3236

Useful Resources

Sexual & Reproductive Health

EN-HERA! (2009)
Sexual and Reproductive Health and Rights of Refugees, Asylum Seekers and Undocumented Migrants: A framework for the identification of good practices.
Available from: www.icrh.org

FPA (2007)
Sexual Health, Asylum Seekers and Refugees:
A handbook for people working with refugees and asylum seekers in England.
Available from: www.fpa.org.uk

Treoir & Crisis Pregnancy Agency (2005)
Reproductive Health Information for Migrant Women: Pregnancy prevention, crisis pregnancy options, related health matters Available from: www.crisispregnancy.ie Languages: Arabic, Chinese, English, French, Polish, Romanian, Russian

Contraception/Family Planning

WHO (2008)
Family Planning: A global handbook for providers
Available from: http://info.k4health.org/globalhandbook/index.shtml Languages: Arabic, English, French, Hindi, Persian, Portuguese, Romanian, Russian, Spanish, Swahili

Sexually Transmitted Infections

Department of Health and Children (2008)
HIV and AIDS Education and Prevention Plan 2008-2012
Available from: www.dohc.ie

Health Protection Surveillance Centre (2005)
Surveillance of Sexually Transmitted infections (STIs) in Ireland: A Report by the Scientific Advisory Committee of the HPSC
Available from: www.hpsc.ie

UNAIDS (2009)
Operational Plan for UNAIDS Action Framework: addressing women, girls, gender equality and HIV
Available from: www.unaids.org

Crisis Pregnancy

Irish College of General Practitioners & Crisis Pregnancy Agency (2004)
Primary Care Guidelines for the Prevention and Management of Crisis Pregnancy
Available from: www.crisispregnancy.ie

Guttmacher Institute (2006)
Preventing Unsafe Abortion and its Consequences: Priorities for research and action
Available from: http://www.who.int/reproductivehealth/publications/unsafe_abortion/0939253763/en/index.html

Post Abortion

Irish College of General Practitioners & Crisis Pregnancy Agency (2007)
Care of a Woman After Abortion
Available from: www.crisispregnancy.ie

Domestic/Sexual/Gender Based Violence

AkiDwA (2009)
Domestic Violence Toolkit. Indentifying and responding to the needs of African and other migrant women experiencing domestic violence in Ireland.
Available from: www.akidwa.ie

AkiDwA (2009)
Female Genital Mutilation. Information for health care professionals working in Ireland.
Available from: www.akidwa.ie

Health Service Executive (2010)
HSE Policy on Domestic, Sexual and Gender Based Violence
Available from: www.hse.ie

IFPA (2008)
Ireland's National Plan of Action to Address FGM
Available from: www.ifpa.ie

The Women's Health Council (2009)
Gender-Based Violence. A resource document for services working with and for minority ethnic women
Available from: www.lenus.ie

Mental Health

Health Service Executive & Galway City Development Board (2006)
The Mental Health Promotion Needs of Asylum Seekers and Refugees
Available from: www.galwaycity.ie

Prostitution/Trafficking

The Immigrant Council of Ireland (2009)
Globalisation, Sex Trafficking and Prostitution: The experiences of migrant women in Ireland
Available from www.immigrantcouncil.ie

WHO (2003)
Ethical and safety recommendations for interviewing trafficked women
Available from: www.who.int/gender

Intercultural Health Care

Health Service Executive (2008)
National Intercultural Health Strategy 2007-2012
Available from: www.hse.ie

Health Services Executive (2009)
Health Services Intercultural Guide: Responding to the needs of diverse religious communities and cultures in healthcare settings
Available from: www.hse.ie

Health Service Executive, National University of Ireland Galway & Galway Refugee Support Group (2007)
General Practice Care for Asylum Seekers and Refugees
Available from: http://www.nuigalway.ie/general_practice/research/research_reports.html

Translation & Interpreting

Dublin Rape Crisis Centre (2008)
Interpreting in Situations of Sexual Violence and other Trauma
Available from: www.drcc.ie

Health Service Executive (2009)
On Speaking Terms: Good practice guidelines for HSE staff in the provision of interpreting services
Available from: www.hse.ie

ICGP (2005)
General Practice Care in a Multi Cultural Society: A Guide to Interpretation Services and Cultural Competency
Available from: www.icgp.ie

SPIRASI (2009)
Working with an Interpreter is Easy
Available from: www.spirasi.ie

Asylum Experience in Ireland

AkiDwA (2009)
Am Only Saying it Now. Experiences of women seeking asylum in Ireland
Available from: www.akidwa.ie

FLAC (2009)
One Size Doesn't Fit All. A legal analysis of the direct provision and dispersal system in Ireland, 10 years on
Available from: www.flac.ie

Multi Lingual Resources

Health Service Executive (2009)
Emergency Multilingual Aid
Available from: www.hse.ie
Languages: Arabic, Bosnian, Cantonese, Chinese, Czech, French, German, Hungarian, Irish, Latvian, Lithuanian, Mandarin, Pashtu, Polish, Portuguese, Romanian, Russian, Slovak, Spanish, Somali, and Urdu.

Health Service Executive
A Guide to the Irish Health System
Available from: www.hse.ie
Languages: Arabic, Czech, French, Latvian, Lithuanian, Mandarin, Polish, Russian, Spanish.

IFPA (2010)
Women's Health Services Available for All Women Living in Ireland
Available from: www.ifpa.ie
Languages: English, Arabic, Urdu, French, Georgian Somali

IFPA (2007)
Black & White Guide to Contraception
Available from: www.ifpa.ie
Languages: French, Russian, Polish

IFPA (2007)
Black & White Guide to Sexually Transmitted Infections
Available from: www.ifpa.ie
Languages: English, French, Russian, Polish, Chinese

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SEXUALITY, INFORMATION
REPRODUCTIVE HEALTH & RIGHTS

IFPA Head Office
60 Amiens Street
Dublin 1, Ireland

Email: post@ifpa.ie
Telephone: +353 (0)1 806 9444
Website: www.ifpa.ie