

# Research on Crisis Pregnancy Counselling

## *for crisis pregnancy counsellors (2)*

### WHAT IS THIS RESEARCH SUMMARY ABOUT?

This summary is part of a series designed to bring the latest Crisis Pregnancy Agency research findings to key audiences in a concise, easy-to-read format. Research summaries are designed to inform groups that play a role in crisis pregnancy prevention and support.

Research is a key element of the Crisis Pregnancy Agency's work. We are committed to the use of research as a basis for understanding behaviour, assessing need, building on previous work and promoting the use of evidence-based practice. This summary is based on three research reports published by the Crisis Pregnancy Agency. Please see the 'Want to read more?' section for full details of the research reports.

The research summary on crisis pregnancy counselling is particularly for counsellors, and others who engage with women in a crisis pregnancy situation. It describes how women felt counselling helped them when they were in a crisis pregnancy situation and highlights areas women felt were lacking in their experiences with the counselling services.

**The back page of the summary lists sources of information and advice for counsellors, and it describes how to get copies of the research reports.**

*This is a summary of our research on crisis pregnancy designed especially for crisis pregnancy counsellors and those who counsel women in a crisis pregnancy situation.*

### WHAT DOES THE RESEARCH TELL US?

The research indicates that approximately three-quarters of those in crisis pregnancy situations did not use a counselling service. Some women were unable to get counselling, often because they didn't know where to go for help or because they couldn't find a counselling service that offered the type of help they needed. Other women did not want to go for counselling, because they did not feel it would help them, because they had support from friends or family, or because they were worried that they would be asked to consider options they had already rejected.

Women valued highly the emotional support offered by counselling both during and after the pregnancy. For many women being able to talk openly and in confidence was more important than going through the available options. Often women made their decision outside the counselling process; for these women counselling helped them to come to terms with the initial shock of an unplanned and unwanted pregnancy or it offered practical help or support in carrying out their decision.

The reports recommend that in order to offer the best possible counselling services to women with a crisis pregnancy improvements should focus on the following areas: raising awareness of and access to services, clearly communicating the type of support offered by each counselling service; effective referral of women on to other support services. At the organisational level, setting standards, regularising training and developing protocols were identified in the reports as areas for development.

## BARRIERS TO ACCESSING COUNSELLING

Crisis Pregnancy Agency research suggests that approximately three-quarters of women experiencing a crisis pregnancy did not go for counselling; they can be roughly divided into women who did not want counselling and those who encountered a barrier to getting the service they wanted or needed.

### *Women who did not want to attend counselling*

- Some women felt that counselling was not relevant to them or they didn't see the need for it. Women who chose to parent were more likely to feel that counselling was not relevant to them; some women in this group said they felt that counselling was for young girls, women considering abortion, those with no other children or those with no support. Women with a crisis pregnancy who had informal support or who were mothers already did not feel that counselling was as relevant to them (Report 12).
- Where the crisis element of a pregnancy was related to a woman's health, or that of the foetus, it was normally the GP who helped to resolve the crisis; counselling agencies were seen as less important in this circumstance (Report 12).
- Some women did not want to attend counselling because they thought they may be asked to change a decision they had already made about how to resolve the pregnancy. For women who had already made their decision, being asked to review their options was difficult or upsetting. One report noted that some women who had decided on adoption avoided counselling and adoption services until after the baby was born (Report 13).

### *Women who could not access counselling services*

- Lack of knowledge of the existence and type of crisis pregnancy counselling services was a barrier for some. In particular, migrant women and women in rural areas reported this barrier. 29% of respondents in one study stated that not knowing of any service made it difficult or impossible for them to get counselling; in the same study 28% of respondents said that not knowing what information an agency provided was a barrier (Report 12).
- Women considering abortion reported difficulties in finding a service that would give them the information they needed, such as details about the abortion procedure or how to contact an abortion clinic. The research suggests that women who had decided on abortion were more likely to feel that they had been unable get the counselling service they wanted. 53% said they had experienced a barrier to counselling, versus 23% of women who were continuing their pregnancy (Report 12).
- Some women found it difficult to get counselling due to limited contact hours, lack of a local service (25%) delays in getting an appointment (7%) and fear of being recognised entering a crisis pregnancy counselling service (20%). For some women (16%) the cost of attending counselling was a barrier (Report 12).
- Some counsellors expressed concerns that women who have had a crisis pregnancy and who go on to parent or have a traditional 'closed' adoption may find it hard to access formal support networks if they need help after the baby is born (Report 13).

*"I never felt that I needed to talk to a stranger about it... I'm not the kind of person that would normally talk about it"*

*"They kind of give you the impression in [their names] that they'll try and persuade you to try and keep the baby"*

*"...If it [counselling service] was somewhere on the open street I wouldn't have gone in...at that time I didn't want anyone to know"*

*"Do I have to travel all the way back here [the UK abortion clinic] if something went wrong with me? ...It's confusing: you don't know who you can turn to or where you'd go"*

## STRENGTHS AND WEAKNESSES OF CRISIS PREGNANCY COUNSELLING

Of the women who had had crisis pregnancy counselling in the study most (71%) had had a positive experience of counselling. Some women reported deficiencies in the service they attended, which meant that they felt their needs had not been well met. Some of the strengths and failings of the services attended are outlined below.

### Strengths

- Emotional support was rated as very important by many women dealing with a crisis pregnancy. Not all women wanted help with decision making, and even when a woman didn't get the information she wanted from a service, she still rated it highly if emotional support was offered. Counselling allowed women to express all their feelings about the pregnancy, and women valued the skills of the counsellor in tapping into their emotions and concerns (Report 12).
- Many women valued being able to consider all their options (especially those considering motherhood), even if they already had an idea about how they wanted to resolve the crisis pregnancy.
- Women considering abortion appreciated services that gave full details of the abortion procedure and provided details of reputable abortion clinics; they also valued offers of medical and/or emotional support after they returned from the clinic in the UK. Women continuing with a pregnancy considered support during and after the pregnancy, as well as information and practical advice on motherhood as useful facets of the counselling service (Reports 12 and 13).
- Other strengths included flexibility in the format (such as telephone support, outreach provision and flexible appointment times), premises that a woman felt she could enter discretely and the provision of counselling on a no-fee basis. These features helped to overcome difficulties women may encounter in accessing services (Reports 4 and 12).

### Weaknesses

- For women considering abortion as an option difficulty in making contact with a helpful agency was very frustrating or distressing. Also, a failure to fully prepare women for the abortion process was voiced as a weakness of some agencies; for example, ignorance about anaesthetic options or what to bring to the clinic (Report 12).
- The response of front-line staff was judged to be very important to women in crisis. Women in the research who experienced insensitive, judgemental or unhelpful front-line staff reported feeling distressed, confused, or afraid to seek more information.
- Four out of 46 women interviewed in one study had contacted a 'rogue agency'. This is an agency that tries to persuade a woman not to choose abortion by manipulative techniques. Contact with such agencies can cause great distress to women who are already in a vulnerable situation. It can also make women fearful of contacting other crisis pregnancy agencies. (Report 12).

*"You need somebody who can tap into how a person is feeling. Even when I was coming in, I mean, I was crying; it's emotional, you know?"*

*"I was worried about... my health, and did I want this baby?... I can't explain how well I felt after coming out of the doctor's"*

*"All I wanted to know was the ins and outs of adoption and I knew she was sitting there trying to persuade me not to."*

*"It would be nice to talk to somebody about practical things...about benefits... do I put the baby in a crèche, school..."*

## SHAPING BEST PRACTICE

Improving crisis pregnancy counselling means ensuring that all women experiencing a crisis pregnancy can easily access the appropriate service(s). Some of the main recommendations for developing counselling services from research reports 4 and 12 are listed below.

### ***Service quality, development and regulation***

- An Ethic of Care should underpin crisis pregnancy counselling services and standardise the response to a woman who makes a disclosure of a crisis pregnancy.
- A best-practice manual and training module for counsellors should be developed.
- A Code of Practice should be devised; this should govern both the promotion and delivery of crisis pregnancy counselling and support services.
- Crisis pregnancy and post-pregnancy care services should be located throughout the country to ensure equal access for all women.
- Access to services should be enhanced by developing alternative formats for delivery, including outreach, drop-in and out-of-hours options, and the potential of a counsellor-staffed helpline should be explored.
- Where possible a counselling service should use a shared building or a multi-purpose facility, to protect women's privacy.

### ***Links***

- Counselling services should recommend other agencies who provide information or supports not offered by them.
- There should be referral protocols and information resources for groups and organisations that refer women for crisis pregnancy counselling – especially GPs, who are often the first point of contact for women with a crisis pregnancy.
- An important part of the counsellor's role is to link the woman with her informal support network (friends, family, partner). Help with telling others about the pregnancy and couple or group counselling sessions could assist in this.

### ***Provision of information***

- Clarification of the language (both oral and written) used to describe the services– particularly in relation to whether or not contact information on abortion services is provided.
- Training for front-line staff on how to respond appropriately to a woman who is seeking help with a crisis pregnancy and on how to communicate clearly to women the nature of the service provided, within the limitations of the 1995 Regulation of Information Act
- Awareness-raising of counselling services among the general population, and among harder-to-reach groups, such as those for whom English is not their first language.
- Full information for women continuing on to motherhood on the antenatal system, supports for parents (including financial entitlements, work issues and childcare options) and managing the relationship with the father.
- Full information on the abortion procedure - for women who have chosen this option - including the cost, what to expect, what they should bring to the clinic and how they might feel after the procedure.

*“We would always go absolutely as far as we can to meet the need”*

*“What we find is that if they can talk to somebody, whether it's a close friend or a member of the family, and support kicks in, they don't really need our service”*

*“They didn't sound like they would have given me the information I wanted on abortion because [...] they didn't sound like they could speak freely about it”*

## OUR RESEARCH – YOUR PRACTICE

### *Key principles of counselling*

The research suggests that a woman who makes a disclosure of a crisis pregnancy to a counsellor should be responded to with: an emotionally supportive environment, which provides help, reassurance and empathy in a non-judgmental way; full comprehensive information on whatever option the woman is considering, and information on /referral to services beyond the point of making a decision. The Crisis Pregnancy Agency is currently working to help counsellors provide a service based on these principles to all women.

### *Resources for counsellors*

The Crisis Pregnancy Agency has developed a manual of good practice for crisis pregnancy counselling: The Standardised Framework for Crisis Pregnancy Counselling. The Agency will work with a designated third-level institution in 2006 to develop a training course for counsellors. This training will be available to counsellors in existing Crisis Pregnancy Agency-funded counselling agencies in the first instance.

The Crisis Pregnancy Agency is also producing a range of leaflets on a number of areas, such as childcare and relationships, to be used in a counselling session by Positive Options-funded agencies.

The Key Contact series has a number of resources that will be useful to those counselling women with a crisis pregnancy. See the 'Useful Information and Contacts' section on the back page for details of Key Contact resources.

## WANT TO READ MORE?

### **Three pieces of research are summarised in this update:**

Crisis Pregnancy Agency Report 4 reviewed crisis pregnancy counselling provision and practice in Ireland. Interviews were conducted with the directors of the six state-funded crisis pregnancy counselling agencies and 11 counsellors, and with other professionals in the field. (Nic Gabhainn & Batt, Centre for Health Promotion Studies and Women's Studies Centre, NUI Galway)

Crisis Pregnancy Agency Report 12 examined women's experiences of crisis pregnancy counselling services and other crisis pregnancy supports. 400 women experiencing crisis pregnancy answered a questionnaire and 46 women gave in-depth interviews. (Conlon, Women's Education, Research and Resource Centre, UCD)

Crisis Pregnancy Agency Report 13 surveyed agencies dealing with women experiencing crisis pregnancy and interviewed 16 women who had considered or chosen adoption as a crisis pregnancy outcome. (Loughran & Richardson, Department of Social Policy and Social Work, UCD)

*Full research reports are available online for download at [www.crisispregnancy.ie/research](http://www.crisispregnancy.ie/research)*

*Printed copies of the reports may be obtained from the Crisis Pregnancy Agency.*

## THE CRISIS PREGNANCY AGENCY

The Crisis Pregnancy Agency is a government body that was set up to address the issue of crisis pregnancy in Ireland.

There are three main parts to the Agency's work: 1) reducing crisis pregnancy by the provision of education, advice and contraceptive services; 2) reducing the number of women who opt for abortion by offering services and supports that make other options more attractive and 3) providing counselling, and medical services after crisis pregnancy.

# USEFUL INFORMATION AND CONTACTS

## Crisis Pregnancy Agency

4th Floor  
89-94 Capel Street  
Dublin 1

Tel: 01 814 6292  
Fax: 01 814 6282  
Email: [info@crisispregnancy.ie](mailto:info@crisispregnancy.ie)  
Web: [www.crisispregnancy.ie](http://www.crisispregnancy.ie)

## Keep up to date with the Crisis Pregnancy Agency...

Visit the Crisis Pregnancy Agency's website: [www.crisispregnancy.ie](http://www.crisispregnancy.ie)  
You can see the latest Irish research on crisis pregnancy and related areas and find out about resources available to those involved in a crisis pregnancy situation. Sign up to receive our free e-newsletter, which has information on new research and useful resources.

[www.crisispregnancy.ie/newsletter.html](http://www.crisispregnancy.ie/newsletter.html)

## Contraception and sexual health

The 'Think Contraception' leaflet and website provide information for young men and women who want to learn more about sexual and reproductive health, especially contraception.

The leaflet is available from the Crisis Pregnancy Agency, or log on to [www.thinkcontraception.ie](http://www.thinkcontraception.ie)

## Crisis pregnancy advice and counselling

The Positive Options leaflet, website and text service.

Positive Options is a directory of agencies skilled in the area of crisis pregnancy counselling. The Positive Options leaflet is available from the Crisis Pregnancy Agency or log on to [www.positiveoptions.ie](http://www.positiveoptions.ie) or Freetext LIST to 50444

## Key Contact

The Crisis Pregnancy Agency has commissioned a range of information resources for individuals or organisations that may encounter women experiencing a crisis pregnancy.

- **Key Contact – Primary Care Guidelines for the Prevention and Management of Crisis Pregnancy.** This resource, developed in conjunction with the Irish College of General Practitioners, gives information for GPs on crisis pregnancy counselling, support and information for women considering motherhood, adoption or abortion, referral procedures, and information on ante-natal and post-abortion care.
- **Key Contact – Responding to Crisis Pregnancy: Information and Service Directory for Community and Health Professionals.** This resource gives information on how to support a client with a crisis pregnancy and it includes a directory of agencies and support services for women experiencing a crisis pregnancy.
- **Key Contact – Directory of Supported Accommodation for Women Experiencing Crisis Pregnancy.** A resource providing information on supported accommodation services for women experiencing a crisis pregnancy, and their children.
- **Key Contact – Reproductive Health Information for Migrant Women.** An information resource and CD ROM with information in six languages for members of ethnic groups.

